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Department of Health

Standard Form Regulation Impact Statement (RIS)

Name of proposal: A My Health Record for Every Australian

Office of Best Practice Regulation (OBPR) ID number: 21564.

Background

My Health Record is an electronic summary of an individual's health information that can be shared securely online between the individual and registered healthcare providers involved in their care to support improved decision making and continuity of care. Information included in an individual's My Health Record includes, hospital discharge summaries, medication prescription and dispense reports and will include pathology results and diagnostic imaging reports in the near future. The My Health Record system is addressing safety, quality and efficiency issues arising from fragmentation of health information including sub-optimal treatment selection, adverse drug and allergy events, duplication of tests and treatments and time spent locating information.

The My Health Record system (formerly known as the Personally Controlled Electronic Health Record or PCEHR) has been operational since July 2012. The system is currently opt in meaning that individuals and healthcare providers need to become aware of and register to participate.

The then Minister for Health, the Hon Peter Dutton MP, commissioned a review of the PCEHR in November 2013 to look into concerns about its progress and implementation. The review found overwhelming support for continuing the path of implementing a consistent electronic health record for all Australians. However, the review considered that a change in approach was needed to correct early implementation issues and to review the strategy and role that a shared electronic health record plays in a broader system of health care. One of the main recommendations of the review was that opt out participation by individuals be implemented nationally. This recommendation was supported by healthcare providers who advised that they were unlikely to engage with the system unless they knew that most of their patients had a My Health Record. In response to that recommendation the Australian Government announced in the 2015-16 Budget that it would conduct trials of new participation arrangements in My Health Record for individuals.

Opt out participation trials were undertaken in the Northern Queensland Primary Health Network (PHN) and the Nepean Blue Mountains PHN of New South Wales during 2016. The opt out trials were evaluated against the current opt in system operating in the rest of Australia and two trials of innovative approaches to increase participation and use of the My Health Record system utilising opt in arrangements. The independent evaluator found that opt out participation leads to increased use. The independent evaluator also found overwhelming support amongst individuals and healthcare providers for an opt out system and has recommended this approach be adopted nationally on the basis that it is the only sustainable and scalable solution.

Problem Definition

The critical success factor for the My Health Record system is to reach a level of use that delivers the significant benefits that can be realised through the improved availability of health information to healthcare providers and the health system. Based on experience in the Northern Territory this is expected to be met once participation passes 50% of the population.



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Healthcare providers will have additional information available to them to support clinical decision making and will save time in searching for information held by others. Effective use of the My Health Record system would enhance the quality, safety and efficiency of health services by enabling healthcare providers to make better informed decisions about an individual's health based on more complete information available in their My Health Record.

The 2013 PCEHR review identified that the key barrier to healthcare provider adoption of the My Health Record system was the low level of participation by individuals. In the absence of a high level of consumer participation the initial effort and cost of getting connected and being trained acts as a deterrent to getting started. Barriers to participation include the cost of installing software and the registration and identity management processes which are administratively burdensome for both individuals and healthcare providers.

There has been significant investment in the development and implementation of the My Health Record system since 2012, however take up among individuals and healthcare providers remains low. The independent evaluator identified that there is a very low level of awareness of the My Health Record system among individuals and healthcare providers. This is thought to be due to a lack of marketing and public information about the My Health Record system, which may be limiting take up rates.

Objective of Government Action

The objective of the My Health Record system is to improve health outcomes for Australians through the seamless integration and sharing of an individual's important health information with healthcare providers involved in their care. The My Health Record has additional benefits to the health system and can contribute to its sustainability by driving efficiency.

Changing the participation arrangements for the My Health Record to opt out is expected to increase the uptake and use of the My Health Record system significantly, and bring forward the benefits the system can deliver to individuals and the health system. These benefits include: reduced adverse drug events and other medical errors, avoided hospitalisation and reduced duplication of diagnostic tests and treatments.

Policy Options

A business case was used to prepare this proposal (A My Health Record for Every Australian) which seeks a Government decision on how to maximise the return on government's existing investment in the My Health Record system. The business case considered three options: Opt Out arrangements, Continued and Improved Operations and Accelerated Opt In. This consideration included detailed financial cost/benefit and risk analyses. The analysis showed that Accelerated Opt In – which was largely an education and marketing campaign – delivered significantly reduced benefits with very little cost reduction.

This RIS presents and compares two fully costed options (i.e. Opt Out arrangements, and Continued and Improved Operations) for consideration to increase the uptake and use of the My Health Record system.

