Australian Government
Department of Health and Ageing

SECRETARY

Senate Standing Committees on Community Affairs
PO Box 6100
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CANBERRA ACT 2600

Dear Chairperson

Inquiry into Personally Controlled Electronic Health Records Bills 2011

The Department is pleased to provide a submission to the Senate Community Affairs Committee inquiry into the Personally Controlled Electronic Health Records Bill 2011 and Personally Controlled Electronic Health Records (Consequential Amendments) Bill 2011. The submission is attached.

Thank you for the opportunity to contribute to this inquiry.

Yours sincerely

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SENATE COMMUNITY AFFAIRS COMMITTEE

INQUIRY INTO:

PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS BILL 2011

PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL 2011

SUBMISSION OF THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING

JANUARY 2012

1. OVERVIEW

In the 2010 Budget, the Australian Government announced $467 million to establish the personally controlled electronic health record (PCEHR) system. The system is currently being built and is planned to commence operations by 1 July 2012.

The PCEHR system requires legislative support to be implemented and operated. This support will come from the Personally Controlled Electronic Health Records Bill 2011 ('PCEHR Bill') and the Personally Controlled Electronic Health Records (Consequential Amendments) Bill 2011 ('Consequential Bill'). The Bills establish the PCEHR system as set out in the PCEHR Concept of Operations released on 12 September 2011.

The PCEHR system has been designed to establish a national capability to share key health information electronically with the individual to whom it relates and their authorised healthcare providers. The ability to quickly access key health information electronically will help address longstanding problems related to the inadequate availability of information at the point of care. The PCEHR system will contribute to reducing adverse medication events and medical errors as well as increasing efficiencies in the health sector and strengthening person-centred care.

The key features of the PCEHR system design are that it:

- provides for opt-in participation, allowing consumers and entities to self-register;
- provides consumer-controlled access;
- supports self-entered and clinical content which can grow with individual consumer healthcare needs;
- leverages existing systems and programs;
- is complementary to existing information systems and health programs including existing national infrastructure;
- is standards-based, allowing integrated solutions; and
- provides for adoption when entities are ready to connect and use the system.

For consumers and healthcare providers to have confidence in the PCEHR system and the information it contains, the legislative framework provides robust governance and appropriate protections to support safe participation and use of the system. Key elements of the PCEHR Bill would establish the System Operator and its advisory bodies, a registration regime for consumers and participants, a privacy and security framework and associated penalty mechanisms, and the circumstances in which information in the PCEHR system can be collected, used or disclosed by particular parties. The Consequential Bill would make amendments to enable the use of healthcare identifiers and access to some approved Medicare information.

The PCEHR Concept of Operations and Bills are the result of extensive consultation with the states and territories, stakeholders and the community through the release of several papers, drafts and ongoing workshops and targeted meetings. Detailed information about the consultation that has been undertaken is provided at **Attachment 1**. Consultation will continue, informing the development of regulations and rules and the implementation approach.

This submission focuses on the eight issues raised in relation to the PCEHR system in referring the Bills for Senate Committee inquiry:

- privacy issues, breaches and penalties;
- security of information;
- system design, functionality and capability;
- the use of consultants, contractors and tenders in developing the system;
- level of functionality at 1 July 2012;
- continuation of the National E-Health Transition Authority (NEHTA) after June 2012; and
- the products designed, made, tested and certified for use in the PCEHR system.

2. BACKGROUND

2.1 Strategy and health reform

In line with most other developed nations, Australia has been building its capability to collect and record healthcare information in standardised electronic formats over more than a decade. Lessons from e-health implementations internationally are informing current design and planning for PCEHR adoption.

In 2005 the Council of Australian Governments established NEHTA to develop standards and manage the development of systems to support connectivity and interoperability of electronic health information systems across Australia.

In 2008 Australia's health ministers endorsed the National E-Health Strategy which provides the direction and framework for e-health in Australia. The Strategy's vision is to *enable a safer, higher quality, more equitable and sustainable health system for all Australians by transforming the way information is used to plan, manage and deliver healthcare services*.

Underpinning this vision is a recognition that significant improvements in the way that health information is accessed and shared is required if Australia is to maintain a world class health system in the face of rapidly increasing demand and costs.

The National E-Health Strategy and the National Health and Hospitals Reform Commission report of June 2009 both identify an individual electronic health record system as being central to enabling the realisation of many health reform objectives including improved quality, safety, efficiency and equity in healthcare and the long-term sustainability of the health system.

E-health reform, including the PCEHR system, is one of the eight streams of reform under the National Health and Hospitals Network.

2.2 Benefits

The development and operation of the national PCEHR system will provide a range of benefits to healthcare consumers, providers and organisations, and to the Australian economy more broadly. Benefits arise directly from giving consumers and healthcare providers better access to health information, and indirectly by enabling reform of healthcare delivery.

E-health, particularly the PCEHR system, is a key enabler of health reform, supporting system-wide efficiency, effectiveness and safety and quality improvements by enabling genuinely patient-centred care. E-health delivers operational efficiency gains by minimising the need to transcribe medical records reducing the wait for paper records to be delivered and streamlining healthcare information processes, and supports improved healthcare decisions based on updated information.

The PCEHR system will help reduce human and financial costs associated with poor information availability across the health system. Internationally, these benefits have been acknowledged in various reports, including a 2009 Gartner study of electronic health systems in Europe identified thirty-seven opportunities for better use of healthcare resources. Those associated with electronic health records included a 22 per cent gain in clinical staff productivity, a 10 per cent increase in the number of patients seen by general practitioners due to time savings, a 48 per cent reduction in duplicate laboratory tests and a 52 per cent rise in patients with chronic illnesses having documented self management goals.[1]

International evidence indicates that a staged approach to the establishment of electronic health records, as is proposed for the PCEHR system, mitigates risk and leads to a strong sustainable impact for health outcomes.[2]

The benefits of the PCEHR system, in tandem with other e-health systems, will build over a number of years as consumers and providers opt-in to the system. The Australian Institute of Health and Welfare estimates that 10 per cent of hospital admissions are due to adverse drug events and others note up to 18 per cent of medical errors are due to inadequate availability of patient information.

As part of the national PCEHR program, a strong evaluation and monitoring framework is being established to ensure the PCEHR system delivers benefits across the Australian population and is strategically aligned with Government policy and health reform objectives. This framework will also ensure the PCEHR system will meet the changing needs of patients and their health care providers over time.

