Digitising health

How information and communications technology will enable person-centred health and wellbeing within Victoria
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*Enabling person-centred health and well-being for the Victorian health sector through leadership in digital health technology*
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Message from the Secretary

In delivering health care across the state it is vital we ensure Victorians, no matter where they live, are able to access the health services they need closer to home.

Digital technologies provide the tools to achieve this and transform the way health care is delivered and accessed by the community.

Our four strategic directions – person centred services and care; local solutions; earlier and more connected support; and advancing quality, safety and innovation – will help us to focus our efforts to deliver measurable outcomes and achieve our vision for the best health, wellbeing and safety of all Victorians so that they can live a life they value.

Part of delivering on our vision includes considering how we can use and embed technology across the health system.

*Digitising health* provides a blueprint to drive the department’s delivery of person-centred health and wellbeing through leadership in digital health technology.

*Digitising health* will drive delivery of health reform by focusing on:

- **digital clinical systems** – improving patient safety and clinical effectiveness
- **translucent clinical information** – sharing improvements, safety and research
- **clinical-grade integration and interoperability**
- **smarter data use** – driving preventive health and early intervention
- **self-managed care** – enabling people to access better information and have more control over their own care.

The strategy also recognises the need to create a connected health and social services system focused on the person and their individual care needs as well as building digital capability within each health service.

As well, expanded opportunities for applied health research and analytics will assist the proactive identification of consumer healthcare needs to better position the sector to meet future challenges.

We understand that only through strategic and considered investment in digital technology can we reach our overall goal of person-centred health and wellbeing.

I look forward to working with you on what is a very exciting journey – using digital health technologies to transform and enhance healthcare delivery to all Victorians.

Kym Peake
Secretary
Executive summary

Digitising health has been developed as the roadmap for Victorian health services and health program areas within the Department of Health and Human Services to enable health reform initiatives realise person-centred health.

In particular Digitising health identifies the basis for investment in health information and related technologies to ensure it is aligned with the desired outcome of a person-centred system where the individual is at the centre of improved health and wellbeing outcomes.

Digital critical success factors
Seven digital critical success factors underpin the activities encapsulated by the strategy:
1. leadership and governance
2. change and adoption
3. standards and interoperability
4. digital workplace capability
5. information governance
6. cyber security
7. investment

Building blocks
Six key focus areas (building blocks) will drive the transition to digital health.

Implementing digital clinical systems: Victoria will continue replacing legacy and paper-based systems with up-to-date patient administration and departmental systems (such as for theatre, radiology and pathology) and expanding the deployment of electronic medical record systems, including medications management, to reduce the reliance on paper-based systems when delivering clinical care.

Sector-wide shared clinical information: Victoria will increase its commitment to supporting clinicians and patients as they traverse the continuum of care. Relevant health and wellbeing information will be shared by those actively supporting the person from an integrated and continuum of care perspective.

Sector-wide clinical-grade integration and interoperability: Victoria will address current gaps to provide a robust, secure and interoperable health network and systems infrastructure that provides equity of access for all individuals.

Person-centred and place-based health and wellbeing: Victoria's investment in digital health technology will reflect the transition from provider-centred healthcare towards preventive health and personalised pathways centred on the individual and responsive to their needs, location and preferences.

Preventive health and early intervention: Victoria will continue identifying and investing in initiatives that focus on prevention and allow early intervention to reduce the occurrence of chronic disease and start the journey to health and wellbeing early in the life of all Victorians.
Applied health research, education and analytics: Victoria will continue to focus on the development and recognition of health informatics to ensure that digital technology facilitates the proactive identification of consumer healthcare needs to better position the sector to meet future challenges. De-identified health datasets will be available for research, with bioinformatics and genomic medical research strengthened to underpin personal medicine and deliver significant impact across the health sector and its clients.

Digital health investment principles
A set of key principles will guide digital health investment decision making:

- The health system will operate as an integrated whole for the benefit of patients.
- Local health organisations will be responsible and accountable for their local health information and communication technology systems as a key enabler to deliver local services, within the context of Victorian and national interoperability standards and systems.
- Digital health investment will be based on specific business needs and the identification and demonstration of local or system-wide benefits.
- Digital health knowledge and skills will be shared for the benefit of the Victorian health sector.

