



Australian Government
Australian Digital Health Agency

19 April 2024

Committee Secretary
Joint Committee of Public Accounts and Audit
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Chair

The Australian Digital Health Agency (the ADHA) thanks the Joint Committee of Public Accounts and Audit (the Committee) for the opportunity to make a submission to the Inquiry into the failed visa privatisation process and the implementation of other public sector IT procurements and projects (The Inquiry).

The ADHA submission outlines its actions and ongoing improvements arising from Report No. 13 of 2019-20 Implementation of the My Health Record System and additional lessons learnt in the management of large IT systems.

The My Health Record system is certified protected, given the nature of the records it holds for Australians, and operates above 99 per cent uptime to ensure that Australians and healthcare providers have secure, reliable, trusted access to health information when and where they need it. As of January 2024, more than 23.7 million Australians had a My Health Record, with over 23 million (more than 98 per cent) of these records, containing data.

Increasingly, digital health tools, including My Health Record, are being recognised as key to overcoming many health system challenges. The value of the system was particularly evident when My Health Record supported the Government's response to the COVID-19 pandemic.

The Auditor-General Report No. 13 of 2019-20 Implementation of the My Health Record System concluded that implementation, risk management and monitoring of My Health Record were effective, largely well managed and appropriate.

The Auditor General made 5 recommendations to improve risk management and evaluation which were agreed by the ADHA and the Department of Health and Aged Care. The ADHA has implemented all the recommendations, including ensuring actions and continuous improvements have been embedded in ADHA ongoing business as usual processes where appropriate. A more detailed chronology of actions and decisions to address the recommendations is at [Appendix A](#). A status overview and ongoing work is summarised below.

- Recommendation 1: Recommendations from the ADHA's Privacy Risk Assessment Report, completed in 2020, have continued to mature and are embedded within the risk management framework for the My Health Record system.

- Recommendation 2: The ADHA delivers a program of activities to support appropriate use of emergency access that includes routine monitoring of usage data, communication with healthcare organisations based on the analysis of data, education and guidance materials and periodic reporting to the ADHA's Audit and Risk Committee.
- Recommendation 3: Security conformance requirements continue to be strengthened to improve the cyber security posture in an evolving risk environment. This has been informed by three rounds of industry feedback submitted by software and healthcare providers. Within legislative constraints, the ADHA is adopting a phased approach to mandating security controls, with consideration given to varying levels of software provider maturity and potential administrative and financial impacts.
- Recommendation 4: The ADHA undertakes quality assurance checks to monitor and promote compliance with requirements under Part 5 and 6 of the My Health Records Rule 2016 and has developed resources to improve participants' understanding of the legislated security requirements. Threat intelligence is routinely deployed to monitor the My Health Record system, including alerts for suspicious activity. In the event of suspicious activity related to healthcare provider systems, the ADHA implements control mechanisms while conducting investigations which may include disconnection from the My Health Record system until a healthcare provider is able to confirm that the underlying security issues have been addressed. The ADHA also works directly with software vendors to address security risks associated with their systems.
- Recommendation 5: The approach to benefits management continues to mature as the My Health Record system (and other ADHA digital solutions) evolve, supporting the ability to track, monitor and report digital health benefits. The ADHA's benefits management framework is currently for internal use and underwent a peer review process in 2023 to ensure quality. Validation processes are currently being performed, including to consider the use of the benefits management framework for reporting against the National Digital Health Strategy.

As the steward of national digital health infrastructure, the ADHA has a sharp focus on delivering digital health products and services that are not only fit-for-purpose but clinically safe, secure and ensure the privacy of Australians. As My Health Record is a frontline clinical support system, maintaining its security and stability is a priority. The Agency's evolving enterprise risk framework has helped better assess and control enterprise risk during procurement activities and this continues to mature.

Since the Auditor-General's Report the Agency has continued to grow and mature the national digital health infrastructure and its operations. This has included progressing from a single vendor to a multiple vendor environment, while at the same time maintaining system security and stability. The ADHA has also matured the approach to monitoring the management of IT systems and evaluating the outcomes of digital health implementation. A Partner Value Index (PVI) has been put in place to measure and manage our and our partners' performance. The PVI provides a view of the Agency's partners and their performance by tracking key performance indicators.

