Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

17 September 2018

Question no: 3

Type of Question: Hansard, page 36.

Topic: Actively set access controls

Senate:

Question:

Senator DI NATALE: There are obviously a whole lot of records that have been created, and many people don't know they've got a record. Of those people who have accessed the system, how many have actually set one of those controls? Is there any way of working that out?
Ms McMahon: We'd need to take that on notice.
Mr Kelsey: We can take it on notice, we can provide that information.

Answer:

As at 2 September 2018, 20,957 access codes have been set on a My Health Record (MHR). Equating to 16,848 record access codes and 4,109 limited document access codes have been set within MHRs. Note: a single MHR may have one or both of these codes set (*see* Hansard — Community Affairs References Committee — My Health Record system, Monday, 17 September 2018, page 36).

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

17 September 2018

Question no: 4

Type of Question: Hansard, page 37

Topic: Access notification for active opt ins

Senate:

Question:
Senator DI NATALE: Just with regard to that 136,000 who have requested a notification of somebody who have accessed their records, can you determine whether that group comes from that 181,000 who have actively opted in, as opposed to from the others who have just had a record created for them?
Mr Kelsey: Can we take that on notice?

Answer:

As at 23 September 2018, 217,801 people have opted into having a My Health Record (MHR) since the start of the opt out period on 16 July 2018.

Of these people 11,372 have set an email or SMS notification for their MHR.

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

17 September 2018

Question no: 5

Type of Question: Hansard, page 39

Topic: Media engagement breakdown

Senate:

Question:
Senator WATT: Are you able to provide on notice a breakdown of TV, radio and newspaper?
Mr Kelsey: Yes.

Answer:

Traditional media breakdown
Between 16 July 2018 and 26 September 2018, media monitoring has identified the following breakdown of communications engagement by media type related to My Health Record:

- Online news (33.17 per cent) 2,005 articles reaching 3,039,041 opportunities to see.
- AM Radio (25.44 per cent) 1,538 spots reaching 69,029,700 opportunities to hear.
- Newspaper (15.93 per cent) 963 spots reaching 51,299,806 opportunities to see.
- FM Radio (13.81 per cent) 835 spots reaching 14,459,900 opportunities to hear.
- Television (9.81 per cent) 593 spots reaching 51,110,000 opportunities to see.
- Magazines (1.8 per cent) 109 spots reaching 2,536,782 opportunities to see.

In the above traditional media there have been a total of 6,045 items reaching a cumulative audience of 190,475,229 opportunities.

Social and online media breakdown
Between 16 July 2018 and 26 September 2018, social media and online monitoring has identified 138,745 posts relating to My Health Record from 22,580 authors reaching 1,007,482,868 impressions (opportunities to see).

Paid media breakdown
There is a paid advertising budget of $5,452,470.56 to support the My Health Record expansion program with activity booked from 16 July 2018 to 15 November 2018. This is allocated as follows:

- Out of home $ 2,473,052.74
- Radio $ 1,374,262.08
- Press $ 759,808.23
- ImparjaTV $ 68,471.53
- Indigenous Radio $ 36,283.75
- Digital and social $ 740,592.97

Note: the minor variation to the total advertising budget provided by Mr Kelsey is due to finalisation of booking for the 15 October 2018 to 15 November 2018 extension of activity from planned to actual.

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

20 September 2018

Question no: 7

Type of Question: Hansard, page 7

Topic: 51 clinical reference leads advising

Senate:

Question:

Senator SINGH: Why did you stop at 51?
Ms McMahon: I'll need to take that on notice. I presume it was because we had a number of criteria we were looking to satisfy around geography, diversity and clinical specialties. I'll need to check the report, but we would have wanted to satisfy that full set of diversity.

Answer:

The Agency has an established Clinical Reference Leads (CRL) program that comprises healthcare professionals with contemporary clinical practice experience and digital health subject matter experts from varying fields across the healthcare sector. The CRL program supports the delivery of high quality, safe, useful and usable products and services and their work is embedded in the Agency's product development lifecycle.

