

February 2023

Australian Government

Department of Health and Ageing

GP Data and Electronic Clinical Decision Support- Response to the Consultation Regulatory Impact Statement

Introduction

Thank you for the invitation to make submission to the Consultation Regulatory Impact Statement on GP Data and Clinical Decision Support (the RIS).

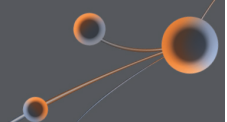
GP Data

As the national peak body for Australian health and medical research, Research Australia recognises that primary care is a critical component of Australia's health system. The Australian Government has justifiably focused more attention on primary care in recent years, with the introduction of extended telehealth services during the COVID-19 pandemic, development of the 10 Year Primary Health Care Plan and more recently with the Strengthening Medicare taskforce.

Research Australia's membership includes many research organisations that work with general practice and includes some GP clinician researchers.

Research Australia welcomes the recognition in the RIS that research has a critical role to play in improving Australia's healthcare system.

'These pressures for change illustrate the need to better utilise existing sources of information, such as general practice data and eCDS, to improve quality of care, health system interoperability across all healthcare settings and to drive research and innovation to ensure the sustainability of Australia's healthcare system.' (page 2)



Providing researchers with better access to higher quality primary care health information, including from GP Practice Management Systems (PMS), could significantly improve the delivery of care, the efficiency of the health system and health outcomes. It can also provide useful information about population wide trends and the efficacy of different treatments.

GP patients and trends in diabetes care

Diabetes care is principally applied in the primary care setting and understanding how well patients of GPs with diabetes are able to manage their blood glucose levels can provide insights into whether, and what resources, should be applied to improve care and reduce the impact of diabetes.

Using data from an Australian GP PMSs, researchers were able to track the blood glucose levels (HbA_{1c}) of a cohort of 76,341 individuals managed by 960 general practitioners from 321 clinics across Australia over 9 years.

The report concluded that while there was improvement in the management of glucose levels between 2005 and 2013, many patients still did not achieve the desired levels. *'Earlier and more vigorously intensified management may reduce lengthy periods of uncontrolled hyperglycaemia in primary care.'*¹

While this is one exemplar of the use of data from a GP PMS and involved a very large cohort, the data captured was very specific. While it points the way to what can be achieved relatively efficiently with better and more routine access to GP data for research purposes, Research Australia shares the view expressed in the consultation paper that '(t)he current processes of sharing and accessing general practice data are complex, disjointed and inconsistent.' (page 2) The difficulties are even greater when trying to link data from different sources, such as GP PMS and PBS for example.

Research Australia is supportive of measures that would improve the quality of data captured in GP PMSs, and of measures to improve research access. As in the example given above, the data used for these purposes will normally be deidentified.

There is evidence of progress being made in at least some of these areas. 'In addition, recent and ongoing efforts to improve the capture and quality of primary healthcare data have provided increased opportunities for use of de-identified consumer data to provide population health insights that can be fed back to GPs at the point of care.' (page 37)

Research Australia submits that simply feeding data back to GPs won't necessarily be helpful. Data needs to be analysed and evaluated, with insights and findings provided back to GPs. Australia's health and medical research community has expertise in these areas and can assist with providing insights to GPs. Research Australia would be pleased to convene an expert group to provide early thoughts on this.

¹ Carrington, Melinda J; Cohen, Neale; Wiley Joshua F; 2107, *Blood glucose levels and glycaemic burden in 76,341 patients attending primary care: Bittersweet findings from a 9-year cohort study* DOI:<https://doi.org/10.1016/j.diabres.2017.02.030>

Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES)

In partnership with the Quality Use of Medicines and Pharmacy Research Centre at the University of South Australia, the Department of Veterans' Affairs (DVA) delivers the Veterans' MATES program with the aim of improving the use of medicines and related health services in the veteran community.

Administrative claims data are used to identify DVA clients who are at risk of medicine related problems and the health providers who treat them. Veterans' MATES uses this information to provide educational material that is tailored to DVA client's specific health care needs. Veterans' MATES also provide direct patient-based feedback to treating doctors regarding medicines and health services that have been provided to their DVA client patients. This information is tailored to an individual doctor's practice.

Supporting educational material is also sent to community pharmacies, accredited pharmacists and other health professionals providing care for DVA clients. A team of clinical experts contribute to the development of the health and medicine information.

Each year Veterans' MATES focuses on four topics and utilises DVA's administrative claims data to pinpoint members of the veteran community who would benefit. The program has focused on increasing use of under-used medicines, reducing adverse medicine events, reducing use of unnecessary medicines and improving the utilisation of health services.

The national program is evaluated using surveys provided at the time materials are distributed, as well as observational studies using administrative claims data to measure the impact of the interventions. Over the past two years, 70% of DVA clients and 80% of general practitioners who have provided feedback through the surveys have reported the educational materials beneficial.

Since its inception:

- Veterans' MATES has reached more than 300,000 DVA clients, 33,000 general practitioners and 8,500 pharmacists.
- Each year approximately 77,000 DVA clients receive educational material from Veterans' MATES specific to their health care needs.
- Collectively there have been over 500,000 mailings sent to doctors, with 1.5 million targeted messages individually tailored for each DVA client's health care needs.
- The program has delivered 1.5 million mailings to identified DVA clients providing health education and self-management advice.

