

Information Management Policy



Foreword

This policy is the Australian General Practice Network's vision for information management (IM) in Australian general practice and the divisions. In itself, the policy is not an action plan. The next step is to develop strategies to promote and implement the vision in partnership with others who also play a role in eHealth.

This policy arrives at a crucial time in the development of eHealth in this country, and takes advantage of the maturing of several initiatives. General practice is the most computerised and most connected part of the health system. Indeed, the largest database of health information resides on the computers of general practitioners (GPs). This places general practice at the centre of eHealth development in this country. At the same time, IM is becoming a focus of both State and Federal health jurisdictions, as modern health care requires modern IM systems to deliver effective health services. Projects such as the National E-Health Transition Authority (NEHTA) Unique Health Identifier are poised to provide the infrastructure for future development.

The divisions network has been crucial to the growth of general practice computing over the years. From the early days of the General Practice Computing Group (GPCG), the IM/IT officers program, the State Based Implementation Officers supporting broadband uptake in general practice through to the current Regional Health Information Management Officer (RHIMO) network, divisions and state-based organisations (SBOs) have been there to help support general practice and drive change. Divisions are involved in connectivity projects, use of health data to improve clinical outcomes, ePrescribing, shared electronic health records; in other words, the gamut of eHealth initiatives in this country.

Into that environment, this policy represents a significant step, by providing a framework to drive the current programs, and point the way for future developments in eHealth. It acknowledges that general practice and divisions go hand-in-hand, that IM systems cannot function effectively without the involvement of general practice and divisions, and that better IM will improve health outcomes across all population groups. Information, and care, will become patient centred rather than institution centred.

The divisions network will be using this document to contribute to future eHealth policy and practice. Most importantly, this policy is a working document that we will regularly review and update. I commend this document to you.

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Chair

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Delivering local health solutions through general practice

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Executive summary

This policy sets out the divisions network's vision for IM in Australian general practice and divisions. The vision requires the effective promotion and management of knowledge, skills and tools in divisions and general practice that enable data to be collected, managed, used and shared to support the delivery of quality health care and improve the health and wellbeing of the Australian community. The division's network understands that IM must be seen as a socio-technical construct, and any initiatives must account for the social and change management strategies required.

This policy will also assist divisions and general practice in dealing with the challenges that arise from an environment of rapidly changing technology and a growing focus on using business and clinical data to inform and guide policy and operational activities.

IM describes the means by which an organisation, collects, organises, and uses information. The framework outlines the network's vision for the effective management of knowledge, skills and tools in general practice that enable health information to be collected, managed, used and shared to support the delivery of quality health care.

The divisions network will continue to be the link between general practice and planning bodies and at the forefront of driving the use of information in the delivery of primary health care. This policy will be an essential element in the divisions network's capacity to support effective and efficient primary health care planning and program implementation.

The basis of a comprehensive IM framework in divisions and general practice is founded in three key domains:

- data: access to high quality clinical data
- information: the ability and capacity to analyse available data into information to develop knowledge that informs clinical and business decisions
- connectivity: connectivity between practices, divisions and the wider health sector that ensures the sharing of data and knowledge with other health care providers in an efficient and effective manner.

Necessary to realise the domains of data, knowledge and connectivity the divisions network has identified the following actions required of SBOs and divisions:

- build IM capacity in divisions and general practice
- improve communication within the divisions network and between divisions, general practice and the wider health sector
- facilitate and encourage secure and robust connectivity
- promote decision making based on use of quality data and evidence
- drive change management in general practice's approach to embed best practice IM.

1. Overview

This policy framework sets out the divisions network's vision for IM in Australian general practice and divisions. The vision entails the effective promotion and management of knowledge, skills and tools in divisions and general practice that enable data to be collected, managed, used and shared to support the delivery of quality health care and improve the health and wellbeing of the Australian community. The division's network understands that any initiatives must account for the social and change management strategies required; that IM must be seen as a socio-technical construct. The policy framework will also assist divisions and general practice in dealing with the challenges that arise from an environment of rapidly changing technology and a growing focus on using business and clinical data to inform and guide policy and operational activities.

