

Access, coordination and integration

2022-2024 Needs Assessment
2022 Annual Review

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Access to primary care

General practitioners (GPs) are the first point of contact for most people seeking health care, with 83.1% of the population in the CESP HN region seeing a GP in the last 12 months.(1) Over half (53.9%) of our stakeholder survey respondents said they get most of their health care from a regular GP or family doctor, a quarter of respondents said specialist doctor and 22.4% said pharmacist.

In 2020-21, there were 10,007,960 GP attendances in the CESP HN region. This equates to an age standardised rate of 589 services per 100 people (or 5.9 services per person), slightly lower than the national average of 627.8 per 100 people.(2)

There were more specialist attendances in the CESP HN region (123.6 per 100 people) compared to the national average (93.8 per 100 people), reflecting the large number of specialists located within the region. However, stakeholder feedback indicates that patients still experience barriers in accessing outpatient clinics and/or specialist services, particularly those from lower socioeconomic backgrounds.

Rates for other Medicare-subsidised services (allied health and diagnostic imaging) in the CESP HN region were similar to national rates.

Table 1: Medicare-subsidised services per 100 people (age standardised), CESP HN region, 2020-21

Medicare-subsidised service	CESP HN	Metropolitan	Australia
Allied health attendances (total)	98.5	101.4	97.7
Diagnostic imaging (total)	98.9	101.9	100.6
GP attendances (total)	589.0	649.7	627.8
Specialist attendances (total)	123.6	100.6	93.8

Source: AIHW, 2021

In 2020-21, Sydney Inner City SA3 had the highest number of GP attendances (n=1,156,438), Canterbury SA3 had the highest rate per 100 people within the CESP HN region (734.4 per 100 people).(2)

Table 2: GP attendances by SA3, CESP HN region, 2020-21

SA3	No. services	Services per 100 people
Botany	340,279	601.7
Canada Bay	596,664	636.3
Canterbury	1,080,436	734.4
Cronulla-Miranda-Caringbah	829,667	695.1
Eastern Suburbs – North	795,643	570.4
Eastern Suburbs – South	850,015	542.8
Hurstville	887,985	638.9
Kogarah-Rockdale	979,367	626.7
Leichhardt	349,516	566.0
Lord Howe Island*	n.p.	n.p.
Marrickville-Sydenham-Petersham	346,901	576.5
Strathfield-Burwood-Ashfield	1,015,206	593.3
Sutherland-Menai-Heathcote	815,169	724.1
Sydney Inner City	1,156,438	451.6
CESPHN	10,007,960	600.9

Source: AIHW, 2021

* No data published for Lord Howe Island

Bulk billing

In 2016-17, 88.6% of GP attendances were bulk billed in the CESP HN region, compared to 85.7% nationally. Canterbury SA3 had the highest bulk billing rate (97.9%) in the CESP HN region.

Out-of-pocket costs

In 2020-21, the total out of pocket cost for GP attendances was \$44,156,740 (\$4.41 per GP attendance) in the CESP HN region. Eastern Suburbs-North SA3 had the highest out of pocket cost at \$10,631,530 (\$13.36 per GP attendance).(2)

Table 3: GP attendances total out of pocket by SA3, CESP HN region, 2020-21

SA3	Out of pocket	Average out of pocket per service
Botany	\$1,042,348.00	\$3.06
Canada Bay	\$1,839,786.00	\$3.08
Canterbury	\$793,460.00	\$0.73
Cronulla-Miranda-Caringbah	\$3,450,501.00	\$4.16
Eastern Suburbs – North	\$10,631,530.00	\$13.36
Eastern Suburbs – South	\$4,686,980.00	\$5.51
Hurstville	\$1,924,849.00	\$2.17
Kogarah-Rockdale	\$1,674,342.00	\$1.71
Leichhardt	\$3,298,935.00	\$9.44
Lord Howe Island*	n.p.	n.p.
Marrickville-Sydenham-Petersham	\$1,688,886.00	\$4.87
Strathfield-Burwood-Ashfield	\$2,351,225.00	\$2.32
Sutherland-Menai-Heathcote	\$2,864,207.00	\$3.51
Sydney Inner City	\$7,909,736.00	\$6.84
CESPHN total	\$44,156,740.00	\$4.41

Source: AIHW, 2021

* No data published for Lord Howe Island

Patient experience

In 2019-20, patients from the CESP HN region overall reported positive health care experiences and access opportunities compared to national responses. Ninety per cent, or more, of respondents from the CESP HN region indicated that they felt their GP always or often listened, showed respect, and spent enough time, mirroring national responses.

Regarding cost measures, overall CESP HN residents reported lower proportions of people experiencing cost as a barrier to care compared to nationally. This pertained to GP access, prescriptions, and dental care.

The proportion of individuals in the CESP HN region who reported waiting longer than acceptable to see a GP was in-line with national rates. However, there was a higher proportion of people in the CESP HN region who reported having to wait longer than acceptable to see a medical specialist (71.2% compared to 68.6%).(1)

Table 4: Patient experience measures, CESP HN region and Australia, 2019-20

Patient experience measure	CESPHN (%)	Australia (%)
Adults who felt their GP always or often listened carefully	92.4	92.3
Adults who felt their GP always or often showed respect for what they had to say	95.1	94.6
Adults who felt their GP always or often spent enough time	90.0	90.9
Needed to see a GP but did not	12.0	13.9
Adults who did not see a GP due to cost	1.7	3.8
Adults who delayed or avoided filling a prescription due to cost	5.4	6.6
Adults who did not see or delayed seeing a dentist, hygienist or dental specialist due to cost	13.2	19.1
Adults who felt they waited longer than acceptable to get an appointment with a GP	18.6	19.0
Adults referred to a medical specialist who waited longer than they felt acceptable to get an appointment	71.2	68.6

Source: AIHW, 2021

The main barriers to accessing health services in the CESP HN region, as identified in our stakeholder survey, were:

- Impacts of COVID-19 (68.4%)
- Finding the right service (57.9%)
- Feeling comfortable/safe to access services (56.6%)
- Having time to attend the service (55.2%)
- Waiting times (53.9%)
- Specific services not available (52.6%).