2.3 Healthcare Identifiers Service

In July 2010 the *Healthcare Identifiers Act 2010* established the Healthcare Identifiers (HI) Service to allocate unique identifier numbers for use in the delivery of healthcare to healthcare consumers, healthcare provider individuals and healthcare provider organisations. Healthcare identifiers are a key building block for the PCEHR system to ensure that clinical information is matched to the right individual.

In its annual report for 2010-11, the HI service operator, Medicare, reported that:

- 24,051,919 individual healthcare identifiers (IHI) had been allocated;
- 528,300 healthcare provider identifiers—individual (HPI-I) had been allocated; and
- 170 healthcare provider identifiers—organisation (HPI-O) had been allocated.

[1] Gartner. eHealth for a healthier Europe – opportunities for a better use of healthcare resources. 2009. Available at <www.se2009.eu>

[2] European Commission Information Society and Media. EHR Impact. Report on the socio-economic impact of interoperable electronic health record (EHR) and e-Prescribing systems in Europe and beyond. October 2009.

The lead e-health sites established as part of the PCEHR program are leading the way in adopting healthcare identifiers and have already adopted over 1.4 million IHIs into clinical systems. This already exceeds the adoption target set for 30 June 2012 and the lead e-health sites are continuing to adopt healthcare identifiers.

3. OVERVIEW OF THE PCEHR SYSTEM

3.1 E-health foundations for PCEHR system

In 2005 the Australian Government and state and territory governments made a commitment to advancing e-health in Australia by establishing NEHTA.

NEHTA has developed and is implementing a number of key foundation e-health standards, specifications and services. By 30 June 2012 NEHTA will have accomplished the following achievements:

(a) HI Service established, enabling the safe use of healthcare identifiers in patient information systems resulting in accurate patient identification and fewer adverse events from incorrectly matched data;

(b) digital certificates from the National Authentication Service for Health (NASH) introduced to ensure secure access by healthcare providers to essential healthcare information such as e-prescriptions;

(c) standard approach to the terminology developed and used in healthcare documents transmitted electronically so that clinicians can rely on the accuracy and consistency of the medical terminology that they receive;

(d) consistent approach to hospital patients' discharge summaries across jurisdictions developed, contributing to improving the efficiency of clinical decision making;

(e) e-prescription specifications implemented, enabling better and safer medications use for consumers across the health sector; and

(f) Australian standards in place enabling software vendors to standardise their secure messaging products.

3.2 PCEHR program

In addition to the e-health foundational elements program, the Australian Government and state and territory governments jointly developed the business case that underpins the PCEHR program's funding by the Australian Government through the 2010 Budget. NEHTA has been closely involved throughout to ensure an integrated and collaborative approach which builds on NEHTA's experience in e-health foundations development, clinical governance, system architecture, stakeholder consultation, project and contract management and national coordination activities.

Leading the PCEHR program is the responsibility of the Department of Health and Ageing. The Department has engaged a number of expert industry delivery partners under contract to provide the services of National Infrastructure Partner, National Change and Adoption Partner and Benefits Evaluation Partner. An External Delivery Assurance Advisor has also been appointed to provide independent advice regarding the PCEHR program's tracking against objectives and milestones. Alongside the national partnership activities, twelve lead e-health sites have been funded to provide an understanding of the implementation opportunities and challenges in real world clinical settings. Further information is provided below at section 4.5. As part of its

governance responsibilities the Department is liaising with inter and intra-governmental organisations on both the PCEHR system's design and implementation, as well as on policy integration with national health reform objectives.

In addition to responsibilities for delivering a clinically robust Concept of Operation and high level architecture for the PCEHR system, NEHTA has been directly engaged as a managing agent for the twelve lead e-health sites and the PCEHR delivery partners.

Jurisdictions have been assessing their possible investments in connecting to the PCEHR system, with relationships to the lead e-health sites as an initial priority.

3.3 PCEHR system

From July 2012 every Australian will be able to register for a PCEHR. As participation is voluntary, uptake will rely on consumer confidence and focused stakeholder change management strategies. As part of their personal-control, individuals will be able to choose whether or not to have a PCEHR, whether to use advanced access controls to determine which healthcare organisations can access their record and to set controls on which health information may be viewed by their authorised healthcare providers.

The PCEHR system will build on the national e-health foundational elements developed by NEHTA (discussed above at section 3.2), including the national HI Service, standards and clinical terminologies and health information security frameworks.

The national PCEHR system will enable key information about an individual's healthcare currently stored across the health system to be accessible online by authorised providers. While summaries of key healthcare events will be available through the PCEHR system, the details of individual medical histories and clinical notes will remain in local healthcare provider information records.

In addition to setting controls for their PCEHR, consumers will be able to view their own information and determine what information they wish to share through their PCEHR. Robust security mechanisms will ensure healthcare provider organisations, healthcare providers and other representatives that access or provide information to an individual's PCEHR are authorised to do so.

For healthcare providers the PCEHR system will enhance their ability to access important healthcare information, improve medication management and avoid duplication of tests and procedures, helping to reduce adverse outcomes for consumers.

3.4 PCEHR Legislative Framework

The PCEHR legislation will apply across Australia in all states and territories and has therefore been developed to work together with existing Australian laws as much as possible.

The PCEHR Bill provides clear privacy protections and clarifies how state and territory privacy laws will apply. It prescribes the circumstances in which registered consumers and entities can collect, use and disclose information in consumers' PCEHRs. It also allows for a range of remedies, including civil penalties, where there is an unauthorised use, collection or disclosure of information in a consumer's PCEHR or where certain actions occur that might compromise the integrity of the PCEHR system.

The *Privacy Act 1988* will generally apply to the PCEHR system in respect of health information in consumers' PCEHRs. Amongst other things, this will allow the Information Commissioner to investigate any interference with privacy. The main area where the provisions of the PCEHR Bill will prevail over the Privacy Act are in relation to the collection, use and disclosure of health information in a consumer's PCEHR.

Existing Commonwealth, state and territory laws will generally remain in force in respect of the PCEHR system. For example, the criminal provisions of the *Criminal Code Act 1995* ('Criminal Code') provide protection from system hacking and the *Healthcare Identifiers Act 2010* provides for criminal penalties for the misuse of healthcare identifiers which will be an integral part of a PCEHR.

A law will be overridden by the PCEHR Bill if it cannot operate concurrently with the PCEHR Bill or would prevent the PCEHR system from operating as designed.

