

**PRIMARY HEALTH CARE LIMITED**

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Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Secretary

**Health Legislation Amendment (eHealth) Bill 2015**

On behalf of Primary Health Care Ltd I am pleased to make this submission to the Senate Standing Committees on Community Affairs in relation to the Health Legislation Amendment (eHealth) Bill 2015.

Primary Health Care supports improvements in the delivery of patient care, but continues to be concerned with many aspects of the overall *My Health Record* system.

**Security**

The security of patient data is a risk. Creating one data repository significantly increases identity theft risks especially with multiple clinical access points to the data,

For example, each of the over 90,000 medical practitioners in Australia will have an access number and password to the entire *My Health Record* system and, undoubtedly, most will share that access number and password with their office manager, so they can generate a patient file or get information. In addition the 300,000 plus nurses and other health professionals would have access. This demonstrates how easily access to the database can be compromised.

In addition, with the personal data and medical history of every Australia held in one database or repository, the Committee needs to seriously consider the threat to national security from foreign actors, and organised and individual hackers.

**Other issues for the Committee's consideration**

Our other key concerns are outlined as follows:

- The costs of adhering to the *My Health Record* system have not been given appropriate consideration. System changes and medical practice process changes are key areas that have not been fully considered as part of the amendments.
- Duplication of data across multiple systems has not been given full consideration. In the case of a version change to a patient's clinical data there are large questions as to the process and methodologies that would need to be generated to ensure clinicians are accessing the source of truth. If there are questions concerning the relevancy of the data clinicians are likely to order new tests undermining the stated benefits of unnecessary or duplicated investigations.
- Doubt as to the overall value that will be realised by *My Health Record* system, evidence to date shows the spend and value generated as a result of the PCEHR initiative has not increased quality of patient care or streamlined health delivery processes.
- Public opposition to centralised storage and identification of individual's medical history.

- The copyright law changes as a result of the amendments will negatively impact the industry's investment in intellectual property (IP). There will be little incentive for the health industry to invest in this area to obtain better patient outcomes if the IP is commoditised.
- Change management has not been identified as a significant factor in the take-up and use of *My Health Record* system. There are no detailed plans on how the initiative will change clinician behaviour to access *My Health Record* system for patient records, especially when patients can opt out and there is a significant likelihood that a patient's records will not be there.
- The changes to "opt-out" arrangements mean that an individual's data will be placed into *My Health Record* system and patients are likely to be unaware that their data is in a large central repository that can be accessed by providers across Australia and the government
- In the Explanatory Memorandum supporting the amendments for the Bill, page 5, 3<sup>rd</sup> Bullet point states "unnecessary or duplicated investigations (e.g. when a person attends a new provider and their previous test results are not available – 10% of laboratory tests are avoidable through electronic health records<sup>4</sup>)". The footnote 4 referencing research by Health Affairs 2012, McCormick et al indicates that more clinical investigations are often performed rather than less, this reference undermines a key stated benefit rather than supporting it.

Should the Committee require additional information or further explanation of these points we would be happy to assist.

Yours sincerely

 **Peter Gregg**  
Managing Director & CEO