Dental care

NSW Health provides safety net dental services for eligible NSW residents. Public dental clinics are usually located in public hospitals and community health centres. All children (0-18 years of age) who are NSW residents are eligible for public dental services in NSW. Adult NSW residents must be eligible for Medicare and be listed on one of the following Australian Government concession cards: Health Care Card, Pensioner Concession Card, Commonwealth Seniors Health Card.

As of 30 September 2022, there were 1,593 children and 8,210 adults waiting for public dental assessments and treatment in Local Health Districts (LHDs) within the CESP HN region.⁽³⁾ There has been a decline across both child and adult assessment and treatment waitlists over the past 12 months. Note that these figures reflect the LHD where the service was provided, not patients' LHD of residence and does not include patients who are waiting for specialist dental services.

Table 5: Number of patients waiting for public dental treatment or assessment by LHD in CESP HN region, September 2022

Local Health District	Child assessment	Child treatment	Adult assessment	Adult treatment
South Eastern Sydney	1,397	0	737	878
Sydney	190	6	1,766	4,100
Total	1,587	6	3,232	4,978

Source: NSW Health, 2022

After hours

Almost half (47.4%) of respondents of our stakeholder survey said the hospital emergency department is the service they would most likely use during the after-hours period, followed by telephone advice line (42.1%) and regular GP or family doctor (35.5%).

Practice incentive payments

As at May 2018, 58% of general practices in the CESPHN area were receiving a Practice Incentive Payment (PIP) for After Hours services. Of the practices receiving the After Hours PIP, 67% were accessing Level 1.(4)

For the purposes of the After Hours PIP, the complete after hours period is outside of 8am to 6pm weeknights, outside of 8am to 12pm Saturdays and all-day Sunday and public holidays. The complete after hours period is further broken into:

Sociable after-hours period:

- 6pm to 11pm weeknights

Unsociable after-hours period:

- weeknights between 11pm and 8am,
- outside 8am and 12pm Saturdays, and
- all day Sunday and public holidays.

Table 6: After-hours PIP practices in CESPHN region, May 2018

After Hours PIP level	No. practices	After Hours PIP practices (%)
1 - Formal arrangements in place to ensure practice patients have access to care in the complete after hours period.	241	67
2 - Cooperative arrangement with other general practices that provides after hours care to practice patients in the sociable after hours period, and formal arrangements to cover the unsociable after-hours period.	34	9
3 - Provide after-hours care to practice patients directly through the practice in the sociable after hours period and formal arrangements to cover the unsociable after-hours period.	26	7
4 - Cooperative arrangement with other general practices that provides after hours care to practice patients for the complete after hours period.	12	3
5 - Provide after hours care to practice patients in the complete after-hours period.	46	13
Total	359	100

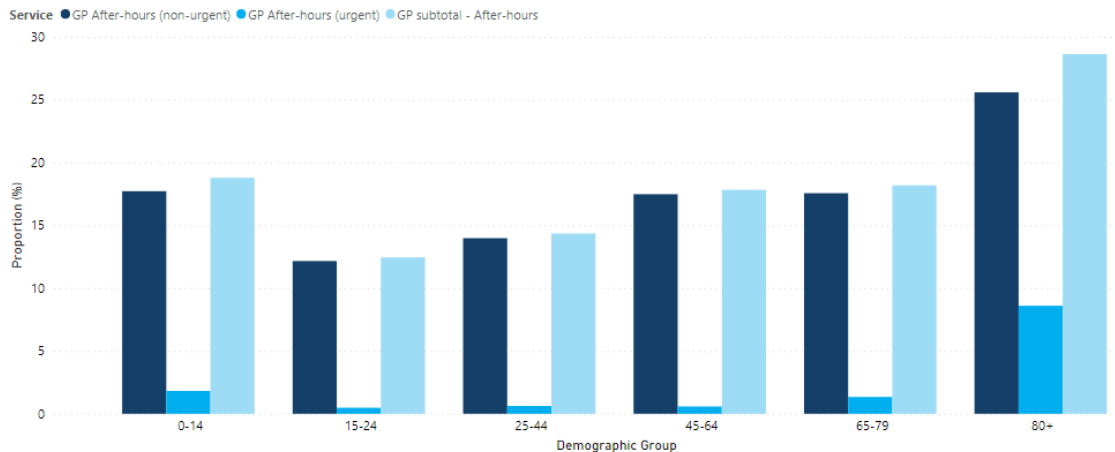
Source: Department of Health PHN Practice Incentives Program Data 2018

Medicare-subsidised services

In 2020-21, 274,576 people (16% of the population) in the CESPHN region received an after hours GP service. There has been a 14.4% decrease in the number of patients receiving an after hours GP service since 2013-14.(2) People were more likely to receive a non-urgent after hours GP service (15.9%) than an urgent after hours GP service (1.2%). A higher proportion of females received an after hours GP service than males (17.3%

compared to 15.7%). People aged 80 years and over were most likely to receive an after hours GP service (28.6%), followed by people 14 years and younger (18.8%).(2)

