

General Practice QI- PIP: an appraisal of status quo, and a call for clearer rules, timely clear communications, a better processes and adoption of Privacy for Patients and their Doctors.

Australian General Practice Alliance Paper:

Authored by Dr Mukesh Haikerwal AC, Dr Nathan Pinski, Dr Rob Hosking, Dr Trina Gregory, Dr David Adam, Dr Steven Kaye, Dr Karen Price, Dr Oliver Frank GPs concerned about the current proposal.

The Quality Improvement Practice Incentive Program, due to be introduced on August 1st 2019, raises major concerns due to its lack of appropriate governance and risk management, placing the privacy of patients at risk and exposing doctors to significant medicolegal challenges.

The authors of this statement, a group of experienced GPs and practice owners, support the appropriate use of de-identified General Practice data in quality improvement to improve health outcomes for patients. The use of this data would allow inter-practice comparison (benchmarking), business enhancement, research, public health interventions and appropriate prioritisation and allocation of resources. Like other members of the profession, we remain against the use of this data for surveillance or compliance.

This requires a properly informed privacy and consent model for the Australian population. Australian patients and consumers deserve the ability to opt out of secondary use, consistent with other government data programs such as the My Health Record.

The model which is being introduced on 1/8/2019 does not meet these requirements.

Although some groups, such as the RACGP, have raised some concerns, our view is that all parties involved need to urgently advocate strongly and publicly for a more robust system that addresses issues listed below. It is not appropriate to establish an unsuitable program as an interim measure (as currently suggested) and we advise caution in rushing this measure through.

At a minimum, we strongly recommend:

- **that a single, trusted, national data repository be used and concur with the view that the Australian Institute of Health and Welfare (as a trusted and respected organisation) has the capability to be that repository, potentially through its integrated "Health care quality and performance" arm**
- **a single national sign-up contract for general practices uploads to this data repository**
- **the only data elements uploaded to the national repository are the 10 agreed QI PIP requirements**
- **individual practice and Doctors' personal and demographic data must be de-identified and MBS data must be excluded from the collection**

We note that direct upload of curated specific data is already in place with clinical information systems used in Aboriginal Community Controlled Health Organisations and support the further use of this approach.

The proposed use of intermediary organisations (PHNs) and commercial extraction vendors introduces significant risk and complexity regarding data governance, privacy and confidentiality. In our view these risks are unacceptable.

Issues to be addressed:

ROLL-OUT / CONTRACTS

- 1) The new QI PIP starts on 1/8/2019. To date (28/7/2019) there is no way to enrol into the process
- 2) Reassurances that ALL QI PIP eligible practices will receive their full entitlements in the QI PIP, until arrangements are clarified and accepted, need to be confirmed.
- 3) Privacy for the GPs participating in this process must be guaranteed.
We are concerned that GPs personal and billing data maybe collected and sent in an identified way,

including demographics and MBS data, and transferred directly to the intermediary and beyond. This is commercially sensitive information and must be controlled.

- 4) Contracts available from various PHNs and Data extraction tool providers are inconsistent across Australia and may be in breach of the 1988 Privacy Act exposing providers and patients to risk. This risk is greater than that with My Health Record as this process exposes patients' whole medical record, not just a summary.
- 5) It is clear that the purpose for the provision of data extraction tools by organisations has significantly changed from the "Medicare Local" period. The sign-up contract and usage of data needs to be clarified before signing up or opting to continue to send up information in the proposed new QI PIP world.
- 6) Practices are the custodians of the health data they collect, use and disclose and are bound by the provisions of the Privacy Act 1988 and the associated privacy principles. Breaches of data protection legislation has severe financial penalties. Practices must therefore be clearly able to see and approve what data they are uploading and be assured of the governance arrangements regarding the custodial arrangements and the permitted secondary use of that data. Patient privacy must be protected by obtaining evidence of the assurance process before, during and after de-identification. There must be a guarantee of permitted and actual use of that data.
- 7) Medical Indemnity providers must be consulted regarding the potential medico-legal consequences of this data collection and transmission.

QI-PIP Strategy on the web 2018: problems:

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/D4FE6997059769B8CA258426000794AF/\\$File/Practice%20Incentives%20Program%20Eligible%20Data%20Set%20Data%20Governance%20Framework.docx](https://www1.health.gov.au/internet/main/publishing.nsf/Content/D4FE6997059769B8CA258426000794AF/$File/Practice%20Incentives%20Program%20Eligible%20Data%20Set%20Data%20Governance%20Framework.docx)

- 8) Patient privacy and consent are not addressed: in particular, there seems to be no ability to "opt out" of this extraction process, as provided by My Health Record. We understand that CIS vendors, middleware providers, PHNs are unable to operationalise this.
- 9) The document is not contemporary and lacks operational information.
- 10) There is no detail of any implementation methods or governance structure, clearly vital prior to any consent process.
- 11) There is a significant lack of transparency around data storage arrangements
- 12) An agency requiring data from a practice using a particular data extraction product falls afoul of ACCC rules on exclusive dealing if it substantially lessens competition in the market, which seems likely under the current arrangements.
- 13) The volume of data being extracted is significantly more than elements required for QP-PIP.
- 14) Contracts oblige practices to "indemnify" those to whom data is being sent. Practices should not be required to indemnify other agencies involved in the procurement and extraction process – the reverse should apply.
- 15) Some CIS (GP software) vendors and others who want to collect and curate and send this data need to expose how the data will this be used and if not used how will it be deleted as it can be? This is supposed to be about Quality outcomes.
- 16) There is a lack of information about the use of data by PHNs, and how the extra data collected by these organisations is governed and used.
- 17) The AIHW has provided data by local government and PHN boundaries and did by Medicare Local areas in the past to the whole community. It has a proven track record in feeding back pertinent data and managing it.

Some additional statements:

Australian Government Department of Health:

https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance

Office of the Australian Information Commissioner:

<https://www.oaic.gov.au/privacy/privacy-for-health-service-providers/communications-with-patients/>

<https://www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/>

RACGP:

<https://www1.racgp.org.au/newsgp/professional/what-does-the-coalition-victory-mean-for-general-p>

<https://www.racgp.org.au/running-a-practice/technology/business-technology/using-email-in-general-practice>

AMA

<https://ama.com.au/gp-network-news/robbing-peter-pay-paul-no-way-fund-pip-quality-incentive>