



Development of a Framework for Secondary Use of My Health Record Data: Public Consultation Paper

November 2017

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA appreciates the opportunity to provide feedback on the Development of a Framework for Secondary Use of My Health Record Data by the Department of Health and Health Consult.

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DAA interest in this consultation

DAA supports the implementation of the My Health Record system, and acknowledges potential benefits of the secondary uses for data from the My Health Record system. DAA values any system that further enables people to achieve their goals, to increase their participation and ownership of their own health care, and enables authorised health care providers to improve service delivery.

The Accredited Practising Dietitian (APD) program administered by DAA is the platform for self-regulation of the profession and provides an assurance of quality and safety to the public. APDs are food and nutrition experts who translate the science of nutrition into practical solutions for healthy living. APDs manage many health conditions through the practice of medical nutrition therapy, and are committed to an evidence-based practice. APDs also work in research, and are potential users of the rich data sources generated from the My Health Record system to drive improvements in clinical care and service delivery.

Recommendations

DAA supports the development of a Framework for Secondary Use of My Health Record Data.

DAA can identify many benefits to the Allied Health Profession, including APDs, in gaining access to this data for the purpose of health research, clinical care and service delivery.

Discussion

DAA supports that My Health Record data could provide a rich data base of health information. Allied Health Professionals, including APDs, could use the data for the following:

- To indicate service usage, identify gaps in health care services, and improve clinical practice accordingly.
- To provide a rich data source to support evidence-based health research to inform service improvements.
- To advocate to government and non-government organisations and businesses for resource allocation which supports improved health and wellbeing.

Organisations that can provide sufficient evidence to the data custodian that supports safe use of de-identified data, according to principles in the Framework and within a comprehensive governance strategy, should be allowed access to data. This includes overseas organisations who are collaborating with Australian organisations on research that provides a benefit to Australians.

DAA agrees that secondary uses of My Health Record Data should not be used for solely commercial and non-health related purposes, and should not be used to identify individuals in any way, for any reason, at any time.

DAA supports that there should be a public register of requests and users of data, ensuring all data transactions are transparent to the public.

DAA agrees that, in order to minimise the risks of security breaches, there should only be a single accountable authority for the management of My Health Record data for secondary uses.