The trial evaluation report and the business case options analysis have resulted in a determination that there is only one feasible policy option to address the problem described above – which is to move to Opt Out arrangements nationally.



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Option 1 – Opt Out arrangements

Option Overview

This option seeks funding to support Opt Out arrangements nationally, as well as ongoing funding for continued and improved operations for the My Health Record system, including the following activities:

- Ongoing system infrastructure, maintenance operations, cyber security and mobile support;
- System enhancements to improve usability and content;
- Provider connection particularly for pharmacy, hospitals, specialists, aged care and allied health;
- Healthcare provider education and training;
- Funding for operations and support for the My Health Record; and
- Commonwealth contribution to the National Digital Health Inter-Government Agreement (IGA) to fund digital health foundations that support the My Health Record Program.

The expected opt out rate, based on the trials evaluation and consistent with international experience is approximately 2%. This would result in providing My Health Records to 98% of the population by 1 December 2018.

The Opt Out arrangements will be supported by significant communications and readiness activities, including education and training materials, to ensure the public is appropriately informed and healthcare providers are ready to service the significant increase in My Health Record users forecasted under this option. Additionally, the My Health Record system infrastructure and operational support required to service the increased usage of the system has been included in this option.

In addition to significantly increasing the number of people with a My Health Record this option includes major improvements in the registration arrangements for healthcare provider organisations and the maintenance of identity credentials. The proposed improvements are an interim measure pending development of a wider solution addressing identity authentication across the health sector which is likely to be some time away. Due to the increased level of participation by healthcare organisations it is considered necessary to introduce the interim measures as part of the Opt Out arrangements.

Impacted Parties

- Individuals
- Healthcare provider organisations
- Government

Impact Analysis

Impact on individuals

The implementation of Opt Out arrangements nationally would allow all Australians to get a My Health Record automatically created for them unless they exercise their choice not to get one.

Under this option, individuals would no longer need to go through a registration process to get a My Health Record, representing a reduction in current burden on individuals.



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Table 1 identifies the total saving over 10 years from individuals not having to register in the My Health Record system.

Average time taken for individual to register ¹	8 minutes
Individual leisure time ²	\$29/hour
Average saving per application	\$3.87
Number of individuals who would have registered ³	8,300,000
Total regulatory saving for individuals	\$32.12 million

There would be a regulatory burden on those individuals who choose to opt out of having a My Health Record. Those individuals who do not want a My Health Record would need to go through a process which would involve providing their personal information and advising their decision to opt out. The opt out rate during the trials was 1.9%. This was in line with international experience. A figure of 2% has been assumed in the following analysis.

Table 2 identifies the total cost over 10 years for individuals to opt out of the My Health Record system. (Note this is considered to be a mandatory regulatory impact for those who do not want a My Health Record).

Estimated time taken for individual to opt out ⁴	6 minutes
Individual leisure time ⁵	\$29/hour
Average cost per person to opt out	\$2.90
Number of individual opting out ⁶	440,000
Total regulatory cost for individuals	\$1.28 million

It is possible that some people may be uncomfortable with having a My Health Record but not sufficiently motivated to opt out or to set controls to mitigate their concerns. This will be mitigated by ensuring the processes for opting out, setting access controls and cancelling records are as simple as possible.

Individuals who want to access an automatically created My Health Record and exercise their access controls need to go through an identity verification process. This process would closely resemble the current opt in registration process which involves the provision of personal information.

¹ Based on advice by National Infrastructure Operator (NIO), Department of Human Services (DHS) and the Australian Digital Health Agency (Agency). It is a weighted average of the time taken to register an individual via each registration channel (i.e. online, face-to-face, phone or assisted registration by GP staff). Depending on the chosen registration channel, this can include individuals receiving information about the My Health Record system, provision of personal information either verbally or in writing and submission of an online application form.

² Figure provided by the Office of Best Practice Regulation (OBPR)

³ Benefits model assumes a total of 8.3 million people would register under the current opt in arrangements between July 2016 and June 2026.

⁴ Based on advice by DHS. It is a weighted average of the time taken through each opt out channel.

⁵ Figure provided by OBPR.

⁶ Based on an opt out rate of 2% of 18.8 million records created automatically in 2018 plus 2% of new registrations



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Table 3 identifies the total cost over 10 years for individuals to obtain access to their My Health Record. (Note this is considered to be a voluntary regulatory impact).