General practice is central to the coordination of health care provision with 85 per cent of Australians interacting with a general practitioner each year¹. 90% of general practitioners have a computer on their desk, with 64% recording clinical information in the form of progress notes². With this level of computerisation general practice is well placed to take a leading role in the collection and management of primary health care data with diverse information flowing to and from general practice and delivery of high quality patient care. The focus on improved management of information in general practice can also enhance the doctor-patient relationship³ and support the efficiency of practices^{4,5}. General practice has shown its ability to be flexible and responsive with regards to the adoption of IM⁶, and must continue to be able to change to respond to the challenges of the future⁷.

Better integration of available services across the primary health care sector through support of general practice requires inter-sectoral and cross-jurisdictional partnerships. Evidence suggests that health quality and safety outcomes would be most effectively improved through an integrated health network underpinned by IM and information technology (IT) reforms across the health sector^{8,9,10}. Such changes are also likely to remove costs from the system, and deliver cost-effective care¹¹.

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- ¹ Primary Care Division, Australian Government Department of Health and Ageing (2002). In Britt, H., Miller, G.C., Charles, J., et al. (2007). General practice activity in Australia 2005-06 (General practice series no. 19, AIHW cat. no. GEP 19). Canberra: Australian Institute of Health and Welfare.
 - ² McInnes DK, Saltman DC, Kidd MR: General practitioners' use of computers for prescribing and electronic health records: results from a national survey. *Med J Aust* 2006, 185(2):88-91
 - ³ Pearce C, Trumble S: Computers can't listen--algorithmic logic meets patient centredness. *Aust Family Physician* 2006, 35(6):439-442.
 - ⁴ Bolton P, Douglas K, Booth B, Miller G: A relationship between computerisation and quality in general practice. *Aust Family Physician* 1999, 28(9):962-965.
 - ⁵ Ventres W, Kooienga S, Vuckovic N, Marlin R, Nygren P, Stewart V: Physicians, patients, and the electronic health record: an ethnographic analysis. *Ann Fam Med* 2006, 4(2):124-131.
 - ⁶ Kidd M: The computerisation of Australian General Practice 1998-2001 - what did we get for AU\$15,000,000. *Informatics in Primary Care* 2002, 10(1):25-29
 - ⁷ Martin JC, Avant RF, Bowman MA, Bucholtz JR, Dickinson JR, Evans KL, Green LA, Henley DE, Jones WA, Matheny SC et al: The Future of Family Medicine: a collaborative project of the family medicine community. *Ann Fam Med* 2004, 2 Suppl 1:S3-32.
 - ⁸ May C, Rapley T, Moreira T, Finch T, Heaven B: Technogovernance: evidence, subjectivity, and the clinical encounter in primary care medicine. *Soc Sci Med* 2006, 62(4):1022-1030.

An integrated health network will support this vision by enabling:

- different IT systems and software applications to communicate, both between practices and from general practice to other bodies (interoperability)
- general practice to exchange data accurately, effectively, consistently and securely with other health service providers.

The divisions network is ideally placed to increase capacity to enhance and drive the effective use of information in the primary health care sector. Divisions are the key link between general practice and funding bodies. They also act as the change agents and support mechanisms in the acute health care system to ensure general practice readiness to drive IM reform in primary health care. Building division's capacity to manage information more effectively will enable divisions to better support general practice to improve practice IM systems and improve patient health outcomes.

2. Background

2.1. What is the divisions network?

The Australian General Practice Network (AGPN) was established in 1998 as the peak national body representing 119 Divisions of General Practice and their eight SBOs across Australia. We are the largest voice for general practice in Australia with over 95 per cent of Australia's general practitioners members of their local division of general practice.

The divisions network is a unique health infrastructure covering the length and breadth of the country. It supports and links general practice with the wider health system and brings together Australian Government, state and territory programs for integrated service delivery.

Divisions of general practice provide key local health infrastructure that enables the planning and delivery of primary care services at the local and regional level. In particular, the divisions network is focused on supporting high quality, evidence based primary care, integrating health services and engaging the local community.