The Quality Use of Medicines and Pharmacy Research Centre (QUMPRC) specialises in improving the use of medicines. Research within the Centre ranges from large-scale data analysis, to the translation of evidence into policy and practice.

It works with consumers, health professionals and organisations, ensuring the advanced technologies and methods developed within the centre find their way into policy and practice to improve patient lives. It's research focuses on 6 key areas: medicines safety, optimising medicine use, digital health, pharmacy practice, Aboriginal traditional medicines, and evidence translation and policy.²

² <https://www.unisa.edu.au/research/qumprc/>

eCDS

The growth of electronic Clinical Decision Support in general practice is a welcome development³. Research Australia recognises that it is important that patients and GPs can have confidence in the outputs provided by eCDS. A key finding in relation to confidence in AI generally is the need for transparency about the inputs and how the system works.

We note the paper calls out the current role of the TGA to regulate eCDS. **Research Australia submits the TGA is the most appropriate body to govern safety of eCDS in health software in Australia.** This is important for clarity for healthcare providers and industry, but also to ensure a consistent international health software safety regulation framework, which the TGA leads.

Further, the Australian Government has developed the *8 Artificial Intelligence (AI) Ethics Principles* as a voluntary framework, and Research Australia submits that these should form the basis for the development and operation of any regulatory framework for eCDS.⁴

Principles at a glance

- **Human, societal and environmental wellbeing:** AI systems should benefit individuals, society and the environment.
- **Human-centred values:** AI systems should respect human rights, diversity, and the autonomy of individuals.
- **Fairness:** AI systems should be inclusive and accessible, and should not involve or result in unfair discrimination against individuals, communities or groups.
- **Privacy protection and security:** AI systems should respect and uphold privacy rights and data protection, and ensure the security of data.
- **Reliability and safety:** AI systems should reliably operate in accordance with their intended purpose.
- **Transparency and explainability:** There should be transparency and responsible disclosure so people can understand when they are being significantly impacted by AI, and can find out when an AI system is engaging with them.
- **Contestability:** When an AI system significantly impacts a person, community, group or environment, there should be a timely process to allow people to challenge the use or outcomes of the AI system.
- **Accountability:** People responsible for the different phases of the AI system lifecycle should be identifiable and accountable for the outcomes of the AI systems, and human oversight of AI systems should be enabled.

³ Telstra Health, a leading provider of software services to GPs, is a Research Australia member.

⁴ <https://www.industry.gov.au/publications/australias-artificial-intelligence-ethics-framework/australias-ai-ethics-principles>

Improving the effectiveness of eCDS

Although eCDS is used widely in primary care software today, it would be valuable to undertake research into the outcomes and effectiveness of this, and where there may be risks and also opportunities for governments to leverage the functionality directly.

There is also a role for research in evaluating the extent to which different eCDS systems are evidence based, up to date, and providing appropriate clinical guidance. This research could be incorporated into an accreditation/and or ratings framework for sCDS. Research Australia would be pleased to work with the Department to design a program of research with leading Australian experts in this area.

Australian expertise in AI in healthcare

The Centre for Health Informatics (CHI) researches the design and use of artificial intelligence (AI) and digital technologies to drive fundamental changes in healthcare and ensure we have a sustainable and patient-centred healthcare system. CHI is a multidisciplinary team of research scientists with backgrounds in medicine, biomedical engineering, computer science, pharmacology, electrical engineering, data science, information technology, clinical science, philosophy, bioinformatics, and nursing.

The Centre for Health Informatics is Australia's largest and longest running academic research group in digital health and is one of four research centres within the Australian Institute of Health Innovation (AIHI).⁵

Conclusion

All Australians benefit when we make better use of the patient information and health data that is currently held in multiple siloes around the nation. Making better use of data being held by GPs and linking this data to enable better research is one of the areas where perhaps the greatest benefits can be achieved because primary care has the greatest reach into our community. Making better use of data involves not only improving access to data; it requires the ability to interpret analyse and link data to derive the insights and findings that enable us to act. Importantly, these benefits do not necessarily require extraction of data, but can instead leverage best practice data governance to enable real time insights and reduce data breach risks.

Australia's health and medical research and innovation community has significant expertise in data management, AI and the translation of findings into evidence based care and welcome the opportunity provided by better quality and accessible data to engage with our health system and healthcare providers to help deliver better health outcomes and a safer, higher quality and more effective health system.

Research Australia would be pleased to be of further assistance; please contact Greg Mullins, Head of Policy at greg.mullins@researchaustralia.org if you have any questions or require further information.

⁵ <https://www.mq.edu.au/research/research-centres-groups-and-facilities/healthy-people/centres/australian-institute-of-health-innovation/aihi-research-centres/health-informatics>

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ABOUT RESEARCH AUSTRALIA

Established with the assistance of the Federal Government in 2002, Research Australia is the national alliance representing the entire health and medical research (HMR) pipeline, from the laboratory to the patient and the marketplace. Research Australia works to position Australian HMR as a significant driver of a healthy population and a healthy economy.

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our role:

Engage

Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect

researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes

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