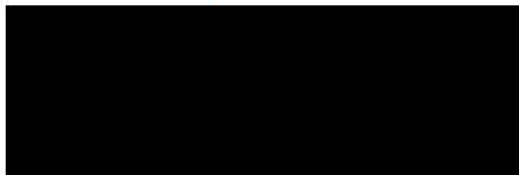
Over time, the Agency has developed program governance structures to oversee significant investments in digital health infrastructure. Lessons learnt from this process include the need for clear program objectives upfront in major infrastructure development and delivery and strong, proactive program governance structures and processes to underpin end to end and integrated procurement and contract management, system management and modernisation.

Whilst the implementation of My Health Record has been successful and the evolving infrastructure, system and vendor environment has been navigated to produce a system that is moving towards being a digital front door for Australians, the ADHA has found challenges with procurement and contract management. A key lesson is the need to enable sufficient planning time for all procurement steps. This was particularly challenging during COVID-19 when the ADHA was tasked with short turnaround upgrades and new capabilities.

In addition, in an increasingly complex delivery environment there is a critical need to build a range of internal specialist capabilities to support system and service interoperability. This is especially important as national health information exchange capabilities are being developed.

The Agency is committed to delivering and supporting digital health services that improve health outcomes for Australians, support the health workforce and enhance system sustainability. As Australians rightly demand better connected health information, safe, trusted digital solutions will be critical to support a future-focused, modern health care system.

Yours sincerely



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Appendix A: Chronology of ADHA audit response

Detailed Timeline of Key Events (based on information provided by ADHA management)

Recommendation 1 - ADHA conduct an end-to-end privacy risk assessment of the operation of the My Health Record system under the opt-out model, including shared risks and mitigation controls, and incorporate the results of this assessment into the risk management framework for the My Health Record system.

Date	Activity/Decision
September 2020	A risk assessment was conducted: <i>Privacy Risk Assessment – My Health Record system</i> with recommendations on the ADHA risk management approach.
September 2021	Remediation of the recommendation included: <ul style="list-style-type: none"> - Changes to key internal documents that highlighted shared risks. - Establishment of a working group to discuss and monitor the progress of shared privacy risk management activities. - Incorporation of shared privacy risks management as an ongoing agenda item in various forums. - Increased training opportunities for healthcare provider organisations to mitigate shared privacy risks.
September 2021	The independent Audit and Risk Committee approved the closure of this recommendation.
February 2022	An independent internal audit was commissioned to review the ADHA's action in response to the 2019 ANAO Performance Audit. Based on the evidence obtained, the audit found that information was in the main reliable and complete to support recommendation closure.

Recommendation 2 - ADHA, with the Department of Health and in consultation with the Information Commissioner, review the adequacy of its approach and procedures for monitoring use of the emergency access function and notifying the Information Commissioner of potential and actual contraventions.

Date	Activity/Decision
February 2021	The My Health Record Compliance Approach was published and the ADHA published an Emergency Access and Compliance Plan. The Plan acknowledges the varying obligations that entities have in ensuring appropriate use of Emergency Access. The ADHA commenced action to provide organisations with details of specific instances of Emergency Access to review the circumstances and identify any situations that may constitute unauthorised access.
September 2021	Remediation of this recommendation included: <ul style="list-style-type: none"> - Creating the ADHA Compliance Framework, based on ADHA-wide consultation. - Plans for an independent review of the compliance framework after one year of operation (Completed June 2022). - In conjunction with the OAIC, online guidance was developed for health care providers.
September 2021	The independent Audit and Risk Committee approved the closure of this recommendation.
February 2022	An independent internal audit was commissioned to review the ADHA's action in response to the 2019 ANAO Performance Audit. Based on the evidence obtained, the audit found that information was in the main reliable and complete to support recommendation closure.

Recommendation 3 - ADHA develop an assurance framework for third party software connecting to the My Health Record system — including clinical software and mobile applications — in accordance with the Information Security Manual.

