

## **Broadband Connect and Clever Networks**

*Supporting Investment in Sustainable Broadband Infrastructure*

A response prepared by ADGP for the Divisions Network on the Department of Communications, Information Technology and the Arts Discussion Paper – released November 2005

## INTRODUCTION

The Australian Government has invested through its Broadband for Health Program \$35 million to provide broadband Internet access to GPs, Aboriginal Community Controlled Health Services (ACCHS) nationwide. It included, until 30 June 2005, \$14.5 million Broadband for Health - Pharmacy Program

The program allows eligible health care to take advantage of the potential benefits of broadband services and technologies. The program is a key enabler and change agent for secure, functional, and equitable participation in e-health activities and supports the Australian Government's revised *HealthConnect* Implementation Strategy [www.healthconnect.gov.au](http://www.healthconnect.gov.au) and the National Broadband Strategy.

The program includes enhanced security features, strategies to improve participation in regional, rural and remote Australia, and additional support for health providers to take up new technologies. In addition, recent announcement of new Managed Health Networks Grants builds upon this initiative by supporting eligible health care organisations to establish advanced broadband services with the capacity to support secure electronic messaging for *HealthConnect* and other e-Health activities.

The development of these networks will enhance connectivity and provide a platform for the advancement of the eHealth agenda nationwide. It is in this regard that the program has close alignment with the Connect Australia package, in particular the recently announced Clever Networks program, where innovative and improved delivery of health and other essential services is a target that current Departments of Health are actively pursuing in terms of take-up and investment. It also is in this regard that the Connect Australia proposal must recognise that the Divisions Network is well advanced in delivering and supporting investment in sustainable Broadband infrastructure.

Close alignment of Broadband Connect and Clever Networks and the Department of Health's Broadband for Health and Managed Health Networks must be ensured to minimise confusion and duplication to the Health Service Providers and to the service vendors who will be required to qualify for what is essentially program overlap.

Broadband in general supports activities such as: clinical messaging; [Medicare Australia Online claiming](#); online banking; clinical decision support; e-ordering/requests; secure email; [HealthConnect](#) electronic health records; online knowledge bases and secure online government transactions. Broadband is also a catalyst for new advanced services, currently unavailable without advanced communications methodology. An example would be the in Radiology where possibility exists for the central storing and interpreting and retrieval of imaging results.

Access to broadband will benefit both consumers and health care providers with improved and faster access to vital health care information. This access

will improve communications between doctors and other health providers and assist the rapid, online delivery of results, referrals and requests such as pathology results and hospital discharge summaries.

Access to these services can help deliver improved health outcomes as a result of improved access to information, streamline business activity minimise travelling times, obtaining specialist opinions, improve communication, assist in professional development and education, reduce phone costs and lessen isolation, particularly for those in rural and remote areas.

Both the Broadband for Health and the Managed Health Network Grants support broadband connectivity and have strong links to the National Broadband Strategy managed by the [Department of Communications, Information Technology and the Arts](#).

ADGP and the Divisions network have played a key role in the Broadband for Health program. Divisions of General Practice have been contracted by DoHA to drive uptake of the Broadband for Health program with GPs. Within current resources, ADGP has taken every opportunity to promote the need for a consistent and capable Divisional network that supports the delivery of primary health care to local communities through building capacity of general practice. The implementation of a new more robust network will lead to divisions being a provider of choice for implementing government policy for primary health care.

Whilst ADGP and Divisions Network will continue to promote the benefits of this process as part of its existing communication strategies, there is a need for a more intense period of 'selling' in which the ideas, opportunities and benefits of the Broadband for Health and other government lead IM programs can be marketed.

Much of the work of the current State Based Implementation Officers (SBIOs) has been focussed on the technical challenges and interactions with ISP providers and health care providers. SBIOs have been contracted, with funding from the Department of Health & Ageing in each state and territory. In pursuit of the program objectives and eHealth implementation, SBIOs work closely with the divisions of general practice and are also responsible for -

- collaboration with Indigenous health sector and state/territory affiliate organisations towards enhancing uptake by community controlled health services;
- participate in the demand aggregation strategy to negotiate and facilitate economies of scale in each state/territory;
- support eHealth coordination in each state/territory including liaison with States/Territory health departments and health sector peak bodies, with particular focus on the use of broadband-dependant applications and the rollout of HealthConnect implementation.

This work load is considerable and it is expected that the work flow will continue and grow due to increased take-up and in part the changing nature of the network and technology advances in this dynamic arena.

There is also a need to ensure that current SBIO Broadband for Health officer functions are continued with optimism and align with other IM&ICT initiatives, including the Connect Australia package.