Realising the vision
Three-year health technology business plans
Digital health business plans will be developed for each of the three years – 2016–17, 2017–18 and 2018–19. These annual business plans will detail the strategic priorities to be delivered within those periods.

Digitising health framework
Digitising health leverages other strategies and policies to which Victoria’s health sector has previously committed:

- Statewide Health ICT Strategic Framework (revised 2015)
- Victorian Health 2040: a discussion paper on the future of healthcare in Victoria
- Healthier Lives, Stronger Economy, Victoria’s Health and Medical Research strategy 2016–2020
- Medical Technologies and Pharmaceuticals Sector Strategy
- Department of Health and Human Services strategic plan.
Digitising health also incorporates recommendations from a number of other major health reform activities that will look to technology to realise their recommendations:

- **Targeting zero, the review of hospital safety and quality assurance in Victoria**, which identified the need to improve the flow of information and analytics across the health system to enable identification of deficiencies, and recommended the establishment of a new health information agency, to allow analysis and sharing of information sector-wide.
- **The response to the Royal Commission into Family Violence**: increased sharing of information across government departments and agencies
- **Council of Australian Governments (COAG) reforms** for chronic disease management and integrated place-based health and social care
- **Service and infrastructure** planning including for Victoria’s health system.

**Leadership and governance**

Strong, practical governance and clear accountability will facilitate health reform.

The department retains the role of ‘health system manager’ while health services and their respective boards continue to be accountable for local health technology strategies, plans and activities with the expectation that these local documents and decisions recognise the shift to person-centred health and the objective of statewide integrated continuity of care.

**Stakeholder engagement**

A critical factor in successfully achieving Digitising health will be transparent and accountable governance of health information and communications technology that complements Victoria’s devolved governance model while acquitting the department’s role as ‘system manager’.

Two peak bodies have been established to acquit this need:

- **Digital Health Strategy Advisory Committee**, which recognises the need for formal and regular engagement with a diverse representation of senior members of the health sector on strategic technology issues
- **Health Technology Solutions Client Advisory Committee**, which replaces the Health Shared Services Council and reflects the broader set of responsibilities for Health Technology Solutions, in particular the shift in focus from supporting specific products to providing technology solutions aligned with sector needs.
Figure 1: Health technology strategy ‘on a page’

- Preventative health and early intervention
- Digital clinical systems
- Improve health outcomes and enhance economic development through deep clinical data analytics
- Applied health research, education and analytics
- ‘Clinical grade’ integration
- Person centred health and wellbeing
- Improve safety and quality
- Enable integrated care / continuity of care
- Shared clinical information
Victoria’s investment in health information and communications technology over the past decade has provided a sound foundation of technical infrastructure, architecture and applications at the individual health service level and has produced both bankable and non-bankable benefits that are contributing significantly to increased patient safety and quality of care and to organisational efficiency.

This investment provides the base for further transformation of healthcare and healthcare delivery.

1.1 Pressures on Victoria’s health sector

Victoria’s public health sector is experiencing the same pressures being felt by all health jurisdictions, particularly public health jurisdictions, both nationally and internationally (Figure 2).

In effect, healthcare is undergoing a revolution and needs to reposition itself to meet the challenges this revolution is providing.

Figure 2: Drivers behind digital health

- Ageing and growing population with increasing chronic disease
- Rising cost of healthcare and consumer and workforce expectations
- Pace and scale of technology and innovation in healthcare
- Growing need for integrated person centred care to improve health outcomes and experience, addressing equality gaps for vulnerable groups

Pressure on Health System
Key drivers for change

Key drivers for change include:
- **increasing demand for services** generated by population growth, population ageing and the increasing incidence of chronic disease
- **increasing cost of service delivery** – healthcare costs are rising
- **increasing demands** on both state and federal budgets
- **increasing community expectations**, particularly of government’s role in covering all aspects of care in a unified continuum.

