

Data Availability and Use

Productivity Commission
GPO Box 1428
Canberra City ACT 2601

APHA response to the draft report on Data Availability and Use

The Australian Private Hospitals Association (APHA) is pleased to have an opportunity to respond to the draft report on data availability and use prior to it being handed to the Australian Government in March 2017.

Firstly, we would like clarify APHA's view regarding the release of data. On page 173 of the full draft report, there was the following passage:

Some commercial entities see data's commercial-in-confidence nature as being an effective rationale for non-release of all data. The Australian Private Hospitals Association points to the potential impact of data release on the insurance costs of private hospitals:

Any data that gives one hospital competitive advantage over another, or data that would place one hospital in a less beneficial position when negotiating contracts with health insurers, would be considered commercially-in-confidence by the private hospital sector. This would include data in respect to activity, costs, volume, price and quality. This may be data that is publishable in the public sector (such as the number of separations a hospital provides annually) which in the private sector should only be published as a sector-wide aggregate. (sub. 183, p. 9)

An alternative view might be that, while such data undoubtedly is a source of commercial advantage, withholding it at a net cost to the public interest (say, community health) would be unjustifiable.

It should be noted APHA's submission does not oppose data sharing and release per se, as seems to be implied in the above statement. Rather our concern is data should be released in a manner that respects the rights of both patients and businesses (or legal entities). Other issues raised in the APHA submission, such as the importance of ensuring data is fit for purpose, were not addressed by the Productivity Commission in its draft report.

Further, the quote taken from our submission (sub. 183) refers to negotiations with health insurers, not hospital insurance costs. The statement from the full draft report quoted above therefore represents a fundamental misunderstanding of the point made by APHA in our submission. Private hospitals are primarily funded (more than 80% of revenue) by

private health insurance, i.e. the insurance policies consumers takes out through a health insurer to assist in covering the costs of their future healthcare.

In summary our position is:

- open data is potentially beneficial to consumers, the community and industry, however, data must be appropriately managed and used
- privacy of patients continues to be paramount particularly in relation to health and health services. Health data is highly sensitive, and should not be made readily available at an identifiable level. Individual data must be and remain de-identified
- commercial sensitivity of data which identifies an individual business needs to be recognised and respected
- no identifiable data relevant to either individuals or businesses should be made available as an open source without the specific consent of the individual or business involved
- safeguards must remain in place to ensure de-identified data cannot be re-identifiable
- simplification of data collection processes would be beneficial, in the 'collect once, use many times' spirit of data collection
- when data collected for one purpose is used for a different purpose there is a significant risk of erroneous results and/or unintended consequences. Such risks must be understood and managed. Particular care needs to be taken to manage such risks when for example:
 - using clinical performance indicators for purposes of funding
 - making use of data collections which are incomplete
 - making use of data generated through administrative processes particularly when such data is drawn from many different organisations and/or contexts.

APHA does not oppose increasing the availability and use of data, but rather wishes to be heard in its concerns about how it is done.

APHA is supportive of streamlining the collection processes of hospital data. As detailed in our original submission (sub 183), private hospitals contribute data to a number of health datasets, which all require different types of reporting. APHA wishes to encourage the Productivity Commission to further the 'collect once, use many times' data collection principle, which would save time and money by those entities the data are collected from (private hospitals) and those coordinating data collections and storing the data.

Finally, APHA wishes to reiterate data need to be fit-for-purpose. Fitness for purpose is most easily achieved when those providing data are directly involved in its interpretation and use. APHA has in the past always welcomed the opportunity to work in good faith with government agencies and other stakeholders to better understand and interpret health sector data. Such collaborations invariably involve the discovery of limitations in the conclusions that can be drawn as well as ways in which data can be constructively used to drive change and deliver new and improved services.

In a commercially competitive environment, such collaborations need to be voluntary and appropriately managed so that anti-competitive behaviour can be prevented, gaming can be avoided and organisations that are competitors can be encouraged to collaborate to improve economic and social outcomes for consumers and society as a whole. Such collaborations also need to ensure they do not lead to distortions in market power between purchasers and suppliers such that advantages of a sustainable competitive market are lost to consumers. Moreover, governments and other intermediaries seeking to use data to drive change must ensure perverse incentives are not created which eliminates the positive outcomes needed by consumers.

If the potential benefits of open-source data are to be realised, consideration also needs to be given to the way in which collaboration between government and non-government stakeholders can be successfully engendered. When data analysis and use are separated from the point and processes of collection, those using the data need to be alerted to potential sources of error. Those providing data also need the opportunity to understand the uses to which these data are being put so they can improve quality and utility of data provided and if need be, object to or protect themselves against inappropriate use.

The APHA supports better data availability and use, however, some safeguards and restrictions must remain in place.

Thank you for the opportunity to comment,
Regards,

Michael Roff
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Australian Private Hospitals Association
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