



Personally Controlled Electronic
Health Record System Operator

Annual Report

1 July 2012 to 30 June 2013



Australian Government

Department of Health and Ageing



eHealth

The Personally
Controlled eHealth
Record System



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Machinery of Government Changes

On 18 September 2013 the Prime Minister announced changes to the 'Machinery of Government'. The Hon Peter Dutton MP became Minister for Health, with responsibility also for mental health, and Minister for Sport. Senator the Hon Fiona Nash became Assistant Minister for Health.

A key change to the Department of Health and Ageing was the Department's name change to the Department of Health.

This document reports on the Personally Controlled Electronic Health Record System Operator activities during 2012-13. It is based on the Department of Health and Ageing's structure as at 30 June 2013.

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1. Executive summary

The personally controlled electronic health (eHealth) record system commenced operation on 1 July 2012 and provides secure, national infrastructure to support a shared electronic health record which can be viewed by patients and their authorised healthcare providers.

The PCEHR can include information on medications, allergies, Medicare Benefit and Pharmaceutical Benefit claims data, organ donation status, location of advance care directives, emergency contacts, and for children – immunisations and early development. Patients can keep a private health diary through the PCEHR if they wish. A child development mobile app is also available.

Clinicians in healthcare organisations involved in a person's care can upload, view and download clinical documents including:

- Shared Health Summary – including medications, diagnosis and treatments
- Event summary – to record a particular visit, diagnosis or treatment
- Discharge summary – from hospitals including medications
- Specialist letter – recording medications, treatments
- Referral – including details required by the specialist
- Prescription and medication dispense record – from pharmacies.

Privacy and security features include audit trails of access to the record, ability for consumers to create access controls, requirements for digital signing of clinical documents, and a multi-layered ICT system of firewalls, gateways and portals to ensure only authorised users can access the system.

During the year, 397,742 people registered for an eHealth record. 58% of these were assisted to register by healthcare providers, with the remainder registering online, by phone, mail or face-to-face. Healthcare provider organisations have been able to register since August 2012 and 4,310 organisations were registered during the year.

Over 6,000 clinical records, 2,328 prescriptions and dispense records and around 29.5 million Medicare held records have been uploaded to patient's records in the system.



Jane Halton

Personally Controlled Electronic Health Record System Operator

2. Introduction

1 July 2012 to 30 June 2013 was the first year of operations for the personally controlled electronic health record system.

On 1 July 2012 the personally controlled electronic health record system, referred to as the eHealth record system, went live. Since that time the eHealth record system has expanded to allow other entities to participate in the system.

2.1 The eHealth record system

The eHealth record system is a national system that enables people to share their health information with their healthcare providers, while enabling the person to control who can access their eHealth record. Its objectives are to provide access to people's health information to help overcome the fragmentation of health information, improve the availability and quality of health information, and improve the coordination and quality of healthcare provided to patients by different healthcare providers.

An eHealth record is an electronic summary of a person's key health information. A person and their authorised healthcare provider organisations can access it online whenever and wherever it is needed for providing healthcare to the person. An eHealth record will grow to contain a summary of a person's key healthcare events and activities, including medical history, allergies and medications.

Governance

The eHealth record System Operator is the Secretary of the Department of Health and Ageing (DoHA). The System Operator works with a range of agencies and organisations to deliver the eHealth record system. Many of the System Operator's functions are delivered by Accenture, contracted by the System Operator as the eHealth record system's National Infrastructure Operator (NIO), and the Chief Executive Medicare, Department of Human Services (DHS).

In performing functions the System Operator must have regard to the advice and recommendations given by the Jurisdictional Advisory Committee and the Independent Advisory Council. These committees ensure that the operation of the system reflects key expertise and the involvement of states, territories and key stakeholders.

The eHealth record system framework is found in legislation, contracts and agreements.

Legislation and delegations

The *Personally Controlled Electronic Health Records Act 2012* (PCEHR Act) commenced on 29 June 2012 and establishes the legal framework for the eHealth record system. The PCEHR Act prescribes the circumstances in which an entity can use information in the eHealth record system. The operational detail of the system is contained in the PCEHR Rules and regulations. The Minister must consult with the Ministerial Council before amendments to the PCEHR Act are proposed and before PCEHR Regulations are made. The Minister must consult with the Independent Advisory Council and Jurisdictional Advisory Committee before making any PCEHR Rules.

The System Operator has delegated several of her functions to certain officers of DoHA and the Chief Executive Medicare, DHS, who has sub-delegated her delegations to certain DHS officers.

The *Healthcare Identifiers Act 2010* and the *Healthcare Identifiers Regulations 2010* provide a key foundation to the eHealth record system by establishing the Healthcare Identifiers Service – a national system for uniquely identifying individuals, healthcare provider organisations and individual healthcare providers. The Healthcare Identifiers Service is operated by DHS.

Contracts and agreements

The *Memorandum of Understanding in Relation to Developing an Effective National Partnership EHealth Capability* between the Commonwealth, states and territories, which commenced on 25 June 2013 and will expire on 30 June 2014, deals with national eHealth capability, eHealth governance and funding for eHealth activities.

Contracts, agreements and memoranda of understanding have been entered into with:

- Accenture, as the National Infrastructure Operator, and DHS to provide the day to day operation and management of the eHealth record system
- the National E-Health Transition Authority (NEHTA) to provide services including implementation of standards and specifications for information exchange, management of clinical and standards reference groups, and clinical safety assurance
- the Office of the Australian Information Commissioner (OAIC), the Department of Veterans' Affairs (DVA) and the Australian Commission on Safety and Quality in Health Care to support their roles in the delivery of the eHealth record system.