Against this context, in a drive to improve health outcomes across the community, the traditional episodic-centred model of healthcare is shifting to a person-centred model that focuses on prevention and early intervention and integrated care.

This future model is characterised by:
- preventing illness
- better managing demand
- reducing admissions and readmissions
- achieving better outcomes
- managing unit costs.

Digital technology is a key enabler to facilitating this shift and achieving the desired end-state.

### 1.2 The challenges to be overcome

The pressures confronting the Victorian public health sector are compounded by a number of other challenges including the:
- plethora of paper-based records that cannot be shared across service providers
- lack of a sector-wide patient identifier, except for mental health
- limited amount of clinical information that is shared across public service providers
- number of legacy systems and technical infrastructure on which service providers still depend
- significant investment needed in business change management when deploying new clinical digital systems (such as electronic medical records)
- funding challenges associated with large technology projects.
1.3 Health reform activities

A further driver for change within Victoria’s health system comes from the various state and national reform activities currently underway:

- **Targeting zero, the review of hospital safety and quality assurance in Victoria**, which made specific recommendations focussed on improved flow of information and analytics, including the establishment of a new health information agency, which will analyse and share information across our system to ensure everyone has an accurate picture of where the concerns are and where we are getting it right. Digital technologies will enable the new agency by supporting the flow of clinical and patient information across the continuum of care, and facilitating greater research and analytics to inform decision making.

- **the response to the Royal Commission into Family Violence**, which requires the sharing of information across both government departments and service providers

- **Health 2040: a discussion paper on the future of healthcare in Victoria**, which is focused on prevention and wellbeing, person-centred health and early intervention and will require shared clinical information and a strong clinical informatics workforce to undertake the research necessary to predict demand and personalise an individual’s interaction across the continuum of care

- **Healthier Lives, Stronger Economy: Victoria’s Health and Medical Research Strategy 2016–2020**, which has a goal of improving health outcomes by integrating research and healthcare

- **Medical Technologies and Pharmaceuticals Sector Strategy**, which recognises that a digital health sector is a fundamental requirement for Victoria to be a global leader in global medtech, biotech and pharmaceuticals

- **Statewide design, services and infrastructure plan**, which is taking a 20–year forward view of the sector and describes a ‘connected health system’ where service planning is built into the system

- **Information Technology Strategy for Victorian Government 2016–20**, which describes a public service that is modern and agile, with digital solutions supporting staff effectiveness and digital access for citizens

- **Council of Australian Governments (COAG) reforms** for chronic disease management, which define integrated place-based health and social care

- **The National Disability Insurance Scheme**, which is currently being rolled out within Victoria and will depend on information sharing across providers

- **Australian Digital Health Agency**, previously the National EHealth Transition Authority, which has carriage of the draft National Digital Health Strategy, a key enabler of better healthcare and outcomes

- **Victoria’s 10–year mental health plan**, a major focus of which is bringing the health and social services sectors together in an integrated way to deliver services needed to a complex and diverse set of clients and needs

- **Department of Health and Human Services strategic plan**, which describes the vision of the department -to achieve the best health, wellbeing and safety of all Victorians so that they can live a life they value- and describes a set of outcomes to achieve it.

Each of these reform activities describes a pivotal role for health technology to enable the changes and improvements being sought.
2. Digitising health strategic themes

2.1 Six themes

Six strategic themes have been identified against which *Digitising health* activities can be grouped to deliver against health reform objectives:

- implementing **digital clinical systems** to improve patient safety, improve clinical effectiveness and provide base clinical data that can be shared in the continuation of patient care and be available for research and analysis, including the building of genomic profiles
- sector-wide **shared clinical information** utilising patient clinical data
- sector-wide **clinical-grade integration and interoperability**, conforming to national and international standards
- **preventive** health and **early intervention**, leveraging stored clinical information, genomics, research and other data sources
- **person-centred** and place-based health and wellbeing
- **applied health research, education and analytics**, utilising de-identified shared patient clinical information for longitudinal research and analysis.

