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Transcript: AMA President, Dr Tony Bartone, ABC Gold Coast, *Drive with Cathy Border*,
 Wednesday, 14 November 2018

Subject: My Health Record

CATHY BORDER: And after a day of the My Health website going into meltdown, the Federal Health Minister Greg Hunt has confirmed the opt-out period for the My Health Record system will be extended. It's because the Senate earlier today voted to extend the opt-out deadline, forcing fierce debate about the scheme's privacy provisions. It will now be the end of January.

Throughout the day, a number of people have called us here at the ABC, telling us they were having issues trying to contact the agency on the phone and online. The Australian Digital Health Agency, the department responsible for the system, issued a statement saying:

“The opt-out website had reduced service between 10:30 and 1:30pm, and call centre waiting times were high during the morning. The Australian Digital Health Agency would like to apologise to the people affected and thank them for their patience. The call centre is working through the backlog of customers who requested a call back. New callers may experience some delays over the next couple of hours and are encouraged to register for the call back service if that occurs.”

Well, what does the Australian Medical Association make of all of this? Tony Bartone is the Association's President. Thank you for your time this afternoon, Tony.

TONY BARTONE: Thank you.

CATHY BORDER: Are you pleased the deadline has been extended?

TONY BARTONE: What I think this now allows is for the legislation and all its various amendments that have been added through the course of the year, including the July/August amendments that were first sought - the insurance that warrant access was now a requirement, a court order to get that access was now a required part of the process, and the hard delete, the option to have a permanent deletion of your record - and then the subsequent amendments that have been agreed to by both parties in terms of protecting and ensuring that the My Health Record could never be commercialised, could not be used or accessed by insurers, and would have the provisions that would further enhance and protect the privacy and security.

All those amendments that have been agreed now and introduced into legislation, and then amendments along the way, have now got the ability to be passed by the House of Representatives when they sit again in a couple of weeks' time - passed, implemented, and now we can get on with the process of ensuring that this important, valuable tool in terms of the delivery and the communication of our health records in a system that is so importantly required for the care of our patients can continue on, because it hasn't been handled well up to now, and needs to proceed to ensure that we don't become a laughing stock when it comes to a very important part of our health service delivery.

CATHY BORDER: Does the AMA want to see more amendments or are you happy with what's been reached now?

TONY BARTONE: If we look at the report of the Inquiry that was just handed down a couple of weeks ago, the first thing the Inquiry said was that the legislation should be passed, number one. Number two, it came out with an additional set of amendments that are proposed by Labor and which have been agreed by the Coalition to further strengthen the privacy and security amendments. We've supported those, we called them on the day they were announced, we called them out as being an additional strengthening of the privacy and security legislation. And it's now at a stage where it needs to progress beyond the debate stage. We need to have that surety that we can go on and implement it, and allow it to mature and fully develop and become the necessary tool that's going to enhance patient outcomes.

CATHY BORDER: Allow it to mature - do I read into that you think there could be further changes made down the track?

TONY BARTONE: Oh look, there's no doubt that the My Health Record as it currently stands is still not the best thing since sliced bread. But it is the best thing available at the moment in this space.

CATHY BORDER: Why the rush though? Why not wait until it ticks every box and is right to go? Why do we need to rush this in?

TONY BARTONE: Well, because this has been going in one way, shape or form for the best part of a decade, and we're clocking up close to \$2 billion worth of investment and time in this project. It's a project that's needed and required and, in terms of the next step, requires the awareness that this system is going to become part of our health service delivery.

There are multiple people ready to develop applications, to develop tools, to develop various other modalities that are going to enhance the Record, in terms of the communication of data between patients and their doctors, between patients and the practice, between various parts of practices. And the My Health Record isn't [audio skip] the actual solution, but it's going to be the enabler for many other things in this space, which are going to enhance communication and the patient service delivery, but also ensure that we reduce duplication of unnecessary tests in the system, avoid unnecessary errors of medication because of poor information handover. These are the things that we've been kicking around along the road for many, many years and not actually implementing a process, a way forward.

CATHY BORDER: Are you worried though, the frustration that a lot of people experienced today - and there's no denying that did happen - are you worried that that could sway more opinions to opting out?

TONY BARTONE: At the end of the day, it's called My Health Record because patients will be able to control and ensure who can or can't see. Now, if a patient doesn't feel comfortable with the security or privacy provisions that have been enhanced significantly and that now have the opportunity to be debated and cleared by the lower house again, following the presumed

amendments being passed in the Senate, if they're not comfortable with that process they can opt-out.

Now there'll be a degree of people that will fall into that category, but what we've been missing now - many, many years now since it's been launched and had various adaptations along the way - we don't have the critical mass of records created with the critical information and data. We still don't have most hospital data on that My Health Record for the ones that have been created. We're only now getting the ability to have the pathology and diagnostic imaging results communicated. And the list goes on.

So it's been a lack of usability, lack of development, lack of other people buying into the process, that's held it back. And so now we've got that opportunity to have it developed and get that head of steam. People will make that decision and if they don't feel comfortable, that's perfectly their right and their option to do so. But as many patients say to me at the moment: "Doc, why wouldn't I want to have my record available for somebody in my journey through the health system if I wasn't able to communicate that information in a timely manner at the time and if it's in a remote location away from the practice?"

CATHY BORDER: Appreciate your insight into this. Thank you for your time.

TONY BARTONE: My pleasure. Have a good night.

CATHY BORDER: You too. Tony Bartone, the Australian Medical Association President joining us.

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