

Communication Interoperability: The GP Perspective



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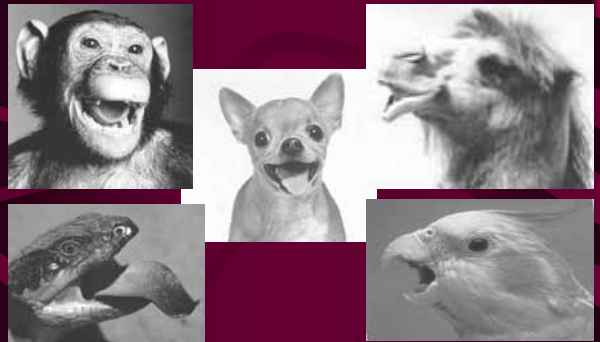
Background

- Bayside GP Division has 48 practices and 190 practising GPs.
- Awareness of growing number of diallers, download software and messaging clients over the past four years.
- Division help-desk involved in troubleshooting.

The GP Perspective

- What GPs need
- What GPs don't need
- Interoperability problems
- Scheduling problems
- System and hard drive problems
- GP comments

What GPs Need



What GPs Need

- Technical functionality
- Cost issues
- Business process issues
- Security (Peace of mind)

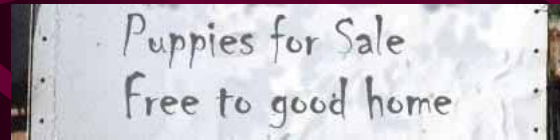
What GPs Need - Technical



What GPs Need - Technical

- Easy to install, use and maintain.
- Quick and simple to use.
- Be able to download results to a consistent location and use/send/forward/reply/re-send/receive messages in a timely way.
- Must not affect performance of the machine and in particular must not slow it down.
- Must not adversely interfere with existing programs, particularly the clinical and billing packages and any other messaging client software.

What GPs Need - Costs



What GPs Need - Costs

- Be cost-effective when compared with traditional methods of sending information to other healthcare providers.
- To know what costs are involved before they enter into contracts
- Honesty over what services are provided and what are 'additional'.
- An end date for trials and pilots.

What GPs Need – Costs GP Comments

Mixed reactions: eg.

“We won't pay!” versus

“Regarding costs - understandably someone has to pay for whichever messaging system is adopted. I feel that all health providers will benefit financially by changing from paper to an electronic messaging system, so it is reasonable for all providers to bear some proportion of the cost.”

What GPs Need - Processes



What GPs Need - Processes

- Can communicate with anyone else in healthcare that we want to communicate with rather than have to be <product>-enabled to allow this.
- Consistency - one way of doing things instead of multiple different ways to do essentially the same thing.
- An alternative to scanning that avoids the staff time taken to do this.
- An alternative to scanning that reduces the size of the database so they could stay within the 2 GB limit for MSDE and didn't have to go to Windows server/SQL Server.

What GPs Need - Security



What GPs Need - Security

- Require little, if any technical support, but if this is required, it should be available on demand and use experienced personnel.
- Guidance from 'the top' on what is endorsed, accredited, approved.
- Be secure so that patient privacy and confidentiality is maintained for medico-legal purposes.
- Vendors are solvent and have sufficient funds to keep the services going.

What GPs Don't Need



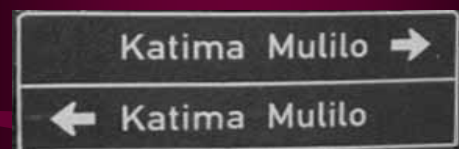
What GPs Don't Need

- Lots of client software to install, maintain, go wrong, interact, upgrade, troubleshoot.
- Complexity and a big learning curve to be able to use it.
- Lots of individual programs that don't pass data between them which means re-keying, cutting and pasting etc.
- Lots of contracts with different vendors.

What GPs Don't Need

- Lots of different PKIs to apply for, install, revoke/replace, maintain (eg. for organisation-wide ones, updating passwords on all instances if someone leaves the practice) troubleshoot.
- Something that requires upgrades to hardware and software, more training, and costly consumables.
- To get locked into a vendor and find that costs are on an upward spiral and services are on a downward spiral.
- Multiple passwords, tokens, smartcards and authentication methods.

Neutral



Neutral

- Acknowledgements and notifications - "we don't get these anyway if we send by snail mail or fax" - "I usually ring them to let them know it's coming anyway".
- Atomised data for most information eg. specialist reports, discharge summaries.

Interoperability Problems



Interoperability Problems

- Opportunities for data to be populated are limited by the clinical software functionality and also by the terminology.
- Many clinical programs have poorly structured and inadequate ad-hoc search features on their databases that are not comprehensive enough to allow meaningful searches.
- Extracting the data to third-party products often means hiring an IT professional to help.

Scheduling Problems



Scheduling Problems

- Multiple schedules set to dial-up every hour on the hour so they conflict and are unable to access a modem line.
- When connected to one provider and currently downloading, but another provider is scheduled to dial-up, this dial-up attempt cuts off the current download.
- Schedulers are part of the client software or run as an NT service rather than a common source such as the Windows task scheduler and finding them can be difficult!

System and Hard Drive Problems



The very small print at the bottom of the sign says:
"Also, the bridge is out ahead"

System and Hard Drive Problems

- Upgrading PCs and hard drive failure recovery is complicated eg. coordinating technicians to come on-site, self-install, staff time, cost of IT support.
- Multiple programs mean it is difficult to trace the source of conflicts, freezing and unexpected crashes.

System and Hard drive Problems: GP Comments

“Occasionally when *** pathology is downloading all computers freeze, if you stop the downloading then the systems return to normal. If the downloading is recommenced when the programs are not used the downloading completes and no freezing.”

GP Comments

“Just a thought re. your attempts to get specialists to download reports electronically.

As you know S&N download path results. It seemed a simple and uncomplicated step for Qld X-rays to piggy-back onto their system.

Now Qld Health electronically download path results. What would stop hospital clinical reports piggy-backing on that system?

It would not seem like a difficult step for one of the major pathology providers to invite private specialists to piggy-back onto their system.”

The Road Ahead



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- www.funnysigns.com
- www.landoverclub.net
- www.roadtripamerica.com

Many thanks to the GPs of Bayside GP Division for their comments and suggestions and also the support from IMIT contacts in other Divisions of General Practice.

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