Laws that will specifically **not** be overridden are those that relate to the disclosure of a consumer's identity or confidential information in connection with certain notifiable diseases. Regulations will prescribe these laws to ensure they remain in force.

4. KEY ISSUES IDENTIFIED FOR CONSIDERATION

4.1 Privacy issues

In establishing the PCEHR system it is necessary for the legislation to ensure that PCEHR information flows and uses are authorised at law. It is also important that it accounts for differences in privacy obligations imposed by Commonwealth, state and territory laws.

Under current arrangements privacy obligations differ between bodies depending on whether they are public or private sector, and where they are situated in Australia. In order for information to flow smoothly between all participants in the PCEHR system, all service delivery bodies must be subject to equivalent rules for handling personal information. The legislation will ensure that there is consistency between the rights and obligations of the System Operator (the body administering the PCEHR system) and the repository operators (the bodies holding the health information which is accessed through the PCEHR system).

The Department has also recently finalised a privacy impact assessment conducted on the Concept of Operations (released on 12 September 2011) and the draft legislation. Of the 112 recommendations, 77 were accepted or supported in full, 26 were accepted in principle or in part, and one is under further consideration. Only eight have not been accepted on the basis that the underlying issues were already identified to be addressed through a different approach or the proposals did not fit with proposed PCEHR arrangements. For example, the premise for several of the recommendations

is that consumers should be able to exclude individuals in healthcare provider organisations from accessing their record. However, this is not possible as the PCEHR system is an organisational-based model and this approach would create privacy issues for the employees of these organisations.

The PCEHR Bill leverages existing privacy and health information laws where possible. Instead of overriding existing local privacy laws, the PCEHR Bill will generally allow those existing laws to operate wherever they are not inconsistent with the PCEHR Bill.

Overall, the PCEHR Bill contains some key privacy protections, including:

- the ability for a consumer to control which healthcare provider organisations can access their PCEHR information;
- closely defined limits on the reasons that PCEHR information can be accessed outside of those controls;
- the ability to view an audit trail of all access to a consumer's PCEHR, identified at the organisational level rather than the individual level since privacy protections will apply to the employees of healthcare provider organisations. The System Operator will be able to view audit trails at the individual level;
- penalties and other sanctions for unauthorised viewing of and access to PCEHR records; and
- requirements to report PCEHR data breaches.

Part 4 of the PCEHR Bill sets out the purposes for which information can and cannot be used, collected and disclosed, and allows for the imposition of civil penalties and other sanctions where these provisions are contravened.

4.2 Breaches and penalties

Existing criminal provisions in the Criminal Code together with a robust civil penalty regime in the PCEHR Bill are considered to provide an optimum set of sanctions that will have the ability to punish and deter misuse of the PCEHR system while also encouraging participation.

The rationale for the civil, instead of criminal, penalty regime in the PCEHR Bill reflects the fact that civil penalties for breaches of the PCEHR system have a number of significant advantages over criminal penalties. For example, it is only necessary to prove that a breach occurred on the "balance of probabilities" rather than "beyond reasonable doubt" as required for criminal penalties. As civil penalties are easier to prove, this encourages enforcement of obligations under the PCEHR Bill and thus acts as a significant deterrent to misuse. The availability of civil penalties under the PCEHR Bill does not preclude the possibility that a person may also be criminally liable under existing criminal laws – for example, under the Criminal Code.

The civil pecuniary penalties specified in the PCEHR Bill are the maximum penalty a court may impose on an individual for unauthorised viewing, disclosure, use, etc. of one record in the PCEHR system (a penalty unit is currently defined to mean $110). The maximum penalty for bodies corporate is five times the level for an individual.

The penalties in the PCEHR Bill are set at several different levels to reflect the appropriate consequence for a breach of a particular civil penalty provision.

A person who accesses multiple PCEHRs without authorisation will be subject to multiple penalties. Depending on who accesses a record without authorisation, and how many PCEHRs are accessed, the maximum pecuniary penalty would be based on the multiples of the 120 penalty units for individuals and 600 penalty units for corporations associated with each breach.

The fault elements in the PCEHR penalty provisions relating to accessing records also ensure that participants who inadvertently or mistakenly access a PCEHR do not contravene the provisions. For example, if a healthcare provider accesses a PCEHR by mistake, they will not breach this provision and will not be liable for a civil penalty.

4.3 Security of information

A multi-layered approach will safeguard the PCEHR system, and accordingly the system's Security and Access Framework will incorporate both technical and non-technical controls. These include:

- accurate authentication of users accessing the PCEHR system;
- robust audit trails of use of the PCEHR system and its records, recording all activity on the national e-health infrastructure services and registered repositories. The audit service will identify who has accessed the services, what they accessed, when they accessed it and what authorisation they obtained in order to access it, and audit trails will be accessible by consumers (to see the details of each access of their PCEHR, at an organisational level) and healthcare providers (to see their own activity in an audit trail). The System Operator will be able to view all of the activity at an individual level, enabling investigations to be undertaken where necessary;
- proactive monitoring of access to the PCEHR system to detect suspicious and inappropriate behaviour;
- rigorous security testing, to be conducted both prior to and after commencement of operation of the PCEHR system;
- education and training of users of the system; and
- requirements that all participants and organisations comply with relevant PCEHR system rules, specifications and legal requirements.

Security has been designed to be fit for purpose and to address health and information policy objectives. The objective of the Security and Access Framework is to:

- minimise the risk of unauthorised access to the PCEHR system and the information it contains;
- enable detection of unauthorised information access or modification, and any other breach of information security (including privacy);
- facilitate appropriate response to, and investigation of, any such breaches;
- assure the continued availability of the PCEHR system; and

- provide a means to continually improve security protections (including protection of privacy, confidentiality, integrity and availability).

The completion of the Security and Access Framework is contingent on the assessment of a full range of personal, systems and physical security threats and risks and a layered set of solutions to be implemented to address those threats and risks. The following frameworks will be used as inputs into that assessment process:

- Attorney-General, Protective Security Policy Framework;
- Attorney-General, National Identity Security Strategy;
- Department of Finance and Deregulation, National E-Authentication Framework; and
- NEHTA Security and Access Framework.

Jurisdictions and healthcare provider organisations will be responsible for upgrading their own local practice and clinical management systems in relation to how these interact with the PCEHR system, to comply with the security requirements set out in the PCEHR rules (currently being developed).