This commentary suggests the need for a change management process to be implemented in the Network to help smooth the transition into these new systems, and to have it well embedded and understood by GPs and practice administrators. In addition there are more challenges in IM&ICT that impact on the Divisions network and whilst Broadband uptake is a major driver, the hesitancy of the health provider must be addressed by a more targeted approach rather than simple provision. General practitioners and practice administration staff require a process of education and training. In this way the business case for the introduction of broadband services into general practice can be enhanced. In addition, aspects of education and training underpin the success of Government programs and opens up other opportunities for the support of IM&ICT initiatives such as HealthConnect implementation and the Primary Health Care Information Strategy.

### **Comments in relation to Discussion paper**

A major concern around Clever Networks is its equity and alignment as it relates to other Broadband Programs. Currently these initiatives tackle and contribute to infrastructure development and advance technological solutions. The capacity of the health network to immediately participate must be recognised as a risk, and that the capacity for the Divisions Network to support programs, on the ground level comprehensively is budget limited. Duplication of any Broker's role to that of the SBIO for Broadband is one part of the problem; the other is that SBIOs will still require clear and articulated roles in supporting the Clever Networks program regardless of the administrative infrastructure that supports Clever Networks rollout. Somehow this duplication has to be resolved and support directed at SBIOs in their capacity to cover all current initiatives addressed.

Another issue is in the development of models used in the community demand aggregation broker program. It must be made clear and consistent across programs in the identification of communities that could benefit from similar programs and hence simplify the process for them involved using whatever incentive that they choose to follow. SBIO's have worked effectively with the existing community brokers, showing the benefits of combining resources. With runs on the board, the challenge is now to identify other communities that can benefit from the knowledge and approaches developed under the DABP.

In addition the support for health networking and the method in engaging with health providers has to be robust and simple enough so ensure this is targeted to facilitate projects that require terrestrial communications and the

communities with clinics that serve the largest possible populations. Working through Divisions is an effective solution to facilitate health related projects. For example Broadband for Health connected services have enabled the sharing of clinical information systems between geographically dispersed remote Aboriginal community controlled health clinics at Katherine West Regional Health Board, in the Northern Territory. This project has demonstrated the clear benefits of terrestrial broadband over satellite for these types of applications.

The Australian Health System is complex and multifaceted. Although service delivery is funded through a number of Public, Private and not-for-profit organisational arrangements, it is evident that Government health priorities are all about better patient health outcomes and achieving service delivery efficiencies. However, complexities arising from the continued reliance on multiple funding arrangements with attendant issues around the secondary use of data and the associated performance information reporting requirements do not support this objective.

Currently there are a number of programs that are active in implementing communication and connectivity functions. The major investment has been in the HealthConnect project, meeting the communication needs of State Acute Care facilities through mobilising shared electronic records (one example is the distribution of discharge summaries). The complexity in connectivity ultimately impacts on General Practice. It is in general practice that the biggest effort is required to facilitate the capturing of standardised clinical and practice information and in the referral of patients and relevant information to specialists, pharmacists and allied health professionals is required. In return efficiencies and better patient outcomes are achieved particularly when systems are able to communicate back to the Primary Health care provider i.e. they receive results and summaries of those requests in a timely and integrated manner. In the specialised areas of radiology and pathology, effective and efficient communications rely on access to Broadband capacity. This is a major area where investment in infrastructure and connectivity solutions will have a great impact on the Health Service delivery.

ADGP strongly recommends that the DCITA programs target infrastructure to support Primary Health Care rather than being directed solely at State Government Acute activity in their HealthConnect endeavours. The emphasis should be on “community” ownership rather than “hospital” ownership. The ADGP and the Divisions Network (with an already established state based implementation capacity) provide an effective and efficient vehicle to assist progressing the development of business cases and facilitating the connection of general practice with acute care facilities and with specialist and allied health service providers. Already there are brokers that have been working for DCITA placed in the Divisions network and this is an encouraging development to the existing good relationships between the SBIO network and state and community based demand brokers

The range of parallel federal initiatives relating to this sector suggests a need to streamline applications that cut across lines of the initiatives. For example,

a Managed Health Network Grant that required infrastructure development through Clever Networks would be complicated by separate application processes. There is also a clear need for Federal coordination of demand projects with state government based projects.

Finally, the DCITA presentations lacks consideration of other existing programs like Broadband for Health benchmarks of services and ISP qualification processes, broadly -

1. Connect Australia should adopt as minimum the “business grade” broadband being implemented under Broadband for Health. This current program is already setting benchmarks in health, and this should be a framework for the adoption across other sectors.
2. Utilise/adopt/incorporate the existing QSP application process under Broadband for Health. Providers should experience similar ‘vetting’ processes under different programs. There already appears to be duplication between the Broadband for Health & HiBIS qualification processes, and this must be streamlined into one common process for all ISPs keen to be involved in government technology projects.
3. Consideration be given to subsidising satellite solutions until terrestrial solutions are available. This could be along the lines on HiBis type funding arrangements where the Satellite service fees are subsidised to the level of metropolitan ADSL services until a cheaper solution is provided.