2.2. What is IM?

The Australian College of Health Informatics defines health informatics as "the rational study of the way we think about patients, and the way that treatments are defined, selected and

⁹ Kawamoto K, Houlihan CA, Balas EA, Lobach DF: Improving clinical practice using clinical decision support systems: a systematic review of trials to identify features critical to success. *Bmj* 2005, 330(7494):765.

¹⁰ Dorr D, Bonner LM, Cohen AN, Shoai RS, Perrin R, Chaney E, Young AS: Informatics systems to promote improved care for chronic illness: a literature review. *J Am Med Inform Assoc* 2007, 14(2):156-163.

¹¹ Hillestad R, Bigelow J, Bower A, Girosi F, Meili R, Scoville R, Taylor R: Can electronic medical record systems transform health care? Potential health benefits, savings, and costs. The adoption of interoperable EMR systems could produce efficiency and safety savings of \$142-\$371 billion. *Health Aff (Millwood)* 2005, 24(5):1103-1117.

evolved. It is the study of how medical knowledge is created, shaped, shared and applied. Ultimately, it is the study of how we organise ourselves to create and run healthcare organisations¹².

More broadly, IM encompasses all the systems, business processes and practices within an organisation that underpin the creation and use of corporate information. IM is about the organisational, cultural and strategic factors that must be considered to improve the management of information within the organisation.

IM is thus not just about the available technology, but about how we create effective systems within general practice to manage the information available to us, in what is described as a socio-technical system¹³, or computer supported co-operative work¹⁴.

2.3. IM: the key drivers

Improving IM is a key focus for many organisations across the health sector. This is being driven by a range of factors, including a need to improve the efficiency and effectiveness of business processes, regulatory and statutory reporting requirements and the desire to deliver new services. Understanding the complex interrelationships and specific roles and responsibilities of various players in information processes and activities is difficult. The table at Appendix 7.1 provides a broad representation of key information processes and activities as they relate to general practice, the divisions network and all levels of Government.

2.3.1. Chronic disease management

The demographic, and consequently health, profile of our population profile is changing. The greatest challenge we face as a nation over the next 20 years is managing chronic disease in an ageing population. At present about 80% of ill-health, disability and premature death in Australia is due to chronic diseases. Chronic disease affects over three million Australians, or nearly one in seven. This includes conditions such as:

- cardio vascular disease
- cancer
- diabetes
- asthma
- mental illness
- obesity.

Chronic diseases already cost about 70% of current allocated health expenditure, currently \$34 billion per year¹⁵. The presence of these diseases is often a direct consequence of lifestyle

¹² Coiera E, 2003. Guide to Health Informatics 2nd edition; Hodder-Arnold, London.

¹³ Whetton S: Health informatics: a socio-technical perspective. South Melbourne, Vic.: OUP; 2005.

¹⁴ Weerakkody G, Ray P: CSCW-based system development methodology for health-care information systems. *Telemed J E-Health* 2003, 9(3):273-282.

¹⁵ National Health Priority Action Council (NHPAC) (2006), National Chronic Disease Strategy, Australian Government Department of Health and Ageing, Canberra.

choices – overeating, poor diets, insufficient exercise, smoking, and alcohol and drugs use are all having alarming effects on the health of Australia’s population. A comprehensive chronic disease management system requires an effective IM program to underpin its activities¹⁶.

2.3.2. Ageing population

Another driver is the ageing of the population. Australia already spends 3 times more per capita on health for people aged 65 years and over than the rest of the population¹⁷. By 2024, the number of Australians aged 65 and over will have doubled and the number aged over 85 will be more than 140% higher than present.

As the population ages, there will be greater incidence of chronic disease. By 2020 the cost of chronic disease is predicted to have increased from 70% to 80% of the health budget.

This growth has already begun. For example, diabetes prevalence has doubled over the last 20 years – over 1 million Australian adults are already affected. This statistic is not surprising given that in 2005, 3.24 million Australians were estimated to be obese. One estimate has predicted that “by 2020, with the current trend in weight gains, 80% of all Australia adults and one third of all children will be overweight or obese”¹⁸. The complex care required by this ageing and mobile population will need to be undertaken in an information rich environment.

