



Shaping the Future of Health and Care Together:
National Digital Health Strategy
Australian Digital Health Agency

Bupa Submission

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Table of Contents

Executive Summary	3
About Bupa Australia and New Zealand	3
Summary of Recommendations	4
Bupa Response	5
Appendix One: My Health Record insights tool	13

Executive Summary

Bupa Australia welcomes the opportunity to contribute to the development of a National Digital Health Strategy (the Strategy) which is being led by the Australian Digital Health Agency.

We believe there is broad consensus regarding the future directions of Australia's healthcare system – particularly the need to shift to a more sustainable, consumer centred, 'values-based' healthcare system, that is focused on improved quality and greater efficiency and is driven by a more effective market.

The Strategy should support and accelerate progress towards this model of healthcare.

As such, the Strategy should identify how innovative new technologies can support new forms of healthcare that deliver better clinical outcomes; more informed consumer choices; better coordination of healthcare services; and greater service integration. In all these areas, the care should be centred on the needs of consumers, rather than providers.

Our submission focusses on three significant areas that should be addressed in the Strategy. It is not meant to be a complete list of issues to be covered – simply those we see as important priorities to ensure digital health plays a significant part in transforming Australia's healthcare system.

First, to rapidly accelerate the impact of digital health, the Strategy should specifically recognise that the role of government is to facilitate private sector development of innovative digital products and services – through establishing the right infrastructure and environment for innovation, rather than attempting to develop new products or services itself.

Second, the Strategy should establish a clear principle that healthcare consumers are at the centre of all digital health developments, with an emphasis on supporting better sharing of personal health and care information, increased consumer engagement in the management of their own health and improved access to health and care services.

Third the Strategy should establish a sound framework to ensure the quality and integrity of data and maintain trust in digital health amongst consumers and clinicians. Amongst other things, the framework should encompass standards, rules, and protocols for the use of data, strike the balance between having access to appropriate data and addressing privacy concerns and ensure patients can control what information is released to other parts of the health system.

The potential for digital health is huge and the opportunities are many and varied. Bupa is enhancing its digital capability and would welcome an opportunity to engage with government and collaborate (including through trials, tests, or validation) on different elements of the Strategy as it is developed.

About Bupa Australia and New Zealand

In Australia and New Zealand, Bupa is an increasingly diverse health and care company. In addition to our health, travel, pet, car, home, and life insurances, we operate dental clinics, aged care homes, retirement villages, optical stores, general practice (GP) clinics, rehabilitation centres, tele-health services and wellness and medical visa services. Our purpose is to help people live *longer, healthier, happier lives*. We do not have shareholders and this allows us to reinvest our profit into more and better healthcare to deliver our purpose to around 32 million customers globally.

Bupa is the largest health insurance provider in Australia, supporting more than 4.7 million customers in their health and wellbeing. We are also the largest privately owned residential aged care provider in Australia, providing care for nearly 7,000 residents across a growing network of more than 70 aged care homes.

We deliver a wide range of services for our customers through Australia's largest dental network of more than 230 Bupa owned dental clinics, almost 40 optical stores and expanding audiology services. In addition, we provide medical assessment services to some 250,000 onshore visa applicants annually through our national network of purpose built medical centres and more than 160,000 case reviews by a skilled medical team of complex offshore cases on behalf of the federal Government.

We are also making a difference through our Bupa Health Foundation. As one of Australia's leading corporate foundations dedicated to health, it is committed to improving the health of the Australian community and ensuring the sustainability of affordable healthcare through collaborative partnerships. Over the past 10 years, the Foundation has invested almost \$30 million in more than 100 projects that focus on translating Australian research into real health and care improvements.

Summary of Recommendations

Bupa recommends that the Strategy:

- 1. specifically recognise that the role of government is to facilitate private sector development of innovative digital products and services, including through:**
 - a. establishing the right infrastructure and environment for innovation;
 - b. supporting the development of standards and frameworks to ensure the interoperability of any privately developed products; and
 - c. encouraging the 'digital maturity' of health and aged care solutions.
- 2. establish a clear principle that health and care consumers are at the centre of all digital health developments, with an emphasis on supporting:**
 - a. better sharing of health and care information;
 - b. improved consumer insights about their own health;
 - c. increased consumer engagement in the management of their own health and care; and
 - d. improved access to health and care services.
- 3. establish a framework to ensure the quality and integrity of data and maintain trust amongst consumers and clinicians, with the framework:**
 - a. having a central goal of building and analysing the wealth of health related data;
 - b. encompassing standards, rules, and protocols for the use of data;
 - c. striking the balance between having access to appropriate data and addressing privacy concerns; and
 - d. ensuring health and care consumers can control what information is released to other parts of the health and care system.

