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Transcript: AMA President, Dr Tony Bartone, ABC Radio Melbourne, *Breakfast with Jacinta Parsons and Sami Shah*, Monday 16 July 2018

Subject: My Health Record

JACINTA PARSONS: Now, today, Sami, is the first day - and you can do it for the next three months - you can opt-out of your My Health Record, you've got three months in which you can do that.

To give us a bit of insight into the My Health Record and why you might want to opt-out or absolutely remain in, Tony Bartone is the National President of the AMA. Good morning, Tony.

TONY BARTONE: Good morning, Jacinta.

JACINTA PARSONS: Just give us a really- a broad stroke on the My Health Record and what it is.

TONY BARTONE: So, the My Health Record is an attempt to put in one place, in one repository you would call it online, all of a summary of your medical records as they currently would exist at this point in time, usually curated or administered by a central doctor that you nominate, and that you have the ability to control what goes up and what stays there and what is visible, and to which part of the health service that information is visible. But it's an attempt to just put everything together in the one place that currently exists in many different places across the health system in a disaggregated way, you would say.

SAMI SHAH: So, how would this affect just the average person? They go to the doctor, they go to the GP, they walk in, will there be any difference between their interaction from now on?

TONY BARTONE: Absolutely not. Most of what would go on would happen seamlessly in the background once the initial consent period occurs, and in terms of formulating your own security settings and then formulating your control that you- and any additional security settings that you put on there in terms of who can access and see any part of your health record that you nominate. So, you can set your settings low or you can select your settings really high, saying that really only I want my family doctor and anyone else in an emergency situation, which is tightly controlled, being able to view my file. But otherwise it would be the same interaction, you go to your doctor, you have your consultation and the thing is happening seamlessly in the background in terms of any summary that is uploaded to this repository or in terms of any communication back into your doctor's surgery.

JACINTA PARSONS: People have been highlighting security concerns with this. And I think potentially it's a reasonable thing to raise, as the Government hasn't had the greatest track record in security with online. What are your feelings about that?

TONY BARTONE: So, this is a really important question and a concern that obviously needs to be taken seriously. Privacy of medical records is absolutely paramount in every phase and every part of our health system. We take it for granted but we really do take that responsibility seriously. But, of course, that security risk exists now in terms of hospitals with your data now or pathology services that have your data you know, so there's a lot of

information that's stored in a disaggregated way around the system. So, each of those points are equally vulnerable to any security risks that people might have concerns. So, if we look at our online banking, for example - and I'm no security expert, let me be very frank about that - but we're told that My Health Record is built along the lines of better than bank level security. So, we all now barely blink at the concept of doing all of our transactions online and it's in that kind of sort of context. If we make it too secure, if we make it too foolproof, we reduce the utility of the situation.

And remember this is a concept that's actually going to save lives. For example, if someone was unconscious in an emergency department on the other side of the country, well, there's an opportunity to- and you've got a My Health Record, it can be viewed in an emergency situation, give important clinical details about medications you're on or previous allergies or previous situations. So, we need to sort of balance the risk of our own privacy versus the risk of not knowing information and having duplication of medications miscommunication. And people complain about the fact that we're not connected, we still rely on faxes to receive a lot of our communication between hospitals and the surgery, we rely on letters in the post about appointments for hospital outpatients...

SAMI SHAH: So, today is- for example, today begins the start of the opt-out period, where people have three months to opt-out starting from today if they choose to do so. The AMA - which you're the national president of - is supporting the My Health Record but have you personally even considered for a moment the possibility of opting-out or why people might want to opt-out?

TONY BARTONE: We all are individuals and we all have different levels of appetite when it comes to security and concern and information. So, today starts the process of discussion. And patients will obviously have that opportunity over the next three months to consider and they will talk to their doctor, their trusted health professional, and they will probably say, "what do you say, doc, do you think I should or shouldn't?" And really it is in that sort of context because really it's an opportunity to understand the situation and make an informed decision. And that's probably the most important part of this opt-out period is understanding what is actually going on and being- knowing that you can be in charge of your health records and the ability to allow access to people that you nominate along the process.

JACINTA PARSONS: We understand the terms that we're opting-in, I suppose, at the moment and it does sound like we have a lot of control of the security and actually who gets to see our records. How sure can we be, though, that this will be the case five, 10 years down the track depending on which governments are in play, and what their decisions are around that information?

TONY BARTONE: So, there's a couple of important things to say around that. Firstly, in terms of the aggregation or the secondary use of data in terms of a de-identified manner, there are really strict regulations and legislation around that. So, that's an important point to really note. And really that any change to that would require a change to legislation, which is obviously driven by the will of the people. So, that's most unlikely that that would occur. In terms of access to commercial organisations, that's strictly forbidden, that's an absolute no-go zone. And any breaches of that privacy, any breaches of those regulations are punishable by really quite hefty significant penalties and fines. So [indistinct]...

SAMI SHAH: So, that includes insurance companies...

TONY BARTONE: Absolutely.

SAMI SHAH: ...Because we're getting a lot of messages asking that.

TONY BARTONE: Yep, absolutely. So, that is a specific example of who has no access to your data and will have no ability to view that. Now, that doesn't preclude an insurance company asking you for permission to see or asking for a copy, that's a different question. But in terms of that data being available to the insurance company without your permission, absolutely not.

JACINTA PARSONS: It's really interesting. We'll hear a lot more about this over the coming months, especially over the next three months when we have the option to opt-out of the My Health Record. Thanks so much for joining us this morning.

TONY BARTONE: My pleasure, thank you.

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