Summary Report

"*Realising Our Broadband Future*" Workshop

held at the UNSW on the 10-11th December 2009.

Dr Terry Hannan

This conference was a Federal government initiative and was opened by The Prime Minister Kevin Rudd and the Forum Chair was Senator Stephen Conroy.

Paul Twomey, Senior President of the Internet Corporation of Assigned Names and Numbers was the Forum Co-Chair for most sessions.

The Plenary session involved an eminent set of speakers from around the world and locally and was an excellent representation of the major players in any future National Broadband Network developments.

The diversity of presentations across the social landscape emphasised the major importance of e-communication and information management.

On each day there were 2 Stream Sessions where there were short presentations and attempts at open discussion on the relevant issues.

Streams:

1. Smart Infrastructure
2. e-Health
3. Digital Education
4. e-Business

In the final session a specified expert provided a summary of the important positive and negative aspects of their discussions in relationship to the now initiated implementation of the National Broadband Network (NBN). This Network has begun to be 'laid' in Tasmania in remote locations such as Scottsdale and Smithton. I did not gain a clear impression of the time frame for the National layout.

From a Health Informatics perspective there were some interesting announcements and findings.

- The allocation (immediately) of ~ $4million in NBN in the Northern Territory to regional and remote areas. It is hoped that this will significantly improve care delivery to those regions.
- One of the most interesting plenary papers was by the CIO of BHP Billiton on the role of information technology in the Pilbara. That company's need to meet the 'social welfare needs' of their employees, in what he described as a 'war zone' (because of its remoteness and harsh environment) is very relevant to health informatics as a tool for the health of communities.

- Professor Jeffrey Cole, USC Annenberg School provided an illuminating speech on how rapid e-technologies are changing social interactions and lifestyles. There are more good things occurring than negative. Also many of these new events were not readily seen in nor perceived in advance. He stated that he made a comment several years ago that in the California area that there would be no daily newspapers within 10 years and was seen as a doomsayer. This is now down to 3-5 years.
- Bruce Dixon, President of Anytime Anywhere Learning Foundation delivered a summary on how e-communications and a future NBN will dramatically change the education processes. Also the current trend of having a computer on every school child's desk (& at home) is evolving lateral thinking and new ideas in students and educators. Some of the newer technologies are very relevant to health care education. He encouraged those in their middle years to embrace the surge in e-communications. His findings confirm what Jeffrey Cole indicated and that is the new youth are reading news but they do not want it in an untimely, poorly accessible format.
- The e-Health sessions provided some insight into to current status and roles of e-technologies and the NBN in care delivery.
    - There is no question that a NBN will enhance communications within health.
    - It will enable large volume files to be stores and transmitted across the network at speeds that will be acceptable. This will not occur until the total NBN is laid out.
    - It was announced by NEHTA (Peter Fleming) that legislation has been tabled for the new National Health Identifier number and this will be a cornerstone for a National Electronic Health Record.
    - What is of concern is that the availability of this network seemed to provide a further distraction from the need for effective "clinical information management and clinical decision support tools" that are critical to good care delivery and measurement.
    - This preceding point was demonstrated in the 2nd e-Health session where papers were presented by Dr Chris Pearce, Mr. Michael Georgeff and Prof. Branko Celler. All papers were in linked in some way. Chris presented the update of computing in Primary Care at around 98%. He gave a description of what were seen as the 'functions' performed by the exiting systems.
    - Michael Georgeff then presented a study using the data from the existing GP computing systems, based on medical claims data (? A valid measure) to assess compliance with the standards of diabetes management in Primary Care. Using the data available this compliance was very poor. On feeding back that data to a study group of GPs there was a significant improvement in the compliance of guidelines. The message here is that not all computing installed is necessarily of benefit and we need to constantly measure what we do. Michael emphasised the complexities in data extraction for these studies from the existing e-computing systems.
    - Branko Celler described his Australian developed model for Chronic Disease Management which had very little recognition or management in Australia. This system is now installed in the United Kingdom in many regions and has extensive documentation of its benefits to clinical and care delivery. He raised the issues relating to support for effective Australian projects to be used in health.
- From the e-health session I obtained the distinct impression that there is an enormous gap between the policy makers in the Department Of Health and Ageing (DOHA) and clinical care delivery. There also seemed to be a stagnation or over cautiousness of decision making in relationship to e-Health implementations. This was emphasised by their being only one clinician (Chris Pearce) involved in the presentations. Added to this there were persons

present who may be considered eminent in this field, were stating that there is no evidence for the benefits of e-Health to care and 'more research needs to be done'!

- In relationship to the benefits of the NBN to improving care there was an emphasis on the Northern Territory model and the 'electronic record' currently used in that region. This topic relates to the concept of having an e-carrying pipeline of enormous capacity but the information management tools flowing within it may be inadequate. I did not see any presentations of measured evaluations of the current system. The point here is that even without advanced NBN technologies the use of effective clinical information management tools in resource poor settings can significantly change care access, delivery and outcomes as well as supporting research and education. The following publication that is relevant to tis concept was published in late November 2009. [Braitstein, P., et al., *"Talkin' about a revolution": How electronic health records can facilitate the scale-up of HIV care and treatment and catalyze primary care in resource-constrained settings.* J Acquir Immune Defic Syndr, 2009. **52 Suppl 1**: p. S54-7.]
- Other aspects of the e-Health workshops discussed the meaning or definition of health informatics and there appeared to be a knowledge deficit in that domain. Based on this impression I have attached 3 references that may be of assistance.

[Safran, C., et al., *Program requirements for fellowship education in the subspecialty of clinical informatics.* J Am Med Inform Assoc, 2009. **16**(2): p. 158-66.

Gardner, R.M., et al., *Core content for the subspecialty of clinical informatics.* J Am Med Inform Assoc, 2009. **16**(2): p. 153-7.

Detmer, D.E., J.R. Lumpkin, and J.J. Williamson, *Defining the medical subspecialty of clinical informatics.* J Am Med Inform Assoc, 2009. **16**(2): p. 167-8.]

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