Bupa Response

Australia's health and care system is facing increasing pressure from an ageing population, new and more expensive medical treatments and technologies, increasing use of services and rising consumer expectations. The cost of health and care services is already rising at twice the rate of GDP¹ and demands on the system are only likely to increase in light of these pressures and other factors such as our more sedentary lifestyles and an escalating chronic disease burden.

A sustainable healthcare system must strike a balance between curbing unnecessary expenditure growth while improving the quality of care and support available to all Australians.

Bupa believes there is general consensus amongst stakeholders that the healthcare system must shift to a more sustainable, consumer centred, 'values-based' health and care system, i.e. one that is focused on improved quality, greater efficiency and empowerment. This will require governments to reform the health and care system to:

- ensure the system design pivots around healthcare consumer experience, which in turn will lead to greater system integration;
- ensure the right financial incentives are in place – for example by replacing fee for service (which promotes over servicing) with outcomes based payments (capitated, bundled or blended);
- support better informed consumer choices;
- create a system that can better deal with chronic illness rather than episodic care designed to treat infectious diseases and acute healthcare events; and
- improve the interaction between the private and public systems, and better coordinate healthcare services (including when funded by different levels of government) to reduce complexity, fragmentation, and duplication.

Bupa believes e-health and virtual care is critical to support and accelerate progress towards a values-based healthcare system. In recent years we have seen the emergence of new technology and digital disruption to delivery models that have the capacity to transform health and care in Australia. For example, e-health offers the potential for increased use of decision support, better electronic data sharing and secondary use of data and information, including better sharing of patient health and care information to support better coordinated delivery of quality care; whilst virtual care has the potential to drive new delivery models for health and care

From a system perspective, e-health and virtual care should reduce the cost of delivering care by supporting improved evidence-based treatment decisions, and improve access to healthcare services in rural and remote communities. From an individual perspective, it should increase consumer engagement in the management of their own health through use of e-health tools, such as greater use of mobile devices to track and improve their own health, teleconsultations, and customer-centric care coordination.

¹ Department of Treasury and Finance 2015, Intergenerational Report: Chapter 1
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However, despite the huge potential benefits, in many respects progress with e-health has been slow. While many other industries (from music to travel to supermarkets) have gone digital, sharing knowledge and power and flexibility with their consumers, health and social care continues to lag behind.

Digital transformation, while no panacea, must be a critical component of the health and care systems alike in the future. Technology driven models – particularly those that allow individuals to do more for themselves – have the potential to cut costs, remove bottlenecks and even improve health outcomes.

A growing body of evidence demonstrates that the foundation of the “triple aim” of improved health outcomes, better care and lower costs is built upon engaged consumers who are actively involved in their healthcare experience.²

In the context of the broader reforms to health above, there are three significant areas the Strategy should address:

1. The Strategy should specifically recognise that the role of government is to facilitate private sector development of innovative digital products and services

The processes and models on which hospitals and health and social care networks are run have remained virtually unchanged for 30 years. Without making significant changes to these areas, health and care outcomes are unlikely to improve.

Digital health has the potential to deliver transformative change in hospitals, across the spectrum of health, aged care, mental health, and disability services providing there is an environment that fosters system-wide innovation. Bupa believes the private sector will play a critical role in developing the innovative digital platforms and services that are needed to drive innovation in health – and we believe the Strategy should specifically recognise that the role of government is to facilitate this private sector involvement. Government can do this through **establishing the right infrastructure and environment for innovation**, such as frameworks and development of standards, rather than attempting to develop new products, services or business models itself.

Telehealth is an interesting case study. The track-record of telehealth services to date has been poor unless fully funded by government. The private sector has been slow to adopt scaled telehealth services - commercial models have not been fully thought through and the funding models have not provided sufficient incentives. A major reason for this has been the lack of operational affordability. Effective services require not just the technology but a complete operating model of appropriate and connected clinicians, solution providers, devices etc. This is an area where the government should engage with the private sector to define and support the innovation required to make sustainable inroads into ‘virtual care’.

