

# Information Management Coordinator IM in GP Stocktake/Needs Analysis Report – 3 April 2002



Australian

Divisions of General  
Practice Limited

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## 1.0 Background

Information management (IM) and information technology (IT) are not new concepts in General Practice. Information management and technology has been the subject of a wide range of reports by GP organisations in Australia since personal computers became a viable business option for General Practitioners. More recently, the need for a structured approach to the application of IMIT has been identified. The Australian Divisions of General Practice was chartered to provide a national change management and coordination role in support of Divisions promoting IM in GP and the associated population health outcomes achievable through General Practice.

The Information Management Coordinator commenced on 7 August 2001. Concurrently, Divisional and SBO contracts for IM/IT extension funding (July to December 2001) were signed with DHAC General Practice Branch.

The following relevant activity was to:

- i. Undertake a stocktake of the extent to which GPs have in place the information technology infrastructure capable of supporting current information systems.*
- ii. Undertake a stocktake of current information management systems used, or potentially likely to be used, by GPs.*
- iii. Identifying the needs and expectations GPs have for information management, including:*
  - seeking GP views on their desired treatment and diagnostic information needs;*
  - identifying the appropriate electronic support systems that can meet GP needs; and*
  - identifying electronic practice administration systems that can assist in practice management.*

The 'stocktake' was about Divisions establishing GPs current information management needs and usage, as well as raising the awareness of the benefits that can be achieved through the uptake of improved information management practices.

The 'stocktake' could best be achieved by Divisions using the core dataset document (Appendix 1) as a **Guide** to engaging GPs about their IM/IT views and capacities. For example, discussions with GPs about the types of systems they use could provide an opportunity to inform GPs about additional functionality that may be available and not being used, such as practice registers.

This 'stocktake' was intended to provide important information and assist in providing greater national detail on the type of current information management needs and usage, as well as capacity to provide GPs with practical ideas to realise the benefits that can be achieved through the application of information management systems by GPs.

By having a clearer understanding of the needs and expectations of GPs, as well as the current practices, and systems and capabilities available, action plans for individual practices can be developed that set a direction and timeframe for establishing co-ordinated approaches to Practice information management implementation.

## 2.0 Methodology

After much productive negotiations with DHAC, the following was sent to all Divisions on Friday 26/10/01 (see Appendix 1 and 2):

1. Information Management needs and usage in General Practice **Guide** for Divisions 'Stocktake'
2. A **Guide** to Current Information Management needs and usage in General Practice: 2001

This 'stocktake' was about Divisions establishing GPs current information management needs and usage, as well as raising the awareness of the benefits that can be achieved through the uptake of improved information management practices.

It was emphasised that this was not intended to be an exercise that resulted in large amounts of data being reported back to DHA. Rather, an opportunity for Divisions to work closely with GPs and Practices regarding the practical application of IM in GPs surgeries.

To promote consistency in reporting and commonality of data, a suggested IM in GP Reporting Framework GUIDELINE was distributed on 20 November 2001 (Appendix 3).

This Reporting Framework was drafted (**not**-mandatory) for Divisions to decide whether to use the template for reporting purposes – most did. The reporting framework was an attempt to improve the consistency and reliability of the aggregate data, on which to analyse and report for state and national perspectives. As a result, 116 of the 123 Divisions have responded to date.

From the Divisional returns received, a national collation and synthesis was completed in which a range of data gaps were identified. To ensure that this information was as accurate as possible and therefore representative, the Divisional collated data sets have been returned to each Division C/EO and IMIT Officer (where still available) to review and update as required. The Divisions were asked to return this data by Friday 15 March 2002.

It must be noted that this information is indicative of trends in some 2715 of 4544 General Practices from which information was provided by their Division of General Practice. This information was gathered from a variety of sources including existing data collections, recent/annual surveys, Practice visits and local knowledge of the Practices.