4.4 Design, functionality and capability

The PCEHR system will provide the necessary national infrastructure, standards and specifications to enable secure access to an individual's health information drawn from multiple sources. The national PCEHR infrastructure will include an indexing service that can quickly and accurately locate information.

Suppliers of e-health systems will be able to enhance their products and services to conform with the relevant standards and specifications so that healthcare organisations using their systems are able to access the system.

Clinical documents, such as shared health summaries, discharge summaries, event summaries and specialist letters, will be collected from a range of participating organisations and stored within a number of secure repositories in the PCEHR system. A person's PCEHR may also share key health information entered by the individual, such as over-the-counter medications and allergies, and access Medicare information, such as organ donor status, dispensed medications funded under the Pharmaceutical Benefits Scheme, information about healthcare events from an individual's Medicare claiming history and childhood immunisations. A PCEHR can also indicate the location of an individual's advance care directive (if they have one).

Individuals will be able to access their PCEHR online through a consumer portal. While authorised healthcare providers will also be able to access PCEHRs through a provider portal, it is anticipated that most healthcare providers will access the system through a streamlined connection between the provider's clinical system and the national infrastructure.

Consumers will be able to register for a PCEHR online or through assisted channels, such as Medicare shopfronts and phone lines. The online process will be provided through a gateway on the <Australia.gov.au> website.

4.5 Use of consultants, contractors and tenders to develop the system

A national sourcing strategy was implemented for the delivery of the PCEHR program, including engaging partners to provide services to develop and deliver the national infrastructure, change and adoption and benefits evaluation services.

NEHTA was contracted by the Commonwealth as an agent to support the development and manage the delivery of the core system elements and lead sites. NEHTA's responsibilities under the PCEHR program include:

- developing a national infrastructure and information architecture;
- leveraging existing capabilities for the development of standards and system architecture;
- developing the Concept of Operations and high level business requirements;
- acceptance testing of the national infrastructure solutions.

NEHTA, acting as the managing agent for the Commonwealth, is responsible for the three national delivery partners as well as the lead sites (referred to in section 3.2 and discussed below).

In delivering its PCEHR work program, NEHTA leverages its strong international connections gained from networks across the European Union, United Kingdom, Asia, Canada and the United States.

The PCEHR system is being implemented in close consultation with consumers, state and territory governments, industry and healthcare providers. For further information about key consultation activities across the stakeholders, see **Attachment 1**.

Memorandums of Understanding (MOU) are in place with both the Department of Human Services (DHS) and the Department of Veterans' Affairs (DVA) and an MOU with the Office of the Australian Information Commissioner (OAIC) is currently being finalised.

The MOU with DHS provides $34 million in funding to DHS-Medicare to upgrade the HI Service to support PCEHR functions, create interfaces with PCEHR core systems to enable registrations and to allow DHS to manage enquiries, and build a PCEHR-conformant repository to potentially hold Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Australian Childhood Immunisation Register and Australian Organ Donation Register data. The Department will seek to sign a Business Practice Agreement with DHS-Medicare in anticipation of PCEHR operations post 1 July 2012 and for DHS-Medicare to provide ongoing systems enhancements and maintenance.

The MOU with DVA is to support the preparation of their systems for the PCEHR. The MOU also covers the DVA's role as a 'change champion' for the PCEHR system within the Veteran Community and to support PCEHR benefits evaluation through the utilisation of DVA data.

The Department is seeking an MOU with the OAIC to enable it to provide dedicated services in relation to privacy matters involving the PCEHR system.

Additionally work is underway to formalise an arrangement through DHS with the Australian Government Information Management Office (AGIMO**)** to upgrade the <Australia.gov.au> website to interface with the PCEHR system for the purpose of registering PCEHR customers.

4.5.1 National Infrastructure

On 12 August, as the result of an open tender process, Accenture was engaged as the National Infrastructure Partner to design and implement the core components of the PCEHR system, including the hardware and software to support consumer and clinical portals, participation and registration services, and national repositories service.

The purpose of the National Infrastructure Partner is to bring overall implementation know-how and specialist build capability to the PCEHR program.

The National Infrastructure Partner has completed a range of key deliverables required for implementation planning detailed design, and in connection with clinical systems and other system components (such as portals and repositories).

Implementation of the first release of the PCEHR system encompasses two phases:

- release 1a includes capability for sourcing and indexing clinical information and will be ready for testing in early 2012 and available to sites and software vendors for integration testing by March 2012;
- release 1b will include the core participation and registration functionality and will be available by June 2012.

Other key deliverables under development in conjunction with the Department, NEHTA and the other delivery partners relate to planning and design for handover to the System Operator.

The Department, NEHTA and the National Infrastructure Partner are working together with other Australian Government Agencies (including the Department of Human Services and Australian Government Information Management Office) to leverage and streamline existing systems and processes for identification, authentication and registration of consumers and healthcare providers. In addition to the core components being delivered by the National Infrastructure Partner, Department of Human Services—Medicare are providing call centre services, and a national conformant repository for Medicare-sourced data.

4.5.2 Change and Adoption

On 30 June 2011 McKinsey and Company, in a consortium arrangement with PricewaterhouseCoopers, Event Planet, Hill & Knowlton and Australian General Practice Network was engaged through an open tender process as the PCEHR National Change and Adoption Partner.

The purpose of the National Change and Adoption Partner is to develop the national change and adoption strategy, in accordance with requirements determined by the Department, and engage with, leverage and build on the stakeholder engagement mechanism managed by NEHTA.

The National Change and Adoption Partner has so far delivered the following:

- PCEHR key messages and Q&As for healthcare providers have been provided to e-health sites to ensure consistent messaging in relation to the PCEHR system ahead of its July 2012 introduction.
- The Change and Adoption Strategy and the Delivery Plan were delivered in December 2011. These documents will provide the basis of the approach to managing the activities necessary for the uptake of the PCEHR system as well as identify the agreed target areas for change and adoption activities.
- The PCEHR Learning Centre and Call Centre have been launched. The internet-based National Change and Adoption Learning Centre will become the central communications point for sharing important resources such as the National Change and Adoption strategy documents, processes, learning content, communication and events, and for feedback and review as the Delivery Plan is progressively implemented.

The National Change and Adoption Partner is currently developing a number of communication tools and materials which will provide consumers and healthcare providers with information on the PCEHR system, its benefits and how to participate in the PCEHR system.

4.5.3 Benefits and Evaluation

PricewaterhouseCoopers, in a consortium arrangement, was engaged on 6 June 2011 as the PCEHR Benefits and Evaluation Partner, as the result of an open tender process.