These themes fit comfortably with the three stages of change described in the *Statewide Health ICT Strategic Framework*,\(^1\) namely:

- digitise and build foundations by moving from manual to digital processes and creating the ability to analyse and share information across the system
- connect the system by moving toward a consumer centric system that is connected, shares information and takes advantage of different care delivery models
- empower through knowledge by moving toward predictive, personalised and preventable healthcare that is knowledge driven.

2.2 Guiding principles

A number of guiding principles underpin *Digitising health*. These principles form the basis of Victoria’s decision-making in digital health investment and deployment of technology-enabled outcomes. They also complement those already established in the *Statewide Health ICT Strategic Framework, Information Technology Strategy for Victorian Government 2016–20, A National Digital Health Strategy for Australia July 2016 to June 2019* and the *Department of Health and Human Services strategic plan*.

- **Person-centred approach** – digital health technology investments must deliver **integrated solutions** that put the patient/client at the forefront of decision making.
- **Clinical engagement** – clinicians must be involved in and actively **champion** health technology activities, recognising that well-developed and **robust change management** is a critical success factor in deploying new systems and realising expected benefits and efficiencies.
- **Information and analytics** – decisions must recognise that information needs to be available across the full, unified continuum of care and be available for research to enable **demand management** and personalised healthcare.
- **Adherence to agreed standards and interoperability** – the explicit adoption of agreed standards **facilitates information flow** and advances interoperability and quality of technology solutions. For some time, Victoria has tied adherence to agreed standards and interoperability to its **policy and funding guidelines**.\(^2\)

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1. Statewide Health ICT Strategic Framework, January 2015, Department of Health, p. 10
• **Value-for-money** – decisions should be based on the principle that selected digital technology solutions provide value for money, draw on the experience of others and facilitate the realisation of both bankable and non-bankable benefits.

• **Robust and transparent governance** – as a key enabler of change, digital technology investments must be governed by senior executives to provide confidence in decision making and commitment to all stages of the project, particularly change management and benefits realisation.

• **Business-driven** – decision making should be made by and for business reasons rather than be driven by the technology.

### 2.3 Digital critical success factors

The transition from an episodic-centred health system to a person-centred system is a challenging one. To aid this transition, seven digital critical success factors have been identified that will underpin the activities encapsulated by the strategy:

1. leadership and governance
2. change and adoption
3. standards and interoperability
4. digital workplace capability
5. information governance
6. cyber security
7. investment.

*Figure 3: Digital critical success factors*
3. Digital priorities

3.1 The digital health landscape

The digital health landscape is multilayered, offering opportunities at a number of points for technology to be an enabler of change. In the past, more attention has been directed to the health provider, particularly the acute sector, with less attention paid to the primary provider and the patient.

Digital health technology is now directed to all stakeholders, on the bases of:
• better coordinated, proactive and targeted care
• greater patient/client engagement
• improved use of health resources.

The deployment of electronic medical records (EMRs) provides many bankable and non-bankable benefits to health services, patients and the sector in general. The true value of these deployments comes from the improved clinical information flow and storage EMRs facilitate. It is the ability to research and analyse this data that positions health to transition from reactive to proactive healthcare delivery. Good informatics are fed back into the health system to improve processes and ensure there is an ongoing cycle of improvement from which all stakeholders can benefit.

3.2 Linking digital priorities to the strategic themes

Figure 4 shows how the department’s digital priorities are linked to its strategic themes.

Figure 4: Linking digital priorities to strategic themes

3. Initiatives in bold type are those currently underway.
**Investment**

In order to support digital investment, the department operates the Health Projects Fund, with funds available for 2016-17 ($10 million), 2017-18 ($10 million) and 2018-19 ($20 million). These funds are directed at delivering digital technology projects for the benefit of the health sector and cover projects undertaken by health agencies, Digital Technology Branch and departmental health program areas.

**Capital funds**

The Victorian Government also committed funding though the 2016 Victorian State Budget:

- $10 million directed at **Clinical Technology Refresh** – targeted at replacing obsolete and highest at-risk clinical technology across the health sector, building on a $10 million investment in 2015
- $5 million for the **Parkville Precinct** to scope and develop a project implementation plan for an EMR deployment across precinct partners
- $29.5 million for the deployment of a **Real Time Prescription Monitoring system**, which includes an ICT component; the project is being managed by the department’s Health Business Unit.

