

**MINISTER FOR HEALTH AND AGED CARE
SUSSAN LEY**

**HEALTH INFORMATICS CONFERENCE (HIC) 2016:
Health Informatics Society of Australia (HISA)
MELBOURNE**

Monday 25 JULY 2016 4.00 p.m.

E&OE...

Acknowledgements

Dr Pradeep Philip - Chair, HIC 2016 and CEO of LaunchVIC

Dr David Hansen – Chair of HISA and CEO, The Australian E-Health Research Centre

Distinguished speakers and guests

I am very pleased to again attend this HISA (pronounced High-zar) conference.

This is a premium event for everyone in the rapidly expanding Australian health informatics and digital health community.

In the year since the last HIC conference, the Australian Government has achieved a lot in this space. I'm not just pleased I am excited by how much progress we have made.

I am privileged to be continuing as Health Minister in the government which is re-booting and revamping the digital health system to make it work for everyone.

I'm proud to be part of the Government's push to move health, along with other parts of our economy, into the 21st century.

This is the age of information technology. It's helping to make our lives better in so many areas – it's beyond time for us to let digital technology help us to better health.

We are well on our way now... But we still have much to do in terms of gathering, analysing, sharing and acting on health information and data.

It will be a game changer. It will enable us as health consumers to become more active in managing our health, and will provide coherent links between the multiple services that so many of us now need.

And at the local, regional, national and global levels, will enable much improved monitoring and analysis of population health and trends.

HISA has long recognised this and promoted this message – you have led the way.

Like most of you, I am quite passionate about harnessing the potential of this technology to support and benefit the health of Australians.

The last time I was here I told you about some of the important work that the Government was planning in the My Health Record space.

We've done what we promised. Finally, we are on track to have a really functional, national system for consumers to electronically manage and share their health information with their healthcare providers.

Many of you provided input into the review into of the Personally Controlled Electronic Health Record system. And we listened.

We have supported all of the recommendations and have already adopted most of them to substantially improve the system.

We provided the funding for the changes and to continue to operate the system.

We've changed the name.

The Personally Controlled Electronic Health Record, or the PCEHR which some of you pronounced as the "pecker", is now simply My Health Record. It's a lot easier to say, a lot more consumer friendly. It is what it says.

There have been many changes to the My Health Record system to improve the usability. The most recent work allows the system to work in a mobile friendly way, and it works with all smartphones and tablets.

Last year I announced that we would put the power in the hands of health consumers to decide who or what services they can share their My Health Record information with.

I'm pleased to now announce that in late June 2016, the My Health Record was established as a mobile accessible platform. This allows app developers to get on with the innovation to turn this data into useful advice and information for consumers and healthcare providers.

The APIs to support app developers connecting to the My Health Record to access and upload information is now available.

This is a great first step in the open innovation space that we need to do more of.

Consumers, Clinicians, Connectivity, Community – the theme for this conference – is a good summary of what My Health Record is all about.

In any one week, one in three Australian GPs will see a patient for whom they have little or no health information at all. More than one in five GPs faces this situation every day.

With My Health Record, any healthcare provider finding themselves in this situation will have access to at least some information about their patient.

This is the national system that we need, underpinned by strict privacy regulations and access controls in the hands of the consumer.

It will empower health consumers, inform clinicians and connect our often fragmented health system for patients.

More Australians and more doctors are now using the system, and we still need more to reach a critical mass.

My Health Record Participation Trials

Four trials are currently underway in different parts of Australia on ways to increase consumer and provider participation, and the value of sharing health information.

The trials will run until the end of October 2016. They will then be assessed by an independent evaluator.

Obviously, I will be very interested in the results. The trials will provide the evidence base on which the Government can make the next big decisions on My Health Record.

I expect that to happen in the first half of next year (2017).

Two of the trials, one in Northern Queensland and the other in the Nepean Blue Mountains area of NSW, are trialling opt-out participation.

People living in these regions had a My Health Record automatically created for them, unless they told us they didn't want one and opted out.

The results were very clear.

Just 1.9 per cent of eligible people across both regions – less than one in 50 – chose to opt out.

That's in line with international experience so it is not a surprise but still very valuable information.

It means that the two trials have resulted in more than 970,000 newly registered My Health Records.

All of the people who got My Health Records through the trials had the opportunity to access their record and add their personal information.

They also set access controls and could elect to receive SMS or email notifications when their My Health Record is accessed by a healthcare provider.

These new My Health Records have been available to their registered healthcare providers since mid July.

I look forward to the results of these trials which are expected to show how the providers engage with and use the My Health Record system.

Two other trials are using different approaches to encourage individuals and healthcare providers to use My Health Record under the current opt-in arrangements.

In Victoria, all patients admitted to Ballarat Hospital are offered assistance to register for a My Health Record. If they agree, their discharge summary is uploaded to their My Health Record when they leave hospital.

GPs and other healthcare providers around Ballarat have been contacted and made aware that the discharge summaries are available on their patients' My Health Record.