The purpose of the Benefits and Evaluation Partner is to develop a national benefits and evaluation framework and subsequent monitoring and evaluation deliverables.

The Benefits and Evaluation Partner has so far achieved the following:

- Consultation with e-health sites and jurisdictions to collect baseline data for benefits measures.
- The benefits and evaluation framework has been delivered with further refinements underway, and the development of the monitoring approach for e-health sites is underway.
- A draft benefits register has been developed with the draft value model (previously referred to as the economic model) structure received by the Department.
- There have been a series of e-health site specific workshops conducted to draft metric profiles and develop a tailored approach to monitoring e-health sites. Further metric profiles and baseline data are due to be delivered in the Site and Analysis Reports for each individual e-health site.

The Benefits and Evaluation Partner is currently finalising the metrics, metadata and dictionary to be used to monitor the benefits of the PCEHR system and will also be developing a PCEHR Value Model which can be used to identify and measure system benefits.

4.5.4 E-health Sites (also known as lead sites)

Adoption of the PCEHR system capabilities by healthcare providers is initially focused on a range of e-health sites. These sites are being used to deploy elements of the e-health infrastructure and standards to inform the national roll-out, demonstrate tangible outcomes and benefits and build stakeholder support and momentum.

Twelve e-health sites have been established as early implementers of different PCEHR system components to deliver benefits and refine standards and approaches ahead of the national infrastructure coming online in 2012. A variety of care models and population cohorts are the focus of individual e-health sites, including mothers and newborns, people with chronic and/or complex conditions care, the elderly and end of life planning.

It is intended that e-health sites will connect to the national system from July 2012. This will include transition of consumers, healthcare providers, hospitals and health software vendors which will have made the work practice changes necessary to use shared health records. This will in turn improve health outcomes, reduce duplicate testing and adverse events from lack of information.

- The first three e-health sites have exceeded their collective target in their recruitment of GP practices. These sites are well advanced in terms of their design and build activities and have matched over 1.1 million individual healthcare identifiers (against a target of 810,000).
- Two sites have commenced recruitment of consumers to participate in the e-health roll-out in their regions.

NEHTA in conjunction with Deloitte has developed an Implementation Transition Strategy which defines the desired strategy for connecting e-health sites and involved jurisdictions (and their associated vendors) to the PCEHR system national infrastructure. E-health sites will use the Implementation Transition Strategy as a guide when developing their individual transition plans to the national PCEHR system.

Together vendors and e-health sites are progressing their build of electronic referrals, discharge summaries, specialist letters and shared health summaries as part of their second software release.

4.6 PCEHR system functionality at 1 July 2012

In the Overview at the beginning of this submission, the key features of the system were identified. Those key features are reflected in the functionality of the PCEHR system, including:

- a capacity for consumers to register and create their individual PCEHR with the support of training material, a call centre and Medicare shopfronts and complaints mechanisms;
- the ability for consumers to use a portal to view the content of their individual PCEHR, set access controls and upload their own information;
- core infrastructure, including repositories, which securely stores health information, disaster recovery systems, an index service that collates the information, an audit service to allow consumers to monitor access to their record and a gateway for information to be uploaded and downloaded;

- an active benefits evaluation and monitoring framework to track and monitor the PCEHR system and, over time, its contribution to quality, safety and health outcomes;
- change and adoption resources, including training and guidance material for providers and consumers, a monitoring plan and adoption strategy and communications material; and
- a governance structure and assurance mechanisms which ensure that the PCEHR program achieves its objectives.

4.7 Continuation of NEHTA after July 2012

The operation of NEHTA has received support from the Australian Government and state and territory governments since 2005. NEHTA is currently funded to 30 June 2012. Health Ministers have considered the ongoing need for NEHTA to ensure that progress in e-health across the Australian health sector continues and have recently indicated publicly that they are strongly committed to the ongoing work of NEHTA.

4.8 Products designed, made, tested, certified for use in the PCEHR system

4.8.1 National Authentication Service for Health (NASH)

The NASH is an Australia wide service that will provide digital credentials that can be used by healthcare providers and their organisations to authenticate themselves for secure e-health communication between organisations.

NEHTA has engaged IBM to design and build the NASH and the service will improve the security of electronic health communications, such as referrals, prescriptions and PCEHRs.

The NASH is being designed in consultation with both clinicians and consumers to ensure that it meets the needs of the Australian health care system. It will support the implementation of robust audit and monitoring processes for both local health provider systems and national e-health services.

IBM is utilising its combined hardware, software and services capabilities to manage the project delivery of the NASH system by 1 July 2012. This includes industry and technology consulting expertise, security and access management technologies and IT infrastructure management services.

The NASH will be built to meet the standards and requirements of the National E-Authentication Framework, the Gatekeeper PKI Framework and the National Smartcard Framework managed by the Australian Government Information Management Office.

Strong engagement in relation to NASH has occurred with the ICT industry. An overall positive response has been received regarding NASH timelines and opportunities for vendor participation in the development of the Software Development Kit.

4.8.2 PCEHR standards and specifications

On 16 November 2011 the PCEHR Specifications and Standards Plan was released and published on the PCEHR Learning Facility at <www.nehta.gov.au>. This Plan provides visibility for industry of the planned development timeframes for all specifications necessary to integrate with or access the PCEHR system. As specifications are finalised they will also be released through the Learning Facility to outline the timeframes and process for the release of the standards for the PCEHR system.

On 17 November 2011 a dedicated vendor portal at <www.vendors.nehta.gov.au> was launched to provide software developers and implementers with easy access to this agreed set of logical and technical specifications to guide enhancement of their systems to connect to the PCEHR system. To coincide with the release of the Plan, the specifications for the event summary document, a key building block of the e-health record, were released and published.

Specifications for other important PCEHR components, including discharge summaries, the Consolidated View and the Call Centre Service, will be released progressively over the coming weeks.

Strict change control processes will be imposed on the NEHTA specifications, providing vendors with certainty and stability similar to what they expect from Standards Australia products. The bulk of the specifications necessary for PCEHR participation will be available to industry by the end of December 2011.

The PCEHR Detailed Requirements are being developed by NEHTA in consultation with the Department and the National Infrastructure Partner.

A Funding Agreement for 2011-12 has been executed between the Department and Standards Australia. A new schedule to the Funding Agreement was agreed with Standards Australia in late November 2011 incorporating the additional work necessary to support the PCEHR Specifications and Standards Plan.

