

Application to the ACCC for Authorisation

**WA Primary Health Alliance Ltd for and on behalf of Participating
Primary Health Networks – Primary Sense Project**

Tuesday 14 September, 2021

Application to the ACCC for authorisation of conduct (non-merger)

1. Parties to the proposed conduct

1.1 Applicant Details:

1.1.1 WA Primary Health Alliance Limited (ACN 602 416 697) (WAPHA)

Level 2, 1 Hood Street, Subiaco WA
info@wapha.org.au
08 6272 4900

1.1.2 Contact Person's Details

Name: Giles Nunis

Position: Chief Digital Transformation Officer

Telephone number: [REDACTED]

Email address: [REDACTED]

1.1.3 A description of the applicant's, and the other persons' that are proposed to engage in the proposed conduct, business activities is set out below.

1.1.4 Email address for service of documents in Australia:
[REDACTED]

1.2 Other persons that are proposed to be part of the proposed conduct:

1.2.1 WAPHA makes this application on behalf of itself as the organisation responsible for three Primary Health Network regions (**PHNs**) (being Perth North, Country WA and Perth South), and on behalf of the organisations responsible for the Primary Health Networks that are proposed to be part of this proposed conduct, or that are eligible to become part of this proposed conduct, as listed in Schedule 1.

1.2.2 The members of the proposed Primary Sense Project are all PHN organisations (**Participating PHNs**). The **business activities** of, and the background to, the PHNs are set out as follows.

1.3 Business Activities

Background and Objectives of PHNs

1.3.1 On 1 July 2015, 31 PHNs were established by the Commonwealth Government, through the Department of Health, at a regional geographic level across Australia to:

- (a) increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and

- (b) improve coordination of care to ensure patients receive the right care in the right place at the right time.
- 1.3.2 PHNs achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.
- 1.3.3 PHNs make decisions independent of government and are operated by not-for-profit companies. Through a competitive tender process these not-for-profit organisations were granted a PHN region to be responsible for: WAPHA was granted three PHN regions, all other PHN organisations are responsible for one PHN region (as set out in Schedule 1).
- 1.3.4 PHNs work to reorient and reform the primary health care system by taking a patient-centred approach to medical services in their regions. They have three main roles:
- (a) They commission health services (rather than provide them directly) to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. This may include working with others in the community to plan and deliver innovative services that meet specific health needs.
 - (b) Through practice support, they work closely with general practitioners (**GPs**) and other health professionals to build health workforce capacity and the delivery of high quality care.
 - (c) They work collaboratively within their regions to integrate health services at the local level to create a better experience for patients, encourage better use of health resources, and eliminate service duplication.
- 1.3.5 The Australian Government has identified seven priority areas to guide the work of PHNs. These include mental health, Aboriginal and Torres Strait Islander health, population health, digital health, health workforce, aged care, and alcohol and other drugs.
- 1.3.6 PHNs work to connect different elements of Australia's health system so that patients are more likely to receive the right care, in the right place, and at the right time. PHNs develop partnerships that bring together different health providers and state and territory-based health authorities to create a more holistic system of care. Integrated health services are ideally:
- (a) centred on the needs of the patient;
 - (b) effective and efficient; and
 - (c) make the best use of health funding.

Extraction and Use of GP Data

- 1.3.7 PHNs provide education, training and support as a key part of strengthening Australia's primary health care system. PHNs support

GPs and their office staff and other health professionals to improve their efficiency, effectiveness and coordination of care. Practice support activities may include quality improvement initiatives, designing improved models of care, accreditation support, data analysis and Medicare Benefits Schedule (MBS) billing support.

- 1.3.8 As part of the PHN Program, the PHNs are required to collect and analyse a range of population and health data, specifically including GP de-identified data, and a range of reference data sets such as ABS census data, Australian Institute of Health and Welfare (**AIHW**) mortality data and AIHW cancer incidence data for their respective PHN.
- 1.3.9 The Department of Health is also implementing the Practice Incentive Program Quality Improvement Initiative (**PIP QI**). PIP QI is an incentive payment system for GP practices and other community-based practices to improve quality outcomes for patients. The quality will be determined by the de-identified information (i.e. data) about the care that has been provided to patients by providing practices.
- 1.3.10 General Practices will supply data to the PHNs. The data will then be checked and analysed, and reports will be provided to the Department of Human Services (on behalf of the Department of Health), for calculating and then paying each General Practice's PIP QI payment.