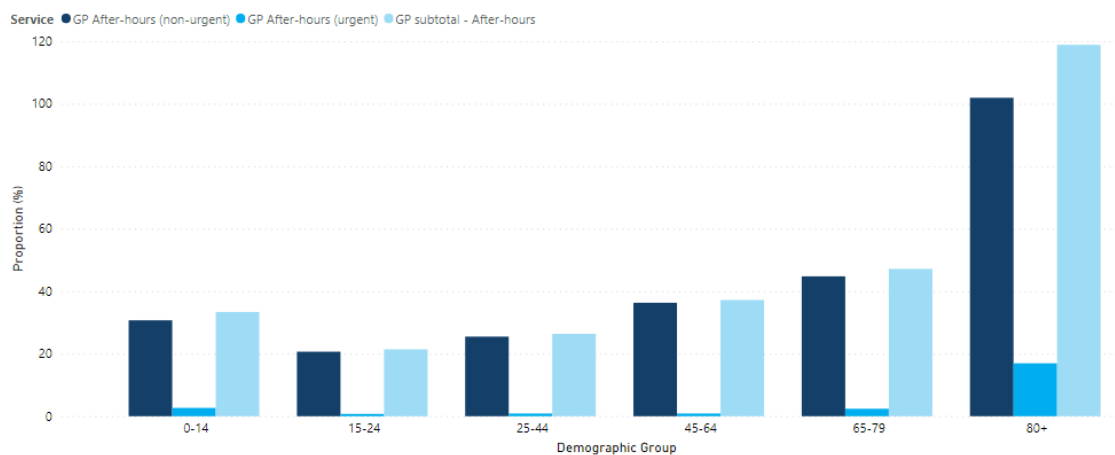
Figure 1: Proportion of the population who received an after hours GP service, by age group, CESP HN region, 2020-21



Source: AIHW, 2021

In 2020-21, there were 581,718 after hours GP services provided in the CESP HN region, equivalent to 34.9 services per 100 people. People aged 80+ years received the highest number of services per 100 people (118.9), followed by those aged 65-79 years (47.2 services per 100 people).(2)

Figure 2: After hours GP services per 100 people by demographic group, CESP HN region, 2020-21



Source: AIHW, 2021

Helpline

HealthDirect Australia provides a nurse triaged helpline and after-hours GP helpline for the after-hours period. In 2021, 74,003 calls were made to the HealthDirect nurse triage helpline from CESP HN residents.(5) Where the call has been time coded, approximately one third of all calls to the helpline occurred in the T1 period (32.1%), followed by T4 (30.1%), T2 (20.4%) and T3 (17.4%).

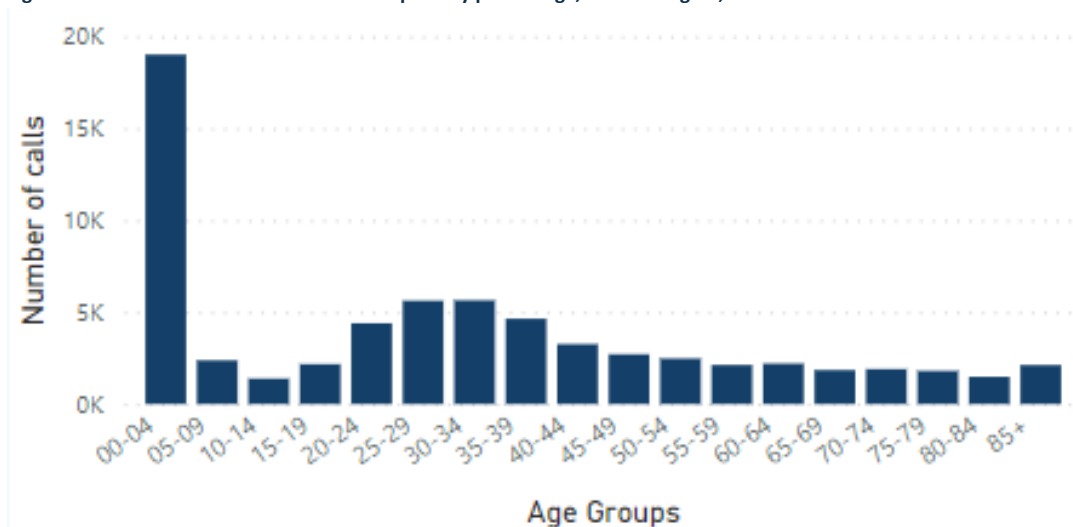
Table 7: After hours calls to HealthDirect helpline, CESP HN region, 2020

PIP timeframe	Number of calls	% of calls
T1 (6pm to 11pm weeknights)	16,114	32.1
T2 (11pm to 8am weekdays)	10,581	20.4
T3 (outside 8am to 12pm Saturday)	8,787	17.4
T4 (Sunday and public holidays)	16,356	30.1
Total	57,691	100.0

Source: HealthDirect Australia HealthMap, 2021

Calls to the helpline were largely for patients aged 0-4 years (28.3%) – this was consistent across all time periods.(5)