Capital investment projects from previous years, such as new buildings, have encapsulated amounts for both enabling technologies and technology initiatives such as EMRs. Recent examples of this are the Royal Children’s Hospital, New Bendigo Hospital Project and the Box Hill Hospital redevelopment.

**Digitising health provides the framework to secure investment funding**

It will take several years to implement *Digitising health*. The timeframe depends both on investment and the readiness of the health services to move along the digital health continuum. Investment will be targeted at initiatives linked to clinical themes while recognising the urgency of local imperatives, such as reducing reliance on obsolete, at-risk legacy systems.
### 3.3 2016–17 departmental digital health priorities

#### Health Projects Fund

From the large list of digital health projects, the 10 depicted in Table 1 have been assessed as the most pressing to progress the six strategic themes and have been funded from the Health Projects Fund.

#### Table 1: Proposed Health Projects Fund initiatives

<table>
<thead>
<tr>
<th>Strategic theme</th>
<th>Activity</th>
<th>Timing</th>
<th>Proposed funding allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing digital clinical systems</td>
<td>N/A</td>
<td></td>
<td>$3.3 m</td>
</tr>
<tr>
<td></td>
<td>Replace the unsupported, legacy patient administration system across the Hume Rural Health Alliance</td>
<td>Multiyear</td>
<td>$2.0 m</td>
</tr>
<tr>
<td></td>
<td>Develop a strategy to replace unsupported, legacy emergency department system (Symphony) at four health services</td>
<td>Multiyear</td>
<td>$0.3 m</td>
</tr>
<tr>
<td></td>
<td>Expansion of Peninsula Health’s electronic medical record with clinical documentation functionality</td>
<td>2016–17</td>
<td>$1.0 m</td>
</tr>
<tr>
<td>Sector-wide shared clinical information</td>
<td>N/A</td>
<td></td>
<td>$3.6 m</td>
</tr>
<tr>
<td></td>
<td>Joint project with the Commonwealth to implement eReferrals at four Victorian health services and develop a foundation eReferral technical architecture for sector-wide use</td>
<td>2016–17</td>
<td>$0.9 m</td>
</tr>
<tr>
<td></td>
<td>Develop a future community health technology strategy</td>
<td>2016–17</td>
<td>$0.3 m</td>
</tr>
<tr>
<td></td>
<td>Develop a business case and implement a pilot for a statewide master patient index, leveraging National Health Identifiers</td>
<td>Multiyear</td>
<td>$2.0 m</td>
</tr>
<tr>
<td></td>
<td>Clinical information exchange strategy</td>
<td>2016–17</td>
<td>$0.4 m</td>
</tr>
<tr>
<td>Sector-wide clinical grade integration and interoperability</td>
<td>N/A</td>
<td></td>
<td>$2.75 m</td>
</tr>
<tr>
<td></td>
<td>Pre-implementation work to replace an unsupported health sector integration platform that provides integration capability between and across health service business applications</td>
<td>2016–17</td>
<td>$1.0 m</td>
</tr>
<tr>
<td></td>
<td>Upgrade of the sector-wide Finance and Materials Management Information Management System</td>
<td>2016–17</td>
<td>$1.75 m</td>
</tr>
<tr>
<td>Preventive health and intervention</td>
<td>N/A</td>
<td></td>
<td>$0.35 m</td>
</tr>
<tr>
<td></td>
<td>Better Health Channel: personalisation and behaviour change tools</td>
<td>2016–17</td>
<td>$0.35 m</td>
</tr>
<tr>
<td>Total</td>
<td>N/A</td>
<td>N/A</td>
<td>$10.0 m</td>
</tr>
</tbody>
</table>
Capital funded projects

Three major activities have been funded by government during 2016–17:

- **implementing digital clinical systems**: $5 million to scope and develop a project implementation plan for a Parkville Precinct EMR
- **sector-wide clinical-grade integration and interoperability**: $10 million to replace obsolete and unsupported highest at-risk health service clinical technology
- **preventive health and intervention**: $29.5 million to deploy a real time prescription monitoring system within Victoria.