ATTACHMENT 1: CONSULTATION ON THE PCEHR SYSTEM

IEHR Consultations, June 2008

NEHTA conducted two Clinician and Consumer Roundtable sessions in June 2008 as part of the consultation for the then Individual Electronic Health Record (IEHR) service proposal. One in Brisbane (5 & 6 June) with an urban focus and one in Alice Springs (11 & 12 June) discussed issues relating to a rural and remote context. A Peak Body Summit was also held in Canberra (18 June). The Summit presented and validated the key recommendations from the Roundtables in Brisbane and Alice Springs. In total, over 150 people attended the sessions.

Privacy Blueprint, July 2008

NEHTA's Privacy Blueprint for the IEHR service proposal was released for public comment on 3 July 2008. It was distributed to a range of key stakeholders and also published on NEHTA's website. In total 37 submissions were received. Of these, six were submitted in confidence. Copies of the non-confidential submissions were published on NEHTA's website. A report providing a summary and analysis of the key themes emerging from the submissions also outlined the next steps NEHTA proposed to take on privacy and e-health initiatives.

NEHTA Quantitative Survey Report, August 2008

This quantitative survey commissioned by NEHTA was undertaken by UMR Research throughout July 2008. In total 2,700 people were asked their opinion on a number of issues relating to the implementation of an IEHR Service for all Australians. The number of respondents from each state and territory was as follows:

- NSW – 500
- Victoria – 500
- Queensland – 400
- South Australia – 400
- Western Australia – 400
- Tasmania – 300
- Northern Territory – 200

IEHR Consultations, September 2009

NEHTA held a workshop attended by Clinical and Consumer representatives on 18 September 2009 in Sydney to demonstrate the use of potential IEHR service scenarios for future consultation. The workshop (a working discussion rather than a consultation session) provided the opportunity for participants to:

- discuss how the IEHR solution could be demonstrated;
- test ideas and concepts with representatives prior to the commencement of consultation;
- understand and capture key issues and concerns ahead of further public consultation; and
- improve understanding, share ideas and gather feedback on the IEHR service proposal.

Public submissions on National Health and Hospital Reform Commissions Report and draft Primary Health Care Strategy Discussion Paper, 2009

Both of these national draft reports had a significant e-health element. Of the 265 submissions received on the Primary Care Discussion Paper, nearly half provided specific comment on e-health. Public submissions on these reports were analysed as part of the multi-jurisdiction e-health Business Case developed for the consideration of Health Ministers and the Council of Australian Governments in April 2010.

E-Health Conference, November 2010

On 30 November and 1 December 2010, the Department of Health and Ageing conducted the National e-Health Conference in Melbourne. The conference had a specific focus on both the PCEHR system and telehealth; and included both local and international speakers. Over 400 delegates were invited to attend and the keynote sessions were streamed to the public via online facilities. The conference included a number of specific sessions aimed at engaging the community on the PCEHR system.

In the lead up to the Conference, NEHTA conducted a series of 'roundtable' sessions with specific groups, including: consumers, medical providers, nurses, allied health and the ICT industry. The findings of the Conference and lead up roundtables are summarised in the Report of the National E-Health Conference, available on the Department's website: www.yourhealth.gov.au.

Following from the public interest in the Conference, email notifications of significant PCEHR program events and documents released for public comment are provided by the Department to over 1,500 individuals (with over 900 organisations represented).

E-Health Readiness Surveys

Two e-health readiness surveys were commissioned by the Department of Health and Ageing in 2010. The Reports, developed by McKinsey and Co, of the Medical Specialists and Allied Health sectors are available on the Department's website. Further surveys of General Practitioners and Consumers' readiness are currently underway as part of the PCEHR National Change and Adoption work program. It is expected that reports of these surveys will also be released publicly in early 2012.

PCEHR roundtables and discussion forums

In addition to the Leads program (discussed below), the Department has supported NEHTA to convene a number of both topic specific and targeted stakeholder roundtables on the PCEHR program. These have included canvassing of broad consumer groups' opinions as well as specific discussions with, for example, youth, aged care, indigenous and disability sectors. Similarly there have been forums with, for example, nurses, allied health practitioners and practice managers to ascertain specific professional issues related to PCEHR system design and implementation. Additionally there have been several so-called "four cornered" roundtable to determine views across government, consumer, healthcare provider and industry organisations,

E-Health Industry Implementation Group

This group was established in early 2011 by the Department to provide a forum for the vendors to discuss industry specify issues relating to e-health implementation. The group includes members from the Department, Medicare, NEHTA, Australian Information Industry Association, Medical Software Industry Association, Aged Care IT Vendor Association and the Australian Association of Practice Managers. The group meets approximately monthly.

Public consultation of the Concept of Operations

The Concept of Operations, which outlines a high level overview of the PCEHR system approach and design, was made available for public feedback on 12 April 2011 and a total of 165 submissions were made and considered. An analysis

of the feedback has been prepared by Deloitte. The Concept of Operations was finalised and released by Minister Roxon on 12 September 2011.

Submissions by 48 individuals and the following organisations were published:

Palliative Care Victoria
Avant Mutual Group
Consumers Health Forum of Australia
Royal Australian and New Zealand College of Radiologists
Case Health
Speech Pathology Australia
Royal College of Pathologists of Australasia
Medical Technology Association of Australia
Australian Diagnostic Imaging Association
beyondblue
Royal Australian and New Zealand College of Psychiatrists
National Prescribing Service
Kidney Health Australia
Association of Independent Retirees, NSW
Australian Privacy Foundation
Private Health Insurance Ombudsman
Australian Medical Association
National Disability Services
Evado Pty. Ltd.
Consumers e-Health Alliance
Health Information Management Association of Australia
Pharmaceuticals Industry Council
Royal Australasian College of Physicians
MDA National
Positive Life NSW
Rural Doctors Association of Australia
Breast Cancer Network Australia
National Primary Health Care Partnership
Australian Nursing Federation
Australian Federation of AIDS Organisations
Hepatitis Australia
Aged Care Industry IT Council
eB2BCom
Pharmaceutical Society of Australia
ACSQHC Medication Reference Group
National and NSW Councils for Intellectual Disability
IBM Australia
Australasian College of Health Informatics

