

Implementation of Australia's PCEHR system reviewed

At the end of 2013, the Federal Minister for Health announced a panel review into Australia's Personally Controlled Electronic Health Record ('PCEHR') system to consider implementation and uptake issues. The subsequent report, made public in May 2014, puts forward 38 recommendations to address the issues identified, which includes the recommendation that the PCEHR system should be transitioned to an opt-out model. Michael Morris and Phil O'Sullivan of Allens assess the review panel's recommendations and the Federal Government's impending response.

The Personally Controlled Electronic Health Record ('PCEHR') system in Australia was commissioned in July 2012 to support the implementation of a national eHealth strategy. The PCEHR system allows individuals (health consumers) to manage and access their electronic health record ('EHR'), and healthcare providers and hospitals to electronically view and share certain health records.

Implemented as an opt-in system, health consumer and healthcare provider participation in the PCEHR to date has been limited. As at June 2014, about 1.66 million Australians had registered to use the PCEHR system (approximately 8% of Australia's population)¹.

Government review

On 3 November 2013, the Federal Minister for Health announced a three member panel review into the PCEHR system to consider implementation and uptake issues. Announcing the review, the Minister identified in particular that the PCEHR system "has failed to attract enough doctors to participate in the project."²

The review panel's report was not publically released until 19 May 2014 (the 'Report'). Although the review panel reported 'overwhelming support' in Australia for implementing a consistent EHR, the review panel considered that plateaued levels of utilisation of the PCEHR system was most likely the consequence of identified issues around usability and clinical value.

In the Report, there is a noticeable tension between retaining personal control of EHRs versus (at the other end of the scale) a clinical need for complete, unedited, EHRs.

The Report recommends key actions be taken in addressing identified implementation issues (governance, clinical usability concerns and limited health consumer uptake) to realise potential benefits of the PCEHR system sooner.

Implementation issues

Those identified include:

- limited levels of health consumer and healthcare provider participation;
- the opt-in design of the PCEHR;
- limited availability of clinically usable (reliable and complete) electronic health information;
- perceived imbalances between patient control and clinical confidence in accuracy of electronic health information;
- residual privacy and security issues in relation to the electronic sharing of personal information; and
- inadequacy of existing PCEHR system governance.

Key review recommendations

These include the following:

1. The PCEHR system should be transitioned to an opt-out model
- Underpinning this

recommendation is a view that uptake in health consumer usage of the PCEHR system will strengthen the system's value to healthcare providers and hospitals (thus increasing participation by these stakeholders).

As a pre-condition to the 1 January 2015 target date, the integration of an initial composite of records would be created for every health consumer (which must initially include a recommended minimum data set of medical information). Clear standards for compliance for healthcare providers are also recommended to be put in place.

For health consumers who do not opt-out of the proposed PCEHR opt-out system, it is recommended that there will be instances of assumptions of standing consent in dealing with their electronic health information.

2. Flagging health consumer restriction/removal of EHRs

Health consumers are presently given control of their PCEHR and the option to hide, limit, remove or restrict access to information held within it. An individual's EHR under the PCEHR system is therefore not necessarily a complete health record from a healthcare provider's perspective.

As identified earlier, there is an obvious tension between a health consumer's interest in actively participating and managing their own EHR and the need for healthcare providers to access reliable and trusted sources of clinical information (medico-legal and insurance issues being key concerns identified in the Report).

The review panel recommended that health consumers maintain the ability to remove or restrict documents linked to their PCEHR, but that a flag should be set to indicate such removal/restriction to health practitioners who have

authored or uploaded the affected document. This could, according to the panel, be used to identify any health consumer document restriction/removal and facilitate a discussion on clinical impact between the healthcare provider viewing a flag and the consumer.

3. Making governance changes

The review panel recommended a number of governance changes to the PCEHR system intended to address, at least in part, concerns about health industry/stakeholder confidence in the existing governance structure.

A perceived centralist approach under the existing governance structure was identified by the review panel as reducing confidence in private sector investment in product development and evolution of the PCEHR system, thereby potentially reducing private sector participation. The Report identifies a need for balance between public and private sector involvement in providing secure and available software solutions to health industry and healthcare consumers.

A key governance recommendation in the Report is that the National E-Health Transition Authority ('NEHTA') should be dissolved and replaced by the proposed 'Australian Commission for Electronic Health ('ACeH')' (established as a Statutory Authority), reporting directly to a Standing Council on Health. The review panel expressed a view that the composition of the board of NEHTA was appropriate during the early development phase of the PCEHR system but that the board membership has not changed to match the role expansion that has since occurred (i.e. the role of securing sufficient health consumer/healthcare provider participation in

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implementing the PCEHR system).

The panel also recommended that the ACeH would have responsibility for development and execution of eHealth strategies in Australia (not just strategy responsibility for PCEHR) and that the ACeH be supported by four new key sub-committees in a revised governance structure.

4. Clarifying the supplementary nature of the PCEHR system

The review panel recommended clarifying that the PCEHR is a supplementary source of information that may but does not always need to be used by health clinicians (expressing a view that healthcare providers are not legally compelled to open and use a PCEHR). This recommendation impacts the future strategy approaches to the PCEHR system overall as well as specific medico-legal and insurance concerns expressed in the Report regarding healthcare provider use of the PCEHR system.

5. Decentralising electronic health information

The review panel recommended updating the PCEHR system strategy to actively enable decentralisation of electronic health information across multiple health repositories. This approach envisages the PCEHR system acting not only as data repository but also as an information exchange (the role of third party repositories will require particular attention).

No official response (yet)

No time frame has been set by the Federal Government for its official response. In this year's Federal Budget, the Government allocated AUD \$140.6 million dollars to the PCEHR System and to support other eHealth measures (this has been widely reported in Australia

as funding provided to keep the PCEHR system running for at least the next twelve months, while the Government considers its response to the review panel's report and recommendations)¹. NEHTA continues to work on the PCEHR system. Recently, it was announced that one of the review panel members has been appointed as the new chair of NEHTA.

What's next?

Anticipating a Government response within the next few months - watch this space. The Report is indicative of a PCEHR system in Australia still in the early stages of implementation. We will know more about the immediate priorities to address implementation issues from the Government response. Until then, the areas of focus for those involved in implementation of the PCEHR system appear to be:

- reducing barriers to health consumer and healthcare provider adoption/utilisation; and
- improving data quality, reliability and security including by developing and ensuring compliance with appropriate standards (a significant body of work which may later require legislative amendment to implement change).

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1. Commonwealth, Proof Committee Hansard Estimates, Senate, 2 June 2014, 117.
2. <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2013-dutton010.htm?OpenDocument&yr=2013&month=11>
3. <http://www.health.gov.au/internet/main/publishing.nsf/Content/PCEHR-Review>
4. <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2014-dutton038.htm?OpenDocument&yr=2014&month=05>