Estimated time taken for individual to obtain access ⁷	6 minutes
Individual leisure time ⁸	\$29/hour
Average cost to obtain access	\$2.90
Number of individuals obtaining access ⁹	2,791,000
Total regulatory cost for individuals	\$8.09 million

Impact on healthcare provider organisations

Implementing Opt Out arrangements nationally would lead to a reduction in regulatory burden for healthcare provider organisations that currently provide assisted registration to individuals as this would no longer be necessary. The assisted registration process usually involves general practice staff providing information about the My Health Record system to individuals, collecting an individual’s personal information either verbally or in writing and submitting an online application during a practice visit.

Table 4 identifies the saving over 10 years from organisations no longer providing assisted registration to individuals.

Average time taken to provide assisted registration	8 minutes
Average hourly rate of staff providing assisted registration ¹⁰	\$75
Average saving per service	\$10
Number of individuals receiving assisted registration ¹¹	1,824,000
Total regulatory saving for organisations not providing assisted registration	\$18.24 million

Adopting Opt Out arrangements nationally for individuals would change the behaviour of the healthcare provider industry. As a result of mass registration of individuals in the My Health Record system, healthcare providers would be more likely to use the system. It is expected that there will therefore be an increase in the number of healthcare provider organisations registering above the current rates. This is treated as an additional regulatory burden, noting organisations will only choose to register if they decide that there is an overall benefit in doing so.

Table 5 identifies the cost over 10 years for an increased volume of organisations registering to participate in the My Health Record system. (Note this is considered to be a voluntary regulatory impact).

Average time taken by each organisation to register ¹²	1 hour
Average hourly rate salary of staff completing application ¹³	\$75
Average cost per registration	\$75
Number of additional organisations registering ¹⁴	16,487
Total regulatory costs for additional organisations to apply to register	\$1.24 million

⁷ This is expected to closely follow the identity verification undertaken in the current registration process.

⁸ Figure provided by OBPR.

⁹ Based on current access rates, it is expected that about 10% of the population with My Health Record would seek to get access to their Record.

¹⁰ This is the average hourly wage rate of front office/administration staff to complete registration and includes overhead cost. This is also based on the benefits model assumptions.

¹¹ Based on benefits model assumptions.

¹² The simplified registration is expected to require 1 hour effort for each organisation.

¹³ Based on benefits model assumptions plus overhead cost

¹⁴ Based on benefits model assumptions



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The proposed simplification of healthcare provider organisation registration will result in significant regulatory savings. Currently, the process for connecting healthcare providers is cumbersome and estimated to take four hours. Improving healthcare provider registration by simplifying and streamlining the identity verification process would reduce that time to about one hour.

There will be a regulatory saving for those organisations that would have registered in the next 10 years under current registration arrangements from the simplification of the healthcare provider registration process.

This option supports the Government’s deregulation agenda by removing a layer of manual registration activity from the process of connecting healthcare providers to the My Health Record system.

Enhancing the registration and authentication process for the My Health Record system by making it easier for healthcare providers has been identified as a key enabler for the success of the My Health Record system.

Table 6 identifies the saving over 10 years for the reduced time to register for those organisations who would have registered under current registration arrangements.

Average time saving for organisation to register ¹⁵	3 hours
Average hourly rate of staff completing application ¹⁶	\$75
Average saving per registration	\$225
Number of extra organisations registering under status quo ¹⁷	11,887
Total regulatory savings for additional organisations to apply to register	\$2.67 million

This option also includes simplification of the healthcare provider credential management process. This will result in a regulatory saving as organisations will spend less time renewing and installing identity credentials.

Table 7 identifies the saving over 10 years for the reduction in effort by organisations that would have been registered under current arrangements to maintain identity credentials

Average time saved for organisation to maintain credentials ¹⁸	5 hours
Average hourly rate of staff maintaining credentials ¹⁹	\$75
Average saving per organisation	\$375
Average number of organisations maintaining credentials ²⁰	13,756
Total regulatory savings for additional organisations to apply to register	\$5.16 million

¹⁵ Current registration is estimated to take four hours on average. The simplified process is expected to reduce this to one hour.

¹⁶ Based on benefits model assumptions plus overheads.

¹⁷ Based on benefits model. This will be the total of additional organisations that would have been registered under status quo.

¹⁸ This is estimated to currently involve on average two hours every two years. The simplified arrangements is expected to reduce this to one hour on average

¹⁹ Based on benefits model assumptions plus overheads.

²⁰ Based on benefits model. This will be the average of all organisations that would have been registered under the status quo.



