

Chapter 9
Digital health

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Introduction

What is digital health?

Digital health considers health and health care in the context of digital societies. As digital technologies develop and grow, their application into the healthcare system and delivery of health care can improve efficiency, integration, implementation of multidisciplinary care and health outcomes. Digital health not only focuses on data, information and knowledge from interactions with the healthcare system, but also on all societal activities that can affect people's health and wellbeing. Analysis of the data can be used to encourage and generate better value for health investments and better health outcomes.

CHN and digital health

Capital Health Network's aim is to create and support a trusted primary care system, empowered by digital systems and a digitally literate workforce, to provide quality person centred care. CHN works with drivers and enablers of digital health systems to facilitate system integration and data use that can improve health outcomes for people using the primary care system in the ACT. CHN uses a four pillar digital health strategy to influence health in the ACT through digital technologies. The four pillars are: Better health, Better care, Better supported workforce and Better value.

As discussed in the Care across the continuum chapter, four themes have been identified as central to providing primary care for the entire population. These are: Access, Affordability, System integration and Patient experience. Analysing these themes through a digital health lens helps to identify areas for utilising digital health tools to address challenges and barriers in the ACT healthcare system.

CHN can then better support digital health implementation by identifying and developing solutions in areas where digital health can add value and quality to primary care provision.

Digital health tools

The following digital health tools and technologies are discussed in this chapter. This is not an exhaustive list of the available systems, tools and services that can add value to the healthcare system.

MyHealthRecord

MyHealthRecord is a Commonwealth Government platform for safely and securely storing personal health information, which is available to consumers and their healthcare providers at any time (1). It allows consumers to control their own data and information, and choose who else can access them, on a secure platform. Health professionals with access can see consumers' medical histories, immunisations, test results and relevant information to ensure they are always up to date with the consumers' journeys.

Telehealth

Telehealth means having a consultation with a healthcare provider by phone or video call (2). It allows consumers to consult healthcare providers when a physical examination is not necessary, providing greater choice, convenience and flexibility for consumers.

E-referrals and e-prescriptions

Electronic prescriptions are safe and convenient alternative digital versions of paper prescriptions, (3). They allow consumers to manage and fill their medications using their mobile device, keeping track of regular and multiple medications and prescriptions. Similarly, e-referrals are an alternative to paper referrals, allowing health professionals to refer patients to another provider and share relevant information. These alternatives promote streamlined care and reduce the risk of lost information or data.

Practice software

Most healthcare services use practice management software to collect, store and use key information of their consumer base. Familiarity and usability of software is important to ensure practices can maximise the data they hold to improve health and wellbeing outcomes for consumers

Better health

Managing consumer data

The Digital Health Record (DHR) is the ACT government's system for recording and storing all health information for visits to any ACT public health service (4).

At a more local level, general practices across ACT use practice software to maintain notes, progress and key information related to consultations and services provided. This software helps maintain consumers' medical histories and can be used to assist clinical decision making. The data collected can be analysed to understand consumer communities and their health and service needs. Storing and accessing health data safely and easily addresses system integration issues and, if handled well, will likely facilitate a smooth consumer experience.

Data safety and security

Digital tools such as MyHealthRecord and practice software provide safe and secure platforms for storing personal health information. However, there is still a risk of both unintentional and malicious disclosure of sensitive health information, which is a challenge across all services and platforms that utilise digital tools and technology. While robust processes and policies are crucial to minimising the risk of data breaches, it is equally important for both consumers and healthcare providers to be aware of cybersecurity issues and understand how to protect data and systems. Ensuring that healthcare providers are trained in cybersecurity practices is essential to protecting sensitive data.

Safety and security of data was raised as a key concern by many in the ACT community. Personal experiences and scams and media portrayals of data breaches portrayed can create a vigilance around digital technology, driving hesitancy to engage. This is particularly true for populations with low data literacy, such as older people, or people with poorer access to digital technologies.

The importance of robust processes and policies to minimise the risk of data breaches is paramount. Digital health systems must meet data storage and data sharing legislative requirements, including the Privacy Act and the Australian Privacy Principles.

Better care

Using digital health tools and technologies

Digital health tools benefit health and healthcare services across the ACT and Australia. Greater take up will increase those benefits, as a greater proportion of the population experience streamlined, integrated health care.