Digital Health in-flight projects

There is already a significant body of digital health projects underway across the sector and in which Digital Health Branch is involved. These projects will continue throughout 2016–17 and are additional to those outlined in section 3.3 ‘2016-17 departmental health priorities’.

**Implementing digital clinical systems:**
- Hume Rural Alliance – replacement of legacy patient administration system
- Eastern Health – replacement of legacy patient administration system
- Western Health – deployment of Cerner EMR
- Monash Health – deployment of Cerner EMR
- Bendigo Health – deployment of Track EMR
- Austin Health EMR extension – implementation of additional Cerner clinical decision support functionality
- Alfred Health - extension of Cerner EMR functionality
- Northern Health – EMR strategy and business case
- Grampians Rural Health Alliance – implementation of BossNET digital record
- Gippsland Health Alliance – EMR strategy and business case
- eReferrals – extension of work undertaken at Eastern Health to an additional four health services, including community health.

**Sector-wide clinical integration and interoperability:**
- strategic approach to future licensing of Citrix across the sector
- implementation of sector-wide recommendations regarding network and cyber security capability and acceptable baselines.
4. Realising the strategy

4.1 Roles and responsibility

The department

The department has responsibility for developing and delivering policies, programs and services that support and enhance the health and wellbeing of all Victorians. We take a broad view of the causes of ill health, the drivers of good health, the social and economic context in which people live, and of the incidence and experience of vulnerability. This allows us to place people at the heart of policy-making, service design and delivery.

The department, in partnership with the sector, has primary accountability for delivering the outcomes and realising the benefits expected from Digitising health. This role forms part of the department’s greater overall accountability as system manager.

The sector

Health services and their boards will continue to make ICT decisions based on their local needs, though within the wider interoperability context of the sector and the shift to person-centred health.

Local ICT plans and activities are expected to reflect the digital themes described in Digitising health and look for similarities rather than differences when making technology decisions.

4.2 Leadership and governance

In order to facilitate and strengthen the partnership between the department, the health sector and related stakeholders, the department has established two new bodies to drive health technology and inform decision making on these investments. These peak bodies are:

- **Digital Health Strategy Advisory Committee** – allowing formal and regular engagement with senior members of the health sector on strategic technology issues, particularly with the development of Digitising health, which is targeted at realising health reform outcomes
- **Health Technology Solutions Client Advisory Committee** – previously the Health Shared Services Council which has been refreshed to better reflect the broader set of responsibilities for Health Technology Solutions, in particular the shift in focus from supporting specific products to providing technology solutions aligned with sector needs.

This direct engagement between the department and senior decision-makers within the sector (in particular, chief executives) will ensure that local technology needs are aligned with state and national priorities.

Figure 5 describes Victoria’s digital strategy leadership and governance.

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4. Department of Health and Human Services strategic plan, p. 5
4.3 Implementation

Digital Health Branch has developed a draft business plan – Digital health business plan 2016/17 that describes the priority activities which will form the nucleus of its work and resource allocation.

