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Transcript: AMA President, Dr Tony Bartone, Sky News, Tuesday 17 July 2018

Subject: My Health Record, Private Health Insurance

ASHLEIGH GILLON: Well, last hour we heard from a cyber expert delivering a pretty strong warning, I think, about the risks associated with the My Health Digital Record. We've learnt today some 20,000 Australians have already chosen to opt-out of this system; they have three months to do so. That 20,000 figure on just the first day of that being an option. Let's bring in Dr Tony Bartone now. He's with us live from Canberra. He's the President of the Australian Medical Association.

Dr Bartone, appreciate your time. We have seen a number of doctors as well on social media explaining they too have concerns about the new digital record. Do you have concerns about the potential for a data breach, and for this information to be misused?

TONY BARTONE: What we need to remember in all of this is that this is a new attempt, or a new system, to try and bring together a lot of information that currently exists in many different parts of the health system into an online, one-repository forum to assist doctors, especially doctors who don't have a relationship with the patient in front of them in an emergency situation or in an unforeseen circumstance, to do the best they can, and with all of the available information that's around in the system about that patient. It's really - no one can guarantee the ultimate security of any system and I'm not an IT security expert. But it's a balance between usability and utility versus all the benefits of having that secure, reliable source of summary of all the health data that can be brought together in the one place in time.

ASHLEIGH GILLON: It certainly does seem that, you know, there are definitely admirable qualities in terms of what this is trying to achieve. It certainly makes a lot of sense. You point out you're not a tech expert. We've heard from a tech expert. What about breaches of a more human nature? It's been reported that these digital records can be accessed by over 12,000 health organisations and up to 900,000 health professionals around the country. Does that mean that any doctor can jump online, perhaps on their laptop at home, and access the information of any Australian, even people that they might not personally be treating? Or are there safeguards to ensure that that access is only on a needs-only basis?

TONY BARTONE: And look, they're very good questions and it's very important that people understand that ultimately no one can just jump online and check on Mr X or Mr Y, unless there's a relationship and an express authority to do that. So that requires levels of information and personal details of the patient that you're treating, and then that patient would have to consent to that whole process. And then, the patient can also have certain levels of access control, and override that. So it will set its own personal security level.

So, really, there are many steps in the process; once you've created that file, the conversation needs to be with the patient about setting the appropriate security levels or protections that are commensurate with your level of risk. And then, understanding that there'll be audit trails. If anyone jumps online which is not authorised, there will be so many alarm bells go off and you'll be notified. Just like if you go into Google from a different source or a different

computer than you normally use, you'll get an alert saying: "is this you, we've just seen you log-in from an unrecognised device", and there's all those alerts.

But just like online banking was a real big ask initially, in terms of accepting that online environment, this is another revolution in some respects about being familiar about the process and understanding that the utility and the better-than-bank-level security that underpins it, commensurate with all the other government organisations including our Tax Office and all the departments along with that, about data which exists in so many different places around the system, are brought together for your own benefit. And it's about that utility.

So you're right, we need to have a conversation with our patients. The usual doctor will obviously have that conversation and usually nine times out of 10, I appease many of the concerns that the patients have. But, it is a personal decision, that's why it's called My HR. The patient will ultimately be able to dial up his or her own security level or security access, and really control who can, where, when, and how? And, also, the patient will be able to mask information that's up there to anybody that they decide. So ultimately the patient will have control.

ASHLEIGH GILLON: And considering that it is the patient that controls that and that the onus seems to be on the patient to increase those security levels, is it a better idea to make it an opt-in system rather than an opt-out system? So, it's only people that actually want to opt-in who can then go on and make those series of decisions?

TONY BARTONE: So the opt-out process was trialled in two locations, in two very large locations last year, and was found to be a very successful trial. And the number of people who opted-out wasn't a significant quantity. And it all comes down to that conversation and that communication with the patient. So, that's why it's a three-month process. Clearly we, as GPs in particular, will have that primary role of having that discussion with the patient. But there will be opportunities, and clearly the media over the last two days has really highlighted the level of concern that's out there in the community, and it's important that we share the information appropriately and accurately.

ASHLEIGH GILLON: Dr Bartone, private health insurance companies are hoping to get access to the data in the My Health Record system. At this stage, the Government isn't going for that idea, they don't think that's appropriate. Do you think that private health insurance companies should be given that access? They're arguing that the data would help them offer people a broader range of health interventions.

TONY BARTONE: Let's be very clear: the access and the people that can access that, with the permission of the patient, is a very defined set of treating health professionals, including obviously the medical profession in that first instance, so absolutely not. I don't believe that, really, private health insurance do have an appropriate role to play here, unless obviously the patient wants to share particular parts of his or her file, or his or her journey with their insurer. But clearly, it's about ensuring ... Australians take their security and take their privacy very, very importantly, very robustly, and we respect that privacy. And we would really have concerns about opening up that level of access unnecessarily.

ASHLEIGH GILLON: Just on private health insurance, yesterday Bill Shorten indicated that smaller funds will likely be exempt from Labor's policy to cap private health care premium rises. Is that a good move? Do you think that is something that will help more consumers and clients of private health insurance?

TONY BARTONE: We need to be very clear on this point. When it comes to private health insurance, we need a system that works, that delivers affordability and value, and choice of doctor, hospital, and time to the Australian community. Anything which puts at risk, either the value or the affordability or the offering to Australians, and thereby increases their opt-out of private health insurance, will put pressure on the public system. So, in terms of being very restrictive of the premium increases in an environment where we know medical inflation is significantly higher than CPI, and putting a strict ceiling on the rises without the opportunity to actually reflect on what's being offered, is potentially putting at risk the sustainability of a private health system, which does so much to take the burden off the public system.

We need a robust private health system to relieve pressures. Fifty-three per cent of all elective surgery occurs in a private health facility. Therefore, if that was to suddenly rebound on the public system, access and waiting periods would blow out considerably. So, we need to really be sure that we're providing an opportunity to provide value and affordability to the Australian public.

ASHLEIGH GILLON: Dr Tony Bartone, the AMA President, I appreciate you joining us with your thoughts this afternoon. Thank you so much.

TONY BARTONE: My pleasure, thank you very much.

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