Recognising the expansive nature of the work plan, the Agency has been calling for expressions of interest from interested and suitably qualified clinicians and digital health subject matter experts to further expand the CRL program across four levels of engagement. The Agency's intention has been to establish a CRL program that is representative of the Australian health sector and offers a diverse range of backgrounds, skills, experiences and perspectives to benefit the work of the Agency. We are also seeking dedicated representation from across Australia.

Skills and experience required for the Clinical Reference Leads role (Tiers 1–3)
Through the expression of interest process, the Agency has been seeking to engage CRLs across Tiers 1–3 who:

- are active users of digital health and have an understanding of contemporary clinical practice and of national digital health infrastructure, its possibilities and limitations;
- are advocates of the establishment and adoption of a national digital health infrastructure and will represent the Agency in this regard;
- have time and capacity to dedicate to the Agency on a regular or pro rata basis;
- will contribute clinical and/or digital health subject matter expert input into the Agency's work program to ensure that our products, services and activities align with contemporary clinical practice and are high clinical quality, safe and usable and

provide formal input into the Agency's clinical safety and functional assurance processes;
- provide strategic advice within their area/s of expertise, including advice on approaches, processes, services and products in relation to their professional groups use via participation in internal expert panels and program, project or activity steering groups;
- will participate in external engagement with the broader clinical communities, including via conference participation;
- will participate in the development and presentation of clinical messages and education and adoption activities and materials; and
- will undertake other activities as directed.

Criteria for selection

Applicants are invited to express an interest in Tiers 1–3 by responding to each of the criteria for selection using the application form:

- claims to support interest in Tiers 1–3, including in the context of the individual's qualifications, skills and experience and as it pertains to the list above of skills and experience required;
- evidence of use, commitment and aptitude to use of national digital health infrastructure;
- excellent written and verbal communication skills;
- demonstrated experience in working with colleagues in large scale clinical transformation programs;
- demonstrated commitment to bring solution-focused views to the table, not to represent the specific views of an interest group, like medical colleges (whose views are captured through other parts of the Agency);
- currently practicing within Australia and AHPRA registered; and
- availability to support Tier 1, 2 and/or 3 activities on a weekly and/or monthly basis and an indication of availability per week/month (indicator only), including with regard to 24/7 on call support for the My Health Record system under Tier 1.

See https://www.digitalhealth.gov.au/about-the-agency/careers/clinical-reference-leads-expression-of-interest#criteria.

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

20 September 2018

Question no: 8

Type of Question: Hansard, page 8

Topic: Outreach to people with vulnerabilities

Senate:

Question:
CHAIR: I've got a couple of questions myself, particularly around mental health. I expect some nervousness from some people who have some poor mental health to engage or to know about the process. Is there any outreach to particular groups—I'm also thinking beyond mental health to other people with vulnerabilities—around the process, engaging, opting out and how they can use the system?
Mr Kelsey: Yes. We have very heavily prioritised designing the communications effort to speak to particular communities that are most in need of or would most need particular engagement. So we've worked, for example, in mental health with mental Health Australia, headspace and others to make sure that we are giving the right level of support to people in that community.
Mr O'Connor: We can provide a longer list to the committee on notice.

Answer:

Primary health network engagement with vulnerable groups — including mental health

- Primary health networks (PHN) are contracted to reach a broad spectrum of the community, including vulnerable and hard to reach groups — people with mental health conditions will be directly reached as part of these target groups:
    - Aboriginal and Torres Strait Islander.
    - Disability.
    - Homeless.
    - Rural and remote.
    - Hard to Reach.
    - Vulnerable Groups.
- Regional communication leads in five PHNs have also developed relationships with state and regional-level advocacy and support organisations working with vulnerable groups including mental health organisations — organising information/education sessions and writing articles and editorial for newsletters, social media posts tailored for the audience. This includes:
    - **New South Wales (NSW):**
        - Mental Health Coordinating Council
        - Way Ahead Mental Health Newsletter
        - Mental Health Factual Article
        - BEING — Mental Health and Wellbeing NSW Consumer Advisory Group
        - Mental Health Carers, NSW
        - Australian Red Cross, NSW

