



**Inquiry into the provisions of the Personally Controlled
Electronic Health Records Bill 2011 and a related bill**

Submission to the Senate Community Affairs Legislation
Committee

**Dr Adrian Sheen
President
Doctors Action Inc**

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Email: doctorsaction@gmail.com

www.doctorsaction.com.au

- 1 DOCTORS ACTION is an incorporated association whose members are predominantly general practitioners with many years of experience in family medicine
- 2 DOCTORS ACTION notes that medical practice is related to using relevant information and this can be obscured with excess data
- 3 DOCTORS ACTION is concerned about the potential for IT hackers to utilise data from the PCEHR for identity theft
- 4 DOCTORS ACTION notes the closure of Google Health after four years and its failure to identify a desire for patients to have an electronic health record
- 5 DOCTORS ACTION notes the Government proposal for each GP to have a 16 digit identifier, the lack of consultation with GPs about the effect that the PCEHR will have on their consultations, the increased intrusion into the doctor / patient interaction, the cost to GPs incurred by the use of the electronic records and, importantly, clear identification of the benefits that will occur from their use.
- 6 DOCTORS ACTION believes that the costs associated with a PCEHR will be prohibitive. These costs include accurate entry of information which will require ongoing verification
- 7 DOCTORS ACTION maintains that doctors use contextual information for diagnosis, examination and patient management. This is gathered from a structured history. There is no evidence that the use of an electronic record will aid this
- 8 While questioning the benefit of any PCEHR, DOCTORS ACTION is against any concept of an opt – out system for this would lead to the totally unnecessary registration of fit people with no medical problems.
- 9 DOCTORS ACTION is concerned how access to focussed information will be obtained by Allied Health professionals. How access to irrelevant confidential medical history is prevented needs to be explained

10 DOCTORS ACTION is concerned that the legal ramifications of the PCEHR and the implications for doctors. Who “owns” the record, the ability for patients to change the record along with the responsibility for the veracity of the record all need to be clearly explained.

In summary,

Available evidence suggests that, in general, the public does not consider PCEHRs have additional benefit to their health care.

Despite an estimated \$5 billion being already invested in ehealth (*Deloitte Health*) no fundamental advance has been made and o trials have been undertaken to demonstrate a benefit of a PCEHR.

In many instances those with more complicated medical histories already carry a well documented health summary.

The costs / benefit to medical care has not been demonstrated. Until there is clear evidence that the PCEHR has merit, further financing of the proposal should be withdrawn.