

27 May 2011

PCEHR Feedback
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Western Sydney
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Dear Sir/Madam:

The Western Sydney HACC (Home and Community Care) Development Officer recently initiated conversations with aged community care providers in the region, regarding the features and potential benefits of PCEHR, as presented in the Draft Concept of Operations paper.

We were particularly interested in how PCEHR could improve co-ordination between Health clinicians and not-for-profit organisations that deliver vital community services to older people and people with functional disability. Community aged care services include: Food Services (Meals On Wheels), Domestic Assistance, Social Support, Community Transport, Personal Care, Centre-Based Day Care, Respite, Case Management, Home Modification, Home Maintenance, some Allied Health, dementia services, as well as care packages for more complex needs. Community Care programs aim to prevent premature admission to residential aged care facilities, through services that help people remain living in their own homes.

These providers deliver frontline services. Workers are able to develop close relationships with service users, acquiring an awareness of a person's health condition and general well-being over time.

We looked into the potential benefits of, and barriers to, Community Care providers' being able to apply for "Healthcare Provider Identifier- Organisation" (HPI-O and HPI-I) numbers.

The perceived advantages are:

- 1) Some service types would find great value in being able to view a person's PCEHR record, particularly information on Allergies/Adverse Reactions, Medicines, and relevant Event Summary. These services would include aged care packages, Meals On Wheels, Centre-Based Day Care, Respite, HACC Dietitians, Personal Care, dementia services, case management, among others.
- 2) Likewise, clinicians might find value in Community Care providers being able to share and upload certain information, "event" or observation into the PCEHR system, such as: fall incident, marked decrease in person's mobility or appetite, increased confusion, commencement of community care or change in care plan, among others.

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- 3) Potential for clinicians to “flag” with, or alert community care providers on an event: e.g. client discharge, need to commence or revise service, change in care plan, among others.

The perceived barriers are:

- 1) Concern that uploaded information would either clog or get lost in the system, or add administrative/information management burden to care providers and the clinicians who would be expected to view it.
- 2) The burden on community care workers to sift and deliver information that would be accurate, relevant and meaningful for clinical settings.
- 3) Concern that electronic sharing of information would create a decreased need for community care providers to liaise directly with informal carers and relevant clinicians, when necessary.

In light of the above, we support the following recommendations:

- 1) That a strong interface be established between PCEHR and the Commonwealth government’s new *front end for aged care* (or “Australian Seniors Gateway Agency”, as proposed in Productivity Commission’s Draft Report “Caring for Older Australians”). Since the new front end is envisioned to be the “one-stop shop” for information, assessment, intake and referral for older people, it would be in the best position to provide (electronic) co-ordination of services.
- 2) That information awareness material be published (by the appropriate government unit) for aged Community Care providers, on how care providers could add value to the use of PCEHR. For instance, for those that are ineligible or choose not to apply for an HPI-O number, there could be guidelines on how to ensure that the most vital information is received as well as passed on to relevant clinicians, and possibly eventually recorded in PCEHR, as appropriate. [This might entail working with service users and informal carers, to be able access and upload information, using their own access to PCEHR, with proper consent].

Thank you for this opportunity to provide feedback on PCEHR’s Draft Concept of Operations.

Sincerely yours,

Rocellita Lacsina
HACC Development Officer

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