



Decision Support Workshop 11-12 December 2003

HL7 New Zealand



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Workshop Background

Dr. Ken Harvey

Co-Chair, Decision Support Technical Committee, HL7 Australia,
Senior Lecturer, School of Public Health, La Trobe University,
Council Member, Australian Consumers Association,
Board Member, Therapeutic Guidelines Limited.



Welcome & thanks

HL7 New Zealand



Organising committee

- Ken Harvey
- Vincent McCauley
- Peter MacIsaac
- Klaus Veil
- David Rowed
- Michael Legg
- Martin Entwistle
- Stephen Chu

DoHA Officers

- Robert Wooding
- Irene Krauss
- Abha Bedi
- Jane Jones
- Kate Ebrill
- Adele Stevens
- Kathryn Bollen



Talk outline:



- A history lesson – the 1997 CDROM project.
- Subsequent events.
- Today's workshop:
 - Our task.
 - The deliverables.



The 1997 CDROM Project

Those who cannot learn from history are doomed to repeat it. Santayana

- The project vision.
- Project beginnings (June, 1997).
- Problems emerged (December, 1997).
- Business model proposed (mid 1998).
- Project abandonment (May 1999).



The vision



To make best-practice guidelines, more accessible via physician's computers.



What guidelines?

Royal Australian & New Zealand College of Radiologists, Imaging Guidelines

Project beginnings: July, 1997

Workshop organised by GP Branch, Commonwealth DoHA (Patrick Colmer)

- Presentations on (by):
 - Therapeutic Guidelines (Ken Harvey)
 - Australian Medicines Handbook (Gary Misan)
 - Manual of Use.. Of Pathology Tests (Jean McPherson)
 - Imaging Guidelines (Laurence Lau)
 - Mapping Coding Systems (Don Walker)
 - Functional Specifications for GP computing (IBM)
- Discussion of issues
 - GP needs.
 - Database formats.
- Proposals for action

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Problems emerge: stakeholders diverge

Pharmaceutical Benefits Branch wanted

- an initial focus on therapeutics

whereas the GP Branch (and GPCG) wanted

- an expanding range of health information resources (the full IBM functional desktop).

There was also differences over a project focus on

- CDROM production only

versus

- broader issues of embedding guidelines in decision support systems.

There was also dispute over who should be in charge

- government? RACGP? Industry?

Technical group: What format?

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Business model proposed (mid 1998)

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    graph TD
      Board[BOARD  
Representatives of  
TGL, AMH, RACGP, RCPA, DoHA] --> CEO[CEO]
      CEO --> Finance[Finance & administration]
      CEO --> Marketing[Marketing & sales]
      CEO --> Technical[Technical development]
      Finance --- Melbourne[Co-located with Therapeutic Guidelines in Melbourne]
      Marketing --- Melbourne
      Technical --- Adelaide[Co-located with AMH in Adelaide]
  
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The business problem I

Provider	Price	Volume (per annum)
TG	\$26.80 book \$149 set	45,000 books
AMH	\$125	20,000
RCPA	No charge	40,000
NHMRC#	No charge	45,000

Immunisation Handbook

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The business problem II

- In the past key health information resources were provided “free of charge”
 - although *Australian Prescriber* was killed for a while by the Fraser “razor gang”
- Government policy was now “let the user pay”
 - the CDROM project was estimated to require an expenditure of about \$250,000 per annum
 - break-even price of the product (assuming optimistic sales) would be about \$300
 - NHMRC (and others) were also selling their products
 - the health practitioner’s wallet is inelastic

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Stakeholders concerns (late 1998)



- Financial viability and risk
- CDROM delivery outmoded
 - intranets
 - software integration
- Structure (split Adelaide & Melbourne operation)

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DoHA response (early 1999)

- Market research of a prototype product was considered in order to clarify what the end users might pay
 - However, there were problems in producing a prototype - one important stakeholder was too busy downsizing and restructuring (to maintain viability of their print product) to effectively cooperate on e-products.
 - Meetings were delayed.
 - The Departmental Officer driving the process went overseas (to return to another position).

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Project abandonment (May, 1999)

I am writing to inform you that, at this time, the Commonwealth has decided not to proceed ... due to a number of concerns.

Despite support for the concept by GP members of the Management Committee, the content owning organizations have not demonstrated a high level of commitment to the process and are unlikely to share the financial risk of establishing a joint venture...

The Commonwealth remains committed to assisting the health care market...

Director, Divisions Policy Section, General Practice Branch



Subsequent events

THE AUSTRALIAN IMMUNISATION HANDBOOK, 8TH EDITION 2003, HTML VERSION - ONLINE SOON

The RCPA Manual of Use and Interpretation of Pathology Tests 4th Edition 2003 will appear in a number of electronic formats.



Subsequent events

May 1999	Commonwealth CDROM project abandoned
Sept 1999	GPCG DS workshop in Canberra
Nov 1999	NHIMAC Health Online “Action Plan”
Aug 2000	1st National Health Online Summit
Sept 2001	NHIMAC Health Online “Action Plan”
Nov 2002	NEDST Report, “Electronic Decision support” and “Action Plan”
Mar 2003	2nd National Health Online Summit in Brisbane
Aug 2003	HL7 Australia DS workshop in Sydney
Aug 2003	ACSQHC-NPS E-prescribing workshop in Sydney
Dec 2003	HL7-ACSQHC-NPS-DoHA DS Technical workshop in Melbourne



Our task:



To integrate best-practice guidelines into physician's computers



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Our deliverables:

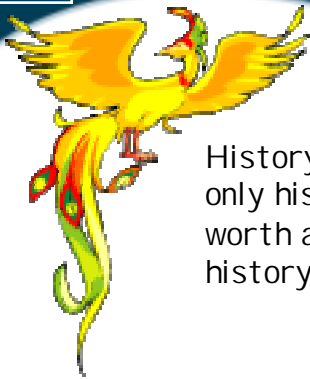


- A specific work plan of the tasks required to develop "open source" standards based interface (and tools) for integrating best-practice information into clinical software (in both hospital & general practice).
- A short list of information providers and software vendors who have demonstrated both commitment and capacity to carry out the tasks required to integrate information resources into clinical software.
- A budget for the resources required to implement the work plan.
- A business case and funding models for both initial implementation and long-term sustainability.

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Coda



History is bunk. The only history that is worth a damn is the history we make today.

Henry Ford.

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