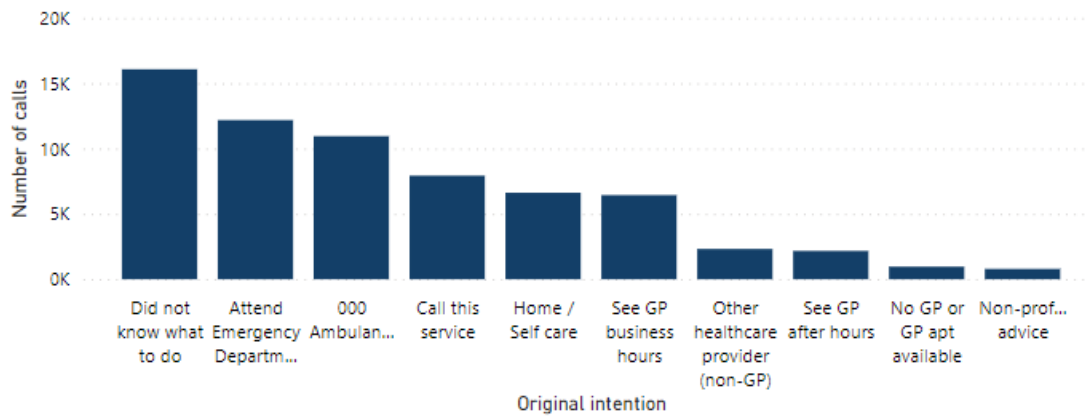
Figure 3: Number of calls to HealthDirect helpline by patient age, CESP HN region, 2021



Source: HealthDirect Australia HealthMap, 2022

The original intention of callers identifies the level of care the caller was considering prior to calling the helpline. Original intention was recorded for 66,400 calls in 2021. Almost one-quarter (24.2%) of callers did not know what to do, 18.3% would have attended their local ED and 16.5% would have called for an Ambulance.(5)

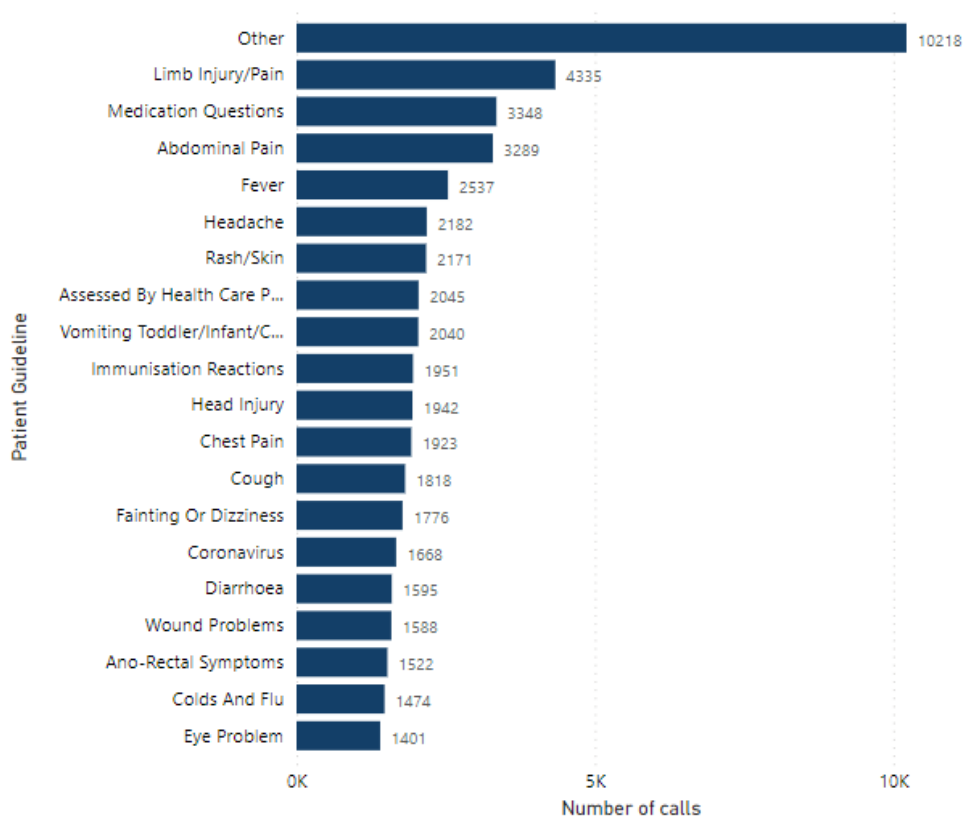
Figure 4: Number of calls to HealthDirect helpline by original intention, CESP HN region, 2021



Source: HealthDirect Australia HealthMap, 2022

In 2021, the reason for calling the helpline (the patient guideline) was recorded for 67,146 calls. The graph below shows the two major reasons for calling the helpline were for “other” (20.1%) and assessment by a Limb injury/pain (8.5%).(5)

Figure 5: Number of calls to HealthDirect helpline by patient guideline, CESP HN region, 2021

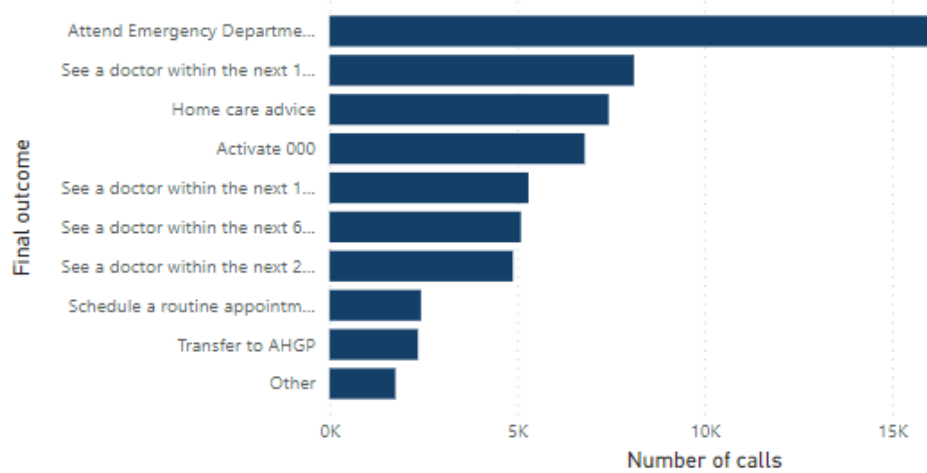


Source: HealthDirect Australia HealthMap, 2022

The final outcome considers the context of the patient including willingness of services and availability of services. Of the 65,371 final outcomes recorded for calls:

- 16,193 (24.8%) were advised to attend ED immediately
- 8,119 (12.4%) were advised to see a doctor within the next 12 hours
- 7,444 (11.4%) were provided home care advice
- 6,805 (10.4%) had 000 activated
- 5,307 (8.1%) were advised to see a doctor within the next 1-3 days.