These activities have been agreed by the department’s executive and sector stakeholders as the appropriate candidates to support the health reform agenda and start the shift to person-centred health and wellbeing.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytics</td>
<td>The discovery, interpretation and communication of meaningful patterns in data.</td>
</tr>
<tr>
<td>Apps or mobile app</td>
<td>A software application (‘app’) designed to run on mobile devices such as smartphones and tablet computers.</td>
</tr>
<tr>
<td>Australian Digital Health Agency</td>
<td>A Commonwealth Government statutory agency established to lead and provide direction in developing digital health.</td>
</tr>
<tr>
<td>Big data</td>
<td>A collection of datasets so large and complex that it becomes difficult to process using on-hand database management tools or traditional data processing applications.</td>
</tr>
<tr>
<td>Bioinformatics</td>
<td>An interdisciplinary field that develops methods and software tools for understanding biological data; often used in conjunction with genomics.</td>
</tr>
<tr>
<td>Clinical-grade integration</td>
<td>Technical integration of a particularly high quality that supports the sharing of clinical information while protecting the information from a privacy and confidentiality perspective.</td>
</tr>
<tr>
<td>Clinical informatics</td>
<td>The study and use of data and information technology to deliver healthcare services and to improve patients’ ability to monitor and improve their own health.</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>A chronic condition or disease that is persistent or otherwise long lasting in its effects or a disease that comes with time. The term ‘chronic’ is often applied when the course of the disease lasts for more than three months. Chronic diseases are the leading causes of illness, disability or death in Australia.</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments: the peak intergovernmental forum in Australia.</td>
</tr>
<tr>
<td>Continuity of care</td>
<td>The process by which the patient and their clinical-led care team are cooperatively involved in ongoing healthcare management.</td>
</tr>
<tr>
<td>Digital health</td>
<td>The electronic management of health information to deliver safer, more efficient, better quality healthcare.</td>
</tr>
<tr>
<td>e-health</td>
<td>A term for healthcare practice supported by electronic processes and communication.</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic health record: a systematic collection of electronic health information about individual patients or populations. It is a record in digital format that is theoretically capable of being shared across different healthcare settings. In some cases this sharing can occur by way of network-connected enterprise-wide information systems and other information networks or exchanges. EHRs may include a range of data including demographics, medical history, medication and allergies, immunisation status, laboratory test results, radiology images, vital signs and personal statistics such as age and weight.</td>
</tr>
<tr>
<td>Term</td>
<td>Meaning</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>EMR</td>
<td>Electronic medical record: a computerised medical record created in an organisation that delivers care, such as a hospital or clinician’s office. EMRs tend to be a part of a local stand-alone health information system that allows storage, retrieval and modification of records.</td>
</tr>
<tr>
<td>Episodic-centred</td>
<td>Refers to the full episode of a patient’s care across all providers involved in the treatment of the patient.</td>
</tr>
<tr>
<td>Genetics</td>
<td>Genetics is the study of one particular gene and its effects.</td>
</tr>
<tr>
<td>Genomics</td>
<td>Genomics is an area within medicine that examines the ‘genome’ – the complete set of genetic information a person has that determines how a person’s body functions and what it looks like. Genomics is the study of genetics on a larger scale – the study of a person’s genome, one’s complete set of DNA, including all one’s genes.</td>
</tr>
<tr>
<td>Health services</td>
<td>Metropolitan and rural public hospitals.</td>
</tr>
<tr>
<td>Healthcare identifiers (HI)</td>
<td>A national system for consistently identifying consumers and healthcare providers.</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communications technology.</td>
</tr>
<tr>
<td>Informatics</td>
<td>The study of how to design a system that delivers the right information to the right person in the right place and time, in the right way.</td>
</tr>
<tr>
<td>Interoperability</td>
<td>The degree to which information systems are capable of sharing data in a meaningful way.</td>
</tr>
<tr>
<td>Medtech or medical technology</td>
<td>Medical technology, which is a proper subset of health technology, encompasses a wide range of healthcare products used to diagnose, monitor or treat diseases or medical conditions.</td>
</tr>
<tr>
<td>Patient portal</td>
<td>A portal that allows patients and clinicians to interact and communicate in a secure way, including patients accessing and amending/updating their own medical records.</td>
</tr>
<tr>
<td>Person-centred</td>
<td>Patients are seen as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting patients and their families at the heart of all decisions.</td>
</tr>
<tr>
<td>Portal</td>
<td>Usually a web portal, that brings information together in a uniform way.</td>
</tr>
<tr>
<td>Wearables</td>
<td>Wearable technology describes clothing and accessories incorporating computer and advanced electronics technology. They are part of a network of physical objects or ‘things’ embedded with electronics, software, sensors and connectivity to enable objects to exchange data with other connected devices without human intervention. Wearable technologies are helping reform healthcare.</td>
</tr>
<tr>
<td>WEIS</td>
<td>Weighted inlier equivalent separation – the price paid to health services for their activity.</td>
</tr>
</tbody>
</table>