² “Health Policy Brief: Patient Engagement,” Health Affairs, February 14, 2013
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There are many examples of private sector innovation. For example, *Whitecoat* is a privately developed healthcare provider directory and customer review website that helps consumers find, choose and review healthcare providers based on their service experience. It already carries publicly-available information about more than 35,000 registered providers (including a booking capability) and hosts more than 250,000 customer reviews. This initiative will help develop and drive the innovation of an open mobile marketplace, ensuring consumers have access to detailed information that helps them choose the right healthcare provider. *Whitecoat* is an example how the digital world is shifting power away from the ‘sellers’ of goods and services to the ‘buyers’ (health and care consumers).

While the private sector will play a critical role, equally critical will be the role of government in **supporting the development of the necessary frameworks and standards to ensure the interoperability of any privately developed products**. These standards are critical in a national health system, to avoid further fragmentation, duplication and inconsistency. They are equally critical to advance the digital maturity of the aged care system, which we believe has not been explicitly recognised as integral to the effectiveness of these frameworks and the adoption of e-health standards.

In some cases, good quality standards may already exist, in which case the role of government should be to support the standards development organisations (SDOs) and to adopt the standards developed by independent SDOs.

Bupa believes government has a role to ensure aged care technologies and partners should be more effectively included in government partnerships, standards development activities and funding opportunities. We also believe the same standards and interoperability frameworks that apply to primary and acute care vendors should be required of aged care technology vendors.

The government should put in place frameworks that avoid siloed approaches to digital health – for example avoiding siloed funding for individual programs, and small pilots that aren’t scaleable or transferrable. Instead, the government should facilitate a model for digital health that will work across the health sector – public and private hospitals, primary care, allied health and so on.

Finally, government has a role to **encourage the ‘digital maturity’ of health and aged care solutions**. The pace of technology change will see cyber and privacy threats becoming increasingly more prevalent in the Australian health and care sector. User requirements too will continue to expand. Simply digitising a health or care system will not be sufficient. Consumers, payers (public as well as private) and investors, will be looking for ways in which to assess or understand the digital capability of an organisation or solution. Government has a role to encourage continuous improvement of providers’ digital capabilities. Systems such as the HIMSS Electronic Medical Record Adoption Model ([EMRAM](#)) provide one example of a maturity model that could be adapted for use in Australia to promote appropriate ‘digital maturity’ across the spectrum of primary, secondary and tertiary health and care systems.

2. The Strategy should establish a clear principle that health and care consumers are at the centre of all digital health developments.

If we are to shift to a more sustainable, consumer centred, ‘values-based’ healthcare system then all elements, including digital health, should place consumers at the centre.

Bupa believes that a connected and informed customer experience will lead to better health outcomes. In many instances centering care on the customer will require continuity of care across different settings – whether these be telehealth services, home health monitoring and social media engagement, or more traditional face-to-face care. This will require greater digital connectivity for the consumer across care settings and the home, and greater interoperability of standards across different parts of the system.

There are huge potential benefits from consumer centred e-health developments.

It can **allow better sharing of health and care information**, and thereby support better and more coordinated delivery of care. Bupa has supported the efforts of successive federal governments to create an effective and secure electronic health record system. Once fully implemented, individuals will no longer have to repeat their personal details when engaging with health and care providers, and clinicians will have access to health and care information that will help them improve the quality of care, save time, costs and potentially lives. But progress with the electronic health record system has been slow.

Development and uptake of the system needs to be rapidly accelerated across Australia, including through working with software companies so the interface between *My Health Record* and existing electronic medical, pathology, radiology, pharmacy and hospital medical record systems is seamless, and to increase the types of health information that can be uploaded and shared. The government should commit to fully fund an accelerated rollout of *My Health Record* following the 2016 trials – with improved software interoperability and greater customer uptake.

Once the platform is in place, the government should clear the way for private providers to develop products that improve the usability of the system - for example by preparing summaries of diagnoses so the information is more relevant for customers, or by extending the application of *My Health Record* capabilities to the aged care sector which is currently not catered for well. There is significant potential to support better communication between health care providers – for example sharing hospital discharge summaries with aged care homes. Consideration of usability and access of the *My Health Record* to support the needs of people with disability as they look to more connected access to services should also be given priority in 2017.

A key limitation with *My Health Record* is that **consumers are not given insights about their own health**. Consequently, they do not pressure health care providers (e.g. pharmacy, medical, diagnostic) to load data in to the system.