### 3.0 Results

Nationally, 2715 General Practices of 4544 surveyed participated in the information provision included in this summary. This provides trends regarding the level of electronic activity for the better management of information against the five key areas, as follows:

- Electronic data availability and exchange
  - ➔ e.g. online pathology/ radiology ordering and reporting; use of electronic forms (admissions, referrals, etc)
  - Computerisation has occurred in 87.3% of Practices
  - e-mail capability was indicated in 67.5% of Practices
  - online Pathology ordering and/or reporting was being utilised in 63.0% of Practices
  - online Radiology ordering and/or reporting was being utilised in 38.8% of Practices
  - electronic Referrals were used in 49.3% of Practices
- Patient information databases
  - ➔ e.g. practice registers including relevant patient and disease; recall and reminder systems
  - Patient registers were being utilised in 67.1% of Practices
  - Recall and reminder systems are used in 66.6% of Practices
- Electronic diagnosis and treatment support
  - ➔ e.g. drug-drug interaction alerts; patient medication and clinical histories
  - Drug interaction prompts were in effect in 75.6% of Practices
  - Clinical notes were being entered electronically in 52.8% of Practices
  - Scripts were being generated electronically in 78.3% of Practices
- Practice administration and management
  - ➔ e.g. electronic staff rosters/pays, billing and claiming; stock ordering on-line; for GST Business Activity Statements
  - Patient appointments are being electronically scheduled in 52.4% of Practices
  - Practice software is being used for billing in 73.8% of Practices
  - The use of accounting software is evident in 66.9% of Practices
- Contribution to research activity
  - ➔ e.g. adverse drug reporting; electronic contributions to approved clinical research activities.
  - Adverse drug reporting was undertaken online from 43.3% of Practices
  - There was insufficient information to postulate a degree of clinical audits or other research activities that were being undertaken electronically and/or in association with the clinical software.

#### 4.0 Engagement Strategies

From the information provided the range of Divisional engagement strategies undertaken during this IM in GP activity included:

- specific Practice visits to;
  - engage staff in discussions regarding IM in GP
  - gather specific information pertinent to IM in GP needs and current capacity – technical and human
  - explore focussed Practice IM Action Plans
  - discuss/explain the new Chronic Disease Management budget incentives
- the use of existing Practice visits/interactions with a variety of Divisional staff
- using existing training and information sessions, including IMIT specific sessions
- providing some specific group sessions for General Practices (peer review)

#### 5.0 Identifying Needs General Practices have for Information Management

The needs that General Practice has for Information Management were captured formally in two broad categories, as well as anecdotally. The summary of responses is as follows:

- **Reasons** for clinical usage of electronic information systems include:

Reason	Frequency of response (from 114 Divisions)
<b><i>Clinical</i></b>	
1. Electronic prescribing	65
2. Clinical record keeping	54
3. Patient recall systems	29
4. Patient referral letters	11
5. Patient education	10
6. Drug interaction prompts	9
7. Health Assessments (EPC)	9
8. Better access to information	8
9. Clinical support tools	4
10. Patient health summaries	3
11. Patient databases	3
12. Preventive health prompts	3
13. Clinical audits	2
14. Travel medicine information	1
15. Drug use management	1
<b><i>Management</i></b>	
16. Patient billing/MedClaims	53
17. e-mail and internet	50
18. PIP Incentives	9
19. Ease of Practice Management functions	7
20. Word processing	4
21. Storing reports and results	3
22. Health Provider directories	2
23. Better integration with hospital and specialists	2

24. ACIR	1
25. Stock control	1
26. Monitoring of patient outcomes	1

- **Barriers** to clinical usage of electronic information systems include:

<b>Barriers</b>	<b>Frequency of response (from 114 Divisions)</b>
<b>Professional</b>	
1. Cost and resourcing	52
2. Time to learn	50
3. Lack of PC skills	47
4. Lack of education in IMIT	18
5. Security and privacy concerns	7
6. Lack of confidence in using system	5
7. Salaried with State Health or AMS	1 (i.e. different systems and requirements)
<b>Personal</b>	
8. Fear of new technology	31
9. Rapid pace of & resistance to change	12
10. GPs near retirement	7
11. Lack of typing skills	7
12. Cannot see any advantage	4
13. High turnover of GPs	1
<b>Physical/Technical</b>	
14. Lack of IT support	41
15. Patient demographics	39
16. Can handle loads using other means	26
17. Too much choice	21
18. System reliability	9
19. Connection speed	3
20. Physical barriers in remote areas	1
21. Cost of connections	1
22. Continuity of electrical supply	1

From the information provided, the following needs have been highlighted under the following headings:

- **Seeking GP views on their desired treatment and diagnostic information needs**
  - The electronic production of scripts is seen in both high take-up rates and anecdotal feedback as the 'killer app' that drove the remarkable uptake of computerisation in General Practice based on a clearly identified clinical/business need. Transmission of this script electronically to the pharmacy does occur in some instances but is only useful as an 'advanced notification' at present as the physical/hard copy script must be kept by the pharmacy under current legislative requirements. It is my understanding that this is currently being reviewed. To progress to the next stage of complete electronic transmission of the script will not only reduce use of practice consumables

but also of GP time in loading script paper into printers, signing scripts, etc. – perhaps BMMS will provide the catalyst to progress this.

