

# My Health Record could be improved easily to help to increase personal continuity that improves the safety, quality and efficiency of care

## Introduction

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I am a specialist general practitioner in clinical general practice in Adelaide since 1979. I undertook exchanges of practice with English general practitioners (GPs) in 1993-1994 and in 1999-2000, where I experienced the workings of the British National Health Service (NHS) at first hand, which is relevant to my submission.

I make this submission on my own behalf.

## Terms of reference addressed

My submission addresses terms of reference a. the expected benefits of the My Health Record system and g. any other matters.

## What are the problems that My Health Record is intended to solve?

One of the major problems that My Health Record is intended to solve is that a person's GP sometimes or often doesn't have the information needed in order to provide safe quality care for a patient.

The two main reasons for this are:

1. Australians are not required to be registered with only one general practice at a time in order to receive public funding for their care;
2. Other health professionals and health care organisations have no obligation to inform a person's usual GP or general practice about their interactions with that person. This is partly because it can be difficult for them to establish who the person's usual GP or general practice is. Emergency physicians in public hospitals report that many of the people who attend there can't name a usual GP or general practice.

Australians are free to visit as many different general practices as they wish, even in one day, with all of their visits supported by Medicare, and with none of the general practices obliged to communicate with each other. One consequence of this is wasteful and sometimes harmful duplication of time, effort, investigations and treatments.

There is wide acknowledgement supported by research evidence that having a usual GP or general practice results in better health at lower cost to the person and to the community than having no usual GP or general practice.

In the United Kingdom, citizens who want to have their care supported by public funding via the NHS must be registered with one practice at a time, and they receive their NHS funded care only at or through that one general practice. All other health professionals and organisations are obliged to keep that one general practice informed of their interactions with that person, so the records held by British general practices are much more complete than the records made and kept in Australian general practices. Importantly, having each citizen officially registered with one general practice at a time enables all other health professionals and organisations simply to look up on the NHS system the name and contact details of the person's GP and general practice.

**My Health Record is not an adequate substitute for enrolment in only one general practice at a time**

Nicola Roxon as Health Minister told the public that the introduction of the then Personally Controlled Electronic Health Record would free them from the need to attend only one general practice for their care. This unfortunate message implied that having a usual GP or general practice doesn't matter. It encouraged fragmentation of care and loss of personal continuity of care. The provision of high quality, safe and efficient general practice care depends greatly on the person's and GP's knowledge of each other and on the development and maintenance of a trusting therapeutic relationship. The availability of data and information about a person's health and health care does not and cannot provide or substitute for these vital elements of quality care.

**Mandatory enrolment in only one general practice at a time would achieve many of the hoped for benefits of My Health Record and would provide other benefits at lower cost and lower risks to privacy**

The Australian government has acknowledged this in its current Health Care Homes trial that requires each citizen in the trial to be enrolled in only one general practice. However, the limited scope of this trial greatly reduces its ability to demonstrate the benefits of enrolment.

It is inevitable that an Australian government will require enrolment in one general practice at a time in exchange for support via Medicare. Until then, **My Health Record can help to encourage people to choose one GP or general practice as their usual one**, by displaying on the home page of their My Health Record the name and details of the GP and/or general practice who or which appeared to be their usual one, based on their Medicare claims for the past year. There could also be a field in which the owner of the record could name some other GP or general practice if they disagreed with this automated assessment. This could occur, for example, if the person had just moved house and had started attending a new practice. **Making the name of each person's usual GP or general practice easily viewable in My Health Record would make it easier for and encourage other health professionals to communicate with each patient's usual GP or general practice. It would also send a message to the owner of the My Health Record and to all health professionals that having a usual GP or general practice matters and is important.**