Figure 6: Number of calls to HealthDirect helpline by final outcome, CESP HN region, 2021



Source: HealthDirect Australia HealthMap, 2022

Lower urgency Emergency Department (ED) presentations

Lower urgency ED presentations are presentations to a public hospital ED with a triage category of 4 (semi-urgent) or 5 (non-urgent), where the patient did not arrive by ambulance, or police or correctional vehicle and was not admitted to the hospital, not referred to another hospital, or did not die.

In 2019-20, there were 164,054 lower urgency ED presentations in the CESP HN region, equivalent to 98.9 per 1,000 people which is lower than the national rate of 112.4 per 1,000 people. Forty-three per cent (70,744 or 42.6 per 1,000 people) of these presentations were in the after hours period.(6)

After hours lower urgency presentations have fallen by 16.8% (from 51.2 to 42.6 per 1,000 people) since 2015-16. There has also been a slight decrease in all lower urgency ED presentations over the same time period.(6)

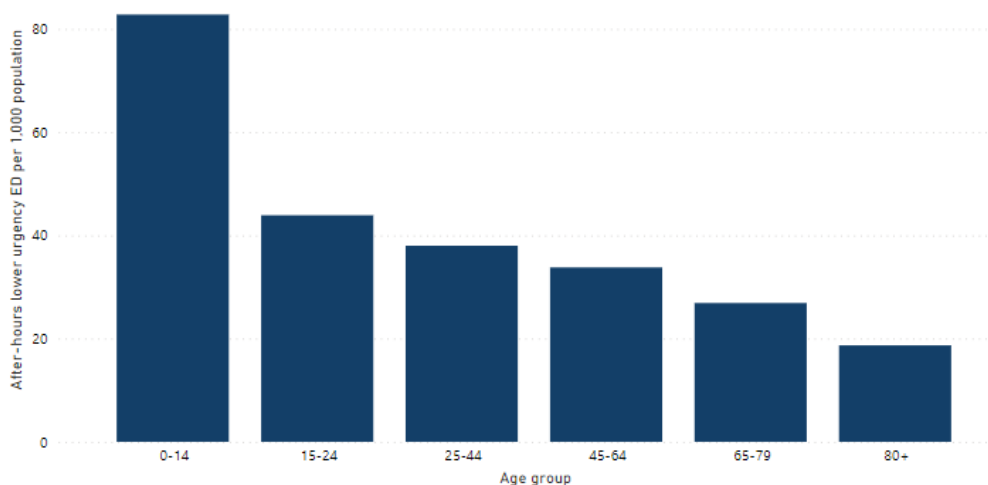
Table 8: Lower urgency ED presentations, CESP HN region, 2015-16 to 2019 -20

Year	No. lower urgency ED presentations	Lower urgency ED per 1,000 population	No. after hours lower urgency ED presentations	After-hours lower urgency ED presentations per 1,000 population
2015-16	156,195	100.5	79,654	51.2
2016-17	150,639	94.9	76,258	48.1
2017-18	150,734	93.2	75,370	46.6
2018-19	149,818	91.3	75,011	45.7
2019-20	164,054	98.9	70,744	42.6

Source: AIHW, 2022

In 2019-20, males had a higher rate of lower urgency care presentations in the after-hours period (44.9 per 1,000 people) than females (40.4 per 1,000 people). The 0-14 year age group had the highest rate of after-hours lower urgency ED presentations per 1,000 population across the CESP HN region at 82.8 per 1,000 people.(6)

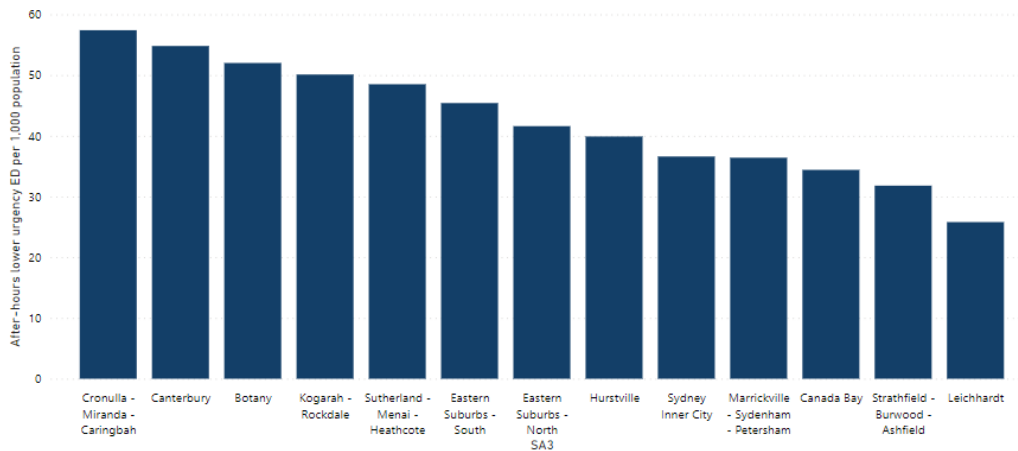
Figure 7: After hours lower urgency ED presentations by age group, CESP HN region, 2019-20



Source: AIHW, 2022

In 2019-20, 7 of the 14 SA3 within the CESP HN region had rates per 1,000 population of after hours ED presentations higher than the CESP HN rate (42.6 per 1,000 population).(6) Three of the four SA3s with the highest rates per 1,000 population are areas with higher socioeconomic disadvantage and cultural diversity with poorer English proficiency.