Yet it is technically possible to extract actionable evidence-based insights from *My Health Record*, and place them into a consumer friendly format. This is common practice in the United States (e.g. Symmetry application from Optum Health).

Examples of insights include:

- What are my diagnoses?
- Am I missing important medications?
- How well am I taking my medications?

We have detailed out hypothetical possibilities is attached in [Appendix 1](#). Bupa recognises it is not the government's job to create the individual reports, but to create an environment in which private industry can innovate. However, it may fit policy objectives if the government provides seed funding and can demonstrate the possibilities, as development costs are large and there is no clear revenue model.

In the long term the benefits of e-health records are boundless. With the right innovative products, patients could receive reports that give meaningful and actionable insights into their health. For example, the system could prompt them if they are missing important medications for their treatments, are taking dangerous combinations of medications, have missed important screening tests or have not been immunized properly. Much of this could be done via computer analytics, which is far more efficient than via human intervention.

Digital health can also **increase consumer engagement in the management of their own health**. Today consumers can take charge of their healthcare in a new way. Participatory health is a relatively new concept in the literature of consumer engagement. It is usually described in terms of a transformation in the patient-provider relationship and is premised on individuals taking active responsibility for their own health.³ Increasingly people are drawing upon digital technologies, and act as an equal partner in shared clinical decision making. The consumer becomes the centre of the action, navigating their health and care as an equal partner to the medical practitioner. Technological empowerment is key to individuals (and their circle of support) becoming more health literate and actively engaging in and managing health.

The Society of Participatory Medicine has stated: “this movement is not anti-physician, it's about partnership. A professional's essential clinical knowledge and experience combines with a patient's life experience and intimate knowledge of their own needs as best practice care”.⁴

The value of participatory health will be directly related to the quality of data the individual is collecting through digital technology. As noted elsewhere in the submission, there is an important role for government in setting frameworks and standards to ensure not just the quality of the data, but also interoperability standards so it can be readily integrated with other elements of the health systems.

Accessible information will also allow patients to have greater engagement in the management of their own health, through open dialogues with their doctors about diagnosis and treatment options. Cost estimators, much like Bupa's *Whitecoat* initiative mentioned earlier, increasingly help consumers understand the intersection of cost and quality in assessing their care options.

Finally, digital health can **improve access to health and care services** – particularly in rural and remote regions, but also through 'disrupting' the inefficient face to face model that still prevails in most areas of the health sector. While we recognise the government faces difficult budgetary pressures, there would be long term system wide efficiencies if the limit on MBS subsidies for telehealth were

³ “Health Reimagined: A new participatory health paradigm” EY, 2016

⁴ deBronkart, D., How the e-patient community helped save my life: an essay by Dave deBronkart. BMJ, 2013. 346.

removed so patients in metropolitan areas can also access telehealth. The expansion should be carefully monitored and audited to ensure there is no impact on quality or over-servicing.

3. The Strategy must establish a framework to ensure the quality and integrity of data and maintain trust amongst consumers and clinicians

High quality data will be crucial if the health and care system is to shift to a ‘values-based’ healthcare system, as it will underpin assessments of the quality and efficiency of such a system. It will also underpin any shift to outcomes based payments (capitated, bundled or blended) and a more effective market, through supporting better informed consumer choices.

In addition to threatening patient safety, poor data quality increases healthcare costs and inhibits health information exchange, research, and performance measurement initiatives.⁵ Big data can shed light on behaviour and health patterns, suggesting new ways to improve public health and medicine including disease surveillance and risk factor identification.⁶ **Building and analysing a wealth of health related data – including outcomes, population, and patient reported outcomes should be a central goal for any strategy.** However, a major barrier to harnessing the full value of data in health and care is in the quality of data available to share and use.

The Strategy should articulate a role for government in **establishing a digital health framework that encompasses standards, rules, and protocols** that will ensure the quality and integrity of data, and protects the data sets. This must include clinical data in health and aged care systems, not just in primary and tertiary systems. Equally, the government should provide controls to protect consumers from misinformation. The possibility of this is likely to accelerate as more innovators get on the bandwagon of providing consumer health content – as per the recent example where Google engaged with the Mayo Clinic to provide curated “cards” on common medical conditions.

Importantly, the framework should be developed in close consultation with the sector – particularly those practitioners who will ultimately use and be bound by the standards, rules and protocols, but also consumers. By having input to the framework, practitioners and consumers are more likely to have confidence in the protections that are in place, and ultimately to share health information and use data successfully. A framework should also ensure the context and intent of data is clear, as this is critical for appropriate use of sensitive data (where there are privacy concerns), and can help ensure a level of standardisation for safe decision making. A framework should also establish standards and rules for data sharing and linkages.