2.3.3. General practice workforce and multidisciplinary team based care

Limitations on the medical workforce will be a significant barrier to responding to the impending escalation in chronic disease. There are existing shortages across all areas of the primary health care workforce (including GPs, practice nurses and allied health professionals) and attracting health providers to areas of need such as rural and remote areas, as well as outer metropolitan and regional areas, is also a significant issue. Ageing of the population is expected to impact heavily as large numbers of the medical workforce retire. Furthermore, despite recent increases in the numbers of medical student places at Australia’s universities, structural barriers such as limitations on general practice and hospital placements will prevent training of the workforce in sufficient numbers to meet expected deficits.

These challenges will necessitate new ways of working, and the primary health care workforce has already begun to respond to these issues. Multidisciplinary teams are increasingly common and will be central to future primary health care initiatives, community development activities and clinical encounters. Multidisciplinary teams ensure the most efficient use of the available workforce, as well providing patients with the best possible care. Ultimately, multidisciplinary care will increase consumer access and enhance the range of primary health

¹⁶ Dorr D, Bonner LM, Cohen AN, Shoai RS, Perrin R, Chaney E, Young AS: Informatics systems to promote improved care for chronic illness: a literature review. *J Am Med Inform Assoc* 2007, 14(2):156-163.

¹⁷ National Health Priority Action Council (NHPAC) (2006), National Chronic Disease Strategy, Australian Government Department of Health and Ageing, Canberra.

¹⁸ National Obesity Taskforce Healthy Weight 2008.

care services available in the general practice setting. IM has an essential role to ensure the collection, interpretation and communication of all information necessary to patients' care.

2.3.4. Reporting and accreditation

The work of the divisions network is being advanced through a National Quality and Performance System (NQPS) where funding is tied to performance indicators. The NQPS promotes quality improvement across the divisions network by articulating national performance indicators, defining planning and reporting processes and providing a pathway to accreditation. Accreditation is increasingly becoming a tangible indicator of an organisation's ability to meet agreed levels of quality in service delivery and management, including IM. To ensure the establishment and maintenance of proper governance and administrative processes each member of the divisions network is required to achieve accreditation.

Within general practice itself, the Royal Australian College of General Practitioners (RACGP) maintains standards of practice through accreditation processes and Continuous Professional Development (CPD). Better IM will not only facilitate accreditation, information storage and transfer, but ultimately lead to continuous quality improvement.

2.4. Government policy drivers

2.4.1. NEHTA

NEHTA has been established by the Australian, State and Territory governments to develop better ways of electronically collecting and securely exchanging health information. NEHTA's work program is focussed on:

- uniquely identifying individuals and health care providers across Australia
- facilitating the exchange of clinical information electronically, using a common language with consistent terms, descriptions and formats
- leading the development of national directories that accurately identify medicines, medical products, devices and consumables
- promoting agreed methods, standards and protocols for authenticating users, exchanging messages and inter-operating across the health sector
- designing a national system of shared electronic health records for authorised practitioners and consumers.

2.4.2. Other Government drivers

Other federal programs have included provision of incentives for appropriate connectivity in general practice¹⁹, in line with the National Broadband Strategy, with the aim of providing key

¹⁹ The Broadband for Health program is an Australian Government incentive program aimed at driving the uptake of broadband services among eligible health organisations, including general practice. The program facilitates the delivery of a growing range of online medical and business services such as remote consultations, diagnosis and patient monitoring, Medicare claiming and remote education. Since the

building blocks to support the development of a Shared Electronic Health Record (SEHR)²⁰. Both Commonwealth and State Health jurisdictions recognise the public interest in a comprehensive E-Health program, and will continue to provide programs to develop that agenda.

2.5. Benefits of an integrated health network: the vision

The divisions network will continue to be the link between general practice and planning bodies and at the forefront of driving the use of clinical and other health information in the delivery of primary health care. The timely and appropriate use of information will be an essential element in the divisions network's capacity to support effective and efficient primary health care planning and program implementation.