2.2 Year in review – a summary

Five system releases were undertaken in 2012-13 which provided additional functionality to the eHealth record system as well as enhancements of existing functionality and measures to enhance clinical safety.

There were no reported occurrences compromising the integrity or security of the eHealth record system.

In 2012-13 the eHealth record System Operator:

- registered 397,742 people
- registered 4,310 healthcare provider organisations
- registered two repository operators.

A total of 29,552,833 records were uploaded to the eHealth record system.

People accessed their eHealth records via the consumer portal 275,780 times. Healthcare providers, via their clinical information systems, viewed records in the eHealth record system 5,583 times and uploaded records to the eHealth record system 7,894 times. Healthcare providers used the provider portal to access the eHealth record system 838 times.

3. Operation of the eHealth record system

DoHA is responsible for delivering the eHealth record system to Australians and other people seeking healthcare in Australia.

Overseen and managed by DoHA, the day to day operation of the eHealth record system is undertaken primarily by NIO and DHS. NIO is contracted to provide a range of infrastructure services including operating and maintaining the infrastructure and developing enhancements and functionalities, and providing system integration services. DHS provides registration and enquiry services to consumers and other participants through telephone, face-to-face, online and mail. DoHA resolves complex enquiries and ensures compliance and security.

3.1 Policies and processes

DoHA is responsible for policy that supports the operation of the eHealth record system. A collection of policies, which continue to be developed and reviewed, are available to staff undertaking duties to which the policies relate, including officers of DHS.

These policies were developed in consultation with NIO, DHS, NEHTA and affected stakeholder representatives as appropriate.

Information derived from these policies is gradually being included at www.eHealth.gov.au where it will be of value to the public.

Guidance material for the public, healthcare providers and other participants is also available on the website. Material includes guidance on what the system is, how to register and how to use the system.

3.2 Registration

Registration in the eHealth record system is entirely voluntary.

Part 3 of the PCEHR Act provides for consumers, healthcare provider organisations, repository operators, portal operators and contracted service providers to register to participate in the eHealth record system. If a person chooses to register as any of these entities, they must meet eligibility criteria and make an application to the System Operator. The System Operator is not required to register a person or entity if registration would compromise the security or integrity of the eHealth record system.

The System Operator may subsequently decide to cancel, suspend or vary the registration of a person or entity at their request or for a range of other reasons, including in relation to the security and integrity of the system.

Registration of people

A person is eligible to be registered if they have been assigned a healthcare identifier and they have provided suitable proof of their identity to the System Operator.

People can apply to register for an eHealth record in five different ways: phone (PCEHR Helpline on 1800 723 471); face-to-face at DHS service centres; mail; online (www.ehealth.gov.au); and via assisted registration by healthcare provider organisations.

Adults and minors from the age of 14 can apply to register themselves. A parent or a person with parental responsibility (or other legal authority) can apply to register a child up to the age of 18 by providing evidence of their parental responsibility.

A person can apply to register an adult who is not capable of making decisions for himself or herself by providing evidence of their legal (or other) authority to act on behalf of that person.

In 2012-13 the System Operator registered 397,742 people for an eHealth record and, of those, 290 were cancelled and three were suspended.

Table 1: Registration by channel

This graph identifies the number and percentage of people registered via each channel.

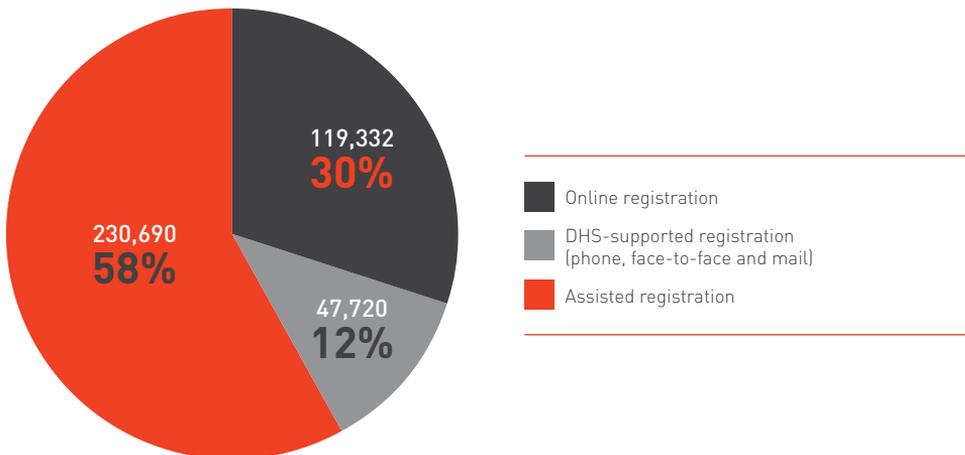
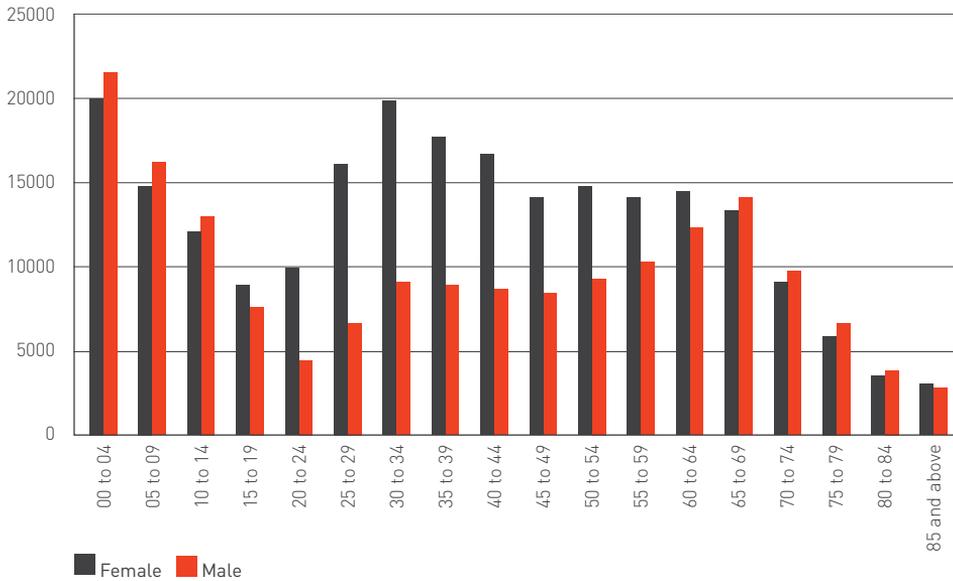


