



9 January 2012

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary,

Personally Controlled Electronic Health Records Bill 2011 and one related bill

Bupa Health Dialog welcomes the opportunity to provide comment on the Personally Controlled Electronic Health Records Bill 2011 (the "PCEHR Bill") and the Personally Controlled Electronic Health Records (Consequential Amendments) Bill 2011. Bupa Health Dialog strongly supports the establishment and use of voluntary person-controlled electronic health records. We believe that routine and comprehensive use of e-health and communications technology should be integral to the health system and could be used, as an adjunct to existing interventions, to aid in the prevention and management of chronic disease.

We are happy to further elaborate on the content of this submission or provide additional information if requested and look forward to continuing to actively contribute to the on-going process of developing an Australian e-health system.

Who we are

Bupa Health Dialog provides evidence-based wellness, prevention and chronic disease management services that are designed to help meet the health needs of Australians. Our services are integrated with and tailored to the Australian healthcare system and our approach is grounded in over 30 years of academic research, clinical excellence and evidence-based healthcare.

Services include health coaching, decision-support tools, and analysis of population health service utilisation. Utilisation analysis enables clients to understand the health needs of their target population groups, identify who will benefit most from health coaching or other health interventions, and thereby manage the cost and quality of care.

Population Health Analytics

Using proprietary population health analytic tools, Bupa Health Dialog is able to analyse system-wide healthcare data, including claims and usage information to identify local, regional, state and national variations in healthcare utilisation, effectiveness and efficiency. Bupa Health Dialog's population health analytics services are able to focus on identifying individuals that are at greater

health risk than others and who are most likely to benefit from health coaching, or other healthcare interventions.

The predictive modelling tools, which we employ, have been developed by Health Dialog, in partnership with the Dartmouth Institute for Health Policy and Clinical Practice. These tools enable health service planners and policy makers to take a practical and informed approach to the development of solutions along the full continuum of care.

Health Coaching

Bupa Health Dialog offers evidence-based wellness, prevention and chronic disease management services to help meet the health needs of Australians through highly personalised 'whole-person' telephone health coaching services. Bupa Health Dialog health coaching is provided by experienced, specially trained nurses and other health professionals.

This service is offered to individuals that are identified as being at a greater health risk than others and who are most likely to benefit from health coaching. These people are identified through Bupa Health Dialog's sophisticated population health analytics methods.

Bupa Health Dialog's services support patients to understand their condition and healthcare choices; enable them to engage in more productive dialogue with their doctor and healthcare professionals; help them navigate the health system effectively; and change their behaviour and achieve personal health goals.

These services are designed to complement the role of healthcare professionals by empowering patients to help make informed decisions about their health and healthcare. Health coaches have been found to enhance the skills and confidence of patients to improve self-care and to make informed decisions about their health.

Bupa Health Dialog also encourages shared decision making which supports patients to make treatment choices that are informed by a clear understanding of what is involved, likely risks and benefits, and a realistic expectation of outcomes. Health coaches supplement their telephone conversations by providing patients with booklets and tools relevant to their condition(s) or concerns. These tools are an important resource for patients to refer to over time, helping to reinforce their understanding of the course of their condition over the longer term.

Since November 2010, Bupa Health Dialog has provided chronic disease management services for over 19,000 Bupa members, with a further 24,000 members forecast to receive these services over the next 12 months.

The use of data for early prevention

We believe the PCEHR will help to alleviate current limitations in the availability and use of relevant information in the health system which undermines accountability in the provision of health services, undercutting both health experiences and outcomes, as well as the system's capacity to achieve value for taxpayers.

We strongly support the prescribed purpose of the PCEHR system, as outlined in Part 1 Clause 3 of the PCEHR Bill Notes on Clauses to "...primarily to help overcome the fragmentation of health information and improve the delivery of healthcare by increasing the availability and quality of health information."

However, we note that the current PCEHR Bill does not regulate de-identified information. Accordingly, Bupa Health Dialog has concerns regarding the availability and use of de-identified data as a part of the PCEHR system. We believe that it is essential that de-identified clinical data

held in the PCEHR system is made available to organisations for secondary uses that will enable delivery of improvements in the health outcomes for all Australians.

Access to de-identified health data on the Australian population is extremely useful to identify the needs and risk factors of Australian health consumers. Health and wellness organisations, such as Bupa Health Dialog, are uniquely positioned to develop and implement sophisticated data mining tools which can enable the development of accurate and relevant programs that improve the health of the community. Data mining tools can be used to search for evidence-based clinical terms in the medical records of populations to identify important gaps in effective care. For example: the percentage of diabetics who do not have an annual eye examination to detect retinopathy and prevent blindness; the percentage of persistent asthmatics who do not have an annual clinical review; the percentage of people with heart disease who do not take recommended statin medication or the percentage of individuals at risk of seasonal influenza requiring immunisation.

This use of de-identified data would lead to the development of more effective, routine, targeted prevention activities that enable healthcare professionals to make interventions within the right cohorts at risk of exacerbation of chronic diseases as well as enhance the way we manage existing chronic diseases.

Further, health services in Australia can be substantially improved in terms of equity, access and cost, by examining them through the lens of unwarranted variation and enabling healthcare practitioners to easily access the maps and rankings. Unwarranted variation in healthcare is variation that cannot be explained by illness, need or patient preferences. It is caused by differences in the effectiveness and efficiency of healthcare delivery systems.

Using de-identified data, Bupa Health Dialog could identify evidence based unwarranted variation in the Australian healthcare system. Understanding unwarranted variation and its drivers can help to achieve the right rate of care for a population minimising variation in treatments and hospitalisations.

We acknowledge the privacy concerns held by the community regarding the use of data captured by the PCEHR system and support the establishment of strong processes and systems to protect identified data held in the PCEHR system. Accordingly, we wish to emphasise that what we are proposing in this submission is the availability and use of de-identified data - that is, data that has been anonymised through the removal of personal information such as names and dates of birth prior to being made available for secondary uses.

Recommendation: That de-identified health data captured by the PCEHR system be made available for secondary uses by organisations and researchers for the purposes of improving the health outcomes of Australians.

If you have any questions or require further information, please do not hesitate to contact me on

Yours faithfully

Brett Comer
General Manager
Bupa Health Dialog Pty Ltd