The divisions network will integrate IM principles and best practice into its activities to further support effective general practice-led primary health care. The outcomes of this integration can include:

- enhanced patient care and outcomes through timely access to accurate and reliable records that can be appropriately shared between different providers within multidisciplinary teams and across all levels of the health sector
- seamless transition across the continuum of patient care by consolidating and advancing linkages with providers and areas throughout the health care sector by promoting a systemic approach to integrating data from multiple sources
- improved health needs assessment and planning through utilisation of quality population health information at local, state and national levels
- the promotion of a professional culture around the use of quality health data in the general practice and division setting, with a focus on current, transferable and complete health summaries, peer review and reflective self-audit
- greater general practice business innovation and efficiency through the use of quality data and the establishment of appropriate IM and IT infrastructure and models.

3. IM in general practice

There are three key domains that form the basis of a comprehensive IM framework in general practice. These domains are:

- access to high quality clinical **data**

inception of the program in July 2004 over 60% of eligible general practices have taken up a qualified broadband service and obtained the incentive.

²⁰ The HealthConnect initiative is a partnership between the Australian, State and Territory Governments. It aims to improve safety and quality in health care by facilitating the development establishment a range of standards based products and services that will enable the secure exchange of information between health care providers and consumers. Privacy, security and timeliness of information flows to improve the delivery of health services are the key drivers of this initiative.

- the ability and capacity to analyse available data to develop **information** that informs clinical and business decisions
- **connectivity** between practices, divisions and the wider health sector that ensures the sharing of data and knowledge with other health care providers in an efficient and effective manner.

3.1. Data

General practice is at the forefront of collecting and managing patient data. The largest and most comprehensive collection of patient data in Australia currently resides in general practice computers. The potential of this data in improving health care and informing policy is enormous. But first this data must be systematised. A nationally consistent approach to the collection (coding), sharing, aggregation and dissemination of general practice information provides a robust platform to meet primary health care planning. These activities will also promote consistency in quality and efficiency of service in general practice.

Data collected must be:

- accurate – both valid and reliable, and must be able to be validated by both medical professionals and patients
- comprehensive – provides a complete record or summary of the patients medical history and treatment, ready for use in the next domain
- standardised – collected using commonly agreed terminologies to enable it to be directly compared with other data. Australia has currently adopted SNOMED CT as its terminology standard ²¹ and this paper therefore supports its implementation across general practice systems
- timely - available by health providers at the appropriate time and ready for use
- accessible - regardless of ownership, and with due consideration to patient privacy, data must be freely available for:
 - supporting clinical interventions
 - clinical governance and population based decision support
 - policy and strategy
 - research
 - administration.

3.2. Information

The divisions network has a key role in assisting general practice to process data to create information. The divisions network also has a role in increasing general practice's capacity and expertise in recording, searching and extracting clinical records.

²¹ see www.nehta.gov.au

The creation of knowledge and evidence from that information supports clinical interventions by enabling general practice to identify and understand practice populations better and plan accordingly. General practice will be able to establish an effective patient management system including recall and reminder systems and preventative and screening practices.

Practice administration and management will be improved and supported by access to readily available information and capability to electronically activities such as billing and claiming, ordering stock, Medicare eligibility, and GST Business Activity Statements. This will assist general practice to improve practice management and business processes and ensure the practice works smarter and more efficiently. Access to this type of information will also enable general practice to fully utilise the most appropriate patient rebate via the Medicare benefit scheme and easily complete documentation to meet medico-legal or governmental requirements.

Clinical governance and population based health support programs will be enabled through the monitoring by general practice of clinical and business performance. General practice and divisions will be better informed with local evidence to influence and guide regional decision making and health service planning processes to meet local community needs. Divisions will support these activities through the provision of decision support information and tools to enable general practitioners to conduct self-audits, monitor their performance (intra- or inter-practice), benchmark their activities (local, state or national level) or undertake peer reviews.

Information sharing between general practice and divisions will also inform policy and strategy development at a local, state and national level by provision of accurate population health information.