MyHealthRecord

As of June 2024, there were approximately 406,000 people living in ACT with data held on MyHealthRecord (5). In 2024, there were 218 healthcare organisations using MyHealthRecord to upload data. Of the active organisations, 101 were general practices in the ACT (6).

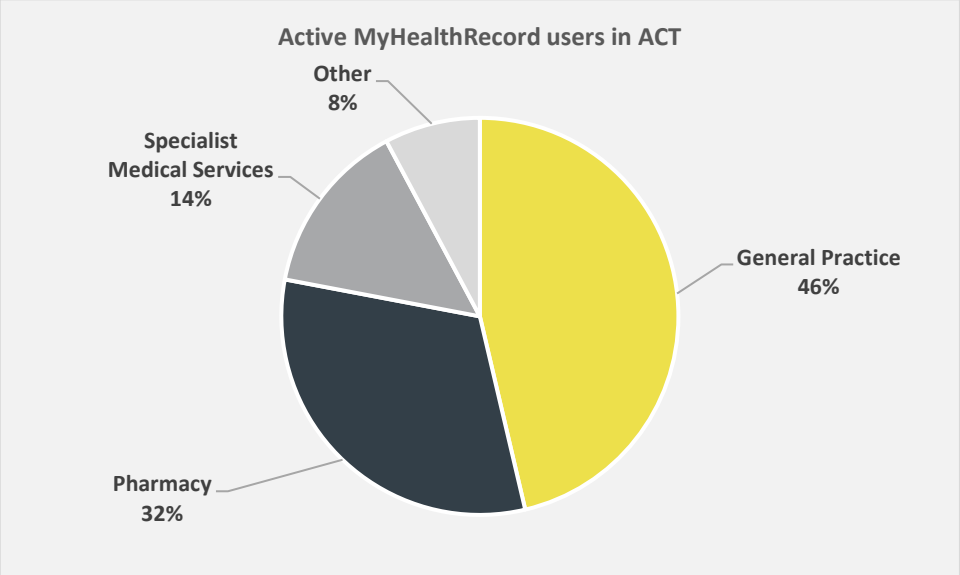


Figure 123: Active MyHealthRecord users in ACT by profession, 2023-24 (CHN local data)

There were over four million uploads to MyHealthRecord in the ACT In the 2023-24 financial year. This included 27,611 Shared Health Summaries, which are consumers' clinical records providing an up-to-date summary of diagnosed health conditions and medicines. Over 800,000 records were uploaded by general practices, with just under 1.8 million uploaded by pharmacies. (6)

The total number of shared health summaries uploaded to MyHealthRecord in the ACT show a generally stable trend, with some fluctuations throughout the year. The highest number was in April 2024, with 3,153 shared health summaries, while the lowest number was in August 2023, with 1,566 summaries.