- The electronic Authority Notification System (ANS) trial proved of value to General Practice and could well be incorporated into an electronic transmission of the script, which could contain automatic ANS submission, checking and authorisation.
  - Electronic clinical records are often seen as a reason for using IM in GP, and with only just over half of the General Practices currently using clinical notes, this will certainly be an area of future growth and presents an area that needs to be promoted.
  - Templates are frequently cited as an area of great opportunity to exploit the demographic and related information already contained electronically, with the ability to reduce double entering data – this would include both letter writing, e.g. referrals, DVA and Workers Compensation forms, and health assessment templates.
  - It would appear, anecdotally, that the drug-drug interaction alerts can be annoying as they point out the “blatantly obvious”, thus, may benefit from individual Practitioner tailoring, i.e. a system that learns as it goes could be useful. Though the drug-allergy, drug-pregnancy and a number of other relevant alerts are seen as clinically useful.
  - Appropriate Clinical Decision Support Systems appear to be viewed favourably so long as they are based on Evidenced Based Medicine and best-practice guidelines.
  - It could be argued that the market dominance of Medical Director limits variety in individual ‘tailorability’ for General Practitioners, though, with the other up and coming software solutions, e.g. MedTech32, Medical Spectrum and others, a competitive opportunity certainly exists.
  - The Better Medication Management System (BMMS) appears “good in theory” but anecdotal feedback is “we’ll have to wait and see”.
- **Identifying the appropriate electronic support systems that can meet GP needs**
    - There is evidence of greater access to online pathology than radiology and this is an area of need articulated.
    - Patient age, sex and disease registers are utilised by two-thirds of the Practices who responded, with recall and reminder systems being utilised almost to the same level electronically (and there is much debate about the role of Divisions in providing this service on behalf of General Practice, mostly due to the potential liability exposure).
    - A small number of Practices identify electronic clinical audits as valuable – this may well increase in line with the increasing amount of longitudinal clinical information now beginning to be collected electronically, i.e. there is a critical mass of data required to provide any value through statistical significance.
    - Provider registers are seen as a very important part of a successful electronic clinical system.
    - There is evidence of a low uptake of Public Infrastructure (PKI) for encryption and authentication of electronic communications for a variety of technical challenges in implementation.
    - HIC’s activity data for MBS, PBS and investigation ordering (where captured) is seen as a growing area of value for potential professional and peer review quality activities.
    - Access to online, national disease registers/databases, like the Australian Childhood Immunisation Register (ACIR), e.g. for Cervical Cancer, is seen by a number of practitioners as a powerful and practical electronic support system for General Practice.
    - Discussions regarding the potential opportunities arising from HealthConnect do not appear to be widespread.
    - The cost of technology and the continuing resourcing requirements is seen as the prime barrier to adoption and use of electronic systems in General Practice.

- The lack of PC skills and the time to learn is also ranked highly as a deterrent to greater uptake of electronic systems in General Practice.
  - Fear of technology and lack of technical support are also seen as a major inhibitor to the greater uptake of electronic systems in General Practice.
  - Patient demographics are also seen as a barrier to the uptake of electronic systems in General Practice and required further investigation.
- **Identifying electronic practice administration systems that can assist in practice management**
    - There is evidence of a variety of software systems used including: Pracsoft, MYOB, and QuickBooks, to name a number of the frequently used systems.
    - With the use of electronic patient scheduling in over half of the Practices involved and ranked highly as a reason for use of electronic systems, it is predicted that this will rise with the increased usage of available software functionality.
    - With three-quarters of Practices using electronic billing and the use of e-mail and internet rated highly as a reason for using electronic systems, along with the advent of HIC's online EasyClaim, this usage will grow.
    - The use of accounting software in nearly two-thirds of Practices and with the rise in online banking, this is another area of potential growth.
    - N.B. Recommending practice management or indeed clinical software packages is fraught with danger and generally an activity that Divisions of General Practice should avoid (perhaps within GPCG's ambit). However, providing IM in GP expos which include hardware, software, ISPs, PKI, etc. appear to be of use, where GPs and Practice staff can view and assess appropriate technologies for their Practice needs.

