Seniors happy to let GPs and some other professionals view their e-records but would prefer to keep many health workers out of the loop. By Dallas Bastian

Seniors are more than happy to share their personal medical information with a GP, but are reluctant to pass that data on to all health professionals, a recent survey shows.

Researchers at La Trobe University conducted a pilot study on the views of elderly regional Australians regarding personally controlled electronic health records. It revealed that 95 per cent of older Australians would grant their GP full access to their PCEHR but less than half would do the same for professionals across the board.

Eight-five per cent of respondents said they would be willing to share the information with specialists and almost 80 per cent said hospital medical staff and emergency personnel should also be privy.

Yet, less than half believed that diagnostic laboratories, staff at pathology clinics, allied health professionals and pharmacists should be able to see the record. Carers were deemed the least necessary to view the records, as less than a third of respondents, 29 per cent, believed they should have full access.

The study indicated that seniors were more willing to share their information with family members, at 53 per cent, than most health professionals.

The research was prompted by the fact the elderly, including those in aged care, would be one of the key groups involved in the PCEHR. “Part of the research was aimed at providing the health industry with some indication of what the concerns and the views of that age group were,” co-author Mary Martin says.

She says one of the things the authors took away from their research was that the GP was critical to the success of the PCEHR. In fact, the study revealed that 84 per cent of seniors wanted their records to be managed at their GP practice.

Also important for wide uptake of the PCEHR amongst older Australians was more computer usage, the study revealed. Almost a third of respondents never or rarely used a computer.

Seniors responded that they would be willing to engage with a health record that is electronic, but 80 per cent also said they would still want a print out of the data. “There still is a role for all of that information to be in hard copy,” Martin says.

Indeed, whilst it was discovered that 85 per cent of seniors believed they should have an electronic health record, just over a third indicated they were concerned about errors in the records and others raised concerns about the security of the system. Martin says seniors need reassurance surrounding these issues.

Still, she says, “It was good to see the general acceptance of having a health record without too much explanation that it would increase the quality of healthcare.”

However, she expressed surprise seniors didn’t want to share their health record across the board, as the information is important to many professions. Martin points to pharmacists in particular as a group important to an individual’s health that seniors were hesitant to let have access to their information. “[Pharmacists] have a particular interest in being able to access the medication record and being able to give advice,” she says, adding that they are the ones who do further study into medications and subsequent interactions.

“If we all understood that, well then we would be more inclined to share the whole of the electronic health record.”

The sentiment is echoed by Inner North West Melbourne Medicare Local CEO Christopher Carter. He says the results highlight the need for a targeted education campaign explaining the importance to all health professionals of access to medical records.

“Giving each health professional that might come into contact with a patient full access to their PCEHR is critical to their care being co-ordinated and consistent at all stages,” Carter says. “It is encouraging that 85 per cent of participants supported the idea of electronic health records, but the results around access show the need to build greater community awareness of the benefits of having these records available to all people involved.”
Pregnant pause

Nine months is a long time – but more and more people in need are waiting longer than that for a place in aged care, and it’s likely to get worse. By Dallas Bastian

The number of people waiting more than nine months for high residential care has risen and it’s adding pressure to an already stretched healthcare system, a reform report has found.

The Council of Australian Governments Reform Council’s Healthcare in Australia 2012–13: Five years of performance found that the percentage of those waiting increased from 3.3 per cent in 2008–09 to 14.1 in 2012–13. It was also established that the growth rate of aged-care places has stalled, adding even more pressure to the system (See ‘Winners & losers’, page 19).

“We don’t know why people are taking longer to enter care after their assessments,” The COAG Reform Council’s deputy head of secretariat, Michael Frost, said. “It could be because there are not enough places or because people are offered places that don’t suit their needs, or simply because older people decide not to use services for which they are eligible.”

Regardless of the reason, he said if the lack of increase in places is not addressed, Frost fears hospitals or carers may be burdened with the responsibility of providing an interim form of aged care.

Jon Wardle, chancellor’s research fellow at University of Technology, Sydney, believes that whilst it is good that COAG has now identified this as an area of focus, the issue has been present for a long time. “Historically, there has been a lot of blame game between state and federal government over who should pay for these services,” he said. “It’s good to see that COAG has highlighted this with bipartisan support.”

However, he noted that issues have previously been flagged for institutional support and that hasn’t always been followed up with action.

“One of the other big problems is that most of the infrastructure COAG would have used to look at a lot of these actions has been stripped in this current budget,” Wardle said. “It’s nice to have it as a priority but I don’t know how they’re going to get the resources to do this.”

He said aged care requires a holistic approach, which is usually built on strong preventive health programs, community links and community organisations.

Wardle urged COAG to take a whole-of-sector solution more seriously. “If you ignore the rest of the scenario that leads to people needing those services in the first place, then the number will just keep growing and you have to throw more and more money at it, and it doesn’t really do much,” he said.

Charmaine Crowe, senior adviser research and advocacy Combined Pensioners and Superannuants Association (CPSA) said, “Obviously, when you are waiting longer, often people are spending longer periods of time in hospitals because they cannot get an aged-care place or they are struggling in their homes,” she said.