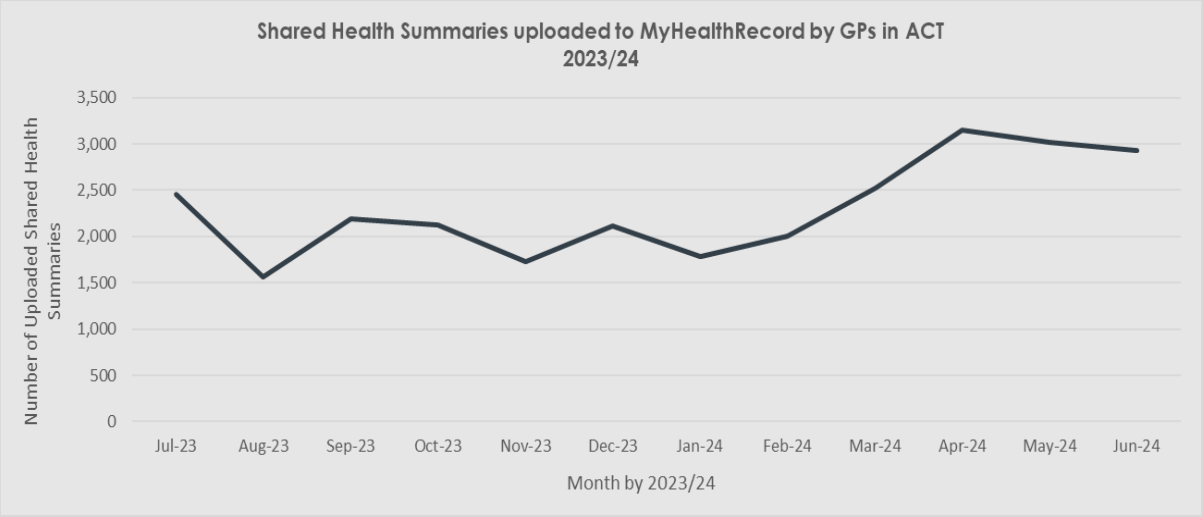


Figure 124: Shared health summaries uploaded to MyHealthRecord in the ACT 2023-24

There was a 128% increase in 'cross views' – documents viewed uploaded by one organisation and viewed by another – from 2,263,022 in 2022/23 to 5,149,387 in 2023-24.

The gradual increases in the latter part of the year, particularly from February to April, indicating consistent engagement in health record sharing is shown in Figure 124.

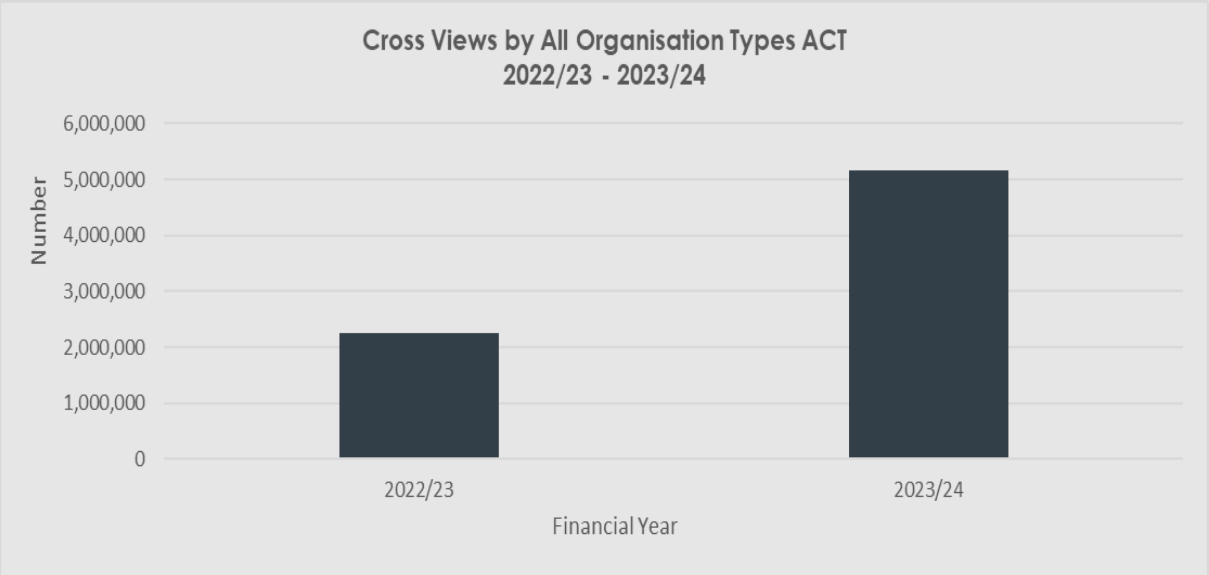


Figure 125: Cross views of MyHealthRecord by all organisation types ACT 2022/23 to 2023-24

The most prescription dispensed records uploaded to MyHealthRecord by ACT pharmacies was in July 2023, with 164,215 prescriptions. The fewest were in January 2024, with 65,974. Following this low, there was a gradual recovery in subsequent months, indicating a seasonal trend with higher volumes in the mid-year and lower volumes during the summer.