Access to quality data and thus information and knowledge will enable general practice to participate in clinical research activities either in-house or through external research agencies, as well as public health monitoring activities (including adverse drug event reporting).

3.3. Connectivity

Poor sharing of health information leads to duplication and the waste of health resources. The potential to access up-to-date patient data, deliver real time results and improve medical research is dependent on a highly connected health system.

Information technology systems currently provide general practice with patient management tools such as:

- age, sex, disease registers
- recall and reminder systems
- electronic health care plans
- online pathology / radiology ordering and reporting

- use of electronic referrals
- discharge summaries
- electronic consultations.

A connected and interoperable health system will enable authorised health providers including general practice, to access and share data regardless of where they are practicing. Information technology infrastructure and software applications will transfer medical information where and when it is needed in a timely and efficient manner.

General practice will be linked electronically to divisions, providing de-identified patient data that can be used in local, regional and national level health planning. General practice will be able to communicate effectively with their patients using electronic reminders and recalls, and patients will be able to access their personal health record and other important health information. A Shared Electronic Health Record (SEHR) will improve continuity of care for patients as they are increasingly treated by teams of health professionals.

The divisions network of the future will use computer systems connected to one another via the internet to share applications, utilities, information and knowledge. Connectivity within both the divisions network and the wider health sector will be supported by appropriate security mechanisms and common IM/IT communication standards. Disparate IM systems will have the ability to seamlessly communicate and exchange information with one another.

3.3.1. Security

The security and confidentiality of patient and business information will continue to be paramount. Information will be delivered where and when it is needed in a private and secure manner. Only then will the exchange of information and services take place. Appropriate security will entail the ability to:

- accurately identify entities (organisations or individuals) within the health system
- authenticate the credentials of an entity
- authorise the performance of agreed activities by approved entities
- ensure that sensitive information is not exposed to unintended parties
- ensure the integrity of information
- accurately record information exchanged between providers and with patients.

3.3.2. IM/IT communication standards

The sharing of information across the entire health sector will occur through agreed standards. Common standards for organising, representing and encoding health information will permit the exchange of patient data. Standards will also permit the integration of external data sources into decision support tools for healthcare providers. Demonstration or enforcement of compliance with standards is challenging due to the variety of systems in use,

in which the divisions network will be well placed to assist in ensuring that appropriate information is available to general practice.

3.3.3. Interoperability

The exchange of information across the divisions network will be in accordance with an overarching e-health interoperability framework. This framework will include technical and semantic interoperability. The framework provides the basis for:

- defining an e-health architecture including identifying e-health requirements
- specifying e-health technical approaches through products and technologies
- testing conformance to interoperability requirements
- value assessment
- change management.

4. The division network's role in IM

The divisions network is ideally placed to provide the capacity to enhance and drive the effective use of information in the primary health care sector. Divisions are the key link between general practice and planning, as well as funding bodies.

The divisions network has identified the following actions as necessary to realise the domains of data, information and connectivity described above. Divisions will:

- build IM capacity internally and in general practice
- improve communication within the divisions network and between divisions, general practice and the wider health sector
- facilitate and encourage secure and robust connectivity
- promote decision making based on evidence and quality
- driving change in general practice's approach to embed best practice IM.

4.1. Building IM capacity

Building division's capacity to manage information more effectively will enable divisions to better support sustainable IM practices in general practice. Divisions will:

- develop the right information and IM skills through appropriate recruitment, tools, guidelines, education and training
- utilise a nationally consistent set of metrics to assess their IM maturity and internal capacity to manage information
- increase their capacity to share information, tools, and resources within the divisions network to reduce duplication of activity and efforts
- support general practice to use and manage information and IT appropriately

- develop business cases appropriate to the variety of general practice settings that will assist practices to use quality information that will inform planning for individual practices as well as population health planning at local, regional and national levels.

4.2. Improving communication

Improved communication, sharing and learning across the divisions network will provide support and guidance to assist divisions to better support general practice. Divisions will:

- demonstrate the business value of quality information in general practice
- promote relevant IM/IT guidelines and standards²² to general practice including provisions for secure storage and transfer of electronic data and protecting individuals' privacy
- promote the benefits of quality data, knowledge and connectivity in improving quality and coordination of care, which results from better information flows between health service providers.