Table 2: Registration by age group and gender

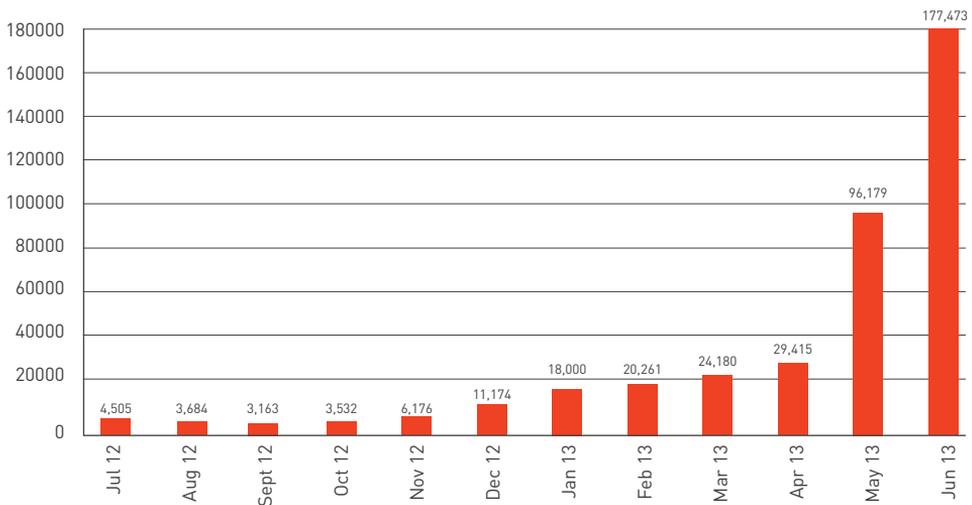
This chart indicates the gender and age group of the people registered.



In 2012-13 PCEHR registrations comprised 57% females and 43% males. From the ages 0 to 19 registrations were comparable between males and females, however between 20 and 39 twice as many females than males registered.

Table 3: Registration by month

This graph indicates the number of people registered per month.



Registration of healthcare provider organisations

Registration enables health professionals and other authorised personnel in a healthcare provider organisation to access and update eHealth records, subject to the person's controls, for the purpose of providing healthcare to the individual.

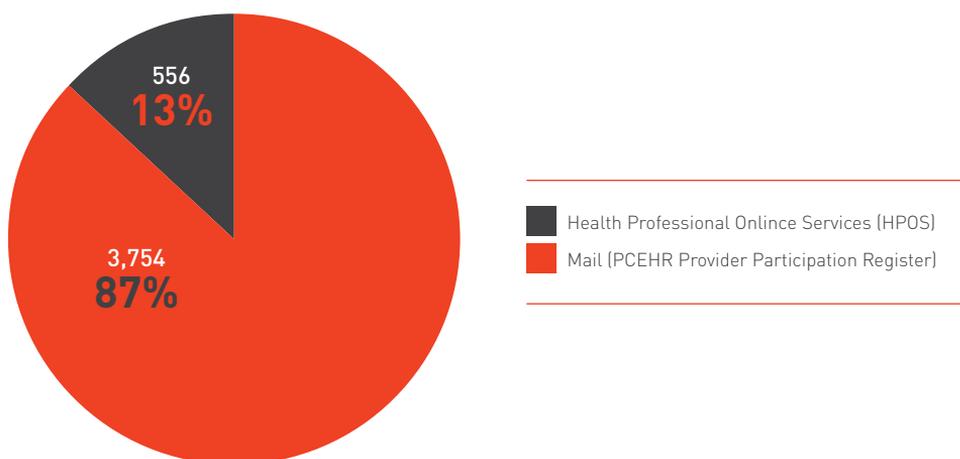
Registration occurs at an organisation level which means that the organisation, not each individual healthcare provider, registers to participate in the eHealth record system. Organisations can apply to register in two different ways: mail/fax; and online through the Health Professional Online Services.

A healthcare provider organisation is eligible to be registered if they have been assigned a healthcare identifier, they comply with the PCEHR Rules and they agree to conditions imposed by the System Operator. The organisation must also enter into a participation agreement with the System Operator to be and remain registered. Among other things, the agreement sets out obligations in relation to uploading information to the eHealth record system and intellectual property arrangements to ensure that in using the eHealth record system healthcare providers do not breach each other's intellectual property rights.

In 2012-13 the System Operator registered 4,310 healthcare provider organisations. Of those registrations ten have been cancelled. No registrations were suspended.