Figure 8: After-hours lower urgency ED presentations, SA3, 2019-20



Source: AIHW, 2022

Service navigation and coordination

Community and stakeholder consultations have identified the following key issues impacting the ability to navigate and coordinate health services in the CESP HN region:

- Service coverage
- Low health literacy
- Provider issues with identifying and navigating services most appropriate to an individual's disease profile and individual characteristics
- Inability to communicate patient information systematically and reliably between health care providers (see the digital health and data section below for more information).

Service coverage

The CESP HN region has a high population density with a significant number of services available.

These services are funded by all levels of government as well as privately.

Joint planning and collaborative commissioning among the different funding bodies can assist to identify and reduce service gaps and duplication and improve care coordination. The co-design of these services with consumers and peer workers ensures that the patient's experience and needs are considered during the planning phase.

We participate in a number of partnership committees with the local health districts and speciality health networks in our region that cover mental health, alcohol and other drugs, disability, sexual health and viral hepatitis and COVID-19.

We are currently collaborators on two regional plans:

The Regional Mental Health and Suicide Prevention Plan 2019-2022 aims to improve the health and wellbeing of people with (or at risk of) mental health issues or at risk of suicide. This joint plan commits CESP HN, Sydney Local Health District, South Eastern Local Health District, St Vincent's Health Network and the Sydney Children's Hospital to work together to fulfil 88 actions.

The Intersectoral Homelessness Health Strategy 2020-2025 is a collaboration between CESP HN, St Vincent's Health Network, Sydney Local Health District, South-Eastern Sydney Local Health District, Department of Communities and Justice, and City of Sydney to improve health outcomes and access to health care

among people experiencing homelessness in the central and eastern Sydney region. The Strategy includes five priority action areas:

- Improving access to the right care at the right time
- Strengthening prevention and public health
- Increasing access to primary care
- Building workforce capability
- Establishing collaborative governance and shared planning.

Collaborative commissioning partners local health districts and primary health networks to assess local needs, pool resources and develop interventions to improve shared patient and community outcomes. We are currently working with the local health districts, speciality health networks and NSW Ministry of Health to pilot a collaborative commissioning project in the CESP HN region. We are also working with these partners on integrating their virtual care models with the primary care sector.

Health literacy

Low health literacy is associated with a range of factors including poorer health outcomes, limited engagement with the healthcare sector, limited ability to navigate the healthcare system, limited knowledge, and uptake of preventive actions, as well as impaired self-management and increased use of emergency care, hospitalisations, and mortality rates. The combination of low health literacy and complex health needs amplify the difficulties patients experience when navigating a fragmented health care system.

In the 2006 Health Literacy Survey, only 41% of adult Australians had a level of literacy that would allow them to meet their complex health needs.⁽⁷⁾ The survey also indicated that health literacy was lower in those who speak English as a second language (21%).

Identifying and navigating services

Identification and navigation of services most appropriate to a patient's needs is a challenge for providers, particularly when their patients have complex health needs. One strategy CESP HN employs to integrate primary health care services with services provided by SLHD, SESLHD, SVHN and SCHN is the development and implementation of HealthPathways, which provides recommended diagnosis and management options for specific conditions, and options for referral pathways across health systems.

Outpatient clinics

In July 2021, CESP HN surveyed clinicians to identify gaps in outpatient clinics across the region. Key findings from 113 responses were:

Information on outpatient services:

- Most respondents look to HealthPathways (50%) and hospital service directories (47%) for information on outpatient services, followed by LHD/LHN websites (29%).
- Respondents emphasised a need for improved availability of information on clinics, for instance through a centralised database or more comprehensive hospital websites.
- Close to 80% of respondents said that there is no clear contact point for enquiries about outpatient services and referrals. Only 6% believe there is a clear contact point and 12% were unsure.

Referral process:

- Respondents noted poor communication, lack of appointment availability, and difficult referral processes were reported as key reasons as to why a service was hard to refer to.

- Over half of the respondents use e-referrals for outpatient clinics whenever possible (36%) or occasionally (18%). A quarter of respondents never use e-referrals, and a fifth of respondents are not familiar with e-referrals.
- Over two thirds (67%) of respondents do not believe that the referral process is consistent across various hospital departments. Differences in intake criteria, communication quality, referral processes, and waiting times are the major differences noticed across various hospital departments.

Discharge process:

- Over half of the respondents (55%) said that in less than 50% of cases do they receive a letter or discharge summary within 10 days of a patients discharge from the outpatient service. Almost a quarter of respondents (24%) receive it in more than 60% of cases, and close to a fifth (19%) receive it between 80-100% of cases.
- Most respondents (71%) receive letter/discharge summaries via HealthLink or other electronic platforms. Fax (29%) was the second most common method of receiving letter/discharge summaries, followed by mail (18%) and from patients (16%).
- Only 17% of respondents said that letters are either always or mostly uploaded to My Health Record. Nearly half of respondents (48%) said that letters are uploaded occasionally and over a quarter (27%) said that letters are never uploaded.

