

Actuaries Institute.

What Happened to My Health Record?

Eilidh Nicholson, Olivia Stephenson & Adam Butler May 2024 "The Federal Government's Strengthening Medicare Report sets out an expansive agenda to improve healthcare in Australia through blended care pathways, supported by investment in better use of digital technology to share patient data.

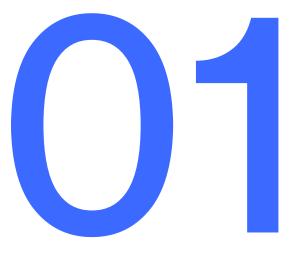
But the My Health Record system that underpins part of this plan has existed for over 10 years, has seen \$2bn in investment and yet is still widely considered to date unsuccessful. This paper explores the reasons for those failures but also the possibilities for health and health actuaries should further investment in this system prompt the progress and growth long desired.

With the Strengthening Medicare Report also putting the role of private health insurers in primary care back on the agenda, the presentation will also explore the current landscape and sentiments around private health insurers involvement in this area and the benefits to consumers of an appropriately safeguarded but better integrated data sharing platform."

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What is My Health Record? A Recap



What is MHR?

"A safe and secure place to keep your key health information, available to you and your healthcare providers anytime, including in an emergency"



 Secure national system for facilitating consumer controlled access to health information



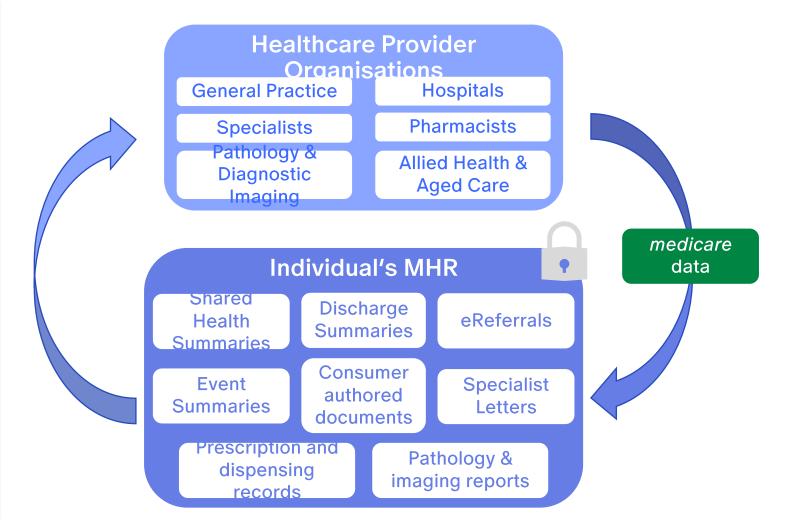
 Over \$2 billion invested since 2012, with ongoing broad digital health spend in the budget



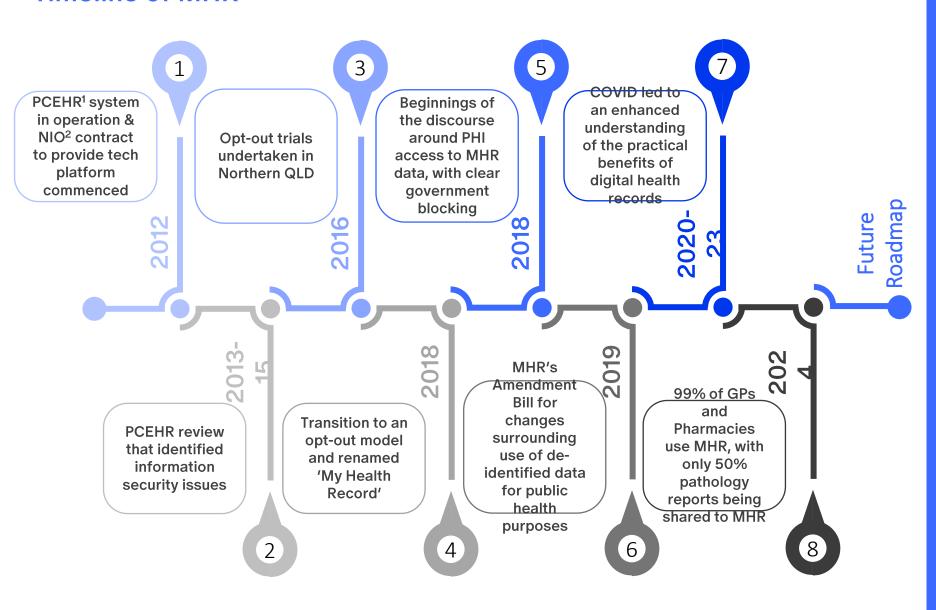
 Started in 2012 as an opt-in system and later transitioned to an opt-out model



Is a Federated Identity
 Model rather than a
 centralised data storage for
 health information



Timeline of MHR



- 1. Personally Controlled Electronic Health Record (PCEHR)
- 2. National Infrastructure Operator

Presented at the 2024 All Actuaries Summit

Digitally enabled

- 1 health and wellbeing services that are connected, safe and sustainable
- 2 | A person centred approach to equip Australians with the right tools and empower to look after their health
- 3 | Inclusive mentality for equitable access to health services when and where Australians need them
- Decision making across all levels to contribute to a sustainable health system through a data driven approach