        - Health Consumers NSW
        - YMCA NSW
        - SENSW Men's Sheds
        - Shelter NSW
        - Mental Health Awareness Month
    - **Queensland (QLD):**
        - QLD Alliance for Mental Health
        - Queensland Council of Social Service, NSW Council of Social Service
        - Qld Alliance for Mental Health
        - Health Consumers Qld
        - Mental Illness Fellowship Qld
    - **Western Australia (WA):**
        - Shelter WA
        - Health Consumers Council
    - **South Australia and Northern Territory (NT):**
        - Skylight Mental Health Services
        - Relationships Australia South Australia, Mental Health Team (education sessions)
        - OARS Community Transitions, Adelaide (Recently released Prisoners)
        - Unity Housing: Homelessness and vulnerable populations
        - Hutt Street Centre, Homeless Shelter
        - NT Mental Health Coalition
        - Darwin Asylum Seeker Support
        - Catherine House, Adelaide
        - OARS, Adelaide (Recently released Prisoners)
    - **Victoria/Tasmania:**
        - Whittlesea Men's Shed
        - Mersey Community Hospital
        - Thorne Harbour

Primary health network local community engagement activities

- Since the commencement of opt out PHNs have delivered over 1,000 local community events across the country. Of these events, 222 have been targeting vulnerable groups including mental health-related community organisations and groups. This has included participation in R U OK Day events, information sessions for headspace staff and many others.

Reach through non-health networks

- The Agency is working with Department of Human Services (DHS) Community Engagement Officers, Multicultural Service Officers and Indigenous Service Officers nationally to support My Health Record (MHR) awareness raising as part of their outreach activities. DHS Community Engagement Officers operate nationally and provide on the ground support to vulnerable groups (mental health, homeless, women in shelters, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islanders) providing information and support with accessing government services such as Medicare and Centrelink.
- The Agency is working with the Queensland Department of Housing and Public Works (DHPW) to assist in reaching vulnerable groups via their public housing tenancy network. Materials will be distributed and displayed through their Housing Service Centre network which is made up of 22 drop in service centres around the state.
- We are also planning to work with DHPW to educate staff within these service centres on MHR and its features and benefits to consumers they service. Staff within these service centres include registered healthcare professionals who work closely with vulnerable groups with comorbidities often including mental health issues.

Paid media

- There are paid media campaigns underway during the opt out period across national, regional and local advertising channels. Channels chosen have high frequency across outdoor media (bus sides, street furniture), radio, press and health media. Press and radio adverts have been translated into over 10 different languages to ensure our multi-cultural community receives awareness in their native language.
- Imparja Television broadcasts to over 3.6 million square kilometres, spanning six states and territories and reaches not only consumers living rurally and remotely, including 75,000 viewers in terrestrial black spots. The station also broadcasts to 200 very remote indigenous communities and has been endorsed as an optimal channel to reach these audiences.
- Although the messaging is not specific to people with a mental health condition, the paid media provides extremely high levels of awareness of the expansion of the MHR system this year and where to go for more information or to opt out which is relevant for all audiences.

People in detention

- Through consultation with states and territory justice departments, all persons in detention, 14 years and over, were given an opportunity to opt out.

Specially designed low literate forms and fact sheets (translated into 19 different languages, including two indigenous languages) were couriered to every Australian facility including Forensic Units. Each facility was given a period of 30 days for each detainee to complete the form if they wished to opt out, and completed forms were then collected and securely returned to the Agency.