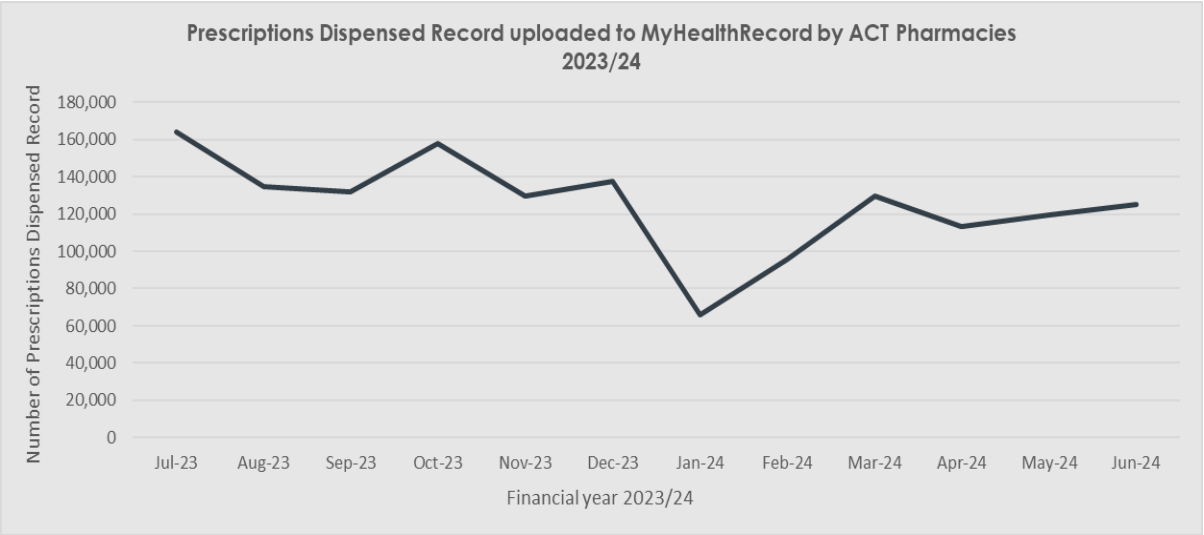


Figure 127: Cyclical fluctuations in prescription dispensation uploaded to MyHealthRecord by ACT pharmacies 2023/24

Consistent uploading of discharge summaries to MyHealthRecord by ACT health organisations, particularly in autumn and winter, are shown in Figure 128. The total discharge summaries uploaded to MyHealthRecord by ACT Health Organisations peaked in October 2023, with 14,434 summaries, with the lowest figure of 4,260 in January 2024. Overall, Figure 128 shows a fluctuating trend, with higher uploads in the latter part of the year and a general decline during the summer months.

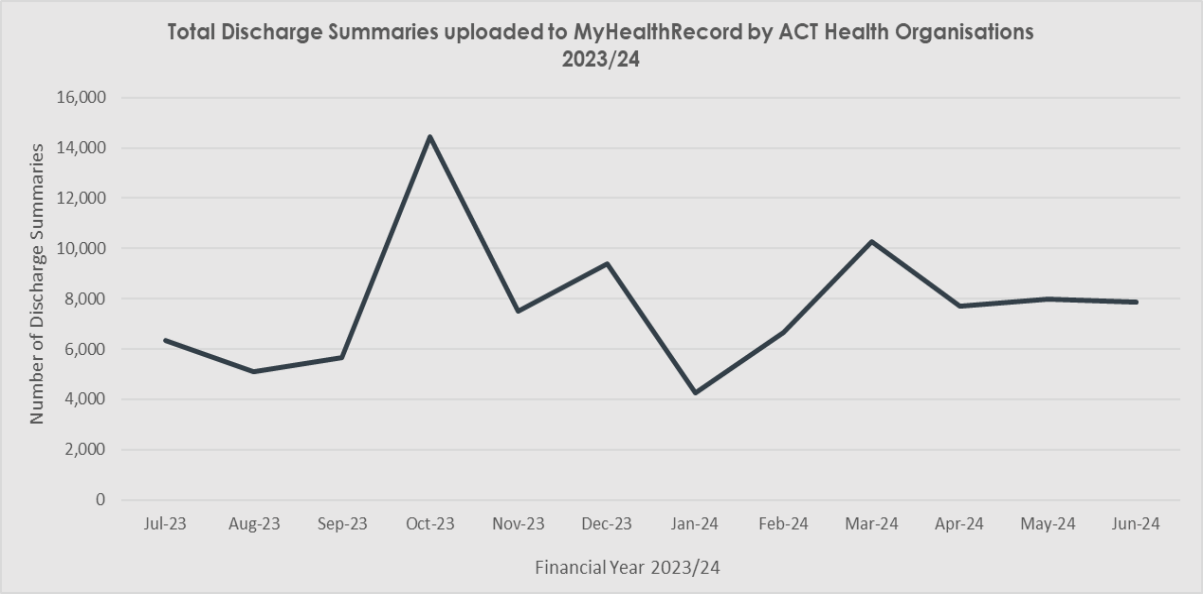


Figure 128: Total discharge summaries uploaded to MyHealthRecord 2023/24

There was a 38% increase in ACT hospital discharge summary uploaded to MyHealthRecord from 2022/23 (27,374) to 2023/24 (37,765).