Cost as a barrier:

- Over three quarters of respondents notice public outpatient clinics co-located with private specialist clinics that do not bulk bill either frequently (31%) or sometimes (46%).
- Over three quarters of respondents agreed that cost is either always (18%) or commonly (58%) a barrier to referring patients to private medical specialists. A further 22% of respondents said that cost is sometimes a barrier, and only 2% said that cost was not a barrier at all.
- Of the private specialist services that respondents noted cost being a particular barrier, the following were the most common responses: dermatology (26%) and psychiatry (23%).

Digital health and data

The COVID-19 pandemic has accelerated the rollout of technologies that streamline the flow of relevant patient information between service providers, however ensuring the consistent and meaningful use of these tools is a continuing challenge for the region. Consultations with GPs, allied health professionals, hospitals and local health districts demonstrated that the digital health needs of clinicians and services were related to the level of digital health use maturity, as well as the interoperability between digital health systems across service providers.

Table 9: Digital health initiatives in the CESPHN region, as at November 2022

Digital health initiatives	No. of general practices	% of computerised practices	% of general practices
Computerised practices (clinical software)	532	100.0	90.0
Registered to access MyHR	493	90.1	83.4
Use secure messaging solution	537	98.3	90.1
Use Smart Forms and eReferrals	430	80.1	72.8

Source: CESPHN CRM database, 2022

My Health Record

Meaningful use of MyHR can improve health outcomes by supporting the sharing of patient information between providers across the health system, which can reduce duplication of services, lessen medication errors and increase patient participation in their care. MyHR statistics generally demonstrate increases in views and uploads by various health care services in the CESP HN region, largely propelled by the following: Software vendors continuing to integrate MyHR functionality.

Increases in the number of hospitals and pathology services uploading discharge summaries and pathology reports.

Increases in the number of pharmacies uploading prescription records and pharmacist shared medicine lists. We continue to see increases in views in general practice of hospital discharges and pathology records. Recent data shows a 51% increase in views of hospital discharge, and a 128% increase in views of pathology records.

Table 10: MyHR document views in general practice by document type

Information viewed	No. of views FY2020	No. of views FY2021	No. of views FY22
Hospital discharges	9,264	20,282	30,608
Pathology records	5,935	12,670	28,895

Source: ADHA Collaborate data, 2020-22

Despite the high rate of general practice MyHR registration in the CESP HN region, only 33 general practices uploaded at least one summary per week between April and June 2022, indicating that more work is required to integrate MyHR into daily practice activity; it should be noted that data for June 2022 shows 72 general practices uploaded at least one summary per week suggesting variations between time periods.

As of November 2022, 436 out of 448 pharmacies were MyHR registered. Uploads by pharmacies of prescription records have increased by 84% and pharmacist shared medicine lists by 3% between 2020-21 and 2021-22.

Table 11: MyHR document uploads in pharmacies by document type, 2021-22

Information uploaded	No. of uploads FY2020	No. of uploads FY2021	No. of uploads FY22
Prescription and dispense records*	1,130,702	1,390,518	2,554,185
Pharmacist shared medicine lists	7,513	12,670	13,011

Source: ADHA Collaborate data, 2020-22

*FY22 data includes prescription and dispense records

From an allied health perspective, technology integration with MyHR is a major issue of national significance. The majority platforms used for allied health are not able to integrate with MyHR, and the National Provider Portal only facilitates viewing and downloading, not uploading. This has resulted in only 91 allied health practices that are registered in our region.

Secure messaging

Secure messaging is a core capability for safe, seamless, secure, and confidential provider-to-provider communication, enabling electronic access to patient information. It has not reached its potential in terms of application, however the recent introduction of online solutions such as MyHealthLink Portal has helped increase uptake by providers that would otherwise be ineligible due to their software configuration.

Furthermore, the industry-wide push for interoperability is continuing to increase the efficiency of secure messaging, particularly between general practices using differing platforms.

As of November 2022, 98.3% of computerised general practices in the CESPHN region are registered to use secure messaging software, with HealthLink representing the most popular solution.

Smart forms and eReferrals

Smart Forms and eReferrals allow for documents to be pre-filled with clinical data and transmitted point-to-point. As with secure messaging, the promotion of technologies that facilitate the efficient transfer of information between service providers has resulted in a significant increase in the number of providers configured to send Smart Forms and eReferrals. However, medical specialist practice adoption remains low, which can be attributed to ongoing interoperability issues and the high cost of secure messaging services, which limits secure messaging to those who are both able to afford the service and have the digital health maturity to use it.

As of July 2022, 430 general practices and 46 medical specialist practices were configured to send Smart Forms and eReferrals. Between July 2021 to June 2022, 60,232 eReferrals were sent in the CESPHN region and 21,908 specialist letters were uploaded to MyHR.

Electronic prescribing

In 2020, the Department of Health partnered with the Australian Digital Health Agency to develop and deploy electronic prescribing, which provides an option for prescribers and their patients to use an electronic Pharmaceutical Benefits Scheme prescription in place of a paper prescription and is delivered via a prescription exchange service. Originally slated for release in late 2021, the deployment of electronic prescribing was accelerated as a result of the COVID-19 pandemic.

As of November 2022, 95% of pharmacies were able to dispense electronic prescriptions and 67.9% of computerised general practices were able to issue electronic prescriptions.