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For organisations that choose to register as a result of the implementation of Opt Out arrangements nationally, there will be a regulatory burden arising from the need to maintain their identity credentials.

Table 8 identifies the cost over 10 years for organisations that choose to register as a result of national opt out to maintain their identity credentials. (Note this is considered to be a voluntary regulatory impact).

Average time taken by each organisation to maintain its credentials ²¹	5 hours
Average hourly rate of staff maintaining credentials ²²	\$75
Average cost per organisation to maintain credentials	\$375
Average number of organisations maintaining credentials ²³	8,243
Total regulatory costs for additional organisations that choose to maintain credentials under national opt out	\$3.09 million

There will be a one off regulatory cost associated with the time spent by healthcare providers in undertaking education and training activities.

Table 9 identifies the cost over 10 years for completion of education and training by healthcare providers to support Opt Out arrangements nationally. (Note this is considered to be a voluntary regulatory impact).

Average time taken by clinicians to attend training	30 minutes ²⁴
Average hourly rate for clinicians attending training	\$150 ²⁵
Average cost per training	\$75
Number of clinicians to be trained	176,000 ²⁶
Total regulatory costs for completion of education and training activities by clinicians	\$13.20 million

Impact on Government

There will be a short term cost for Government to support an increase to the capacity of the My Health Record system and to undertake public communication campaigns, healthcare provider-readiness activities and training and education to support National Opt Out arrangements.

For a one-off cost of \$180.9 million over four years (to the end of FY 2020/21) to implement Opt Out arrangements nationally, benefits will be delivered within the forward estimates period, and much sooner than under a continuation of the existing arrangements.

The Government would gain significant economic benefits and return on this investment through reductions in the growth of healthcare costs arising from improvements such as:

- reduced hospital admissions;
- improved individual care including better management of chronic disease; and
- a more efficient healthcare system.

²¹ The simplified arrangements is expected to reduce this to one hour on average

²² Based on benefits model assumptions plus overheads.

²³ Based on benefits model. This will be the average of organisations who would have registered under opt out.

²⁴ It is an average of the estimated time taken by clinicians to complete training and education activities via a number channels including online, practice simulations, face-to-face and word of mouth.

²⁵ The hourly rate for clinicians to attend training is based on the Benefits Model (expressed in 2015/16 dollars).

²⁶ Based on benefits model assumptions. This figure is the number of individual providers (including GPs, pharmacists, allied health etc.) who will require training on the My Health Record System over the next ten years.



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Health Benefits

Broader participation and meaningful use of the My Health Record system will put the person at the centre of their healthcare and support sustainability through better availability and use of health information, which has the potential to enhance policy formulation, innovation and allocation of resources thus improving the quality and the safety of healthcare and service delivery costs.

Encouraging increased participation and effective use of the My Health Record system can lead to improved coordination and better integration of the healthcare system, resulting in a reduction in adverse events and in duplication of treatments and tests.

The reductions in time taken in finding information and the performance of unnecessary investigations would result in improved productivity for the health workforce.

Enhancing participation and meaningful use of the My Health Record system will be of particular benefit to individuals with chronic and complex conditions, older Australians, Indigenous Australians, mothers and newborn children, and individuals living in rural and regional areas, as they are more likely to access healthcare from numerous healthcare providers.

In addition, it would mean that individuals and their families will be able to go anywhere in Australia to receive high quality and convenient healthcare, reducing the time and costs associated with undertaking duplicate tests or repeating information.

Increasing the uptake and meaningful use of the My Health Record system would lead to:

- Improved health outcomes, avoided hospital admissions and saved lives through fewer adverse drug events (more Australians die each year because of medication errors than from road accidents), better coordination of care for people seeing multiple healthcare providers, and better informed treatment decisions (\$2.10 billion estimated over ten years);
- A much more efficient health system. For example, healthcare providers will spend less time searching for information about their patients (\$2.81 billion estimated over ten years);
- Avoided duplication of diagnostic tests - pathology and diagnostic imaging (\$2.08 billion estimated over ten years);
- Putting the person at the centre of their healthcare, so they play a greater role and take greater responsibility for their own health (\$1.41 billion estimated over ten years);
- Enabling innovation and developments in healthcare through secondary uses of health information, enabling unprecedented levels of insight into population health outcomes, which better-inform policy decisions, make resourcing more sustainable, and inspire new clinical developments (\$6.19 billion estimated over ten years).

