

10 Minimum Standards for Advancing Digital Health in General Practice

Introduction

This standards document has been informed by the [AMA Code of Ethics](#), the AMA's [Delivering better care for patients: the AMA 10-year framework for Primary Care Reform](#), the AMA Position Statement [AMA Digital Health Vision Statement Preamble](#), the [AMA Submission to the Department of Health's General Practice Data and Electronic Clinical Decision Support Issues Paper](#) and the [AMA submission to the ADHA on the Draft National Healthcare Interoperability Plan](#).

For the purposes of this document, Digital Health 'is an umbrella term referring to a range of technologies that can be used to treat patients and collect and share a person's health information, including mobile health and applications, electronic health records, telehealth and telemedicine, wearable devices, robotics and artificial intelligence.'¹

Digital health capabilities should be seen as a means of enabling achievement of the quadruple aim² of delivering better population health outcomes, improving the patient experience of care, improving the provider experience of delivering that care, and improving the efficiency, cost-effectiveness, and sustainability of the health care system. Data collected using digital health technologies, and utilised to better inform patient care, health resourcing, and care innovations will underpin data-driven insights and quality care.

An optimal health care system must be patient-centred, equally accessible to all, and geared towards provision of appropriate, well-coordinated, accountable, and longitudinal care. Greater use of data held within general practice, and a seamless integrated flow of data between patients, GPs, PHNs, specialists, and hospitals can support provision of care continuity and better-integrated, more efficient, and more effective care. Well-designed and implemented digital health initiatives can also improve patient and practitioner experience, and support continuous quality improvement at the individual practice, regional, jurisdictional, and national health system levels.

Purpose

These standards have been developed to articulate the key principles and minimum standards that should guide policymakers, legislators, software developers and health practitioners as they seek to further advance the development and implementation of digital health solutions into general practice.

Context

General practitioners are the foundation of the primary health care system. To advance the uptake of digital health by general practitioners and their patients, and to ensure realisation of the potential benefits of digital health across the whole health system, it is critical that the following minimum standards are met.

¹ <https://www.aihw.gov.au/reports/australias-health/digital-health>.

² Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*. Vol 12. No. 6. November/December 2014. 573-576

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Standard 1: Data collected and shared by general practitioners must be used ethically, to improve patient care and create a better healthcare system.

Digital health solutions and data should only be used for ethical purposes, supporting the cost-effective delivery of quality health care including an improved patient and provider experience, population health initiatives and overall health system sustainability.

Standard 2: Digital health solutions must deliver value to general practitioners and patients.

General practice data is valuable to many stakeholders, including governments, and vested corporate interests. However, use of digital health in general practice will only be advanced and sustained if it delivers value for practitioners and patients. GPs must retain real-time access to data and data analyses to support quality improvement and innovations in care and have input into data analyses to ensure that analytical findings are properly contextualised.

Standard 3: Digital health must not compromise clinical autonomy, or be used for punitive purposes.

General practitioners will only support digital health solutions and uses of general practice data that respect their clinical autonomy and inform – rather than restrict or punish - clinical decision-making.

Standard 4: No identifiable patient data should be shared without explicit and informed patient consent.

Practitioners have a duty of care to patients to ensure they obtain informed consent before sharing patient health information. Patients must be aware of both the potential benefits, and any potential risks associated with agreeing to share their data. It is therefore vital that practitioners are informed of the terms of any data sharing agreements that may affect the use of their patient information, including the nature of any data that will be used, how it will be used, and by whom, and measures in place to prevent or remedy any breach of the terms of use.

Standard 5: Patient privacy must be protected.

Patient privacy must not be compromised by digital health solutions and the sharing of general practice data. Data that is shared beyond the healthcare team must be both de-identified and aggregated to reduce the risk of re-identification. Government investment and funding support for cybersecurity protection and awareness campaigns must be sufficient to stay ahead of potential and emerging threats.

Standard 6: Digital health solutions must be interoperable in real time.

To ensure seamless access to and transfer of data between primary, secondary, and tertiary health practitioners and systems, and continuity of patient information, relationships, and management, it is essential that practice management software and other digital health solutions can exchange data and display it in real time. This will require harmonisation of interoperability standards and other records-related requirements across jurisdictions, stronger compliance action to require software developers to comply with interoperability standards, and where necessary, funding support to enable them to do so.

Standard 7: Digital health solutions must be easy for practitioners to use and support the flow of care.

The uptake of digital health solutions in general practice will be supported where it reduces and simplifies the administrative burden and workload associated with caring for patients, rather than increases it. Engagement with digital health solutions should be seamless and not disrupt the flow of care. Relevant government agencies and standards must ensure this by emphasising co-design and ensuring robust testing with practitioners prior to release/implementation.

Standard 8: Digital health applications aimed at enhancing patient self-management and activation must be co-designed, and vetted for ease of use and clinical utility.

Applications aimed at helping patients to take a more active role in their care must be co-designed with both consumers and healthcare providers for ease of use and clinical utility. They should also be vetted by the Australian Digital Health Agency before release so that practitioners have ready access to a list of trusted applications that they can recommend to interested patients.

Standard 9: Equity of access to digital health must be assured by greater government investment and subsidies.

The potential benefits of digital health must be available to all Australian health practitioners and consumers, irrespective of where they live, and their level of income. To ensure this, government must ensure fast, reliable, and affordable high speed broadband access to rural and remote areas of Australia, and potentially, subsidisation of patient apps to ensure that they are accessible to low-income Australians.

Standard 10: General Practices must be supported to implement digital health, through clear communication, training, and necessary financial support.

Learning how to use digital health applications, explaining them to patients and obtaining informed consent, and coding clinical data all take time, and general practices must be adequately compensated for the time they need to spend on these and other administrative tasks associated with digital health. Ideally, the coding of clinical data, which enhances data quality and comparability should be automated at the source point, but until then, this work must be acknowledged and remunerated.