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SUSPEND E-HEALTH CHANGES UNTIL SYSTEM FIXED - AMA

The AMA is calling for a moratorium on changes that will penalise general practices thousands of dollars if they do not upload patient health summaries to the My Health Record system, with less than a quarter of practices indicating they will be able to comply with new rules introduced earlier this year to the Practice Incentives Program (PIP).

The AMA has written to Health Minister Sussan Ley and Shadow Health Minister Catherine King urging them to commit to a suspension of rules that came into effect last month, under which practices that fail to upload shared health summaries for at least 0.5 per cent of their standardised whole patient equivalent each quarter are not eligible for payment under the newly-branded PIP Digital Health Incentive.

An AMA survey of medical practices found that just 24 per cent considered themselves able to comply with the requirement, while 39.5 per cent said they were unable to, and 36 per cent were unsure. Those that could not comply estimated it would cost them, on average, \$23,400 a year in lost PIP incentive payments.

AMA President, Dr Michael Gannon, said the rule was grossly unfair and premature because the My Health Record system was still a work in progress and had substantial flaws that compromised its clinical usefulness.

“The AMA has strongly backed the introduction of a national e-health record because of the real benefits it could provide for patient care,” Dr Gannon said.

“But the My Health Record system is plagued with shortcomings that need to be fixed before the Government tries to foist it on patients and practices.”

Of those practices unable to meet the new eligibility requirement, around a third estimated it would cost them up to \$15,000 a year in lost incentives, 29 per cent reported it would cost them up to \$30,000 a year, almost 20 per cent forecast an annual loss of up to \$45,000 and 12 per cent put the annual cost at up to \$60,000.

Dr Gannon said this amounted to a significant financial blow to practices already struggling under the burden of the Medicare rebate freeze.

“The extension of the rebate freeze has already pushed many practices to the financial brink, and the last thing they need is to have thousands more ripped away from them because of a flawed process to introduce a national e-health record system,” he said. “The Health Department should call a halt to the process until its gets the My Health Record system sorted out.”

The Health Department has pushed ahead with the new eligibility requirements even though trials of My Health Record’s opt-out arrangements are not due to commence until mid-July, and numerous issues affecting the extent to which doctors can rely on the record are yet to be resolved.

“The Government and Opposition should commit to holding off until the trials have been run and the system’s flaws have been addressed,” Dr Gannon said.

The AMA told the Department last year that fundamental issues with the design of the My Health Record system, including incomplete and hidden information and a lack of take-up among consumers, had to be fully resolved before any moves were made to link its use to PIP payments.

The reluctance of patients and the medical profession to use the system has been underlined by official figures showing by April just 798 health providers had uploaded a shared health summary.

The AMA survey, which was conducted last month and involved 658 practices across the country, reinforces the consistent advice that the AMA has provided to the Department and the Government.

Those practices that said that they would not be able to comply with the new rules had multiple concerns about the technology, including:

- that My Health Record was not a reliable source of clinical information for GPs (65.1 per cent);
- there was no demand from patients (66.7 per cent);
- there was no financial support for the extra work involved in preparing and uploading shared health summaries (67.5 per cent);
- there were unresolved issues regarding the security of the My Health Record system (61.5 per cent); and
- other health providers are not using the My Health Record and GPs see little value in using it (61.3 per cent).

Dr Gannon said the proposed moratorium should, at the very least, extend to include the conclusion of the opt-out trials, so that the lessons learned during that process could be applied.

He warned that rushing ahead with the My Health Record and linking it to PIP incentives risked undermining the support of the medical profession.

“Adopting the proposed moratorium is essential,” Dr Gannon said. “Otherwise, the Department may undermine support for My Health Record within general practice and do long-term damage to the goodwill of GPs, which is essential if a national e-health system is to be successfully rolled out.”

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