

# CLINICAL INFORMATICS IN AUSTRALIA

## A TEMPERATURE CHECK

In July 2017, we asked our 150-member Clinical Informatics Community of Practice, where we are now and where to next.

While we know this was a small segment of the greater clinical informatics community, their input has provided useful insights for further exploration.



### A little about those who responded



**49%**  
Responded to our call to participate



**51%**  
Work in public hospitals



**33%**  
Have a clinical background

### The EMR haves and have nots



**49%** of respondents were from organisations that already had an EMR in operation

**37%** progressing towards an EMR (in either procurement planning or implementation mode)

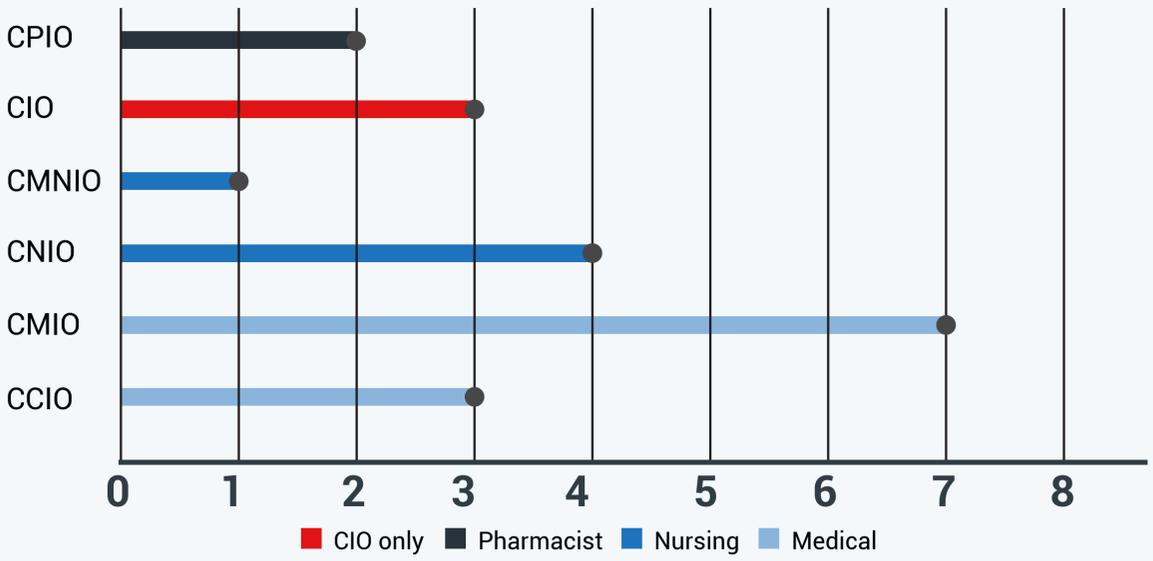
### The CXIO

Not surprisingly--Digital Health is spawning a new member of the C-Suite, the Chief "X" Informatics Officer. But it is still very much the case of the have and have nots, with only 51% of organisations having a CXIO. There was some variation in the clinical discipline of the incumbent which in turn influenced the role title. The most common title was the CMIO.

*What's in a name? That which we call a rose by any other name would smell as sweet.*



### Which types of "CXIO" are employed within organisations?



### The top 3 priorities and risks in the next 12 months

Here are the results for the top 3. Do you agree?

#### Priorities for next 12 months

- 56%** Clinical governance for implementing systems or process changes
- 47%** Clinical informatics education for practising clinicians
- 42%** Interoperability

#### Risks if not addressed in next 12 months

- 58%** Clinical governance for implementing systems or process changes
- 32%** Development of digital health policies and models
- 31%** Clinical informatics education for practising clinicians

### Clinical oversight of the IT function

#### To what extent is there clinical oversight and influence over the IT function and decision-making at your workplace?

If only 20% have primary responsibility and 49% have some responsibility, is there sufficient clinical oversight when the aim of investing in health IT is ultimately to improve patient care?