## 6.0 Discussion

It is fair to say from the information received that clinically:

1. A high degree of computerisation exists in General Practice
2. E-mail access is available in two-thirds of the General Practices
3. There is fifty percent higher uptake of online Pathology ordering and/or reporting than for Radiology
4. Nearly half the Practices are using some form of electronic referrals (this is variably defined and will require further investigation to confirm exact activity/ies undertaken)
5. Two-thirds of the Practices are using patient registers, recall and reminder systems
6. Drug interaction prompts are used in three quarters of General Practices
7. Nearly 80 percent of Practices are generating scripts electronically
8. Clinical notes are entered in over half of the Practices
9. Adverse drug reporting was undertaken online in just over half of the Practices

It is fair to say from the information received that from a Practice Management perspective:

1. Over half of the patient appointments are being electronically scheduled in General Practice
2. Patient billing is being undertaken in nearly three quarters of the Practices
3. Over two thirds of Practices are using accounting software

Information Management activities that are **assisting** clinical, patient and practice outcomes have been identified (rank ordered by frequency of response) in:

- use of electronic prescribing and clinical records, which is seen as a highly rated reason for using IM in GP.
- electronic billing and, with the use of e-mail and internet rated highly as a reason for using electronic systems, along with the advent of HIC's online EasyClaim, this usage will grow.
- sharing business models, e.g. *Lead Practices* that can clearly assist General Practice in understanding the value of IM in GP and identifying with a similar Practice who has walked a similar path before.
- providing *Lead Practice* visits, discussions and potential mentoring between developed IM General Practices and developing IM Practices has been identified in some Divisions as a very useful change tool.

With the 26% rise in the number of Divisions involved in *monitoring IT uptake and use*, from 1997/98 to 1999/00, along with a concomitant 37% rise in IMIT activity *connecting GPs electronically to the outside world*, and a 26% rise in the number of Divisions offering education and training in *computing and IT* across this triennium, it will be interesting to note these trends across the 2000/01 to 2002/03 period with the cessation of direct DHA Divisional IT Officer funding support and the re-focus on the IM in GP change agenda.

Further, a 21% increase in *use of e-mail in General Practice* training, and a 29% increase in *use of prescribing applications* training provided by Divisions of General Practice is noted during this period which has certainly stood General Practice in good stead for electronic data availability and exchange.

Finally, with 7,886 GPs and 3,822 Practice staff being identified as having received IMIT services for their local Division in 1999/00 (the highest of all types of service measured in this annual study) this has provided a sound footing for the significant uptake and utilisation of electronic General Practice systems and for the further uptake and development of clinical, patient and practice functionality gains and data returns (*Distinct Divisions: Report on the 1999/2000 Annual Survey of Divisions of General Practice in Australia*. DHAC & NIS, Adelaide, 2001).

The value of this information will be truly realised when the indicative trends in IM for GP at the local, state and national level can be utilised to inform IM in GP programs, funders, policy makers, etc. of areas for discussion, action and potential focus – particularly when married with the *Action Plan for IM in GP*.

**Barriers** to clinical usage of electronic information systems have been identified (rank ordered by frequency of response) in the:

- substantial cost of technology and the continuing resourcing requirements associated with the use of electronic systems in General Practice.
- lack of PC skills and the time to learn requirements for the uptake and use of electronic systems in General Practice.
- fear of technology and lack of technical support to adopt greater usage of electronic systems in General Practice.

