



**Australian
Privacy
Foundation**

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Addendum to the APF feedback about the Draft Concept of Operations (ConOps): Relating to the introduction of a Personally Controlled Electronic Health Record (PCEHR) system. (May 30 2011)

5 June 2011

The Australian Privacy Foundation (APF) is the country's leading privacy advocacy organisation. I write as Chair of the Health Sub Committee of the APF.

Thank you for extending the consultation period for submissions about the “the Draft Concept of Operations (ConOps): relating to the introduction of a Personally Controlled Electronic Health Record (PCEHR) system”. We refer to an article published in the Australian newspaper “PCEHR technical details to be released” on Friday June 3 2011 and provide the following addendum to APF feedback (Section 1 and Section 2) about the draft ConOps document (1).

Section 1

Last week, the Australian newspaper reported on comments from National E-Health Transition Authority (NEHTA) chief executive Peter Fleming to suggest funding would be needed beyond 2012. NEHTA staff understand they will be required for “the long term”, and in about two months, the board will review the business case for the funding (1). The draft ConOps does not outline system deliverables due by July 2012. The APF believe it is important for health authorities to outline in the ConOps the actual deliverables that will be funded by their investment of the \$467 million in the PCEHR system.

Section 2

4. National Repository Service

The community should be able to understand the precise nature of the National Repository Service (NRS) and the way it will function to improve their health in the context of the PCEHR system. At a recent Roundtable

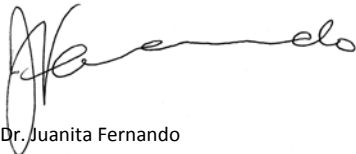
meeting in Melbourne, the APF was advised the NRS will index information from conformant repositories around the country (potentially tens of thousands) to inform the PCEHR system and that it will also house unnamed records with no other logical “home” (2). Mr Fleming recently suggested the NRS will be an indexing service so that clinicians or patients can obtain specific information (1). We are bewildered by various descriptions of the NRS, including the descriptions outlined in the draft ConOps text or embedded in illustrations. **The APF believes that, for the integrity of the ConOps process, it is mandatory that the exact nature and function of the NRS be clarified before the next iteration of the ConOps in order to inform community trust in national e-health frameworks.**

15. The IHI

When the APF attended a consumer roundtable meeting held in Melbourne earlier this year we were advised by health authorities that the IHI had not been used in a “live” environment due to concerns about patient safety (3). Mr Fleming is quoted in the recent newspaper report as saying that Tasmania has gone “live” with its IHI implementation in the acute care sector. Logically, we assume that concerns about the use of an IHI in the context of patient safety have been resolved over the last few months. However, neither we nor any other NGO to our knowledge has received relevant information on how concerns were/are being managed. **The APF maintains that information about the application of the IHI to patient safety should be made publicly available to resolve community concerns about the number.**

We are glad to contribute this addendum to our submission on the draft ConOps for a PCEHR system.

Yours sincerely



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<http://www.privacy.org.au/About/Contacts.html>

REFERENCES

1. Dearne, K. “PCEHR details soon to be released.” the Australian IT June 3 2011 <http://www.theaustralian.com.au/australian-it/government/pcehr-technical-details-to-be-released/story-fn4htb9o-1226068848051>
2. Consumer and Clinician Roundtable, NEHTA, Melbourne, May 25 2011.
3. Consumer Roundtable, NEHTA, Melbourne, February 9 2011