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

20 September 2018

Question no: 10

Type of Question: Hansard, page 9

Topic: Community reach, engagement and education on mental health programs

Senate:

Question:
CHAIR: Okay. If you just point me in the right direction, I can go and check that. In terms of the positive outreach process, we know that with a lot of mental health programs there has to be that positive outreach. What's been done in terms of that process? I understand you've spoken to those peak organisations, but, in terms of actually then doing the outreach specifically to people with mental health issues, what positive outreach has been done there?
Mr Kelsey: Perhaps, if we take that on notice, we can give you a brief on specifically all the activities that have been undertaken, both nationally and locally. Our partners in the community, both voluntary organisations as well as primary health networks and state and territory organisations, have been organising quite literally thousands of face-to-face engagements and educational opportunities for different communities across Australia. This is supported by all the paid media that channel the information. So perhaps we could provide you with a brief on mental health in that respect.

Answer:

Reaching people with mental health conditions

The Agency has undertaken a comprehensive and complex communications and engagement strategy to ensure reach of (My Health Record) MHR expansion messaging to all Australians, which aims to reach more vulnerable or harder to reach groups, including people with mental health conditions.

Key points

- The strategy to specifically ensure awareness of MHR expansion for people with mental health conditions involves a three-channel approach including raising awareness through their healthcare providers, broader health networks (such as peak and advocacy organisations) and non-health channels (including digital and other traditional paid media).
- The communications strategy has been designed to provide both breadth and depth, including broad reaching communications to make all Australians aware of MHR expansion through paid digital and traditional media and other broad-scale activities, as well as enabling greater understanding through provision of tailored information in different formats and languages, and personalised information through healthcare providers and consumer support organisations.

- The Agency has engaged with over 40 national and state-based peak advocacy and other organisations which represent or support a wide range of 'hard to reach' and vulnerable groups including the Australian Council of Social Services, Mental Health Australia, beyondblue, National Rural Health Alliance, headspace, SANE Australia, Black Dog Institute, National Mental Health Commission, Consumers of Mental Health Western Australia (CoMHWA) and others, that engage directly with consumers with a lived experience of mental health conditions.
- The Agency has engaged the 31 Primary Health Networks (PHNs) throughout Australia to provide locally based engagement within the community, which includes hard to reach and vulnerable groups, including people with mental health conditions.
- This is in addition to a comprehensive national paid media campaign which is localised through PHN regions.

Background

- The communications strategy encompasses a broad range of formats, languages and channels to provide Australians with multiple opportunities to see MHR messaging during the opt out period, with sufficient depth of information to enable consumers to make an informed choice.
- Materials have been produced in a wide variety of formats including:
    - Written materials in digital and print formats, including information in 19 different languages.
    - Digital materials — website, digital and social media.
    - Videos — different length information animations, consumer and healthcare provider case studies, demonstration animations highlighting how to opt-out, how to set privacy settings.
    - Social media posts and tiles.
    - Audio animations, translated into 13 Aboriginal and Torres Strait Islander languages.
    - Accessible and low literacy materials, including Easy Read and Plain Text factsheets and (coming soon) Auslan translations.

Reach through health channels

- Consumer information materials are available at over 15,000 health service locations, including general practitioners (GP), pharmacies, hospitals and health services, including mental health facilities and acute care.
- Tonic Media is also promoting MHR on digital screens in GP surgeries and many pharmacies nationally. 3,726 healthcare provider digital panels and screens across Australia played four times every 30 minutes. Whilst not targeted on mental health specifically, they contain the key messages for during the opt out period to assist people make an informed decision.
- State and Territory health jurisdictions are supporting education and awareness to hospital and health service staff.
- The Agency is working with clinical colleges and peak associations to provide education and awareness to GPs, pharmacies and allied health professionals.
- The Agency engage with a range of clinical peak organisations with expertise in the provision of care to people with mental health illness. These include the Royal

Australian and New Zealand College of Psychiatrists, Allied Health Professions Australia and Australian College of Rural and Remote Medicine.

- On 30 April 2018, the Agency hosted a Mental Health forum in Brisbane. The event brought together participants from clinical and consumer peak organisations to discuss MHR and its use for patients with mental health illness.
- A Mental Health Working Group was established from those present at the forum with representation from additional peak organisations. The group is developing a toolkit to assist clinicians in having access to information pertinent to the use of the MHR for patients with mental health illness.
- The toolkit will include information on general functionality of the My Health Record as well as information of specific importance to the sector, developed through collaboration with members of the working group. The toolkit builds on existing material including webinars, factsheets, frequently asked questions and videos.