Bupa is enhancing its digital capability and would welcome an opportunity to engage with government on the development of a framework, and to pilot, test or validate data standards and protocols as they are developed, particularly in aged care, dental health, and disability services.

⁵ Ensuring Data Integrity in Health Information Exchange, AHIMA, p6

⁶ “Health Reimagined: A new participatory health paradigm” EY, 2016
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The framework will need to **strike the balance between having access to appropriate data, and addressing privacy concerns**. For decades, consumers had little or no engagement with their medical information, despite having a legal right to access their health information.⁷ This was considered the exclusive realm of physicians. However, research has shown that when individuals engage with their medical data, it leads to better outcomes.⁸ The increasing need to share data between individual health practitioners, health care provider organisations and state/territory health departments is one of our health systems greatest challenges. Yet the sharing of this data has the significant potential to improve health outcomes and improve the efficiency of the whole health system.

A goal of a comprehensive national digital health strategy should be to identify how best to unleash the value in health data, including both electronic health records and administrative data sets, to improve healthcare outcomes and health system performance and productivity. But in doing so, individuals' right to privacy must be preserved.

Currently privacy concerns are a barrier to extracting maximum value from data. Although in Australia one in twenty Google searches are health related⁹, the majority of consumers don't like to share health data online.¹⁰ People are more sensitive when it comes to health issues, and health practitioners are careful about who they work with because of the complex and highly regulated nature of the sector. Overcoming the trust barriers currently in this space is key to establishing greater value and productive use of what digital transformation has to offer to the health and care system.

Building trust in data use will happen over time, as comfort levels rise amongst the public and data use increases across society. Consumers need to trust in those that are storing and leveraging data. Recent research has shown that the wider public trusts hospitals over other sectors to protect their data, so it is vitally important this trust is built on throughout the system¹¹:

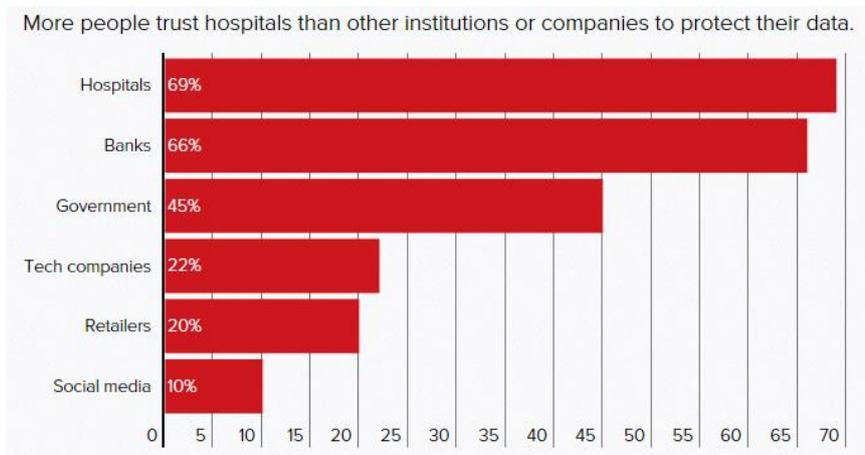
⁷ Under the *Privacy Act 1988* (Cth) and health-records specific laws in some jurisdictions, for example the *Health Records Act 2001* (Vic).

⁸ Ross, Stephen E., and Lin, Chen-Tan, "The Effects of Promoting Patient Access to Medical Records: A Review," *J Am Med Inform Assoc.*, 2003 Mar-Apr. 10(2): 129-138.

⁹ <https://googleblog.blogspot.com.au/2015/02/health-info-knowledge-graph.html>

¹⁰ <https://www.oaic.gov.au/engage-with-us/community-attitudes/oaic-community-attitudes-to-privacy-survey-research-report-2013#1-summary-of-key-findings>

¹¹ Symantec, *State of Privacy Report 2015*, p20



As with the existing My Health Record, **consumers should be able to control what information is released to other parts of the health and care system.** If an individual knows they can control what health and care data is available about them, they will have greater trust in the integrity of data sharing. If they also have trust in the standards that protect that data once released to other parts of the system, they are more likely to share it. Hence the critical role for government in establishing the standards and protocols across the whole health and care continuum.