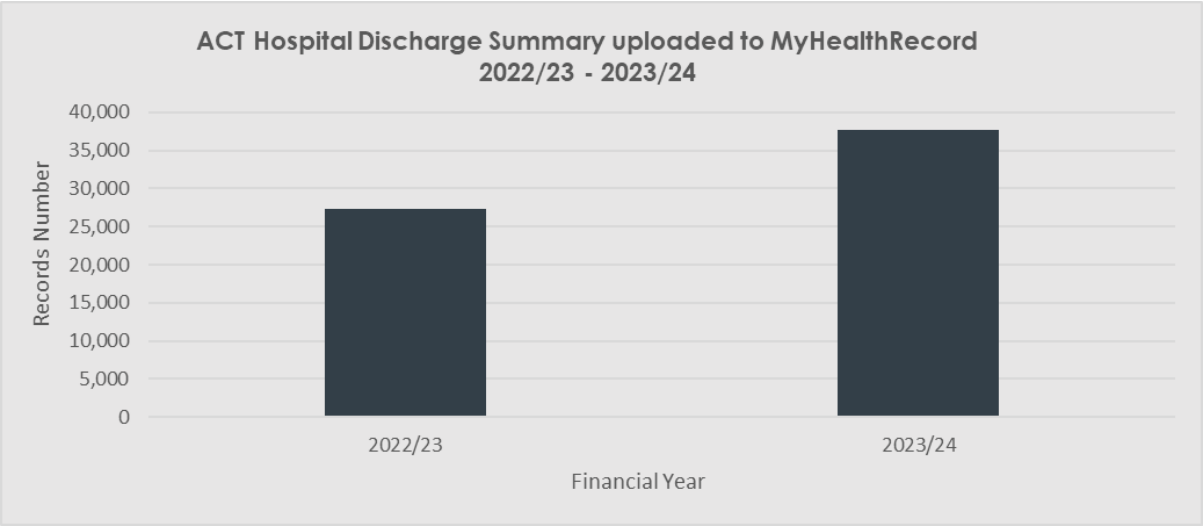


Figure 129: ACT hospital discharge summaries uploaded to MyHealthRecord 2022-23-2023-24

Telehealth.and.video.consultations

In the 2023-24 financial year, there were 284,312 Medicare Benefits Schedule (MBS) items claimed relating to telehealth, which includes both telephone and video consultations, delivered in the ACT (7). Most of these telehealth consultations were delivered by GPs (>99%).

This equates to a rate of 601.3 telehealth and video consultations per 1,000 population, well below the national rate (961 items per 1,000 population). With no rural or remote areas in ACT, there may be lower demand for telehealth consultations.

It is important to note that the majority of telehealth consultations were conducted by phone, rather than video, with phone consultations (MBS item 91891) accounting for 81.7% of all claimed items, while video consultations (MBS item 91800) contributed only 4.2%.

