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Inquiry into Personally Controlled Electronic Health Records
Senate Community Affairs Committee
Parliament House
Canberra ACT

Dear Committee Members ,

In contrast to my colleagues making submissions, I have a very strong background in medicine, pharmacy and computer science. I have formal qualifications in each of these fields from the University of Queensland, the Victorian College of Pharmacy and Swinburne University of Technology. I have worked in all three fields and am currently working full time in my own General Practice in rural Victoria. Until recently I was also a Medical Officer in the Australian Army Reserve and have deployed on operations with the Australian Army.

I have no conflicting interests, and am only interested in improving patient care.

The software, hardware and infrastructure required for electronic health records already exists. For example, Medical Director practice software sold by Health Communication Network. In the private sector, the software is robust and efficient. I have personally loaded Medical Director onto a cloud server using a Bitcloud server and tested it. It works fine.

As the committee already knows, most medical practices use a Local Area Network (LAN) to run their medical software, with a server providing electronic health records to the doctors, nurses and allied health workers within the practice. These records are controlled by patients in that the patient elects what they will and will not disclose to us as the treating doctor. Access to patient records is strictly controlled and the records are much safer than paper records.

All that is required is to put a dedicated server running copies of the popular software programs into the local hospital to provide a Wide Area Network (WAN) to the region. For example, Wangaratta Hospital could provide the server for itself, other hospitals, and all of the medical practices in the northeast of Victoria without difficulty. The hospital could also use the software. Colleagues have reported that hospital software is slow and difficult to use, in contrast to private sector medical software.

Committee members will be aware of the capacity, safety and security of these networks from such applications as internet banking. The connections are certainly far safer and more secure than the current methods of facsimile transmission and post used for a great deal of medical communication.

Patients could then elect whether their records would go into the hospital server or continue to be held locally in the medical practice.

All that is required for electronic health records to succeed in Australia is for a knowledgeable body to implement a few trials of a centralised server in the way described above. The cost of a centralised server would be minimal because all of the software, hardware and infrastructure already exists.

Patients are generally keen to have their records centralised. Most are disappointed we have not already achieved this.

And in fact, we already have state-based medical records for the mentally ill. Patients with a mental illness are recorded in a central database, and their health and well-being is improved by medical practitioners and mental health practitioners having access to their treatment plans.

It seems that the issues surrounding personally controlled electronic health records are very poorly understood.

I submit that in fact we already have an abundance of software, hardware and infrastructure to address the issue, and that all that is required is a gentle, cheap, easy upgrade from LAN to WAN using existing capabilities.

After piloting a few regional WAN medical record servers, the concept could then be transitioned to state-based servers, and then to national servers.

We know this is possible because it is already done effectively and securely by critical industries like banking.

Patients can control who sees their records by electing where their records will be stored. They may chose to store some health matters on the regional server and some matters on the practice server.

Many millions of dollars have been wasted on this issue. I beg Committee members to consider my submission in the light of my education and experience in this area and make strong recommendations based on the simple, sound, and gentle transitions outlined above.

Please contact me if I can help the Committee further.

Yours truly,

Dr Julian Fidge
Practice Principal