The Western Australia trial is targeted to chronically ill patients and their healthcare providers.

General practices participating in the trial are prompted to register their chronically ill patients for a My Health Record when they establish or maintain care plans for them in chronic disease management software. The software is accessible to all providers involved in the co-ordinated care.

The trial also provides My Health Record functionality to healthcare professionals who would otherwise have been unable to access the system because they didn't have the right software, or their practice was not registered with My Health Record.

Having doctors and other health professionals using and gaining value from the system is where the real benefits will be realised.

For this reason, earlier this year I made changes to the Practice Incentives Program eHealth Incentive - ePIP – which provides payments to general practices for continuing to adopt and use eHealth.

Since 2012 the ePIP Incentive has been given to GPs to become “My Health Record ready”.

We need more than that from general practice now.

From May to July 2016 general practices will only receive the ePIP payment if they upload a certain number of Shared Health Summaries to their patients' My Health Records.

It's not a big ask – an average of about five Shared Health Summaries per full-time GP, per quarter.

The Government has also communicated directly to GPs about My Health Record; we have provided online self-paced training, and the 31 Primary Health Networks across Australia are providing training and support to GPs in how to use the system.

I'm very pleased to report that this combined approach is working.

In April this year, around 2,000 patient summaries were being uploaded by doctors each week.

Now, in the week ending July 17, it was over 16,000 uploads.

That's real progress.

We have also established the Australian Digital Health Agency, which began operations at the start of this month (1 July 2016). It's chaired by Jim Birch AM – I understand he'll be addressing you on Wednesday.

The Agency is governed by a Board with membership comprising a broad range of skills reflecting the health community.

It is a statutory authority, and is funded by and reports to state and territory Health Ministers through the COAG Health Council.

The Agency draws together activities and resources from NEHTA [National eHealth Transition Authority] and from within my department.

While the department remains responsible for national digital health policy the Agency provides a single, transparent and streamlined governance arrangement for national digital health strategy and operations.

It has a whole-of- system, integrated and strategic approach to digital health services, a focus on clinical quality and safety, and real engagement and collaboration with consumers, healthcare providers and industry.

The Agency will continue to develop the national technical and data standards, and set and promote clear principles for interoperability and open source development.

It's leading the next stages of consultation to finalise the National Digital Health Strategy – setting out the shared vision for digital health innovation to drive better healthcare delivery and outcomes over the next three years.

In the short to medium term, priorities for the Agency include enabling secure point to point messaging between all healthcare providers, increasing use of My Health Record in public and private hospitals, and upload of pathology and diagnostic imaging reports for patients to their record.

The Agency will be establishing an open innovation capability which will level the playing field for technologists and innovators. This will build on the early work done to make the My Health Record accessible, and will draw on partnering arrangements with other open innovation platforms supported by the Government.

It will also be involved closely with the trial and implementation of Health Care Homes – a crucial element in the Government's reforms to primary health care.

Primary health care reform

Health Care Homes will improve co-ordination, management and support for people with chronic conditions.

The concept is not new – it's known in the US as the Medical Home or Patient Centred Medical Home.

Health Care Homes will initially be trialled over two years in seven Primary Health Network regions across Australia, starting in July next year.

Up to 200 general practices and Aboriginal Medical Services and up to 65,000 patients will take part. Expressions of interest from practices in the trial regions will be taken later this year.

The trial will be limited to Medicare-eligible patients with two or more complex or chronic conditions. The GP practice they choose as their Health Care Home will tailor care packages for them and simplify the process of managing their varied health needs.

The aim is to provide better, coordinated patient management – to keep them healthy and out of hospital.

My Health Record will be essential to the operation of Health Care Homes.

It will be a key connector – allowing the patient and all members of the patient's health care team to work in constant consultation with each other and to easily share information on medications, treatments, allergies, care plans and so on.

Being able to see the clinical decisions of other healthcare providers will mean better diagnosis and treatment decisions, better care for patients, and will support patients to take greater control of their own health.

The use of My Health Record in the operation of Health Care Homes is a good example of the synergy between better use of digital technology and better health care.

It will reduce frustrating duplication of tests and treatments, make the whole system more efficient and help patients to learn more about their health.

With over 3.9 million Australians now having a My Health Record, we will also see these benefits increasingly through other digital innovations and services – such as remote health monitoring, telehealth, and medication management technologies.

Conclusion

Embracing digital technology and primary care reform will put Australia on the path to better health.

How we receive our health care and monitor its success will continue to evolve with new initiatives, technologies and digital services.

Innovation will continue at a fast pace.

The Australian Government is working to ensure that our health system becomes digitally enabled and connected, and can continue to keep up with technological advances.

The Australian Digital Health Agency will work with the public and private sectors to deliver new complementary products and services to leverage off the national digital health infrastructure.

Today we are embracing mobile technology, apps, and trackers.

Tomorrow it could be artificial intelligence, precision medicines, tailored and personalised technologies as well as implantables.

It's all very exciting.

I look forward to engaging with you more and learning more about the news from HIC 2016 as it unfolds.

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