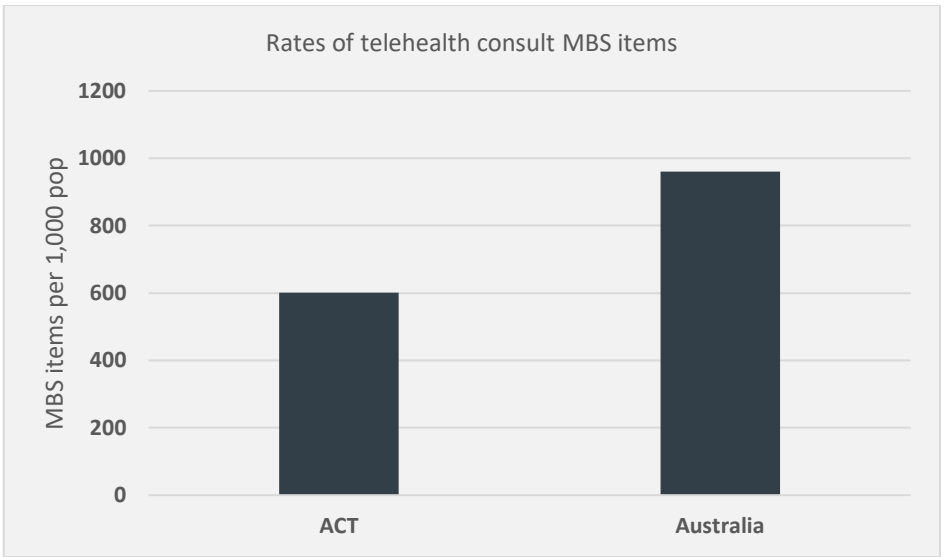


Figure 130: Rate per 1,000 population of telehealth phone and video consultations MBS items in ACT and Australia, 2023-24 (MBS Statistics)

E_referrals.and.e_prescriptions

In financial year 2023-2024, there were 57,379 e-referrals sent to Canberra Health Services and 35,675 e-referrals sent to private specialists in the ACT. The number of monthly e-referrals has been steadily increasing, showing growing uptake throughout the ACT (6).

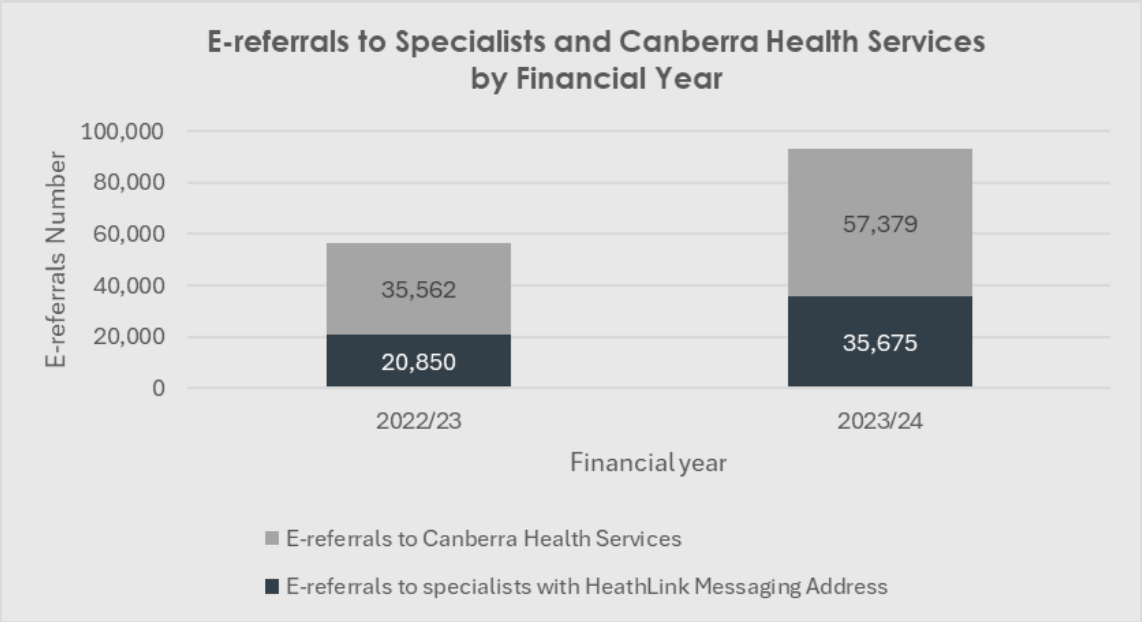


Figure 131: E-referrals to Specialists and Canberra Health Services, ACT, 2022-23-2023-24 (HealthLink and SR Referrals)

Electronic prescriptions offer a safe and convenient alternative to traditional paper prescriptions, reducing the risk of errors and streamlining processes for both consumers and healthcare providers. Since May 2020, more than 219 million e-prescriptions were issued across Australia, prescribed by over 85,000 providers. While specific data for the ACT are not available, the nationwide rollout demonstrates widespread adoption. Both e-referrals and e-prescriptions enhance integration of healthcare services, improving patient experiences by simplifying interactions across providers.