Reach through broader health networks

- The Agency has engaged with over 40 national and state-based peak advocacy and other organisations which represent or support a wide range of 'hard to reach' and vulnerable groups, including mental health advocacy and support organisation.
- Many of these have been funded to assist with the dissemination of communication information directly to their members and to support tailoring of information for their members.
- The Agency has engaged with mental health organisations in the design and review of MHR collateral and promotional material. Discussions were held with headspace to provide input into the 14–17 year old and parent/guardian factsheets.
- Materials provided including brochures, factsheets, digital and social media tiles and content, web content and content for newsletters and magazines, as well as speaking opportunities/booths at conferences and events.
- Organisations the Agency is working with includes peak and community organisations covering:
    - Mental health (including youth mental health)
    - Homelessness
    - Domestic and family violence
    - Rural and remote Australia
    - Aboriginal and Torres Strait Islanders
    - Culturally and Linguistically Diverse communities
    - Disability
    - LGBTI.

- The Agency partnered with Positive Life New South Wales (NSW) and Health Consumers NSW to host two Community Information Forums to communicate the benefits of MHR and unpack any privacy and security concerns from those living with chronic health diagnoses (including mental health conditions). An event was held on Tuesday, 31 July 2018 with more than 100 consumer, community, health care professional and provider organisations attending. The next Forum will be held on 7 November 2018.

- The Agency jointly hosted two Community Information Forums with Consumers of Mental Health Western Australia (WA) and the WA Primary Health Alliance in Perth on 18–19 July 2018. The objective was to communicate the benefits of MHR and unpack any privacy and security concerns from those living with mental health conditions. More than 35 consumer, community, health care professional and provider organisations attended.

The Agency is also holding a MHR Youth roundtable discussion/workshop to be held on 3 October 2018 in Perth as a follow-up with CoMHWA and headspace attending. This will include a focus on how we can better address the needs of young people, specifically those with mental health needs, in their use of MHR.

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

20 September 2018

Question no: 11

Type of Question: Hansard, page 10

Topic: Clinical reference lead requirements and rates

Senate:

Question:
Ms McMahon: Senator, I have some more information about the Clinical Reference Lead rates that I can provide now, rather than on notice, if you like. The Clinical Reference Leads have hourly and daily payment rates in consideration of Remuneration Tribunal Determination 2017/10, Remuneration and Allowances for Holders of Part-time Public Office, and any travel-related expenses comply with the agency's travel policy. It allows for economy-class travel. I'll also send a link to the secretariat for that public call-out, which provides details of that rem tribunal determination and the compliance with that.
Senator SINGH: That's what you're asking them to do in the call-out?
Mr Kelsey: Yes, in the call-out.
Ms McMahon: Yes, I'll provide the link which specifies the requirements and also has that rem tribunal information about the rates.

Answer:

There are 2 classes of clinicians engaged in the work of the Agency.

1. The Agency engages representatives of Clinical Peaks/Colleges/Associations to participate in Steering Groups, as representatives of those organisations. These Colleges/Peak representatives are paid according to the *Remuneration Tribunal Determination 2017/10 — Remuneration and Allowances for Holders of Part-Time Public Office.*

   The daily fee for Medical or Clinical professional representatives under the Remuneration Tribunal Determination are:
   - Chair — $1,098.
   - Member — $824.

2. The payment rates for CRLs engaged via the public expression of interest round in October 2017 CRL falls within the *not specified Offices* category where representatives are paid as individuals, where the member is not representing their member organisation.