Table 4: Healthcare provider organisation registration by channel

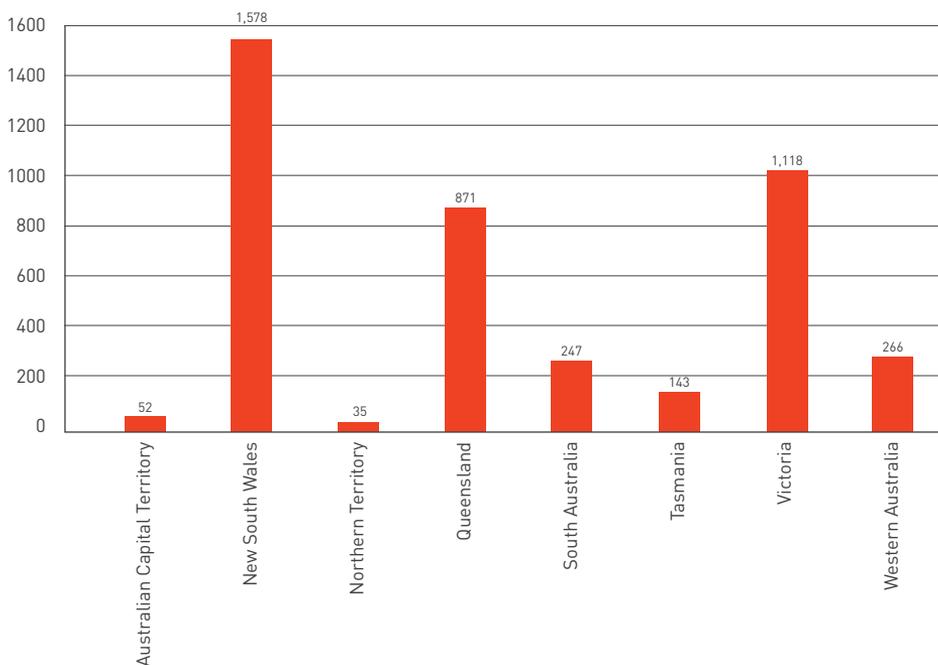
This graph identifies the number of healthcare provider organisations registered via each channel, noting that the Health Professional Online Services channel became available in April 2013.



The healthcare provider organisations that have been registered represent a range of healthcare services, including general practice, hospitals, aged care, dental, chiropractic and osteopathic, optometry and optical, physiotherapy and pharmacy services.

Table 5: Healthcare provider organisation registration by state

This graph identifies the number of healthcare provider organisations registered by state and territory.



Registration of repository operators

The eHealth record system can draw upon information held in repositories around Australia, operated by a mix of private and public sector organisations.

A repository operator is eligible to be registered if it complies with the PCEHR Rules, agrees to conditions imposed by the System Operator, is subject to appropriate privacy law, and its central management will be located in Australia at all times. The operator must also enter into a participation agreement with the System Operator to be and remain registered. Among other things, the agreement sets out obligations in relation to the location of the operator’s management and the transfer and disposal of records.

Registered repository operators must conform to appropriate eHealth record system standards and specifications and are required to ensure interoperability, privacy, integrity and long-term availability of the health information they hold.

In 2012-13 the System Operator registered two repository operators. No registrations were cancelled or suspended.

The System Operator operates the National Repositories Service which ensures there is capacity to store a minimum critical set of health information about registered people.

Registration of contracted service providers

Some healthcare provider organisations contract a service provider to deliver health information or IT services and interact with national services such as the Healthcare Identifiers Service and the eHealth record system on behalf of the healthcare provider organisation. These service providers are known as contracted service providers. If these organisations provide services that relate to the eHealth record system – for example, they facilitate access to the eHealth record system – they must register to participate and be subject to stringent requirements.

A contracted service provider is eligible to be registered if it complies with the PCEHR Rules, agrees to conditions imposed by the System Operator and is recognised as a contracted service provider by the Healthcare Identifiers Service. The provider must also enter into a participation agreement with the System Operator to be and remain registered. Among other things, the agreement sets out obligations in relation to use of the eHealth record system on behalf of a healthcare provider organisation and notifying system-related errors.

New eHealth record system functionality began on 29 June 2013 to support participation by contracted service providers.

In 2012-13 the System Operator did not register any contracted service providers.

Registration of portal operators

The eHealth record system does not yet support the registration of portal operators so in 2012-13 the System Operator did not register any portal operators.

The System Operator operates a consumer portal and a provider portal. These portals are part of the national infrastructure of the eHealth record system and are operated by the System Operator, rather than a registered portal operator.

3.3 Uploaded documents

In 2012-13 a total of 29,552,833 documents were uploaded to the eHealth record system, comprising 6,095 clinical documents, 23,884 documents that people have entered into their own records, and 29,522,854 Medicare held documents.

Clinical documents can only be uploaded to the eHealth record system by registered healthcare provider organisations and must be authored by identified healthcare providers.

Table 6: Uploaded documents by type

This table identifies the number of each type of document uploaded to the eHealth record system.

Type of document	Total
Clinical documents	6,095
Shared health summaries	3,091
Discharge summaries	561
Event summaries	115
Prescription records*	119
Dispense records*	2,209
Consumer documents	23,884
Consumer-entered health summaries	15,593
Consumer-entered notes	4,879
Advance care directive custodian reports	2,374
Personal health observations*	561
Personal health achievements*	74
Child parent questionnaires*	403
Medicare documents	29,522,854
Australian Childhood Register documents	93,172
Australian Organ Donor Register documents	61,309
Medicare Benefits Schedule and DVA reports	18,907,082
Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme reports	10,461,291
TOTAL	29,552,833

* System functionality to support Child eHealth Records and the National Prescription and Dispense Repository commenced on 12 May 2013.