4.3. Facilitating and encouraging secure and robust connectivity

The division network's role in facilitating and encouraging secure and robust connectivity will be to:

- assist in the collaboration and integration of general practice with other health service providers
- promote reliable, accessible, available and affordable broadband in all locations to ensure exchange of secure electronic data
- disseminate, and where necessary support development of, appropriate standards and protocols to allow for the exchange of secure electronic data
- ensure that general practice can access, understand and use shared health information for patient care
- support general practices in the uptake of new technologies and IT infrastructure as they become available
- ensure that technological advances do not merely automate existing healthcare processes, but bring about improved and beneficial changes to the organisation and delivery of care.

4.4. Promoting evidence and quality

The divisions network will promote evidence and quality by illustrating how patient care can benefit from improved IM practices and shared electronic health records. Divisions will:

²² Currently, these include RACGP Standards for General Practices (3rd Edition), GPCG Computer Security: Self Assessment Guideline and Checklist for General Practitioners, GPCG Computer Security: Firewall Guideline, GPCG Computer Security Checklist.

- assist general practice to understand the value of quality data in providing information and evidence about their patient populations
- assist general practice to understand the components that make quality data, including accurate and complete data sets
- facilitate development of quality improvement activities promoting improved IM in general practice
- provide evidence to facilitate local service delivery planning and better targeting of services to their local community
- participate in population health planning at a local, state or national level
- contribute to the transparency and accountability of decision-making.

4.5. Driving change

Divisions will support a pragmatic, step-by-step, change management strategy to build IM capacity in general practice. This approach is essential to drive the effective use of information in the primary health care sector, creating a prevailing culture that values and encourages the development and application of health IM skills to support day-to-day practice and service development. Divisions will:

- improve the level of understanding of IM in general practice so as to achieve lasting change in attitudes and behaviour
- gain wide acceptance for the use of IT as an integral part of a general practice's role
- bridge gaps in language, communication, values, knowledge and skills that exist between health service providers
- implement IM solutions that address key needs of general practice and build support for further initiatives.

5. Appendix

5.1. General practice information processes and activities

This table outlines key information processes and activities of general practices, divisions and planning bodies. It divides the processes at each level into those that occur within the environment, to those which must communicate outside that environment. Importantly, it treats the “general practice” as different to the data that doctors use in their consultations. Not all data generated in the consultation is or should be used in IM. Its intention is to map the processes and their relationships.

	THE GENERAL PRACTICE	THE DIVISION	THE FUNDER
DOWNSTREAM	Doctor-patient relationship <ul style="list-style-type: none"> ▪ Social context ▪ Decision support ▪ Electronic health record (EHR) ▪ Quality data management systems 	Division-practice relationship <ul style="list-style-type: none"> ▪ Data reporting ▪ Communication ▪ Performance review / benchmarking 	Agency-provider relationship <ul style="list-style-type: none"> ▪ NQPS ▪ Population health reporting
Internal	Intra-practice relationship <ul style="list-style-type: none"> ▪ Population health activities ▪ Business case activity ▪ Collaboratives methodology ▪ Business intelligence ▪ Business systems development ▪ Workflow management ▪ Performance review / benchmarking ▪ Accreditation 	Intra-divisional data use <ul style="list-style-type: none"> ▪ Financial reporting ▪ Activity monitoring ▪ Regional population health planning ▪ Knowledge management 	Intra-agency use <ul style="list-style-type: none"> ▪ Medicare Australia ▪ Private Providers ▪ Acute providers
UPSTREAM	External providers <ul style="list-style-type: none"> ▪ Data reporting ▪ Test ordering ▪ Communication ▪ Information sharing ▪ Multidisciplinary team-based care processes ▪ Billing and payments ▪ MBS and PBS verifications 	External agencies <ul style="list-style-type: none"> ▪ NQPS 	Policy agenda <ul style="list-style-type: none"> ▪ HealthConnect ▪ National EHR