- CRL daily rates are considered in the context of the highly-specified requirements outlined in the expression of interest. These include being experienced and knowledgeable healthcare providers, being digital health subject matter experts, having extensive digital health advocacy experience, having recognition and standing in their

community, are well connected within their professional associations and have established networks.
- The CRL fees also aims to adequately compensate CRLs required to take time out of their professional day to undertake Agency activities and for their attendance at evening and weekend events supporting provider education and community/provider awareness raising.
- CRLs are allocated an hourly rate considered commensurate with their level of suitability against these requirements.

The CRL different level of hourly rates are as follows (all rates are GST exclusive):

- $250/hour capped at $2,000/day — (3) Senior CRLs with relevant clinical experience, are considered leaders in their field, advocates of digital health and have many years of experience in the role, including with National E-Health Transition Authority prior to the Agency being established.
- $200/hour capped at $1,600 per day — CRLs, some senior, with relevant clinical experience and are considered leaders in their field and advocates of digital health.
- $150/hour capped at $1,200 per day — junior CRL with relevant clinical experience, may be leaders in their field and advocates of digital health. The variation in rates for CRLs in this group reflects their clinical experience and background (i.e. younger clinicians and/or those with less clinical experience but are demonstrated high achievers in their field, including Resident Medical Officers).

CRL daily rates are capped at eight hours per day. All CRL contracts also have a capped number of days which is within the limits of the funding allocation for the CRL program. CRLs are selected to support the Agency in a range of activities based on their professional background and location. Where possible local CRLs are sourced to participate in activities to reduce travel and related expenses.

More information on the procurement of CRLs is available at:
https://www.digitalhealth.gov.au/about-the-agency/careers/clinical-reference-leads-expression-of-interest

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Inquiry into My Health Records system

20 September 2018

Question no: 14

Type of Question: Hansard, page 11

Topic: Inaccurate reporting

Senate:

Question:
Mr Kelsey: We have been active in ensuring that, where misunderstandings or inaccurate reporting has taken place—and that's not about trying to diminish the dialogue—
Senator SINGH: So you have then?
Mr Kelsey: We have been in touch with journalists where things have been misunderstood.
Senator SINGH: Can you provide some examples? What were those factual objections to the reporting?
Mr Kelsey: Yes. I'm very happy to take that on notice, if that is all right. I can't immediately give you that, but we can certainly provide you on notice with examples where we have sought correction of misunderstandings or inaccuracies in reporter coverage.

Answer:

The Australian Digital Health Agency (Agency) has been engaged in the important national conversation around My Health Record — its benefits, privacy controls and security protections, and consumers' right to opt out of the system. As the system operator responsible for the expansion of this system, the Agency welcomes this discussion, acknowledges and supports the freedom of the press to participate too. The Agency appreciates media enquiries that will result in sharing accurate information with the general public.

The Agency's objective is to ensure Australians are able to make an informed choice on how they control and interact with their healthcare information. It is the role of the Agency to ensure the general public is provided with accurate information to be able to make informed decisions, noting that misinformation may generate unnecessary fear and uncertainty in the wider community.

When articles have been published containing factually inaccurate information, the Agency has sought to provide the correct information to the relevant journalist in an attempt to ensure no misinformation exists in the community.

Some examples of articles the Agency chose to seek corrections to, are as follows:

1. Southern Cross Sunshine Coast reported 'strangers will soon be able to access every Queenslander's personal medical information'. The Agency requested a correction and provided information about the requirements for healthcare providers to be able to access the system.
2. News.com.au reported that the My Health Record website crashed. The Agency

clarified that the website was functioning normally and provided further information helpful for consumers wishing to opt out.

3. ZDNet reported incorrect information prior to the opt out period, including quoting the Agency on predicted opt out statistics. The Agency requested corrections by providing alternate lines to clarify the misinformation.
4. The Sydney Morning Herald reported incorrectly that genomic DNA sequencing data could be uploaded into a person's My Health Record.
5. KidSpot reported that violent partners could use My Health Record to find their separated partner – the Agency provided additional information for KidSpot to share with venerable readers.

In 2017 the Sunday Telegraph reported that 'Every last intimate aspect of your health will be available on the internet as of next year'. The Agency requested a correction and provided detailed information about the system.