4. Security, privacy and confidentiality

Given the sensitive nature of information held in the eHealth record system, a combination of legislative and technical mechanisms is used to safeguard privacy.

Many of the protections imposed by the PCEHR Act and the technical infrastructure are about ensuring that people have strong protection of their digital records.

In order to ensure that the privacy of health information is not compromised the PCEHR Act established a specific privacy regime for the eHealth record system, drawing heavily on the National Privacy Principles of the *Privacy Act 1988*. The PCEHR Act does not generally override state or territory privacy and health information laws except where those laws are inconsistent with the PCEHR Act.

The key privacy protections provided by the PCEHR Act include:

- the ability for a person to control which healthcare provider organisation can access information in their eHealth record
- closely defined limits on the circumstances in which information can be accessed outside of those controls
- the ability to view an audit trail of all access to a person's eHealth record
- civil penalties for unauthorised access to eHealth records
- requirements to report data breaches.

Existing criminal provisions in the *Criminal Code 1995* and criminal offences for related matters, such as cybercrime, work together with the eHealth record system's civil penalty regime to deter misuse of the system without discouraging participation.

Mechanisms to address or investigate any interference with privacy also remain available under the *Privacy Act 1988* and the OAIC serves a critical role as an independent regulator of the eHealth record system. As part of a Memorandum of Understanding with the OAIC, key OAIC activities in 2012-13 included:

- development of privacy fact sheets for the public and organisations providing guidance on privacy matters and appropriate handling of health and personal information within the eHealth record system
- finalising an *Information Sharing and Complaint Agreement* with state and territory regulators
- development of draft guidelines for system participants regarding notification of data breaches.

Information on a wide range of privacy topics relevant to the public and system participants is available on www.ehealth.gov.au in a 'Frequently Asked Questions' format.

The System Operator, and any person acting on behalf of the System Operator, is only permitted to collect, use or disclose information contained in a person's eHealth record in specific circumstances prescribed by the PCEHR Act.

The eHealth record system is also protected by technology, data management controls and ongoing reviews of system activity, supplemented by advanced security measures to identify and prevent unauthorised access to eHealth records.

The system leverages DHS's identity and authentication capabilities, including the Healthcare Identifiers Service, MyGov and the National Authentication Service for Health (NASH) to identify and authenticate individuals and participants.

To preserve the confidentiality, integrity and availability of eHealth records under the custodianship of the System Operator, the eHealth record system is maintained in accordance with the Australian Government's Security Policies defined in the Information Security Manual and Protective Security Policy Framework. This includes implementation of an ongoing work program to improve security and address threats in a rapidly changing cyber environment.

The System Operator and participating repository operators, portal operators and contracted service providers are prohibited from holding, taking, processing or handling eHealth records and related information outside Australia. The System Operator is only permitted to take and process non-personal and non-identifying information outside Australia for administrative and software programming purposes.

The eHealth record system is managed and operated by security vetted and authorised staff located at accredited sites within Australia.

There have been no incidents resulting in a compromise of the integrity or security of the eHealth record system.

4.1 Access

A key feature of the eHealth record system is that it provides people with personal control. It allows the person to control who can access which information in their eHealth record. Healthcare providers can only access a person's eHealth record if their organisation has been authorised to do so by the person or in other limited circumstances.

Consumer access settings

Two access settings are available for people to control access to their eHealth record.

When a person's eHealth record is first created, default access settings will automatically apply to it. This means that all healthcare providers involved in the person's care will be able to access the person's entire eHealth record in relation to that care.

At any time a person can choose to apply further access controls to their record. These will allow a person to control who can view their eHealth record as a whole, and who can view certain documents within their eHealth record. These settings apply at a healthcare provider organisation level, not to individual healthcare providers. If a person applies stricter access controls to their eHealth record than the default setting, these will only be overridden in the case of a medical emergency.

A person can also choose to remove clinical documents from their eHealth record.

Certain information entered by the person is not accessible by healthcare provider organisations under any circumstances.

The eHealth record system allows people to monitor access to their eHealth record in two ways.

- A person can elect to be notified by email or short message service (SMS) to their phone when certain activities occur in their eHealth record.
- An audit log available to people with a PCEHR, via the system, contains information about their eHealth record access including the date and time the record was accessed/edited, the organisation that accessed/edited the record and the role of the individual who took that action, whether the record was accessed because of an emergency and details of the action(s) that occurred – for example if a clinical document was created or deleted, or the person’s contact details amended.

4.2 Complaints

The System Operator and its partner agencies, including NIO, DHS and NEHTA, have developed processes that govern the management of incidents, including complaints.

In 2012-13 a total of ninety-five complaints were made in relation to the eHealth record system and as of 30 June 2013, eighty-four had been resolved and eleven were in the process of being resolved.

Depending on the nature of complaints they are handled either by DHS or DoHA staff under delegation by the System Operator in consultation with NIO where required.

Table 7: Status of complaints managed by the Department of Human Services

This graph identifies the volume and status of complaints managed by DHS.