PHN regions and cooperation on use of information and data

- 1.3.11 The geographic boundaries of the PHNs align with Local Hospital Networks boundaries (or equivalent), and therefore there may be a future requirement to revise PHN boundaries should LHN (or equivalent) boundaries be changed by a state or territory government. Provisions for potential boundary changes are included in the funding agreement between the Commonwealth and PHNs. Therefore, due to the nature of the Commonwealth Funding Agreement, PHNs carry out activities within their PHN territory.
- 1.3.12 While PHNs are responsible for their activity within their geographic area, all PHNs are also expected to develop cooperative relationships with other PHNs when the need arises, including in relation to patient information management. The Department of Health has specified that

“While PHNs are responsible for activity within their geographic area, all PHNs are expected to develop cooperative relationships with other PHNs when the need arises, for example, when identified patient flows cross into another PHN region (Pg 10, Primary Health Network Grant Programme Guidelines February 2016).”

Primary Health Insights

- 1.3.13 In order to facilitate communication and data sharing between themselves, WAPHA has previously received funding from the Commonwealth Department of Health, and was nominated by the PHNs, to lead the design, build and implementation of a national data storage and analytics solution platform for primary health care data, which is secure, powerful and robust that assures data integrity and easy to use reporting and analytics (**Primary Health Insights**) on behalf of all PHNs established throughout Australia, to enable PHNs

and other stakeholders to make informed program and policy decisions regarding Australia's primary health care delivery. Primary Health Insights was built based upon a secure cloud platform, and uses data management, business intelligence and 'big data' analytical tools and support and is owned by the PHNs that participated in this project.

1.3.14 Primary Health Insights is now fully operational and delivering services to the PHNs that have decided to participate and use this data management platform as a shared service.

1.3.15 Primary Health Tasmania collectively negotiated for the PHNs with WAPHA, the terms of the agreements for the delivery and use of Primary Health Services on the basis of the notification under S93AC of the *Competition and Consumer Act 2010* and the decision of the ACCC, CB10000468 of 12 September 2019, effective until 14 July 2029 (**Notification**).

2. The proposed conduct

2.1 Details of the proposed conduct

GP Data extraction tools

2.1.1 As mentioned above, as part of the PHN Program, the PHNs are required to collect and analyse a range of population and health data, specifically including de-identified GP data.

2.1.2 The collection and analysis of health data allows health professionals, researchers and PHNs to better understand and prepare for the treatment of diseases and illness, observe access to health care throughout the community and scrutinise the efficacy of current methods of intervention. PHNs offer value to general practice clinics (**GP Clinics**) through the provision of data extraction software at no cost to the GP Clinics that enables this extraction, and, the collation of PHN wide data that provides broader and more detailed population insights than GP Clinics would otherwise have access to on a singular level.

2.1.3 The data extraction tools that are available to PHNs to extract the GP Data are primarily provided by three providers:

Provider (Tool)	Used by
Pen CS Pty Ltd (Cat4 & Topbar)	All PHNs including Gold Coast PHN use one of these tools.
Melbourne East General Practice Network Limited (trading as Outcome Health) (POLAR)	
Gold Coast PHN (Primary Sense)	Gold Coast PHN

Primary Sense

2.1.4 Using grant funding received from the Commonwealth Department of Health, Primary Care Gold Coast Limited (**Gold Coast PHN**) created the Primary Sense data extraction tool to simplify and improve the

process of collecting disaggregated data and its quality for a range of public and population health research projects (**Primary Sense**). A small number of GP Clinics tested the product in 2018, and now more than 80 GP Clinics have adopted the technology within the Gold Coast PHN region.