## 7.0 Recommendations

From the information analysed above it is reasonable to recommend that:

1. The rolled-up information resulting from the 'stocktake' which provides national trends regarding IM in GP current information management needs and usage, as well as raising the awareness of the benefits that can be achieved through the uptake of improved information management practices, be released to Divisions, SBOs, State Offices of DHA, Rural Workforce Agencies, State and Territory Health Departments and related organisations, as agreed by DHA, to coincide with Divisional Business Plan development in line with the Chronic Disease Management budget initiatives and OBF extension activity requirements. This will ensure that the information provided can inform planning and decision making at all levels of General Practice.
2. This information is disseminated at appropriate Divisional, SBO, national and related fora to ensure that the information provided can inform planning and decision making at all levels of General Practice Divisions.
3. Concomitantly disseminate and promote the *ADGP Action Plan for IM in GP*, nationally.
4. Concomitantly disseminate *Lead Practice Case Studies* to Divisions and explore practical ways to establish links between lead IM Practices and other Practices.
5. Continue to work closely with Divisions and SBOs to facilitate knowledge and skill development in best positioning IM in GP, to progress the IM change agenda at grass roots level.
6. Develop a sustainable, long-term National Communications Strategy that recognises and builds on existing, relevant IM in GP work and provides a process for capturing and responding to feedback about the Strategy.
7. Commission a national, annual IM in GP usage survey against which to benchmark progress and development in IM in GP (which can build in this preliminary work).

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## Appendix 1

# A **Guide** to Current Information Management needs and usage in General Practice: 2001

- **Parts 1 and 2** of this **Guide** provide areas of discussion for **individual GPs** within a practice.
- **Parts 3, 4 and 5** of this **Guide** relate to **the practice** as a whole.

*This 'stocktake' is about Divisions establishing GPs current information management needs and usage, as well as raising the awareness of the benefits that can be achieved through the uptake of information management.*

*I would like to emphasise that this is not intended to be an exercise that results in a large amount of data being reported back to DHAC. Rather, it is an opportunity for Divisions to work closely with GPs and Practices about the practical application of IM in GPs surgeries. Therefore, the following areas and questions can be used to stimulate discussion regarding IM in GP.*

### Part 1: USE OF CLINICAL SOFTWARE

1.1 Do you have a clinical desktop computer system installed? Yes  No  **>if NO, go to Part 2**

1.2 Which program do you use?

1.3 If yes, do you **use your computer system at work** for:

- Prescribing
- Drug interaction prompts
- Patient health summary (clinical problems) lists
- Patient recall systems – Giving of medication
  - Pap smears
  - Health Assessments
  - Immunisation
  - Diabetes
  - Asthma
  - other
- Patient database
  - ability to search for women who require pap smears
  - ability to search for Diabetes
  - ability to search for Asthma
  - other
- Patient education
- Patient referral letters
- Health Assessments
- Patient clinical records (*including progress notes*)
- Preventive medicine prompts
- Other clinical support tools (*e.g. calculators*)
- Accessing health provider directories in your clinical software (*e.g. frequently referred to specialists*)
- Accessing health provider directories through the Internet (*e.g. to find other doctors, allied health professionals or health services*)

## Part 2: USE OF INTERNET AND E-MAIL

### A. Internet connections

		At work		At home	
		Yes	No	Yes	No
2.1	Do you have an internet connection installed?				
2.2	Do you use it?				

### B. E-mail

		At work		At home	
		Yes	No	Yes	No
2.3	Do you have an e-mail account?				
2.4	Do you use e-mail?				

➤ If you **DO USE** the Internet or e-mail, please go to Section C below.

➤ If you **DO NOT USE** the Internet or e-mail, please go to Section D below.

### C. GP use of e-mail and Internet services

2.5

#### E-mail

- Downloading – pathology results  
– radiology results
- E-mail communication with – specialists  
– hospitals  
– other health services  
– patients  
– personal
- Receiving information via e-mail bulletins – clinical  
– professional  
– personal
- Online chat/discussion groups – clinical  
– professional  
– personal

#### Searching websites and online databases for:

- Information – medical/clinical  
– patient education  
– professional  
– hardware/software tools & upgrades  
– personal

2.6 When do you use e-mail for work?

outside the consultation  during the consultation  both

2.7 When do you use online information services for work?

outside the consultation  during the consultation  both

**D. GP Demographics**

2.8 Age       20-29       30-39       40-49       50-59       60-69       70 and over

2.9 Gender       Female       Male

2.10 Type of practice       Solo       Group  
    Owner       Employee

Full-time       Part-time  
(6 or more sessions/week)      (5 or less session/week)

2.11 Please list any practical ways in which your Division can assist you **to use computers for clinical purposes?**

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**Parts 3, 4 and 5** of this *Guide* relate to **the practice** as a whole.