Hughes Lamarck Pty Limited
The Society of Hospital Pharmacists of Australia
National Coalition of Public Pathology
National Health and Medical Research Council
The Australian and New Zealand Society of Palliative Medicine
Australian Information Industry Association
Australian Privacy Foundation
Royal Australian College of General Practitioners
Vision Australia
Carers Australia
Department of Innovation, Industry, Science and Research
Australasian Society for HIV Medicine
Western Sydney Community Forum
National Rural Health Alliance
Asthma Australia
Integrated Health Systems International Pty Ltd
Dieticians Association of Australia
General Practice South Australia
Australian College of Rural and Remote Medicine
The Royal Australasian College of Medical Administrators
Medical Software Industry Association
Office of the Australian Information Commissioner
Victorian Government
Australian Guardianship and Administration Council
Australian General Practice Network
Palliative Care Australia
Services for Australian Rural and Remote Allied Health
Public Health Association of Australia
Medicines Australia
Royal Children's Hospital
Australian Association of Surgeons
South Australia Health

Legislation issues consultation

A Legislation Issues Paper, which outlined the proposed legislative framework to support the PCEHR system, was released by Minister Roxon on 7 July 2011. A total of 73 submissions were received and considered.

Submissions by 12 individuals and the following organisations were published:

South Eastern Sydney and Illawarra Area Health Service
Australian Guardianship and Administration Council
Royal Children's Hospital

Health Consumers' Council
National Coalition of Public Pathology
State Record Authority of New South Wales
South Australia Health
KinCare
Royal Australian and New Zealand College of Radiologists
National Seniors Australia
Avant Mutual Group
Australian Federation of AIDS Organisations
Royal Australasian College of Surgeons
MDA National
Australian Psychological Society
Royal College of Nursing Australia
Breast Cancer Network of Australia
Australian Institute of Health and Welfare
Office of the Australian Privacy Commissioner
beyondblue
CSC National
Australasian Society for HIV Medicine
Federation of Ethnic Communities' Councils of Australia
Federation of Ethnic Communities' Councils of Australia
Centre for Health Informatics, Australian Institute of Health Innovation, University of New South Wales
Positive Life NSW, HIV/AIDS Legal Centre & Hepatitis NSW
Office of the Information Commissioner (Qld)
Australian Nursing Federation
National and NSW Councils for Intellectual Disability & Australian Association of Developmental Disability Medicine
MSIA
Australian General Practice Network
Queensland Council for Civil Liberties
Medicines Australia
Australian Practice Nurses Association
Australian Institute for Primary Care & Ageing
Aboriginal Health Council of Western Australia
Dietitians Association of Australia
National Association for People Living With HIV/AIDS
Pharmacy Guild of Australia
Australian Privacy Foundation
IBM
Council of Social Services NSW
Royal Australian & New Zealand College of Psychiatrists

ACT Government - Health
Consumers Health Forum of Australia
Services for Australian Rural and Remote Allied Health
Optometrists Association Australia
Australian Health Insurance Association
Health Services Commissioner (Vic)
Health & Community Services Complaints Commissioner of South Australia
Australasian College of Health Informatics
Consumers e-Health Alliance
Royal Australasian College of Physicians
Health Information Management Association of Australia
Royal Australian College of General Practitioners
Australian Medical Association
Office of the Privacy Commissioner NSW

Privacy Impact Assessment
A Privacy Impact Assessment of the PCEHR system was finalised in November 2011. A majority of the 102 recommendations made were accepted wholly or partially and were taken into account as part of the finalisation of the legislation prior to its introduction. This report was released in December 2011.

Draft Legislation consultation
Exposure drafts of the Bills, earlier versions of the Bills that were introduced into the Parliament on 23 November 2011, together with an explanatory companion were released by Minister Roxon on 30 September 2011. A total of 69 submissions were received and considered.

Submissions by 10 individuals and the following organisations were published:

Royal Children's Hospital
Joint submission by Australian Society of Archivists & Records and Information Management Professionals Australasia
Avant Mutual Group
GJS Intellectual Company Australia
Epworth Foundation trading as Epworth Healthcare
Office of the Australian Information Commissioner
State Records Authority of New South Wales
Victorian Government
Australian Medical Association
Aboriginal Health Council of Western Australia
Giesecke & Devrient Australasia Pty Ltd
Australian Nursing Federation
Returned & Services League of Australia
Royal Australasian College of Physicians
Australian Privacy Foundation

Australian Guardianship and Administration Council
Health Consumers Council
Australian Patients Association
National Aboriginal Community Controlled Health Organisation
Royal Australasian College of Surgeons
NSW Council for Intellectual Disability, Australian Association of Development Disability Medicine
NSW Council of Civil Liberties
Australian Dental Association
Australian Association of Pathology Practices
Pharmacy Guild of Australia
MDA National
Medicines Australia
Health Quality and Complaints Commission, Qld
Royal College of Pathologists Australasia
Consumers Health Forum of Australia
Microsoft Australia
South Australia Health
Alfred Health
Aboriginal Medical Services Alliance Northern Territory
Medibank Private
Australian Psychological Society
Australian Osteopathic Association
Royal Australian and New Zealand College of Psychiatrists
National Rural Health Alliance
Insurance Council of Australia

In addition to the specific consultations discussed above there are a number of existing forums being leveraged as part of the ongoing stakeholder engagement on both the PCEHR program and e-health more broadly. These include the following.

NEHTA Reference Group Meetings, July 2010 – Present

In July 2010, the Department of Health and Ageing requested NEHTA to undertake a consultation and engagement activity using its clinical leads and reference group members. Since July 2010, NEHTA has arranged a number of reference group meetings and leveraged the experience and skills in each of its existing groups. Each group has a mix of participants and includes clinical representatives, consumer representatives, state and territory representatives and representatives with other backgrounds. NEHTA also periodically runs a series of roundtable sessions with specific groups, such as consumers, medical providers, nurses, allied health and ICT industry in order to review stakeholder specific issues. NEHTA will continue to run reference group meetings and roundtable sessions throughout the length of the PCEHR Program.

