

## Personally Controlled Electronic Health Record (PCEHR)

June 2012

From 1 July 2012 Australians can register for a Personally Controlled Electronic Health Record (PCEHR). The implementation of the PCEHR system has been a major focus of the Australian Government's e-health agenda.

A PCEHR will bring key elements of patients' health information together in a unified, electronic record. The PCEHR system gives registered users and their healthcare providers access to a summary of their medical history. The intention is to allow for healthcare providers to make better and more efficient decisions regarding patient treatment.

### Background

In 2008, Australian Health Ministers, through the Australian Health Ministers' Advisory Council (AHMAC) endorsed the National e-Health Strategy; a strategic framework and plan to guide national coordination and collaboration in e-Health. A national strategy was considered necessary in order to avoid extensive duplication, and the creation of solutions that could not be integrated or scaled across the healthcare sector. Find the National e-Health Strategy [here](#) (PDF).

In 2011 then Minister for Health and Ageing, Nicola Roxon MP, released the Concept of Operations: Relating to the Introduction of a Personally Controlled Electronic Health Record system (PCEHR Concept of Operations). It provides an overview of the PCEHR system structure and how it will work, the security and privacy principles, the implementation and adoption of the system. Further, it examines the expected benefits as a result of the PCEHR system for patients, carers and healthcare practitioners. Find the PCEHR Concept of Operations [here](#) (PDF).

The PCEHR system is considered a key component of the e-Health Strategy, and over the last two years the Government provided \$467 million to deliver on this part of the Strategy.

### PCEHR

The PCEHR system will provide the necessary infrastructure, standards and specifications to enable secure access to the registered user's health information drawn from multiple sources. Suppliers of e-Health systems will be able to enhance their products and services to become conformant with the relevant standards and specifications and support healthcare organisations in accessing the PCEHR system.

The PCEHR will not be a complete file of the registered user's medical history; however, it will include clinical documents, such as shared health summaries, discharge summaries,



event summaries, pathology result reports and specialist letters. These documents will be collected from a range of participating organisations, and stored within a number of secure repositories in the PCEHR system.

The PCEHR system may also share key health information entered by the individual, including over-the-counter medications, allergies, and Medicare information, such as an individual's organ donor status and dispensed medications funded under the Pharmaceutical Benefits Scheme (PBS). The information will be protected and secured through a combination of governance arrangements, supported by information privacy and system security measures. The national e-Health records system will also be designed to incorporate audit trails and data management controls.

Implementation will initially focus on people who have the most contact with the health care system. These include people with chronic and complex conditions, older Australians, Aboriginal and Torres Strait Islander peoples, and mothers and their new-born children.

### **Expected Economic Benefits of the PCEHR**

According to the Government's National e-Health Strategy, the benefits of implementing the strategy will be a more sustainable healthcare system that is equipped to respond to increasing health sector cost and demand pressures. Also, the improvements gained through the PCEHR system will drive stronger workforce productivity imperative to Australia's long run economic prosperity.

The net direct benefits of the PCEHR system estimated by Deloitte are expected to be approximately \$11.5 billion over the 2010 to 2025 period. This comprises approximately \$9.5 billion in net direct benefits to Australian governments and \$2 billion in net direct benefits to the private sector, where the private sector includes households, GPs, specialists, allied health clinics, private hospitals and private health insurance providers.

Economic modeling was undertaken from the commencement of investment in the PCEHR in 2010 and considered benefits that would be accrued over the 15 year period to 2025. The economic modeling considered both the benefits that accrue from the direct investment in the national PCEHR system, as well as the benefits that accrue from investment by the broader health sector that is catalysed by the Commonwealth Government's investment in the PCEHR system.

Find Deloitte's report on the expected benefits of the National PCEHR system [here](#) (PDF).