**Part 3: PRACTICE MANAGEMENT**

3.1 Does your practice use software for practice management? Yes  No

3.2 If yes, which packages?

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3.3 Do **practice staff** use computers at work? Yes  No  ⇒ **NO**, go to **Q3.5**

3.4 If YES, do **practice staff** use computers for:

- Scheduling appointments
- Billing patients
- Medclaims
- Stock control
- Online purchasing
- Payroll
- Managing practice finances
- Archiving patient files
- Word processing
- Australian Child Immunisation Register (ACIR)
- Patient education
- Using email internally to communicate with others in the practice
- Searching patient databases for clinical purposes (e.g. recall/reminders)

3.5 Please list any practical ways in which your Division can assist your practice **to improve its use of computers for clinical and practice management purposes?**

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3.6 **Who** has provided training in **how to use computers for information management** for this practice?

	<b>For GPs</b>	<b>Practice staff</b>
No training provided	<input type="checkbox"/>	<input type="checkbox"/>
Training provided by Division of General Practice	<input type="checkbox"/>	<input type="checkbox"/>
External consultants	<input type="checkbox"/>	<input type="checkbox"/>
In-house (e.g. by a GP, practice manager, member of staff with a designated IT role)	<input type="checkbox"/>	<input type="checkbox"/>
Software or hardware suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

## Part 4: E- DATA SECURITY and EXCHANGE

### A. Physical Issues

- |   | Yes                      | No                       | Don't Know               |
|---|--------------------------|--------------------------|--------------------------|
| 4.1 Have you adopted routine <b>electronic data backup</b> procedures?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 If YES, how frequently is electronic data backup done?  |                          |                          |                          |
| <input type="checkbox"/> daily <input type="checkbox"/> every 2-4 days <input type="checkbox"/> weekly (5-7 days) <input type="checkbox"/> less often than weekly |                          |                          |                          |
| 4.3 Have you checked that your backup works by restoring backup files?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 Is the backup media (disks, tape, CD) stored off-site?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 Do you have an uninterruptible power supply (UPS) installed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 Do you have power surge filters installed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 Do you have battery backup on your main computer?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### B. Organisational Issues

- |  | Yes                      | No                       | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|
| 4.8 Do you have a 'disaster plan' in case your computer system goes down?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9 Do you have a Practice IT Coordinator?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have <b>written policies or procedures</b> for:</i>  |                          |                          |                          |
| 4.10 Using passwords for electronic patient data security?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.11 Ensuring unauthorised persons cannot access confidential patient data when computers are left unattended? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12 Maintaining a computer hardware and software register/inventory   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13 Routine maintenance and checking of the computer system   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.14 Implementing software upgrades  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.15 Electronic patient practice data backup   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Staff access to the Internet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.17 Staff use of e-mail   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.18 Virus protection  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### C. Transmission Security

- |   | Yes                      | No                       | Don't Know               |
|---|--------------------------|--------------------------|--------------------------|
| 4.19 Do the majority of computers in the practice have Internet access?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.20 Do you have anti-virus software in place?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.21 Is your anti-virus software kept up to date?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.22 If yes, How frequently do you update your anti-virus software?   |                          |                          |                          |
| <input type="checkbox"/> daily <input type="checkbox"/> every 2-4 days <input type="checkbox"/> weekly (5-7 days) <input type="checkbox"/> less often than weekly |                          |                          |                          |

- |  | Yes                      | No                       | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|
| 4.23 Does your practice have its own website?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.24 If yes, does your practice server host your website?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.25 Are you using firewall software and/or hardware to prevent external unauthorised access?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.26 If YES, have you had your system checked by a reputable provider to see if it at risk from unauthorised external access? (e.g. hackers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.27 Is encryption software installed for transmitting medical information?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.28 Have you applied for Security Keys and Certificates?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.29 How can your Division assist your practice **to improve its data security?**

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**Part 5: Other Comments**

5.1 Are there any other comments or suggestions on how your Division can help you with information management/information technology?

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*Thank you for taking the time to participate in Divisional activities supporting Information Management in General Practice.*

## Appendix 2

# Information Management needs and usage in General Practice

## *Guide for Divisions 'Stocktake'*

### **Definitions**

*Communications and Information Technology* can include the use of Personal Computers (PCs) and their software packages, internet and e-mail, servers, modems, etc. but is probably best considered in light of its function and application to the better management of information. 'Information Technology is a tool for better information management' (GPCG Strategic Framework for GP IM & IT, 1999:13).

