

# eHealth for Interdisciplinary Practice

## Is it delivering on its promise?





## Our research in brief: Interdisciplinary eHealth

**The promise:** eHealth has the potential to transform interdisciplinary practice by fostering improved collaboration across health providers and consumers.

The reality: We heard from health professionals working in traumatic brain injury (TBI) rehabilitation that they face major barriers in their use of information and communication technologies (ICT) in health care. They attempt to make the most of less-than-ideal eHealth systems but successful use is usually constrained to within their own workplace. With modern healthcare requiring collaboration across many providers and sectors, health professionals are often disconnected from achieving the quality that strive for in their work.

**The future:** By addressing sources of disconnection routinely faced by health professionals, we are confident that eHealth can enable interdisciplinary practice that delivers safe, quality healthcare.

## The problem

Electronic medical records (EMR) systems: Accessible within, but not between organisations. This precluded interdisciplinary communication across the continuum of care.

## We heard

"Our information system doesn't talk to the NSW Health system. The systems they would like us to use, they don't let us in to use."

## The way forward

EMR systems should reflect a clientcentred focus, ensuring access to all members of the healthcare team across health organisations and the continuum of care.

**Technology:** Access and capacity were insufficient for intended clinical tasks.

"We do not have iPads or laptops to make us connected in the community. We've got mobile phones but they make calls, send texts, and that's it." eHealth must be adequately resourced, providing access to the necessary mobile devices, equipment, and server capacity.

#### eHealth policy implementation:

Policies prohibited a range of eHealth activities and failed to take into account team members working in other organisations.

"If we want to get more apps on the iPad for a new client, we have to send it back to the ICT department six hours away. We don't have access to the password for iTunes."

Underpinning policies and procedures must be reviewed to ensure these enable, rather than hinder, interdisciplinary eHealth use.

ICT processes: Addressing eHealth issues was onerous due to convoluted decision-making pathways. Health professionals also had difficulty clearly communicating needs to ICT staff.

"We might ask, but then [the ICT department] will wait until you have a health service manager engagement to go, yes, can you please do that job for that clinician. So it's just fiddly."

User-centred design processes may help to facilitate dialogue between health and ICT professionals and optimise eHealth systems and procedures. We do a good job, but we've got potential to do a magnificent job. . . It's not that we're not willing to update and go with the times, we can't right now, we don't have the eHealth systems. Allied health professional, New South Wales

#### Our research

We conducted interviews and focus groups with health professionals (n = 17) working in TBI rehabilitation in public and private settings across regional and metropolitan New South Wales, Australia to ascertain the degree to which eHealth has delivered on the promise of enhanced interdisciplinary care.

Health professionals said they are enthusiastic about eHealth, but face obstacles in realising its potential, especially when attempting to work with people from other disciplines, departments, or organisations. Barriers related to EMR, technology, eHealth implementation, and ICT processes.

By addressing these sources of disconnection routinely faced by health professionals, we are confident that eHealth can realise its potential of enabling high-quality interdisciplinary practice.

#### Our team

The Interdisciplinary eHealth Research Team was established at The University of Sydney in 2014 to advance collaborative research about interdisciplinary, technology-assisted healthcare delivery. Our aim is to facilitate its seamless integration and improve service delivery. We consist of a wide group of researchers across disciplines, faculties, and universities and now form the eHealth Rehabilitation Team within the Digital Health & Informatics Network.

## Read the study report in full:

Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D., Togher, L., Shaw, T., & Power, E. (2017). Tribes and tribulations: Interdisciplinary eHealth in providing services for people with a traumatic brain injury (TBI). BMC Health Services Research, 17, 757. <a href="https://bmchealthservres.biomedcentral.com/articles/10.1">https://bmchealthservres.biomedcentral.com/articles/10.1</a> 186/s12913-017-2721-2

## ORIENTATION Enthusiasm about potential of eHealth

eHealth can help me deliver services that are:

- 1) Quality
- 2) Efficient
- 3) Person-centred

## COMPLICATION Sources of disconnection

But I can't deliver services with the level of quality, efficiency, and personcentredness that I want because of the issues I face in the use of eHealth:

- 1) EMR
- 2) Technology
- 3) eHealth implementation
- ICT processes

## RESOLUTION Responses to disconnection

I try to make the most of a less-than-ideal situation, but the result is usually inadequate:

- 1) Making do
- 2) Chipping away
- 3) Breaking the rules

## COUNTERNARRATIVE Achieving the potential of eHealth

Sometimes I have the autonomy and support to address sources of disconnection. But this is mostly within my workplace; when I need to work collaboratively with other organisations, disconnections are ever present.

Figure 1: Health professionals' experiences of interdisciplinary eHealth: The common, overarching plot

#### For more information

**Digital Health & Informatics Network** | eHealth Rehabilitation Team **E** monique.hines@sydney.edu.au | **W** https://dhin.net.au/