- 2.1.5 Primary Sense is now a proven tool that supports GP Clinics to make timely decisions for better healthcare for their respective populations. It extracts, analyses, manages and presents GP data within the workflow business model in a confidential and secure way and is supported by a 'Clinical Governance' group drawing members with a variety of clinical specialities from local GP Clinics, universities and the RACGP, and has been developed and overseen by Gold Coast PHN in collaboration with a range of local, national and international universities, professional bodies and healthcare industry associations.
- 2.1.6 WAPHA, Gold Coast PHN and the Participating PHNs wish to enter into agreements to further develop and 'up-scale' Primary Sense so that it may be used by participating PHNs in their regions as a tool to extract GP data from the GP Clinics in each PHN's region.

Proposed Contracting Model

Contract A – development phase

- 2.1.7 WAPHA and the Participating PHNs listed in Part A of Schedule 1, have entered into an unincorporated joint venture¹ for the purposes of funding the development work to:
- (a) Scale up Primary Sense to work effectively and appropriately with multiple PHNs at a national level (**Primary Sense 2**); and
 - (b) Integrate Primary Sense 2 to work within the Primary Health Insights infrastructure and security model.
- 2.1.8 To enable this, Gold Coast PHN has assigned its intellectual property rights in Primary Sense to the Participating PHNs as tenants in common in equal shares. The Participating PHNs will also own the proposed Primary Sense 2 as tenants in common in equal shares.
- 2.1.9 WAPHA has been appointed by the participating PHNs as the lead PHN, to lead, manage, procure the vendors to undertake the development work, and ultimately to provide managed services to support the successful deployment of Primary Sense 2 under proposed Contract B, on behalf of the Participating PHNs.
- 2.1.10 If authorisation is not granted pursuant to this application, the development is not successful, or the parties do not agree to proceed to utilise the services of Primary Sense on Primary Health Insights, all rights in Primary Sense will be assigned back to Gold Coast PHN, but each Participating PHN will be granted a non-exclusive licence to only

¹ Any PHN is eligible to become a party to Contract A.

use Primary Sense for its own purposes as a PHN and/or licence to it GP Clinics within its geographic PHN region for a period of 12 months. During this 12 month licence period, Gold Coast PHN is also permitted to continue to use Primary Sense for its own purposes as a PHN and licence GP Clinics within its geographic PHN region, but is not permitted to commercialise Primary Sense, dispose of it or license a third party to exploit a product or process, or to provide a service, incorporating the Primary Sense.

2.1.11 During this development phase, Gold Coast PHN will continue to use Primary Sense to service its current GP Clinics. Other than WAPHA as the lead PHN leading the development work, no other Participating PHN will have a right to use Primary Sense as a data extraction tool and will not be able to licence GP Clinics to use Primary Sense during this development phase.

Contract B – services phase

2.1.12 If the development is successful, the parties intend to enter into bilateral contracts, under which WAPHA as the lead PHN will provide services to each Participating PHN that wishes to receive the services to:

- (a) Support the Participating PHN to be able to use Primary Sense 2;
- (b) Transition and on-board GP Clinics within the Participating PHN's region that wish to transition to Primary Sense 2; and
- (c) Provide management and support services for the Participating PHN's use of Primary Sense 2.

2.1.13 As each Participating PHN has ownership of Primary Sense 2, each Participating PHN can directly licence the GP Clinics that wish to use Primary Sense 2 in the Participating PHN's region and the Participating PHN remains responsible for this relationship and use (as they do currently with any other data extraction tool that they currently use).

2.1.14 It is proposed that for so long as Primary Sense 2 is offered as a service to the PHNs through Primary Health Insights (**Primary Sense Service**), the Participating PHNs cannot use Primary Sense 2 in competition with the Primary Sense Service and set up a separate primary data health platform to provide Primary Sense 2 to the PHNs. This does not prevent a Participating PHN:

- (a) using Primary Sense 2 for its own purpose and may also use Primary Sense 2 in conjunction with alternate data extraction tools;
- (b) hosting Primary Sense 2 outside of Primary Health Insights Platform;
- (c) licensing GP Clinics within their PHN region to use Primary Sense 2; or

- (d) entering into data sharing agreements in respect of data collected through the use of Primary Sense 2.