It is anticipated that benefits in health outcomes will be skewed towards vulnerable families as they currently face more challenges in accessing timely and appropriate healthcare and will have more to benefit from increased participation and meaningful use of the My Health Record system. Based on current experience, these people are less likely to participate in the existing opt in model as they are more likely to be challenged by the registration process. Vulnerable population groups may include Aboriginal and Torres Strait Islander people, families with a member who has a mental illness, families in which English is a second language, and families with low socio-economic status. These groups are expected to experience more pronounced benefits as the My Health Record system will help reduce the burden carried by these families.



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Option 2 – Continued and Improved Operations (Current State)

Option Overview

This option seeks ongoing funding for Continued and Improved Operations for the My Health Record system, including the following:

- Ongoing system infrastructure, maintenance operations, cyber security and mobile support;
- System enhancements to improve usability and content;
- Provider connection particularly for pharmacy, hospitals, specialists, aged care and allied health;
- Healthcare provider education and training;
- Funding for operations and support for the My Health Record; and
- Commonwealth contribution to the National Digital Health IGA to fund digital health foundations that support the My Health Record Program.

Impacted Parties

- Individuals
- Healthcare providers
- Government

Impact Analysis

Maintaining current arrangements would not require any additional regulatory action or legislative change, however this option does not present a compelling business case. Based on current registration rates, it would take until 2030 to realise any significant portion of the benefits expected to be delivered by the My Health Record system as it is unlikely that healthcare providers will make use of the system until the majority of the population has a My Health Record. This will result in limited clinical content being contributed or accessed and minimal benefit being realised.

Individuals would continue to be able to register for a My Health Record if they choose. Many healthcare providers would continue to view the My Health Record as lacking clinically utility due to its limited content and coverage.

Impact on individuals

The regulatory burden on individuals who choose to register for a My Health Record would remain unchanged under this option. Any individual registering can apply through a number of channels, currently including phone, online, in writing, in person at a Medicare Service Centre and at healthcare provider practices that offer assisted registration. Opt in registration process involves provision of personal information via online, verbally or in writing depending on the channel used.

Impact on healthcare provider organisations

The regulatory burden on those registered healthcare provider organisations that currently provide assisted registration to individuals will remain unchanged under this option. The assisted registration process usually involves general practice staff providing information about the My Health Record system to individuals, collecting an individual's personal information either verbally or in writing and submitting an online application during the consultation or afterwards.

Since only a minority of Australians will have a My Health Record, healthcare providers will continue to lack a compelling case to adopt and contribute to the system which would continue to impact on the amount and quality of clinical information in the system and the benefits realised.



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Impact on Government

There will be cost for Government to support continued operations of the system. Government will only begin realising the benefits of the My Health Record system, including a reduction in growth of healthcare costs, when a majority of individuals have a My Health Record which will lead to an increase in the healthcare providers using the system.

Consultation

The Department released a consultation paper entitled *Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper* in late May 2015. The paper was available for consultation from 28 May to 24 June 2015, and during this period 137 submissions were received from a range of stakeholders.

The Department also held public briefing sessions in Canberra, Sydney and Melbourne on the proposals of the discussion paper from 16-18 June 2015. There were a total of 107 attendees representing healthcare providers, individuals, privacy, software and insurance.

The Department had also consulted with a number of key stakeholders between June and November 2015, including COAG Health Council, Australian Health Ministers' Advisory Council, Office of the Australian Information Commissioner, Office of Best Practice Regulation, Attorney-General's Department, Department of Prime Minister and Cabinet, Department of Human Services, Consumers' Health Forum, Australian Medical Association, Avant, Jurisdictional Advisory Committee, the National E-Health Transition Authority (now the Australian Digital Health Agency).

The consultations were aimed at obtaining stakeholder views on the intent of legislative and policy changes for the My Health Record system, including implementing National Opt Out arrangements.

The key messages from the consultations were:

- broad support by individuals and healthcare providers for the concept of opt out participation by individuals across the country;
- a move to opt out would need strong, effective communication about what it means in terms of privacy and security of personal and health information included in the system;
- healthcare providers support a move to opt out as one of a range of things that need to happen to encourage adoption, along with improvements in usability and content; and
- individuals consider healthcare provider participation should also be opt out given the importance of their involvement and contribution to the system.

The consultation process was further enhanced by the evaluation of the participation trials where both individuals and healthcare providers interviewed expressed an overwhelming and almost unanimous support for the adoption of National Opt Out arrangements.