Date	Activity/Decision
February 2021	The Security Requirements for Connecting Systems were published. The Assurance Framework for Connecting Systems was created which articulates the overarching approach to ensuring third party software conforms to defined requirements.
September 2021	Remediation of this recommendation included: <ul style="list-style-type: none"> - A review into existing conformance requirements for connecting systems. - The identification of additional security requirements for connecting systems. - The development of the overarching Assurance Framework. - The preparation of a standards selection, development, maintenance and management model. It was further stated that a conformance process for the new security requirements for connecting system would commence in December 2021.
September 2021	The independent Audit and Risk Committee approved the closure of this recommendation.
February 2022	An independent internal audit was commissioned to review the ADHA's action in response to the 2019 ANAO Performance Audit. Implementation status of the recommendation was reported as 'complete with further action planned' as activities to assess security conformance requirements were still being developed at the time of audit.
December 2022	As a continuous improvement initiative, the ADHA issued an updated version of the Security Requirements for Connecting Systems seeking industry feedback.
December 2022 to December 2023	The ADHA extensively engaged with industry to afford an opportunity to review and provide feedback on the security conformance profile.
March 2024	An updated security profile is on schedule to be released in Q3, 2024.

Recommendation 4 - ADHA develop, implement and regularly report on a strategy to monitor compliance with mandatory legislated security requirements by registered healthcare provider organisations and contracted service providers.

Date	Activity
February 2021	The My Health Record Compliance Approach was published, providing further detail on how the compliance framework principles may operate in practice within the My Health Record legislative compliance context. It provided further guidance on establishing the approach and activities for assessing compliance by My Health Record system participants, protocol for engaging with non-compliance and better practice approaches improve ADHA objectives. The Security and Access Compliance Plan was published to outline the ADHA's compliance plan in relation to monitoring and promoting compliance with requirements under Part 5 and 6 of the <i>My Health Records Rule 2016</i> .
September 2021	Remediation of the recommendation included: <ul style="list-style-type: none"> - Creating the ADHA Compliance Framework. - Developing a Compliance Plan for legislative security and access requirements.

	<ul style="list-style-type: none"> - Random checks of participants' My Health Record security and access policies. - In conjunction with the Office of the Australian Information Commissioner (OAIC), guidance materials were being developed to promote compliance.
September 2021	The independent Audit and Risk Committee approved closure of this recommendation.
February 2022	An independent internal audit was commissioned to review the ADHA's action in response to the 2019 ANAO Performance Audit. Based on the evidence obtained, the audit found that information was in the main reliable and complete to support recommendation closure.
2024	The ADHA undertakes quality assurance checks in relation to My Health Record security and access policies and has worked with the OAIC to develop a suite of resources for healthcare providers to improve their understanding of and compliance with legislated security requirements. Additionally, the ADHA routinely deploys threat intelligence to monitor the My Health Record system, including alerts for suspicious activity and contacts identified organisations to address security risks and review their security and access policies.

Recommendation 5 - ADHA develop and implement a program evaluation plan for My Health Record, including forward timeframes and sequencing of measurement and evaluation activities across the coming years, and report on the outcomes of benefits evaluation.

Date	Activity
January 2021	Development of the My Health Record benefits evaluation plan and roadmap detailing the approach for tracking, monitoring, reporting and ongoing review of evaluation activities over the next 10 years.
July 2021	Internal implementation of benefits evaluation plan and roadmap.
September 2021	Acceptance of the formal remediation of the recommendation and closure endorsed.
September 2021	The ADHA's independent Audit and Risk Committee approved closure of the recommendation.
February 2022	Internal audit commissioned to review ADHA's action in response to the 2019 ANAO Performance Audit. Implementation status of the recommendation reported as 'complete with further action planned.'
June 2022	Benefits framework updated to identify and monitor social, economic and health benefits aligned to the Quintuple Aim of Healthcare System Improvements.
September 2022	Recommendation was marked as closed in the internal recommendation tracking register.
April 2023	Benefits framework formally renamed Digital Health Benefits Management Framework
May 2023	Digital Health Benefits Management Framework peer-reviewed by internal and external parties.
June 2023	Benefit analytics reviewed and updated with evidence-based data and benefit profiles implemented.
July 2023	Benefits register developed and implemented internally, enabling informal tracking, monitoring, and reporting on benefits.
2024	Work underway to validate metrics and establish formal quarterly and yearly benefits reporting.