

**Australian Medical Association Limited**

**ABN 37 008 426 793**

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604  
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499  
 Website: <http://www.ama.com.au/>



**Transcript:** AMA Vice President Dr Tony Bartone, *Mornings with Ali Clarke*, ABC Radio Adelaide, Tuesday 11 April 2017

**Subjects:** My Health Record

---

**ALI CLARKE:** How private are your medical records? And if you're using the My Health Record system, give me a ring - I'd love to hear from you. That's the Government's computerised record that lists every medicine a patient takes, and records every time you have to head off for a medical appointment or visit.

I'd love to know your experiences of it, because it seems that reports today suggest that your private health records now may be accessed by over half a million people. To find out what has happened, I'd like to say good morning to Tony Bartone, the Vice President of the Australian Medical Association. Good morning, Tony.

**TONY BARTONE:** Good morning.

**ALI CLARKE:** Why was My Health set up in the first place?

**TONY BARTONE:** My Health, the My Health Record, was set up and has been part of an ongoing process for almost the best part of a decade now, to get a robust, functioning, electronic medical health record into the public space to assist clinicians in terms of managing all the information and all the data that is available about patients from very many sources in the health system at a central repository, and to assist in the timely and efficient management of the patient's condition.

**ALI CLARKE:** So that sounds like a great idea, but there's been a lot of trouble trying to get an uptake of this.

**TONY BARTONE:** Essentially that's correct. What's happened is that during the process, perhaps ambition, perhaps goodwill or good intent, has led to many different iterations and different avenues being explored, and features. And clearly, still in 2017, we've had a number of stumbles along the way.

But we are getting so much closer to what is essentially going to be a revolutionary change in the way doctors can access information and clinical data, and share that clinical data with other people who are managing that patient.

**ALI CLARKE:** Well, you're saying we're getting so much closer. How many people would be on My Health Record now, do you know?

**TONY BARTONE:** I can't exactly confirm, but I know the number of people who have got a record is certainly into the many millions now, and that's been a process that's been supported virtually over the last 12 months in particular. We've had these two trial sites that are referenced in the article where, in those sites, in those regions they are - all the people, roughly about a million people there have been given a record, so essentially, they've had to opt out ...

**ALI CLARKE:** [Interrupts] Out of it.

**TONY BARTONE:** They've all been given a record. But around the country, other people can have the opportunity to voluntarily enrol and become part of that. There've been incentives to doctors to try and involve patients, but it's really, at the moment, it's the lack of robust data and the ability to share that data in a timely manner that is really the difficulty.

For example, many hospital networks around the country still can't access or share that information into the Health Record because of their own issues with electronic software and hardware in their own facilities. So it really is still looking at only part of the information. It's almost having one hand tied behind your back, you might say.

And until we've got all medical providers and establishments on the same ability to communicate with the same system, we're still going to be not in a perfect world, and that's where a lot of the issues remain.

It's about giving everybody the ability to interact with the system. It's getting everybody trained and understanding what's required, and it's getting also the sharing of information on protocols that are interchangeable and exchangeable between the various providers, and that's where we're probably still got a bit of work to do.

It means time, it means more resources. But essentially, it's positive steps, but it's still a lot more to do.

**ALI CLARKE:** So we say more resources. This is a \$2.2 billion electronic record. If you have just tuned in to ABC Radio Adelaide, we're talking about the electronic My Health Record. Tony Bartone is the Vice President of the Australian Medical Association, and he's with us at the moment.

Now Tony, with regards to that information sharing that you just touched on, that seems to be the main issue of contention at the moment, because reports are around that because of the change of the way that people started this service - originally, you had to opt out, but now they're setting up in a couple of trial sites, one in the Nepean/Blue Mountains in New South Wales, and the other in Northern Queensland, you could actually - you had to get out of it.

So you chose originally if you wanted to opt in, but now they're going 'well, not enough people are on to this record, so we're going to put you on automatically unless you opt out'. But this has meant, it seems, that private health records now may be accessed by over half a million people. Can you please explain who those people are?

**TONY BARTONE:** These half a million people, 600-odd thousand, are essentially all health professionals, registered health professionals in the country, and essentially the system's been set at a universal access setting level, because that was the default position beforehand.

Now clearly the people, once they're notified that they have a record, they have been given some communication and some brochures to inform them that they can vary that privacy level. But with only 147 or so people having activated that, it means either the message is not getting through or people aren't aware of the sensitivity and the actual availability of their records.

It's an opportune time to reflect on the messaging so far, and to reflect upon the time and the information and the education from a patient's point of view, from a consumer's point of view, in terms of being aware of what's out there and what can be on there and who can access it.

**ALI CLARKE:** So from my understanding, it means that doctors working for insurance companies, or dentists, or optometrists, can access this information.

**TONY BARTONE:** Essentially, any registered health professional can.

[Talkback callers ring in]

**ALI CLARKE:** Tony Bartone, I'll go back to you on that, then. Are you still encouraging people, in your role as Vice President of the Australian Medical Association, to be a part of this?

**TONY BARTONE:** We certainly are encouraging that people look carefully at that because, in a matter of weeks, everyone will have an electronic health record, and any amount of information could be being placed there unaware. And so it's about ensuring that you know that it exists, you know how to activate your privacy settings, and the access that you desire or wish to be sure of.

But it's also about getting out that message that there's still a lot of work to be done, and there's a lot of curating of the medical information as an important concept between patient and doctor, and there's got to be someone at the end of the day who is taking clinical charge of the curation of that information. And that's a time-critical and also laborious process.

As [talkback caller] Dr Danny was saying, it depends on the amount of information, the quality of the medical information, but also - if you can imagine multiple different sources placing information into your electronic health record from different sites - that the timeliness and the synchronicity needs to be looked at. And as I say, the curation of that file is critical, and that's what we're talking about. More resources, both in terms of patient and consumer information and education.

But also in terms of time to spend with your nominated curator, medical curator – most often your GP, who's obviously got the best concept of longitudinal care and idea of your past medical records – to take the time to curate that file into a really robust, valuable document to allow the portability that Dr Danny was talking about, to allow the break glass safety features that Dr Danny was talking about, that would be in terms of an emergency department miles away when you're on holiday. It's about the access to the appropriate information at the appropriate time to ensure the best outcomes for our patients.

**ALI CLARKE:** Well, thank you very much. Dr Tony Bartone, Vice President of the Australian Medical Association.

---

11 April 2017

CONTACT: Maria Hawthorne

02 6270 5478 / 0427 209 753