

SUBMISSION NO. 16



Australian Government

Department of Health and Ageing

SECRETARY

Senator Catryna Bilyk
Chair
Joint Select Committee on Cyber Safety
Parliament House
CANBERRA ACT 2600

Dear Senator Bilyk

Thank you for your letter of 25 November 2011, to the then Minister for Health and Ageing, the Hon. Nicola Roxon MP, seeking a Department of Health and Ageing submission to the Joint Select Committee on Cyber Safety inquiry into cyber safety for senior Australians.

In 2008, Australia's Health Ministers endorsed the National E-Health Strategy which provides the direction and framework for eHealth 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.*

As electronic health information and health care advice are increasingly delivered over the internet, broadband networks need to be available for all Australians, and need to offer the speed, security and reliability appropriate to support medical consultations and the rapid movement of health information. This connectivity can support a range of health and wellbeing targets including access to health services and health information as well as the enhanced capability to communicate during health emergencies for senior Australians.

The attached submission includes an outline of how the Department of Health and Ageing is addressing potential cyber risks with reference to a multi-layered approach that will safeguard the personally controlled electronic health record system with both technical and non-technical controls, as well as current National Broadband Network and telehealth initiatives being funded by the Government.

Thank you for the opportunity to provide input to this Inquiry.

Yours sincerely

Jane Halton
Secretary

hp February 2012



Australian Government

Department of Health and Ageing

**DEPARTMENT OF HEALTH AND
AGEING**

SUBMISSION TO

**JOINT SELECT COMMITTEE ON
CYBER SAFETY**

**INQUIRY INTO CYBER SAFETY FOR
SENIOR AUSTRALIANS**

Department of Health and Ageing submission to the Select Standing Committee on Cyber Safety inquiry into cyber safety for senior Australians

Overview

Over the next few decades Australia's population will change dramatically. There will be a greater number of senior Australians than at any other time in our history, and people will live longer than ever before. In addition, senior Australians are also the fastest growing user group online, with research indicating that fears about risks to privacy and security prevent many seniors from participating in the digital economy. Recent figures from the Australian Bureau of Statistics show that more than 60 per cent of Australians aged 55 to 64 use the internet, with more than 30 per cent of those over 65 spending time online.

In 2008, Australia's Health Ministers endorsed the National E-Health Strategy which provides the direction and framework for eHealth 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.

The National Digital Strategy, released in May 2011, sets out the government's strategy for progressing its digital economy vision through the eight 'Digital Economy Goals'. The Government's Digital Economy Goal for **Improved health and aged care** is that by 2020:

- As identified in the National E-Health Strategy endorsed by the federal, state and territory governments, 90 per cent of high priority consumers such as older Australians, mothers and babies and those with a chronic disease, or their carers, can access individual electronic health records; and
- Through the government's investment in telehealth, by 2015, 495,000 telehealth consultations will have been delivered providing remote access to specialist services for patients in rural, remote and outer metropolitan areas, and by 2020, 25 per cent of all specialists will be participating in delivering telehealth consultations to remote patients.

As electronic health information and health care advice are increasingly delivered over the internet, broadband networks need to be available for all Australians, and need to offer the speed, security and reliability appropriate to support medical consultations and the rapid movement of health information. This connectivity can support a range of health and wellbeing targets including access to health services and health information as well as the enhanced capability to communicate during health emergencies for senior Australians.

Personally Controlled Electronic Health Record System

In 2010, the Australian Government announced \$467 million to build the personally controlled electronic health record (PCEHR) system. From July 2012, every Australian will be able to register for a PCEHR. Participation is voluntary and individuals will be able to choose whether or not to have a PCEHR.

The purpose of the PCEHR System is to address information fragmentation by allowing a person to more easily access their own health information and make their health information securely accessible to different healthcare providers involved in their care. This will result in:

- improved continuity of care for individuals accessing multiple healthcare providers by enabling key health information to be available where and when it is needed to ensure safe ongoing care;
- access to consolidated information about an individual's medicines, leading to safer and more effective medication management and reductions in avoidable medication-related adverse events;
- enabling individuals to participate more actively in their healthcare through improved access to their health information;
- improved diagnostic and treatment capabilities through enhanced access to health information; and
- improved care coordination for individuals with chronic or complex conditions by enabling the individual's healthcare team to make better informed decisions at the point of care.

In many healthcare situations, quick access to accurate key health information about an individual is not currently possible. The PCEHR system has been designed to address longstanding problems related to the inadequate availability of information at the point of care, including adverse medication events and medical errors.

Limited access to health information at the point of care can result in:

- a greater risk to patient safety;
- increased costs of care and time wasted in collecting or finding information;
- unnecessary or duplicated treatment and diagnostic activities;
- additional pressure on the health workforce; and
- limited participation by individuals in their own healthcare information management.

The legislation underpinning the PCEHR system, which is currently before the Parliament, is designed to provide protection for all who choose to participate in the system. The legislative provisions concerning offences and penalties are designed to promote confidence in the system to encourage participation by members of the whole Australian community.

Implementation will initially focus on people who have the most contact with the health care system. These include people with chronic and complex conditions, older Australians, Aboriginal and Torres Strait Islander peoples, and mothers and their new-born children.

A multi-layered approach will safeguard the PCEHR system with both technical and non-technical controls in place. These include:

- accurate authentication (you are who you say you are, and are authorised to do what you want to do) of users accessing the PCEHR system;
- robust audit trails;
- 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 system rules, specifications and legal requirements.

The design of the PCEHR system, and the legal framework provided by the proposed legislation, enables security and privacy breaches to be detected and prosecuted. The range of penalty provisions includes civil penalty orders, including voluntary enforceable undertakings and injunctions. Criminal proceedings are not precluded by the PCEHR system legislation but, depending on the nature of the offence, would be pursued under the provisions of alternate legislation.