Active Script Lists (ASL) were also introduced as a key initiative, helping to manage polypharmacy—the use of multiple medications by consumers—by providing a centralised electronic record for dispensers and prescribers, ensuring better medication management and reducing risks of drug interactions. This is further supported by the electronic prescribing for dispensers' initiative, which improves efficiency and safety in the dispensing process.

Integrating care

Digital tools can support integrating healthcare services to work collaboratively towards people's health and wellbeing goals. MyHealthRecord, e-referrals, e-prescriptions and other tools allow consumers and providers to access and share information quickly and easily, facilitating a smooth consumer journey through the healthcare system. This reduces the risk of confusion of care goals and avoids potential misalignment between consumers and the various service providers involved in delivering care.

There are several challenges reported by stakeholders in achieving improved integrated care utilising digital tools. A key challenge is the lack of interoperable systems, or a centralised data system, prevents effective information sharing. This means that data collected using one digital system or software application will \not accurately transfer to another system or software without losing information or quality. This can create issues when different platforms are used and limits information sharing.

As a result of low interoperability, many stakeholders reported that digital tools contribute to clunky processes and cause a high administrative burden on users. Referrals, discharge summaries and care plans may be incomplete or lack important information and follow up to gather relevant details.

To support the adoption of digital health initiatives and integrated care, interoperability of systems and a centralised data infrastructure are often highlighted as key solutions. However, while these improvements are essential, they address only part of the challenge.

A significant barrier lies in the current preference among some healthcare providers for sending referrals manually instead of utilising electronic systems. Many healthcare providers also lack necessary telehealth infrastructure to facilitate virtual care – a vital component for modern, integrated healthcare. Efforts are underway to address these issues, such as the Department of Health and Aged Care's (DOHAC) Strengthening Medicare grants, CHN's COVID-19 grants to primary care providers, and Telehealth Grants to Residential Aged Care Homes (RACHs). These grants aim to support healthcare providers to acquire required equipment and develop the capability to conduct virtual care.

Virtual care itself holds promise for enhancing care integration. However, the infrastructure is still evolving, and many practices, RACHs, and other health providers are in the early stages of equipping themselves and becoming proficient in delivering virtual care. In the ACT, recent drafting of the Virtual Care Strategy represents a positive step toward establishing a structured approach to virtual care. Until this framework is finalised and released, there remains uncertainty about the strategic direction and optimal utilisation of virtual care to fully support healthcare integration in the ACT.

In summary, while advancing interoperable systems and centralised data is crucial, addressing the broader range of issues – including referral practices, telehealth readiness, and structured virtual care strategies – is equally vital to realise the full potential of digital health initiatives.

Multidisciplinary care

Health care provision can be strengthened through the delivery of multidisciplinary care, which can be facilitated by digital technology. As discussed, key health information can be shared between health professionals across different occupations. This ensures all service providers can have access to the same information, promoting shared decision making and care planning across the multidisciplinary team. This can provide clarity in the role for each professional as they work towards the patient's goals.

Digital health barriers faced by service providers may hinder providing multidisciplinary care. An example in the ACT is using Digital Health Record, ACT Health's platform that stores health and treatment data from visits at an ACT public health service. DHR keeps an up-to-date information about ACT residents' health, which can be accessed at any time. A source of frustration for many Canberra GPs is that they do not have access to DHR records, and must rely on key information being provided in discharge summary or relayed directly by the patient.. This lack of integration impedes processes and creates a greater administrative burden in gathering relevant information. Exploring solutions to integrate GPs into the multidisciplinary team with access to DHR records were suggested as digital health improvement areas in the ACT (4).

Better supported workforce

Digital literacy of service providers

Effective rollout of digital health tools requires an educated, digitally literate workforce. The strength of a system relies on the capability of the users –primary care professionals must be well trained and educated to maximise the benefits. While acknowledging the advantages of a number of digital tools, general practice stakeholders indicated that the rollout of each digital tool requires significant time to train staff. The time and resources that must be allocated to digital health balloons with the growing number of available tools and the rapidly changing health landscape.

While it is largely accepted that primary care professionals in the ACT are well versed in using digital health tools, there are a couple of areas where improvements could be made. Some frustrations were shared around the information inputted when using digital health tools, particularly in referrals and discharge summaries. Often these documents lack sufficient detail to continue clinical treatment without further follow up, imposing greater demands on the recipient. While lack of interoperability may contribute, improving awareness and understanding of the full requirements for users is recommended to create a seamless process.