“The other implication is that we’re increasingly asking people to exercise their choice when it comes to aged care to shop around,” Crowe said. “That’s not really possible if there aren’t so many places available. Often it’s a matter of older person just having to take whatever they can get if they desperate need of care.”

Crowe noted that the number of people waiting to receive high residential care is not likely to decline and said the big need at the moment is more home-care packages. “There to be a slight increase in investment in home care, but I think there needs to be a much greater focus on home-care for the elderly,” she said.

The report confirmed that more elderly Australians are waiting for home-care packages, stating that a higher proportion of took nine months or more to receive community-aged care.

Another major area that COAG has given attention to is 2 diabetes. The current obesity rate could serve as a warning of a possible increase in the burden of the disease. And half of those who have type 2 diabetes are not managing their condition effectively, the report found. Also highlighted was the increase in potentially preventable hospitalisations for acu vaccine-preventable conditions.

Wardle believes all these factors have implications for the elderly. “These conditions will make the healthcare needs of persons more pronounced than they otherwise would be, adding the best measure in fixing these problems is a focus on prevention, otherwise it’s akin to ‘mopping the floor with tatty towels’,” he said.

“It’s great that they have an aged-care strategy, but with decent primary care and universal healthcare and a real focus on prevention, unfortunately they’re not going to get a lot of traction,” he said.
Doctor in the house

Growing pressure on medical services from the ageing population means we must look quickly to alternative models such as home health. By Umberto Russo

Despite all the heat in the current debate over the Medicare co-payment, everyone agrees that healthcare in Australia must change.

The need for change arises less from fiscal considerations than from the need to respond effectively to changing health needs, in particular the increased number of patients with chronic disease and the ageing population.

Already, more than 50 per cent of general practitioner consultations are for people with a chronic condition such as diabetes, heart disease, cancer and neurological illness. Lifestyle factors and the ageing population will continue this trend, with the number of people aged 75 years and over projected to rise by 4 million by 2060, an increase roughly equivalent to the population of Sydney today.

These people consume and experience healthcare services differently than the general population. They typically present more often, with more complex problems and co-morbidities, and require longer hospital stays when something goes wrong. Delivering the best possible outcomes at an efficient cost requires coordinated care from a range of healthcare professionals, underpinned by a GP with a strong relationship with the patient. This approach delivers better health outcomes for the patient and less cost for the system.

Whilst we know this is the gold standard, the actual delivery of healthcare often falls short. In many cases the difficulty of seeing a GP is a major barrier. Most GP practices are open only during business hours: only 30 per cent of the hours in a week. When they are open, they are busy places. One in four people report they are unable to get a same-day appointment at their regular GP for urgent care.

People with limited mobility find it especially hard to see a GP – whether they are living in an aged-care facility or at home with support, or cared for in a home environment by a relative. The rate of home visits in Australia has fallen by around 50 per cent in the past decade, and 80 per cent of regular GPs now report making no home visits at all – regular GPs are just too busy these days.

The decline in home visits is a particular concern for the health of the ageing population, with 94 per cent of over 65s living at home, and many of those living on their own.

We all know the problems that emerge from this situation. One of the most critical issues is increasing demand on emergency departments (EDs). According to the Australian Institute of Health & Welfare, in the past year more than 2.1 million emergency department presentations could have been avoided by the provision of better non-hospital health services.

Whilst our hospitals do a great job of treating real emergencies, an ambulance trip and admission to an ED is a traumatic experience for elderly patients, particularly when they are attending with non-critical conditions that could be treated in their home or aged-care facility by a doctor.

Once at the ED, the elderly and people with chronic illnesses are also more likely to be admitted due to the complexity of their situations. ED visits also come at a significant expense to the taxpayer, with an average cost of $240 to $480 a patient – even more for patients who are admitted.

The answer to this situation is to develop and promote alternative models of care delivery that make it easier for the elderly and people with chronic illnesses to access the best forms of care in the most appropriate setting.

Globally, there is a shift towards in-home health services. This is also beginning to play out here, with recent growth in after-hours home visiting services.

National Home Doctor Service is Australia's largest network of home visiting doctors.

In the last year we have seen more than 700,000 patients, including 140,000 residents of aged-care facilities. We observe significant variation in the use of home-visiting "locums" across states and between facilities.

In many cases, it seems that residents are sent to EDs simply because staff are unaware of the options available to them. Often this reflects the level of awareness in the community generally.

Better awareness and better use of home-visiting doctors correlate with better outcomes. We know that the number of presentations of non-acute conditions to emergency departments varies inversely with the level of community awareness of home doctor options.

We estimate that EDs in NSW, where awareness is low, see 100,000 patients more a year than they would if awareness of home visiting was the same as other states. This analysis applies to the aged-care sector in NSW, where we also see lower rates of awareness.

After-hours home-doctor visits are just one element in delivering effective and responsive healthcare to our ageing community. As we build a national network of after-hours services, we will also begin to explore the potential to deliver a range of other mobile health services to key patient groups who are better treated at home.

Umberto Russo is vice-president of the National Association of Medical Deputising.