The provisions in the PCEHR system legislation address security and safety risks that could arise with participation. A large number of potential offences are covered in existing legislation and can be applied to offences within the context of the PCEHR system, for example, criminal penalties for cyber crime offences.

The Bills leverage existing privacy and health information laws where possible. Generally the legislation does not override existing local privacy laws but allows existing laws to operate wherever they are not inconsistent with the Bill. Entities not subject to the *Privacy Act 1988* will, in addition to the requirements in the PCEHR Bill, be subject to any local privacy or health information laws and the mechanisms that are available under those laws.

The Bills provide authority to the Australian Information Commissioner to investigate where there has been an unauthorised collection, use or disclosure of health information and data breaches. The Information Commissioner is also authorised to take corrective action including pursuing civil penalties in the courts, or voluntary enforceable undertakings and injunctions.

The key privacy protections in the legislation include:

- the ability for a consumer to control which healthcare provider organisations can access their information;
- closely defined limits on the reasons that information can be accessed outside of those controls;
- the ability to view an audit trail of all access to a consumer's PCEHR;
- penalties and other sanctions for unauthorised viewing of and access to records; and
- requirements to report data breaches.

Communication materials for the PCEHR system will include information to educate consumers and healthcare providers about the privacy components of the system. Registration for the PCEHR will occur through a number of channels including the Australian Government's Australia.gov.au website. This website is designed to provide a single entry point for consumers to access Australian Government services including the services provided by Medicare Australia, Centrelink, and Veterans Services and will provide an avenue for the Government to communicate widely with consumers, including senior Australians who are using the internet to access government services.

The National Broadband Network (NBN) and Telehealth

Telehealth services have been provided for many years; however, the increased capability and reliability of today's technology provide an ever improving framework for individuals and clinicians to provide telehealth services.

From 1 July 2011, the Australian Government has provided Medicare rebates for patients in remote, regional, and outer metropolitan areas, and for aged care residents and patients of eligible Aboriginal Medical Services wherever they are located, who receive private specialist consultations via video conferencing. Rebates are available for clinically relevant support services provided by health professionals (such as GPs, nurses or Aboriginal Health Workers), who are located with the patient during their consultation with remotely located specialists.

Financial incentives are also available to practitioners to encourage them to deliver telehealth services, and recognise that incorporating telehealth into everyday workflows represents a significant change to traditional practice. Residential Aged Care Facilities can also receive financial incentives if their residents receive specialist services using telehealth.

The Australian Government is supporting doctors in making informed choices about telehealth by funding professional medical organisations, such as the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, to provide advice and assistance to their members, including through the Telehealth Support Officers Program. Full details of the initiative are available from <http://www.mbsonline.gov.au/telehealth>

The \$20.6 million *NBN Enabled Telehealth Pilots Program* ('the Program') is a new government initiative in response to the Government's Digital Economy Goal for Improved Health and Aged Care. The Program will provide funding to successful proposals for pilot projects to develop and deliver telehealth services to NBN-enabled homes with a focus on aged, palliative or cancer care services, including advance care planning services. Individuals requiring these types of complex and coordinated care are also the people who will have the most difficulty in accessing timely and appropriate care. By providing better access to health services to homes within NBN early release sites, the Program will investigate and demonstrate opportunities for the extension of telehealth services in the future and the business case for doing so, and will highlight how older Australians can benefit from the use of telehealth services.

The aim of the Program is to develop and trial services which demonstrate how, for example:

- telehealth services can be delivered to the home in new and innovative ways, enabled by the high speed, reliable broadband provided by the NBN;

- health services can become more accessible, in regional, rural, remote and outer metropolitan areas;
- health related transport needs can be reduced;
- consumers can collaborate and communicate with their carers and health service providers to improve quality of care and health outcomes; and
- a reduction in unnecessary hospitalisation can be achieved.

The NBN will provide a platform that allows homes, doctors' surgeries, pharmacies, clinics, aged-care facilities and allied health professionals to connect to an affordable, reliable, high-speed and high-capacity broadband network. This represents a major opportunity to improve the way healthcare is delivered in Australia.

As part of the Invitation to Apply (expected to be released in March 2012), applicants will be required to demonstrate how they see telehealth services being used in emergency situations as well as providing details on how patient security, safety and confidentiality will be protected throughout the project period.

The health service providers will be expected to identify potentially suitable patients for the Program and will need to consider whether patients have sufficient familiarity and skills in the use of information technology or whether training will be required.

Telehealth services in the home can include a consultation with a doctor or other healthcare provider, healthy living support, or the monitoring of vital statistics. This Program will also seek ideas from applicants about the way in which telehealth can be used in the home.

Providing funding for telehealth services in the home may reduce many of the barriers that exist for some people to access healthcare services, such as:

- location (e.g. rural, regional and remote) and the need for travel;
- mobility or health issues; and
- affordability.

Conclusion

The Department of Health and Ageing supports the inquiry to address the challenges and risks that arise from greater digital engagement, particularly for senior Australians, as well as publicly promoting informed discussion on the forward development of the digital economy and the role of digital citizenship.

In regard to the PCEHR system, a multi-layered approach is being taken to address potential cyber risks, using both technical and non-technical controls. While the department does not design programs and systems specifically to deal with cyber security for senior Australians, the framework in which the department operates (for example, in aligning work with existing cybercrime and privacy legislation), ensures that senior Australians can be assured of their cyber security in the ever increasing digital world in which we live. The Department of Health and Ageing is keen to ensure that all Australians, including senior Australians, have access to high quality healthcare services, the provision of which includes the safety and security of digital healthcare information.