AUSTRALIAN
DOCTORS'
FUND

Submission by the Australian Doctors' Fund to the Standing Committee on Community Affairs Inquiry into the provisions of the Personally Controlled Electronic Health Record (PCEHR) Bill 2011 and a related bill.

"It's important to remember that as doctors our duty is to the patient, not the computer. It's about the doctor/patient relationship, not the doctor/computer relationship. Medical records are important but the needs of computer systems should never come before the needs of patients."
Dr Bruce D Shepherd OAM, Chairman, Australian Doctors' Fund

The Australian Doctors' Fund draws legislators' attention to the following:

1. **Deloitte Health estimates that as of 2008, Australian taxpayers have spent over $5 billion on e-health without any significant results**, *"the amount of dollars invested in e-health by Australian, State and Territory Governments alone over the past 10 years is estimated to be in excess of five billion dollars. Despite this investment Australia has only made marginal progress towards being able to electronically exchange information across different parts of the health sector due to the limited coordination of e-health plans and investments".[1]* The ADF disagrees with the conclusion that the lack of progress described by Deloitte is due to limited coordination.

2. **The development of PCEHR by the UK government has been wound back after repeated failures and growing criticism.** According to UK Health Minister Simon Burns, *"this has been an expensive farce from the beginning."[2]* In May 2011 the UK National Audit Office admitted that large sections of the NHS were withdrawing from the electronic record project which is a key part of a £11.4 billion (A$17 billion) NHS IT project.[3]

3. **Google, one of the world's largest vendors of online services has abandoned its "Google Health" personal health record** due to lack of patient interest in keeping personal medical records.[4] The product which was introduced in 2008 was withdrawn on 1/1/2012.

4. **Despite numerous conferences discussing the development of PCEHR, foundational issues such as the definition of a health record and ownership of the health record have not been resolved,** *"policy makers have discovered that there are many obstacles in developing e-health policies and programs. Some of these have been resolved, others persist, still others are beginning to emerge."[5]*

5. **A foundational principle of IT is that data is not <u>meaningful</u> information. Having exponential amounts of data does not necessarily generate meaningful, actionable information for users.**

---

[1] Deloitte Touche-Tohmatsu, National e-health and Information Principal Committee, National e-health strategy, 30/9/2008, p23
[2] The Guardian, 6/6/2010
[3] BBC news, 18/5/2011
[4] www.technoplus.com, 23/11/2011
[5] Dr Rhonda Jolly, The e-health revolution, easier said than done, Department of Parliamentary Services, Parliamentary Library, Research paper No 3. 17/11/2011

6. **Non-medically trained systems designers often misunderstand the role of patient history in diagnosis and treatment.** In many cases, medical treatment involves acting to assist the patient urgently and completing paperwork at a later more convenient time. Diagnosis involves determining what is relevant and irrelevant from the taking of a current history and the completion of a physical examination.

7. **There is no evidence that a significant group of patients in general are motivated to record a detailed history of their health events**, and are more likely to rely on that function being undertaken by their medical and allied health professionals.

8. **IT systems which are developed in a top down fashion in accordance with political objectives are unlikely to succeed.** Systems developed through a contestable market approach have the advantage of having to prove their usefulness to users in a variety of circumstances and conditions and justify their investment to critical consumers.

9. **The emerging crime of identity theft utilising electronic data is changing public perceptions** about the desirability in general of storing their most sensitive personal information on databases. This will come on top of any conventional privacy concerns arising from the storage of confidential health information.

10. **Expenditure of health dollars on electronic patient records has the opportunity cost of reducing spending in other areas of patient need**. The $5 billion already spent one e-health over the last decade[6] with "*marginal progress*" has not been publicly examined. Even if it were possible to have a PCEHR for every Australian, it may be considered an indulgence when there are so many other unmet needs. An enthusiastic IT consulting industry will always promote the benefits of software development using taxpayer's funds.

Recommendations

The Australian Doctors' Fund believes that legislation concerning the PCEHR should not proceed. Instead the ADF recommends the following approach:

1. Produce a cost benefit analysis of the $5 billion of taxpayer's money Deloitte claims has already been spent (as of 2008) on e-health with only "marginal progress".

2. Investigate why private operators such as Google Health have determined that there is insufficient public demand for a personally controlled electronic health record.

3. Allow public hospitals and all health facilities unrestricted ability to adopt IT systems which they believe will meet their immediate needs in terms of supporting existing clinical pathways and clinical decision making i.e. do not dictate product or process. Allow the most successful systems to be adopted across the health sector.

4. **The ADF opposes conscription of doctors or patients to participate in the PCEHR.**

Stephen Milgate
Executive Director, Australian Doctors' Fund, 20.1.2012

---

[6] Deloitte Touche-Tohmatsu, National e-health and Information Principal Committee, National e-health strategy, 30/9/2008, p23