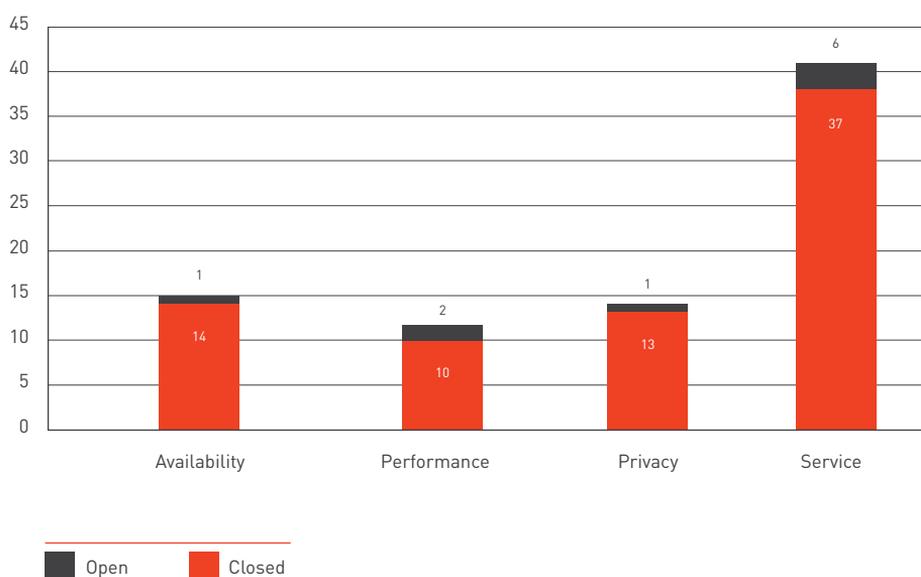


Table 8: Status of complaints managed by the Department of Health and Ageing

This graph identifies the volume and status of complaints managed by DoHA.



No enforceable undertakings were accepted by the System Operator and no proceedings were initiated by the System Operator in relation to enforceable undertakings or injunctions.

5. System and service

NIO and DHS are integral to the day to day operation of the system.

The eHealth record system was implemented as a system that would grow over time through an incremental approach, with its capabilities being expanded over time.

5.1 Functionality

The first release of the system, implemented on 1 July 2012, delivered the core functionality required to establish a system that could grow over time. It provided the necessary national infrastructure, and standards and specifications for secure access to a person's health information drawn from multiple sources.

In 2012-13 five eHealth record system releases were undertaken which provided additional functionality:

- July 2012 – Release 1b introduced the ability for people to register, the national portal and support for shared health summaries and event summaries
- August 2012 – Release 1c introduced the national provider portal and Medicare information
- November 2012 – Release 2 introduced specialist letters and eReferral functionality together with support for facilitated child registration
- December 2012 – Release 2.1 provided useability improvements in the process for people to register
- May 2013 – Release 3 delivered a range of additional functions including the Child eHealth Record, accessible via the consumer and administration portals and a mobile application for appropriate smartphones, the National Prescription and Dispense Repository, support for contracted service providers, and a Mobile gateway to allow access to the eHealth record system from mobile applications.

Planning and designing for releases in 2013-14 is underway.

5.2 System availability

The eHealth record system's availability target is twenty-four hours a day, seven days a week with 99.5% systems availability outside of scheduled downtime. Access by people to registration and view system functions provided by DoHA and NIO achieved 99.2% availability (excluding planned outages).

DoHA has worked with its partner organisations to improve the eHealth record system availability through:

- improved monitoring tools for early detection of possible issues
- having Accenture staff on-site seven days a week
- reviewing the infrastructure design and failover.

The business agreement between DoHA and DHS includes service levels for services provided to people and healthcare providers by DHS.

Table 9: Measurement against key performance indicators

This table identifies key performance indicators for the eHealth record system and measures activities undertaken in 2012-13 against those indicators.

Key Performance Indicator	Achieved
65% of consumer calls to the PCEHR Helpline are answered within 150 seconds	In 2012-13 DHS answered 41,083 calls from consumers, with 65% of calls answered within 150 seconds.
90% of healthcare provider calls to the PCEHR Helpline are answered within 30 seconds	In 2012-13 DHS answered 7,885 calls from providers, with 62% of calls answered within 30 seconds [†] . [†] The reasons this Key Performance Indicator has not been met is due to incomplete and incorrect application forms requiring follow up action involving multiple outbound telephone calls. Call volumes were also higher than forecasted demand following the introduction of the Practice Incentive Program eHealth initiative.
Availability of the Software Vendor Test environment is 99%: during Business Hours (8:30am – 5:00pm Monday to Friday, New South Wales local time, excluding New South Wales public holidays)	Since 1 July 2012 the Software Vendor Test environment was available 99.09%.

5.3 Interactions with third party software vendors

Software vendors are important to the eHealth record system since they provide the software that enables healthcare providers to update eHealth records.

Interaction with software vendors occurs when they apply for access to the eHealth record system testing environment. Their connection to the eHealth record production system is dependent on their successful completion of 'Notice of Connection' testing overseen by NIO and 'Compliance, Conformance and Accreditation' testing of clinical documents overseen by NEHTA. Once this testing is successfully completed, DoHA grants the software product (and its specific version number) access to the eHealth record production system.

In 2012-13 twenty-six software vendors modified their software to be compliant with, and allow access to, the eHealth record system. Of these vendors, fourteen represent clinical information systems used by general practitioners (GP) – covering over 90% of GP practices, six represent systems used in a hospital setting, four represent systems used in aged care settings and two represent systems used in pharmacy settings.

6. Communication and engagement activities

A range of activities were undertaken to increase awareness of, and encourage participation in, the eHealth record system.

One of the System Operator's functions is to educate people with an eHealth record, other participants in the eHealth record system and members of the public about the eHealth record system.

