

BEHIND THE NEWS

The PCEHR is a hot topic. *MO* asks the experts for their thoughts.

Mark O'Brien

JUST 5% of GPs understand how the government's personally controlled electronic health record (PCEHR) system will work and what will be expected of them when it is rolled out on 1 July, while only a quarter think the system will help with consultations.

The widespread lack of faith in the system was revealed in a Cegedim survey of 150 GPs, conducted on behalf of *MO*, which also found 76% of GPs had concerns over the lack of remuneration on offer to compensate for the time they spent curating the electronic records. The survey also showed how many GPs were worried about other issues related to the PCEHR, including the reliability of information (76%), privacy or security (67%) and medico-legal issues (71%).

The results came as the health department confirmed it is "in consultation" with the IT industry and general practice organisations about the next phase of the Practice Incentives Program (PIP) to support e-health.

But AMA president Dr Steve Hambleton, RACGP e-health spokesperson Dr Mike Civil and AGPN chair Dr Emil Djakic all agree the crucial piece of the puzzle still missing is incentives for individual GPs.

A health department spokesperson described GPs as "pivotal for ensuring that the PCEHR rollout is a success" and said they were being "closely consulted on the PCEHR rollout".



Dr Steve Hambleton
President, AMA

"The AMA thinks [the PCEHR] will be good for patient care, save money and be good for doctors [but] some realistic expectations need to be set [about what the system will be capable of on rollout].

"The majority of patients will not be able to sign up on day one. GPs are indicating they don't understand what's going on.

"NEHTA has been trying to get standards together and particulars worked out but the

engine room of e-health will be GPs; you have got to engage them and bring them on board.

"I've seen the demonstration model and it has potential, but that practical, day-to-day process of using it is something all GPs will be interested to see.

"The PIP IT incentives have been about getting infrastructure in place because that's a practice responsibility.

"It won't directly change

the fact you need an individual doctor to take on the role of nominated provider.

"Even if it helps to make sure the practice can connect to the PCEHR system, someone has to do the work and that is going to be the GP.

"PIPs won't provide the incentives individual doctors need to cover the opportunity costs of spending the time to prepare the record."



Dr Mike Civil
E-health spokesperson,
RACGP

"There needs to be some sort of financial incentive for the GP.

"If you want a quality

product, you have to pay for it. "I think the [PCEHR project] is way behind, the start date is very ambitious, and people just aren't aware of what will be expected of them when it begins.

"We're all beginning to appreciate the project [is due to be] completed by 1 July but it may not be fully up and running.

"If patients can start to register at that stage, that would be good, and the process will continue to move forward and be encouraged by that happening and will gradually roll out in the next few years.

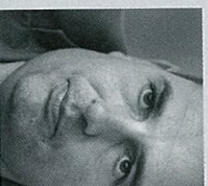
"It's no surprise [only 5% of GPs in the Cegedim *MO* survey say they know what will be expected of them and how the PCEHR system will work when it is rolled out].

"When I have had contact

with NEHTA, the feeling is there just isn't the penetration [of information about the PCEHR] within the profession.

"NEHTA or the change and adoption partner need to get out on the road and do a travelling road show.

"The college is enthusiastic about the PCEHR, most of us can see the vast potential and opportunities."



Dr Emil Djakic
Chair, AGPN

"Medicare Locals are perfectly positioned to support the general practice sector to establish the PCEHR if funded to provide e-health support officers, who can educate and support general practice to adopt and integrate the system.

"These are the minimum requirements to support PCEHR uptake. With the right levels of flexible funding, Medicare Locals are also well placed to

promote community awareness and build change-readiness among allied health, nursing and pharmacy professionals around the benefits of the PCEHR.

"The brunt of this work falls to general practice and GPs, and at this point there is little incentive for this sector to adopt the PCEHR system. Most of the initial work involved in completing and uploading a shared health summary is up to the GP.

For every 15 minutes a GP is spending on the PCEHR, it's another patient the GP can't see.

"Magic 'wand waving' isn't going to make this happen; adequate funding and resourcing is what's needed to create the momentum to get this work done.

"Success of the PCEHR system in delivering benefits to consumers critically depends on its adoption – starting first with general practice."

Mortality, education gaps closing for Indigenous children

Andrew Bracey and AAP

CLOSING the life expectancy gap remains one of Australia's biggest challenges in overcoming Indigenous disadvantage, but child mortality rates and education targets have shown improvement, Prime Minister Julia Gillard revealed in her recent *Closing the Gap* 2012 report.

The report said that although two out of six targets were on track – halving infant mortal-

ity rates for Indigenous children under five by 2018 and ensuring access to early childhood education for all Indigenous four-year-olds in remote communities by 2013 – closing the life expectancy gap still required much more work.

The gap between Indigenous and non-Indigenous Australians is estimated at 11.5 years for males and 9.7 years for females. Improving data collection is

critical to measuring progress, the report said.

"Meeting the life-expectancy target will be challenging as, among other things, non-Indigenous life expectancy is expected to rise over coming years," the report said.

"This means that Indigenous male life expectancy will probably have to increase by almost 21 years by 2031 to close the gap."

The report said there was a

time lag between interventions and improvements in outcomes.

A high proportion of Indigenous children living in remote communities were enrolled in a preschool program in the year before full-time schooling in 2010, and only about 300 children were not enrolled.

The report also said results measuring grade three, seven and nine students' numeracy, literacy and reading skills showed

Indigenous students were gaining ground.

While praising the report the only Indigenous member of federal parliament, Liberal MP Ken Wyatt, said it failed to look adequately at urban Aboriginal people.

"Over 75% of Aboriginal people live within urban capital cities and it's a key area we're going to have to do a lot more work in."