Table 12: Electronic prescribing capable practices in the CESPHN region, November 2022

Type	No. of practices
General practice	361
Pharmacy	427

CESPHN CRM database, 2022

Telehealth capability

Uptake of telehealth increased significantly in 2020 as a result of the introduction of temporary MBS telehealth items and a CESPHN initiative to roll out the Healthdirect Video Call (VCC) service. While VCC registration and usage can be measured, complexities in measuring the uptake of telehealth in the CESPHN region include the existence of multiple standalone platforms (e.g., Zoom and Skype), and the fact that the Department of Human Services does not provide figures on telehealth MBS items at the local level.

At September 2022, the number of Healthdirect Video Call accounts in the CESPHN region was over 220; an increase of 84% since July 2021. Over 28,000 hours of consultations took place on the platform.

Table 13: Healthdirect Video Call accounts in the CESPHN region, September 2022

Type	No. of practices
General practice	191
Allied health practice	22
RACF	2
Medical specialist practice	6




















Source: Healthdirect Video Call, 2022

Data for quality improvement

The introduction of the new Quality Improvement Practice Incentive Program (PIP QI) in 2019 has significantly increased the total number of practices that submit data to CESPHN. So far 352 practices have registered for the PIP QI. General practices enrolled in the PIP QI Incentive commit to implementing continuous quality improvement activities relating to the management of their patient's health and submitting nationally consistent, de-identified data against 10 quality improvement measures (QIMs).

The AIHW's first annual report on 10 QIMs support a regional and national understanding of chronic disease management. The CESPHN region was below the national average for most of the 10 QIMs, and had a high proportion of records where Aboriginal status was not stated (24.2%). Increased uptake of Topbar and Walrus, which provide point-of-care prompts when a record is missing data, could help improve levels of completeness.

Table 14: Proportion of regular clients with data recorded in their GP record by QIM and PHN, July 2021 and July 2022

Measure	2021				2022				Rank change
	CESPHN	Australia	Range	Rank	CESPHN	Australia	Range	Rank	
QIM 1: % of regular clients with diabetes with an HbA1c result recorded in their GP record within the previous 12 months, all ages									
HbA1C recorded – Type 1 diabetes	54.9	59.0	49.0 – 69.4	25/31	53.7	56.9	46.4 – 69.5	23/31	
HbA1C recorded – Type 2 diabetes	69.7	73.4	66.5 – 82.1	27/31	66.4	71.0	63.3 – 80.1	26/31	
HbA1C recorded – Undefined diabetes	64.9	66.3	58.1 – 76.4	20/31	61.2	63.2	52.7 – 74.4	21/31	
QIM 2: % of regular clients with a smoking status record and result in their GP record, 15 years age and over									
Smoking status recorded	55.4	66.1	55.4 – 73.7	31/31	63.9	64.2	58.7 – 73.7	19/31	
Current smoker	11.7	14.7	7.4 – 23.5	28/31	11.4	14.2	7.1 – 23.7	28/31	
Ex-smoker	17.4	22.4	13.9 - 31.8	29/31	17.5	22.4	13.5 – 31.6	27/31	
Never smoked	70.9	62.9	50.8 - 74.9	3/31	71.1	63.4	50.4 – 75.8	3/31	
QIM 3: % of regular clients with height and weight recorded in their GP record and a derived BMI result, 15 years age and over									
Height & Weight Recorded	19.7	23.6	17.2 - 46.9	26/31	16.7	21.1	14.8 – 43.8	28/31	
BMI Underweight	2.5	2.0	1.4 - 2.7	3/31	2.6	2.1	1.4 – 2.9	2/31	
BMI Healthy	36.0	25.8	19.1 – 37	2/31	35.3	25.3	18.9 – 35.4	2/31	
BMI Overweight	34.4	32.5	29.1 – 35	3/31	34.1	32.2	29.0 – 34.9	3/31	
BMI Obese	27.1	39.8	25.2 – 49	30/31	28.0	40.4	26.8 – 50.3	30/31	
QIM 4: % of regular clients aged 65 years and over with an influenza immunisation status recorded in their GP record within the previous 15 months, 65 years age and over									
Immunisation Status Recorded	61.3	64.2	47.3 – 73.5	22/31	56.3	59.9	43.1 – 70.5	23/31	
QIM 5: % of regular clients with diabetes with an influenza immunisation status recorded in their GP record within the previous 15 months, all ages									
Immunisation Status Recorded	56.3	58.2	42 – 68.7	20/31	51.2	54.0	37.8 – 65.4	21/31	
QIM 6: % of regular clients with COPD with an influenza immunisation status recorded in their GP record within the previous 15 months, 15 years age and over									
Immunisation Status Recorded	64.4	66.8	52.8 – 75.5	19/31	61.0	63.8	48.5 – 73.0	21/31	
QIM 7: % of regular clients with an alcohol consumption status recorded in their GP record, 15 years age and over									
Alcohol Status Recorded	55.9	56.2	44.3 – 75.7	18/31	56.3	57.1	46.1 – 80.8	19/31	
QIM 8: % of regular clients with a record of the necessary risk factors in their GP record for CVD risk assessment, 45-74 years age									
CVD Risk Factors Recorded	39.4	48.5	36 – 67.5	27/31	39.3	49.8	34.2 – 71.3	29/31	
QIM 9: % of regular female clients with an up-to-date cervical screening test record in their GP record within the previous 5 years, 25-74 years age									
Screening Test Recorded	36.0	37.4	21.8 – 46	23/31	36.0	38.2	21.9 – 51.3	25/31	
QIM 10: % of regular clients with diabetes with blood pressure recorded in their GP record within the previous 6 months, all ages									
BP Recorded	54.8	58.7	51.4 – 66.4	28/31	50.0	54.7	44.5 – 63.4	26/31	

Source: AIHW PIP measures national report 2020-21, 2021-22

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