Comprehensive communication materials for both the public and healthcare providers have been published to support engagement and awareness. A full list of communication material available on www.ehealth.gov.au is at **Appendix A**.

6.1 Collaboration with other agencies

During 2012-13 the System Operator worked closely with NEHTA, NIO, DHS, DVA, OAIC, Australian Medicare Local Alliance, Australian Signals Directorate (formerly known as Defence Signals Directorate), Attorney-General's Department's Australian National Computer Emergency Response Team (CERT Australia), Australian Commission on Safety and Quality in Health Care (ACSQHC), Department of Finance and Deregulation, and state and territory governments. The types of matters addressed included:

- progressive roll out of additional eHealth record system functionality
- education, training and support for healthcare providers and Medicare Locals
- state and territory adoption
- assisted registration information that would be provided to people regarding the use of their information when registering via this channel
- security of the eHealth record system
- clinical safety for the operation of the eHealth record system and to assist in the delivery of a safe and efficient eHealth record system
- a process for people to register via www.my.gov.au (previously www.australia.gov.au).

7. Audits

In 2012-13 OAIC and ACSQHC undertook audits of the eHealth record system.

The following audits were concluded or initiated in 2012-13:

- the first clinical safety review by ACSQHC concluded in February 2013 and made 16 recommendations
- the second clinical safety review by ACSQHC concluded in June 2013 and made 12 recommendations. Some of these recommendations draw on recommendations from the first review that were open when the second review commenced
- the OAIC commenced its first audit of eHealth registrations in June 2013. This audit is likely to be completed by September 2013.

The eHealth record system is also assessed regularly by independent assessors engaged by the System Operator to monitor security risks, measure the effectiveness of security controls and document recommendations to improve system security.

In addition, the System Operator has developed a quality assurance program to periodically examine registrations for the eHealth record system.

8. Financial statements

The eHealth record System Operator is funded solely by an Australian Government appropriation.

The key responsibilities for the System Operator, as specified in the PCEHR Act, are:

- indexing documents so that they are associated with the correct person
- ensuring people can control access to the information in their eHealth records
- registering people and other entities
- operating the National Repositories Service
- handling complaints about the system
- educating people and entities about the system
- providing de-identified data for research and public health purposes.

The total expenditure for 2012-13 was \$81.251m.

Table 10: System Operator—operating statement for the year ending 30 June 2013

	\$'000
Income	
Appropriation from Government	62,942
National Appropriation	18,309
Total Income	81,251
Expenses	
<i>Operations and Maintenance</i>	
Staff and related expenses	2,498
Contractors	45,558
Travel	79
Other costs	18,419
	66,554
<i>Change and Adoption</i>	
Staff and related expenses	3,021
Contractors	7,745
Travel	44
Other costs	313
	11,123
<i>Governance</i>	
Staff and related expenses	1,507
Contractors	170
Travel	2
Other costs	71
	1,750
<i>Regulatory Oversight</i>	1,824
Total Expenditure	81,251
Operating Surplus/(Deficit)	-

Notes:

This statement provides details on the direct costs of operating the eHealth record system during 2012-13.

The statement includes expenditure controlled by DoHA.

The statement does not include other eHealth projects that receive funding under Appropriation Program 10.2 eHealth Implementation.

As this is the first year of operation for the System Operator, comparative figures are not available.

This statement is a general purpose financial statement and has not been reviewed by an independent auditor.

Appendix A – Documents available on the eHealth website

Consumer resources

Document	Description
eHealth registration booklet	Helps the public understand the eHealth record registration process and contains important information including the terms used, eHealth privacy safeguards, details about how information is handled, and where and how they can apply for an eHealth record
eHealth forms	Application to register an individual and/or a person they represent
FAQs for the public	Answers to frequently asked questions help people understand what registration for an eHealth record means, including information about the privacy and security of eHealth records, and how to manage records on behalf of other people
My family. My eHealth record. A parent's guide	Introduces parents to the eHealth record system and highlights some of the benefits that registering a family for an eHealth record can bring over time
Brochures for the public	Information about the eHealth record system and how registering will benefit different people seeking healthcare in Australia <ul style="list-style-type: none"> • General overview • Parents and their babies • Older Australians • Veterans • Australians living with chronic conditions • Aboriginal and Torres Strait Islander people • eHealth and mental health • Helpful hints: a guide to register • Next steps after you receive your Identity Verification Code

Document	Description
Fact sheets	<ul style="list-style-type: none"> eHealth fact sheet – Child health, growth and development Enables parents to add observations and measurements about their child’s early health, growth and development eHealth fact sheet – Prescribed and dispensed medication Make the management of medicines easier, simpler and safer
eHealth and mental health video scenarios	Helps people understand how the eHealth record system can be used in association with mental health management and recovery scenarios
DHS (Medicare) – eHealth fact sheet	Describes the types of information held by DHS (Medicare) with respect to a person’s eHealth record
Statutory declaration template	Can be used to provide a statutory declaration in support of an application to register someone on behalf of whom the applicant is an appropriate person to act (see pages 15-17 of the eHealth registration booklet)
Going mobile – My Child’s eHealth Record mobile app	A free mobile app enabling the viewing and adding of information to a child’s eHealth record from a smartphone