*Information Management* describes the means by which an organisation efficiently plans, collects, organises, uses, controls, disseminates and disposes of its information, and through which it ensures that the value of that information is identified and exploited to the fullest extent. Information technology is a means through which health information can be efficiently and effectively managed and utilised.

In *General Practice* this focuses on the better management of information that can assist in promoting improved clinical, patient and practice outcomes.

### **1. What is the 'stocktake'?**

This 'stocktake' is about Divisions establishing GPs current information management needs and usage, as well as raising the awareness of the benefits that can be achieved through the uptake of improved information management practices.

I would like to emphasise that this is not intended to be an exercise that results in a large amount of data being reported back to DHAC. Rather, it is an opportunity for Divisions to work closely with GPs and Practices about the practical application of IM in GPs surgeries.

I believe this process has the potential for Divisions to deliver tangible, immediate benefits to Practices. I would hope that your interactions will lead to the development of action plans for Practices in introducing new information management systems and procedures, for example.

This 'stocktake' can best be achieved by Divisions using the core dataset document (attached) as a **Guide** to engaging GPs about their IM/IT views and capacities. For example, discussions with GPs about the types of systems they use could provide an opportunity to inform GPs about additional functionality that may be available and not being used, such as practice registers. These activities will then need to be reported on to satisfy your contractual requirements. With the range of important related initiatives, e.g. *HealthConnect*, *BMMS*, etc. it is also important to be able to best position the IM in GP agenda to maximise interactions and returns from these and other relevant Health IM&T initiatives.

The core dataset instrument was developed with the expert support of the Core Dataset Working Group, as follows:

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Division of General Practice IMIT Officers:

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I would like to thank them most sincerely for their expert contributions and timely inputs to the development of this comprehensive and contemporary instrument (now forming the basis of the *Guide*).

## 2. What data will be collected in this 'stocktake'?

This 'stocktake' will collect data that provides information regarding General Practice adoption and utilisation of a range of information management systems and strategies including, but not limited to:

- Electronic data availability and exchange
  - ➔ e.g. online pathology/radiology ordering and reporting; use of electronic forms (admissions, referrals, etc)
- Patient information databases
  - ➔ e.g. practice registers including relevant patient and disease; recall and reminder systems
- Electronic diagnosis and treatment support
  - ➔ e.g. drug-drug interaction alerts; patient medication and clinical histories
- Practice administration and management
  - ➔ e.g. electronic staff rosters/pays, billing and claiming; stock ordering on-line; for GST Business Activity Statements
- Contribution to research activity
  - ➔ e.g. adverse drug reporting; electronic contributions to approved clinical research activities.

The core dataset *Guide* (attached) can be used to assist with areas of focus for this activity.

## 3. What process should be followed to undertake this 'stocktake'?

1. It is recommended that existing IMIT Practice Survey data can be drawn on – with some analysis of what the data is telling the Division about their General Practices in terms of IM capability and where they are up to with Information Management.
2. The engagement strategies to inform and expose General Practice to the potential benefits of IM in GP will clearly need to be tailored to each Division's specific circumstances. For example, strategies may include:
  - the use of existing Practice visits/interactions with a variety of Divisional staff
  - existing training and information sessions
  - some specific group sessions for General Practices
  - specific Information Management Practice visits (again this will be Division-specific as there is a huge range and diversity of existing IM activities).
3. Whilst conducting these engagement activities to facilitate GPs awareness of the benefits of Information Management in clinical and practice management, familiarising GPs with

the IM implications of the 2000-2001 chronic disease management budget initiatives (information attached) is also beneficial (and is a component of the DHAC contract – Schedule A, item v, page 16).

4. This should enable Divisions to develop action plans with Practices for introducing new information management systems and procedures, as appropriate.

#### **4. What are the timelines are required for completing your Divisional ‘stocktake’?**

These activities must be reported on to the ADGP IM Coordinator and your DHAC State Office by **Friday 30 November 2001**. This will meet your contractual reporting requirements. This should be done in the form of a “[Progress Report, which comprehensively details the achievements and activities undertaken by the Participant during the period 1 July 2001 to 30 November 2001](#)”. Remembering “[Financial reporting shall be provided only to the Department](#)”, not to the IM Coordinator.

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