The Problems With My Health Record



Problems with MHR (and their solutions)^{2,3}



Data Security



Uptake



Not a 'digital filing cabinet'

- Switch from opt in to opt out
- Emergency access
- Prohibiting access for employment/insurance related reasons – now addressed in the Act
- Treatment of records of deceased individuals, minors
- Most of the major issues now addressed in legislation or planned to be legislated

- Barriers to use by health providers system seen as 'clunky'. High usage among GPs and pharmacies but lower elsewhere.
- Calibrating carrots and sticks correctly – and the ongoing funding of these.
- More areas now mandated to participate (e.g. pathology) but debate remains around 7 day access delay etc.
- \$430m invested to address this

- Lack of clinically relevant info in Medicare data
- A roadmap to embed value for consumers and providers
- Linking up with other digital health initiatives

Private Health Insurance and My Health Record



Use of My Health Record^{5,6}

Primary use

Secondary use

Prohibited use

Full data available to healthcare organization's to be used for the purpose of provisioning healthcare to the patient.

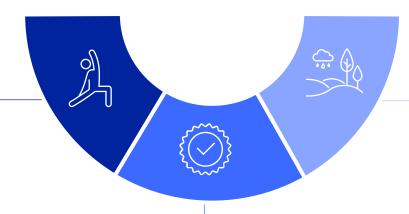
Intention to make de-identified data available to approved researchers or government officials for research and public health purposes. This is subject to the establishment of governance arrangements (currently being developed).

The objective of secondary use is to benefit Australia's health system by ensuring patients receive quality, evidenced-based care that is accessible and cost-effective by giving researchers insights into the effectiveness of current services and treatments in order to inform future planning, policies, and investments.

Underwriting, determining the coverage, or deciding whether to enter into an insurance contract.

Primary or secondary (de-identified) data must not be provided to a private health insurer (with or without the consent of the healthcare recipient).

Why do Private Health Insurers want access to MHR?



Prevention

- The PHI industry currently spends \$50-60 million⁷ per year on health management and preventative programs
- PHI's have limited access to the data required for early intervention
- MHR data provides an opportunity for earlier intervention which would drive cost savings and improve member outcomes ('win-win')

Outcomes

- Traditional contracting structures are a 'pay for service' model
- Increasingly PHI's are moving towards contracting structures that encourage and reward better outcomes (readmissions, patient reported outcomes & experience)
- MHR data presents opportunities to improve measurement of outcomes which could improve contracting

Forecasting & Prediction

Plan for future demand of services

 prioritise funding for
 preventative programs, prioritise
 contracting and reward structures

Concerns with Private Health Insurers accessing MHR



Data security

Increasing instance and severity of cyber attacks on private healthcare companies – Medibank, UnitedHealth.



Misuse of information

Media attention internationally on companies sharing and misusing personal health information – care.data, Biobank, BetterHelp, Cerebral. Community Rating in Australia largely negates concerns around data being used to discriminate pricing.



Managed care

Concerns that giving PHI's access to more information could result in movement towards a US type 'managed care' system. Various arguments around the effectiveness of a managed care model – cost efficiencies vs excess profits.

Public Sentiment

89% would share their information if it helped improve health outcomes and cut costs⁸

+15% increase in consumer trust in PHI over the past 4 years⁹

+4%-6% higher trust in PHI's vs other key industries such as general insurers, banks, and government⁹

1.5x greater trust in health care providers (both public and private hospitals) compared to PHI's⁹

Opportunities for My Health Record



Early Intervention & Care

Pathways
Given the concern around insurers' access to MHR many of the same goals. Insurers and other providers (NDIS etc.) could instead feed in information - rather than take out.



Many of the reviews conducted recommend that MHR should be better integrated and link up to other digital health initiatives.



A 2020 Australian study into preventative programs for OA¹⁰ found that if just 1 in 12 participants avoided a knee replacement there would be savings generated for the health system, where about 71% of costs are incurred by the private system. In reality success is much higher than this but insurers currently face challenges identifying participants early in this health journey to maximise benefit for the patient and savings.



GPs are act as the gateway for patients to various private providers – if systems suitably integrated with coverage and provider arrangements, could help guide patients to low cost and low gap Presented at the 2024 All Actuaries Summit options.





Quality, Transparency, Resource Planning



Beyond insurers putting info into the system – benefits could still be achieved with secondary access; opportunity to earn trust by participating in other ways first.



Holistic view of a patient journey through the primary care, public and private hospital systems, could broaden ability to evaluate quality care including:

- Opportunities to identify and prevent widespread fraud, waste and abuse – for example, recent investigation by ABC Four Corner exposes Australia's 'back pain industry'.¹¹
- Improve assessments of the effectiveness of lower cost care pathways – for example procedures that have just as good outcomes in lower cost short stay settings.



 A richer repository of health data could lead to better long term planning for health needs. A good example is mental health – current public shortage, burden has been pushed to private but current arrangement is threatening viability of Gold products.

Wrap Up



A flawed system with a lot of potential



Better data for a better health system



Putting data in, not taking it out



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Thank you

Actuaries Institute actuaries.asn.au

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