The independent evaluator found there is a high level of support for the adoption of National Opt Out arrangements. For healthcare provider organisations, the burden of assisted registration is seen as a major impost that is not practical without additional benefit. It also allows individuals to receive the benefits of the My Health Record without having to take any action.

Individual support for opt out was conditional on the system offering a high level of privacy and security protection, an easy to use and accessible opt out process, and steps to ensure individuals would be well informed about how their information would be used and how they could control



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access to it. While there was relatively minimal opposition to opt out, privacy and security were the main reasons for the opposition.

The concerns regarding privacy are being addressed, some have already been addressed through legislative changes made in 2016 to strengthen privacy protections. The remainder of the concerns will be addressed in the preferred option through the comprehensive communications campaign which will increase awareness and understanding of individuals' privacy rights, the protections afforded by the system, and their right to choose whether to have or how to use a My Health Record; and the design of the implementation of opt out arrangements which will ensure that individuals are given a reasonable period in which to make a considered decision on whether to participate.

The preferred option will also address the engagement of communities from culturally and linguistically diverse backgrounds, those with a disability impacting their ability to understand complex information, and other vulnerable groups, to ensure they are also given a reasonable opportunity to consider whether to participate and to have a suitable channel by which they can exercise their right to opt out.

Preferred Option

The recommended option is to adopt Opt Out arrangements nationally (option 1). The business case determined that it had the best cost-benefit and the measure has a deregulatory impact.

Implementing Opt Out arrangements nationally for the My Health Record system will increase uptake and meaningful use by healthcare providers and bring forward the realisation of benefits of the system for individuals, healthcare providers and the health system overall.

This option will rapidly increase uptake and use of the My Health Record system by healthcare providers thereby delivering net benefits within and beyond the forward estimates period. The health and economic benefits of the My Health Record system are significant, but conditional upon mass-participation including individuals and healthcare providers.

Adopting Opt Out arrangements nationally would lead to a reduction in regulatory burden for healthcare provider organisations that currently provide assisted registration to individuals as this would no longer be necessary.

This option allows for improved equity of access to healthcare services for hard to reach and vulnerable groups who will benefit most from having a My Health Record created for them.

This option also supports the Government's deregulatory agenda by removing administrative burden through significant improvements in registration arrangements for healthcare provider organisations and the maintenance of identity credentials.

Implementation

The risks of implementing Opt Out arrangements nationally have been detailed in a comprehensive Business Case and Implementation Plan. The legislation enabling Opt Out arrangements to be implemented nationally is in place. The Minister for Health is required to make a legislative instrument to implement it. The Australian Government Solicitor has advised the constitutional risk rating for this option is low and that legislative authority exists.



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A number of internal and external reviews and quality assurance activities are included in the implementation of the Opt Out arrangements nationally to manage risks and maximise the likelihood that strategic objectives will be achieved and target benefits realised. There is a requirement under the My Health Records Act to review the operation of the Act three years following the commencement of any rules to implement Opt Out arrangements nationally.

Ensuring the significant benefits expected are realised is a key requirement for successful implementation. Addressing the risk of healthcare providers failing to adopt the system is a central component of the proposal.

The adoption of Opt Out arrangements will be supported by significant communications and healthcare provider readiness activities, including education and training materials to build awareness of the benefits of the My Health Record to all Australians and healthcare providers.

The communications and education work will involve promotion of the benefits to healthcare providers including the improved availability of information to support clinical decision making and time saved from seeking information from other providers. Evidence from the trials showed increased use of the system by healthcare providers and also informed planning for national education and training services.

The overall implementation risk of this option is rated as high and detailed risk analysis and mitigation strategies have been developed using the Risk Potential Assessment Tool (RPAT). Increased participation may increase privacy risks and the risk of cyber-attacks however, these can be mitigated through existing and proposed cyber protections. The evaluation of the trials identified that consumers felt the benefits outweighed risks.

Not implementing this proposed Opt Out arrangements nationally carries reputational risks given the overwhelming public support and significant investment to date.



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Appendix 1

Regulatory Burden Estimate (RBE) Table

Average Annual Regulatory Costs (from business as usual)				
Change in Costs (\$m)	Business	Community Organisations	Individuals	Total change in cost
Total by Sector	-0.854	Not applicable	-2.275	-3.129

Are all new costs offset?

Yes, costs are offset, *please provide information below*

Deregulatory, no offsets required

Total (Change in costs - cost offset) (\$ million):

What are the offsets for increases in regulatory costs associated with this proposal?

Not applicable