The NEHTA Reference Groups comprise each jurisdiction and a range of organisations that represent Australia's healthcare sector. These organisations are:

Abbott
Aboriginal Medical Services Alliance of the Northern Territory
Aged Care Association Australia Rep
Aged Care IT Vendors Association
Aged Care IT Council
Allied Health Professions Association
Ambulance Victoria
Australian Association of Pathology Practices
Australian Association of Practice Managers Ltd
Australian Centre for Clinical Terminology and Information
Australian Commission of Safety and Quality in Healthcare
Australian Dental Association
Australian Diagnostic Industry Association
Australian General Practice Network
Australian Information Industry Association
Australian Institute of Health and Welfare
Australian Medical Association
BreastScreen Australia
College of Nursing
Consumer Health Forum Australia
GS1 Australia
HCF Australia
Health Informatics Society of Australia and Coalition for Health
Health Information Management Association of Australia Limited
HL7 Systems and Services
Medical Software Industry Association
Medicare
National Coalition of Public Pathologists
National Health Call Centre Network
National Pathology Accreditation Advisory Council
National Prescribing Service
National Rural Health Alliance
Nursing Informatics Australia
Pharmacy Guild of Australia
Pharmaceutical Society of Australia
Private Hospital CIO Forum
Private Hospital CIO Group
Qld Xray
Ramsay Health

Royal Australasian College of Physicians
Royal Australasian College of Surgeons
Royal Australian and New Zealand College of Radiologists
Royal Australian College of General Practitioners
RSL Lifecare
St Vincent's Health Australia
Standards Australia
Terumo Corporation
The Australian Psychological Society
The Royal College of Pathologists Australasia
The Society of Hospital Pharmacists of Australia
University of New South Wales

In addition, a Clinical Leaders team has been assigned to various areas of our work program to provide an important sounding board for the development of our work in real world contexts and to advise on likely issues and appropriate mechanisms for engaging with clinical stakeholders. Clinical Leaders are a select group of practicing clinicians with diverse clinical backgrounds led by Melbourne GP and former Australian Medical Association President, Dr Mukesh Haikerwal AO. The Clinical Leaders team consists of:

Dr David Allen, Specialist - Occupational and Environmental Medicine
Ms Yvonne Allinson, Pharmacist
Dr John Aloizos, GP
Ms Julianne Badenoch, Registered Nurse
Dr Jenny Bartlett, Medical Administration
Dr Ashley Bennett, Radiologist
Dr John Bennett, GP
Dr Sharmila Biswas, GP
Ms Jan Caffney, Practice Manager
Dr Pasqualina Coffey, Hospital Medical Officer
Dr Ben Connell, Ophthalmologist
Pr Martin Culwick, Medical Director
Ms Rachel de Sain, Consumer Group
Dr Peter Del Fante, GP
Dr Emil Djakic, GP
Dr David Evans, Medical Superintendent
Ms Gail Easterbrook, Pharmacist
Ms Marina Fulcher, Practice Manager
Dr Gary Frydman, Specialist Surgeon
Dr Peter Garcia-Webb, Pathologist
Dr Trina Gregory, GP
Dr Mukesh Haikerwal AO
Dr Ralph Hanson, Pediatrician

Dr Neil Hewson, Dentist
Dr Rob Hosking, GP
Dr Charles Howse, GP
Dr Malcolm Ireland, GP
Dr Shane Jackson, Pharmacist
Dr John Kastrissios, GP
Dr Leonie Katekar
Mr Jonathon Kruger, Physiotherapist
Dr Stephen Lew, GP
Dr Tony Lembke, GP
Dr Kean-Seng Lim, GP
Dr Tim Logan, Pharmacist
Dr Trevor Lord, GP
Ms Sue McIndoe, Registered Nurse
Mr Brett McPherson, Practice Manager
Dr Jill Maxwell OAM
Dr Christopher Mitchell, GP
Dr Stewart Morrison, HMO
Dr Didier Palmer, Emergency Physician
Dr Malcolm Pradhan, Specialist GP
Dr Craig Nelson, Nephrology
Ms Patricia O'Hara, Nurse
Dr Chris Pearce, GP
Pr Bernard Pearn-Rowe, GP
Dr Nathan Pinskier, GP
Dr Peter Rischbieth, GP
Dr Beverley Rowbotham
Ms Kim Ryan, Nurse
Mr Malcolm Sandow, Orthopaedic Surgeon
Dr Louise Schaper, Allied Health Professional
Mr Gary Smith, Practice Manager
Ms Elizabeth Stanick, Practice Manager
Dr Stuart Stapleton
Dr David Stokes, Psychologist
Dr Rowan Thomas
Dr Jeff Urquhart, GP
Dr Chris Wagner, GP
Ms Heather Wieland, Consumer Lead
Dr Peter Woodruff, Specialist Surgeon
Dr John Zorbas

Inter-government Committees, September 2010 to Present

The Commonwealth, states and territories have recognised e-health as one of eight key workstreams under the National Health and Hospitals Network. Delivery of the agreed health reform agenda is the responsibility of the Council of Australian Governments' Standing Committee on Health (previously referred to as the Australian Health Ministers' Conference). Administratively, the Australian Health Ministers' Advisory Council (AHMAC) is supported by the National E-Health and Information Principal Committee (NEHIPC). NEHIPC's role is to advise on e-health and information strategies and facilitate collaboration between the Commonwealth, states and territories to implement these strategies. In October 2010 AHMAC agreed that the NEHIPC would have a key role in the governance and implementation of the PCEHR system and agreed that a jurisdictional members' only group of NEHIPC (NEHIPC-JMOG) be established. Since that time NEHIPC and NEHIPC-JMOG have met regularly to support the PCEHR work program.

The role of the NEHIPC subcommittee – the National Health and Information Regulatory Framework (NHIRF) working group – was also expanded at that time to include advising NEHIPC on the national policy and legislative framework for the establishment of the PCEHR system. The NHIRF working group comprises representatives of the Commonwealth, state and territory health departments and has played a critical part in the policy and legislative development for the PCEHR system.

A second NEHIPC subcommittee – the National Health Chief Information Officers Forum (NHCIOF) – with members from the Commonwealth, states and territories, provides an opportunity for consideration of PCEHR system design and implementation issues within the broader e-health context of jurisdictions. NHCIOF also liaises directly with NEHTA to ensure consideration of cross-jurisdiction issues.

Inter-Departmental Committee Meetings, November 2010 to Present

In October 2010 the Commonwealth Steering Committee was established to ensure the Commonwealth's investment in the program is protected and effectively managed and that opportunities for cooperation with other agencies would be identified, providing a whole-of-government strategic oversight for the PCEHR program and ensure its integration with the broader government health reform agenda. Initially, the Committee consisted of senior officers of the Departments of Health and Ageing, Prime Minister and Cabinet, Broadband, Communications and the Digital Economy, Human Services and Finance and Deregulation. Since that time its membership has expanded to include the Departments of Defence and Veterans' Affairs.