



Middleware solves e-health woes

Karen Dearnie | September 09, 2009

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IBM Australia has produced messaging software for secure routing of patient information that leapfrogs present health sector efforts to introduce point-to-point communications.

The middleware keeps track of who are authorised to get what information about which patients.

The health sector remains notoriously unconnected: doctors are largely unable to electronically send a patient referral to a medical specialist, for example, while hospital systems will not "talk" to private providers, GPs' systems or aged care centres.

IBM healthcare industry solutions specialist Annette Hicks said the software was a customised application based on the company's health information exchange - essentially a transaction hub that solves interoperability problems between multiple data sources.

Ms Hicks said the middleware was designed in response to the vision for chronic disease management articulated by Michael Georgeff, chief executive of Precedence Health Care and leader of the new **Chronic Disease Management Network** (CDM-Net) project.

"The idea was to make it as simple as possible for doctors to use," she said.

"Originally the idea was to exchange information in email or other data formats, but then Professor Georgeff realised that you could dynamically update a care plan based on events happening in another system.

"So he took what is usually a fairly static document and, using his proprietary software and our integration engine, created a way to optimise the processes involved in care management."

Professor Georgeff said IBM's technology organises all routing information which would otherwise be extremely difficult.

While CDM-Net is web-based - thus avoiding interoperability issues by connecting over the internet - he believes IBM's integration engine has "huge potential" for solving immediate problems hampering the use of hospital discharge summaries and personal health records.

"Even now, there is very little electronic communication happening between hospitals and community providers," Professor Georgeff said. "Most current state and hospital-based efforts are focused on limited point-to-point projects.

"If we're not careful, we'll have a whole lot of different applications and practitioners only talking to each other in two-way communications. These systems may work locally for a while, but they will break down when you try to scale them up."

Integration engines will become really important as people try to scale e-prescribing, chronic disease management and e-health records nationwide, he said.

"From a government perspective, the issue is whether we get the point-to-point stuff working first, so that people are actually communicating electronically, or plug in the IBM solution for scalability down the track.

"I think there's huge value in doing both in parallel. When you think about collaborative care, information-sharing of information via point-to-point communication quickly becomes unworkable because it's not scalable across a wide range of providers and locations," Professor Georgeff said.

Meanwhile, Ms Hicks said hubs capable of routing data across multiple systems instead of from one to another' and dynamically notifying events opened new possibilities for healthcare connectivity.

"We're having discussions about the relevance of this technology to health usage of the national broadband network; a services bus could help support other smaller providers with innovative solutions in this and other industries as well," she said.

According to Ms Hicks, while state governments were still engaged in completing internal health IT and medical record programs, organisations that have looked to go outside their own four walls were interested in hub technologies to solve integration issues with external providers.

"Here, we're finding it's generally smaller providers integrating with GP practices that like the hub idea," she said. "We've also had interest in a hub system from a private health insurer."

IBM Software Group vice-president, industry solutions, Fiona McMaster said: "With all these e-health projects, it's just about the policy and political leadership, because obviously the technology is there and the business case is compelling."

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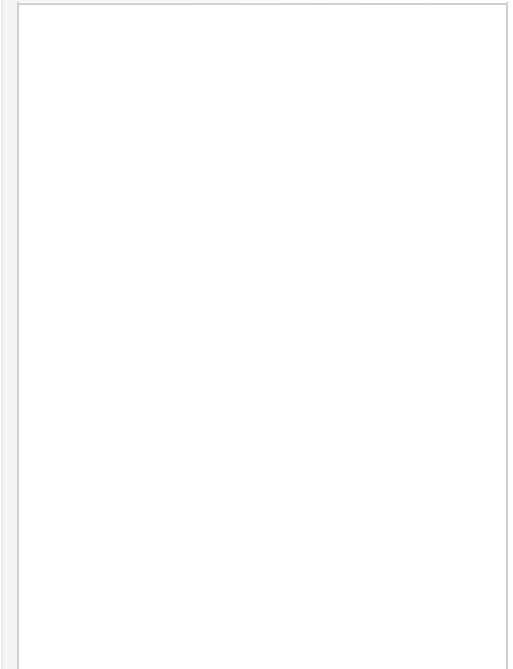
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