Healthcare provider resources

Document	Description
Healthcare organisation registration guide	Helps healthcare provider organisations understand the steps involved in registering in the eHealth record system and the key concepts
FAQs – healthcare provider registration	Answers to frequently asked questions help healthcare provider organisations understand what registration in the eHealth record system means and how to assist people to register, including information specific to the participation agreement and the obligations of organisations using the system
Healthcare provider registration forms	<ul style="list-style-type: none"> Application to register a seed organisation Application to register a network organisation Participation agreement Application to request a NASH Public Key Infrastructure (PKI) certificate for healthcare provider organisations Application for an individual healthcare provider to request a DHS eHealth record individual PKI certificate Application to establish a list of authorised healthcare provider individuals

Document	Description
Healthcare professionals brochures	<ul style="list-style-type: none"> • General overview for healthcare professionals • eHealth and GPs • Practice nurses • eHealth and medical specialists • eHealth and pharmacists • eHealth and mental health professionals
Fact sheets for healthcare professionals	<ul style="list-style-type: none"> • eHealth fact sheet - Child health, growth and development Enables healthcare providers to view a child's measurements as recorded by the parents • eHealth fact sheet - Prescribed and dispensed medication Make the management of medicines easier, simpler and safer
eHealth record provider portal – fact sheet	Provides additional information about accessing the eHealth record system via the provider portal
Assisted Registration: A guide for healthcare provider organisations	Assists healthcare provider organisations participating in the personally controlled electronic health (eHealth) record system to understand how they can assist patients to register for an eHealth record
Assisted registration – Essential information for consumers	To be provided to people by healthcare provider organisations assisting them to register – includes information about what an eHealth record is and how their information will be used if they apply to register
Assisted registration forms	<ul style="list-style-type: none"> • Application to register for an eHealth record • Application to register a child for an eHealth record

Contracted service providers

Document	Description
FAQs – contracted service providers	Answers to frequently asked questions help contracted service providers understand and register to use the eHealth record system, including information specific to the participation agreement and the obligation of contracted service providers using the system
Contracted service provider forms	<ul style="list-style-type: none">• Participation agreement

Appendix B – Report on advisory bodies' activities

Jurisdictional Advisory Committee

The functions of the Jurisdictional Advisory Committee are to advise the System Operator on matters relating to the interests of the Commonwealth, states and territories in the eHealth record system. Other matters may be prescribed by the regulations but none were prescribed in 2012-13.

The Committee comprises nine part-time members representing each state, territory and the Commonwealth. The member representing the Commonwealth was appointed by the Minister for Health and each member representing a state or territory was appointed by their respective health department head.

In accordance with regulation 2.1.9 of the *Personally Controlled Electronic Health Records Regulation 2012* the Committee reports its considerations and resolutions to the System Operator, the Minister and the head of each state and territory health department.

Independent Advisory Council

The functions of the Independent Advisory Council are to advise the System Operator on the operation of the eHealth record system, participation in the eHealth record system, clinical, and privacy and security matters relating to the eHealth record system. Other matters may be prescribed by the regulations but none were prescribed in 2012-13.

The Council comprises 12 part-time members, appointed by the Minister for Health. Between them, the members have experience or knowledge in:

- the provision of services as a medical practitioner
- the provision of services as a healthcare provider other than a medical practitioner
- law and/or privacy
- health informatics and/or information technology services relating to healthcare
- administration of healthcare
- healthcare for Aboriginal or Torres Strait Islander people
- healthcare for people living or working in regional areas.

Three of these members have significant experience in or knowledge of consumers' receipt of healthcare.

Most members were re-appointed to the Independent Advisory Council by the Minister on 29 June 2013 until 30 June 2014. As at 30 June 2013 the re-appointment of a member with experience or knowledge in healthcare for Aboriginal or Torres Strait Islander people was not finalised.

In accordance with regulation 2.2.7 of the *Personally Controlled Electronic Health Records Regulation 2012* the Council reports its considerations and resolutions to the System Operator, the Minister and the head of each state and territory health department.

Activities in 2012-13

In 2012-13 the Independent Advisory Council and Jurisdictional Advisory Committee each held six meetings and were each consulted out of session on two occasions.

The key topics discussed by the advisory bodies were:

- eHealth governance structure
- legislation – development of *PCEHR Rules 2012*, *PCEHR (Participation Agreement) Rules 2012*, *PCEHR (Assisted Registration) Rules 2012* and amendments to the PCEHR Rules
- system operations – Child eHealth Record and National Prescription and Dispense Repository
- change and adoption – Medicare Locals, change and adoption strategies, and jurisdictional Rapid Integration Projects
- clinical audits and Clinical Usability Program
- benefits realisation
- other eHealth-related activities and future directions.

In 2012-13 the System Operator consulted the Independent Advisory Council and Jurisdictional Advisory Committee on a range of matters and their advice informed changes to the eHealth record system, particularly relating to consumer and provider participation, clinical use and uptake, improved registration processes for the public, and reporting metrics to monitor system performance and benefits realisation.

The advisory bodies' advice has contributed to:

- streamlining and improvement of processes to register people
- implementation of PCEHR Rules supporting participation by healthcare provider organisations
- implementation of PCEHR Rules enabling healthcare provider organisations to assist people to register for an eHealth record
- implementation of PCEHR Rules facilitating the registration of newborns
- improvement of eHealth Practice Incentives Program support and information
- improvement of the Healthcare Identifiers Service
- implementation of the Child eHealth Record, mobile application and the Prescription and Dispense View
- improvement of change and adoption strategies across jurisdictions
- targeting of change and adoption approaches and public and provider information
- establishment of regular meetings with peak bodies to provide an update on eHealth record system developments and associated activities
- improvement of metrics for benefits evaluation
- commencement of a Clinical Usability Program.



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All information in this publication is correct as at November 2013