Access to digital health tools

Many primary care providers in the ACT are well-equipped with the means and infrastructure to implement digital health technology into everyday processes. While elements are targeted for improvement – such as GP access to DHR and RACH infrastructure for telehealth appointments – overall accessibility of digital tools is strong.

The difficulties faced by primary care providers relate to cost and change. The financial cost is reported as substantial for general practices to implement, update and install digital health tools into everyday practices. Updating infrastructure, software and systems for multiple tools can be costly, while practices may lose revenue during implementation and training. While the long-term benefits are recognised as worth the cost, this may impart short term disadvantages.

While short term impacts may be financial, in the medium to long term, the challenges associated with digital health access are the changing systems and culture associated with implementation. Bringing in new systems and standard procedures requires change across the whole organisation, often extending into interactions with patients and other providers. Managing change over time is a key consideration for general practices and other primary care providers implementing new digital tools.

An additional, critical challenge is the regular turnover of staff in healthcare services, which disrupts retention of digital health knowledge and skills. With each staff transition, there is a loss of expertise, necessitating continuous retraining and upskilling on digital health systems. This turnover not only adds to the financial and logistical costs of implementing digital health, but also hinders the ability of providers to build a stable foundation of digital literacy over time. Retaining digital competency through staff transitions is, therefore, a key consideration for practices aiming for successful, sustainable integration of digital health tools.

Consumer centred care

Digital health tools are implemented to augment providing person centred care. A challenge raised by stakeholders is that there can be a disconnect between the capability of digital tools and consumer expectations. Stakeholders felt that a portion of the population does not fully understand the role that digital health plays, often creating misalignment between expectations and information that can be uploaded or shared. Managing these expectations is critical to ensure that both consumers and providers have a positive experience of digital health tools, creating an appetite for further expansion in the future.

Better value

Digital literacy of consumers

From the perspective of health professionals, digital literacy of consumers is critical for effective rollout and use of digital tools. There will be no additional health and wellbeing benefits provided by technology if consumers cannot navigate the tools, apps and software to manage their care.

While stakeholders believe that, overall, there is a high level of digital literacy across the ACT, they identified subpopulations with poorer digital literacy, including First Nations Australians, multicultural communities and people experiencing homelessness. While improving digital literacy in these groups would aid the use of digital health tools to improve outcomes, it would also require addressing lack of equity in accessing digital health tools.

Access to digital health tools

Access to digital health tools is a key barrier to successful application of digital tools in health care, and stakeholders report there is a lack of equity in access to digital health across the ACT. There are people who lack IT infrastructure or access to reliable internet connection, limiting their ability to engage with digital health. Housing stress, which may affect people with a low income, people who are experiencing or at risk of homelessness or people who have experienced FDSV, may affect people's capacity to access digital health tools. With rising cost of living pressures being experienced across the country, there are people in the ACT who may have to make financial decisions that impact their ability to connect online and engage with digital technologies.

Understanding and awareness of challenges for some in the community is integral for service providers and policy makers, who may need to alter their processes to better support people with poor access to digital tools. Choice of options for how people access health care must be considered, rather than applying a uniform approach to using digital tools. This will assist in providing equitable primary care across the region.

Adoption of digital health tools

There were reports that there may be slow uptake of digital health tools and a hesitancy to engage by some sectors of the community. Older adults were particularly highlighted as slower adopters of digital health tools. Security concerns, difficulty learning and using digital devices, cognitive decline, poor vision and general resistance to a changing healthcare system were all highlighted as driving factors to resistance and hesitancy.

While providers can support and encourage older adults to engage with digital tools, ultimately it is a consumer choice. Non-digital options must be offered to ensure that consumers have the best possible outcomes, whether or not they choose to engage with technology.

Identified needs

- Support to equip primary care services with digital health infrastructure to allow widespread implementation of digital health services across the ACT.
- Improve interoperability of digital health tools and technologies used in the ACT to facilitate integrated care and improve transition of care.
- Provide ongoing education and training for primary care professionals in the ACT to increase take up and improve effectiveness of digital health tools in the ACT.
- Continue education and support for health consumers to improve digital literacy in the ACT community and promote confidence in using digital health tools.

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