Important Features of the Contracting Model

- 2.1.15 Neither the PHNs generally, nor the Participating PHNs, are required to use Primary Sense 2 as their only data extraction solution for GP Clinics. The Participating PHNs will have the choice at the conclusion of the development phase whether to proceed to use Primary Sense 2 or not.
- 2.1.16 Even if a Participating PHN chooses to use Primary Sense 2, they will not be required to use Primary Sense 2 exclusively nor to the exclusion of any other third party data extraction tool.
- 2.1.17 Primary Sense 2 will only be offered to PHNs. It will not be offered to the broader market directly, although of course Participating PHNs will be entitled to offer GP Clinics the use of this tool if the GP Clinics wish to use it under a 'no cost' licence.
- 2.1.18 GP Clinics will not be required to adopt or use Primary Sense 2. They may still provide their GP data to the PHNs via other methods, including using other data extraction tools as provided by PenCS and Outcome Health.
- 2.1.19 Primary Sense 2 will not impede the ability of a GP Clinic to also use POLAR or CAT Plus (or any other data extraction tool) from a technical or information technology perspective.

2.2 Relevant provisions of the Competition and Consumer Act 2010 (Cth) (the Act) which might apply to the proposed conduct

- 2.2.1 The Applicant believes that due to the structure of the PHNs, the geographic areas that are set by the Commonwealth government and the Commonwealth Funding Agreement arrangements, and they undertake their activities within their defined geographic regions, that there is a very low risk that the PHNs could be considered competitors with each other for the purposes of the cartel conduct provisions (Division 1 of Part IV).
- 2.2.2 The Applicant also believes that there is a low prospect of the proposed conduct resulting in the Participating PHNs entering into a contract, arrangement or understanding or engaging in a concerted practice that may have the purpose, effect or likely effect of substantially lessening competition in a relevant market within the meaning of section 45 of the Act.

2.3 The rationale for the proposed conduct

- 2.3.1 The reasons for the proposed conduct are as follows:
 - (a) *Delivering on the Objectives of PHNs* – The Participating PHNs are achieving their object of increasing the efficiency and effectiveness of medical services through better, more targeted and timely data collection from GP Clinics. By working

collaboratively through an unincorporated joint venture, to deliver improved health outcomes, and leveraging off existing infrastructure funded by the Commonwealth Department of Health and PHNs, means the Participating PHNs are working cooperatively together and making the best use of health funding. Having common ownership in Primary Sense 2, also means that the contribution to its development by the Participating PHNs is recognised and can be used by all Participating PHNs to improve health outcomes.

- (b) *Cost Savings for PHNs* - assuming a sufficient number of PHNs adopt Primary Sense 2 under Contact B, there are long-term savings to be realised for the Participating PHNs, since the forecast ongoing costs to operate Primary Sense 2 are considerably less than the current costs incurred by the PHNs for using other data extraction tools.
- (c) *Project & Infrastructure Synergies* - with the Primary Health Insights platform rolled out to PHNs nationally, this provides a capable and secure project infrastructure to leverage the use of Primary Sense 2 and to assist with the transition and roll out of this product to the PHNs. It also means existing infrastructure which hosts PHN data can be re-used to host the extracted GP data, which decreases costs for the PHNs. Integrating Primary Sense 2 with Primary Health Insights also enables access to improved data analytics which will be close to real time for the PHNs.
- (d) *Clinical Improvement* - Primary Sense has capabilities that support improved clinical and business outcomes for GP Clinics, and primary health more broadly. This includes real time delta-based data extraction and medication alerts, ongoing clinically-informed data quality assurance, and the ability to combine unique patient data across practices in a privacy-compliant, de-identified manner. Upscaling of Primary Sense, which is a product that was specifically designed to be used by a PHN for GP Clinics, means the product is targeted for its specific use and need, and has been developed alongside GPs to ensure it also delivers benefits to the GP Clinics in terms of real-time responsive alerts, notifications and prompts and access to self-service generated clinical reports.
- (e) *Greater PHN Responsiveness* – with Primary Sense 2 being developed by and for PHNs, it enables PHNs to have direct product control around its development, strategy and investment so that it is more responsive to PHN's changing needs, the needs of GPs and the primary health program more broadly, to respond faster to a need for new data to be provided to or extracted from GP Clinics. It also provides an ability to determine data mapping standards, rules and approaches, reduces the risk of dependency on third-party providers and provides a greater ability to collaborate with peak bodies and agree on priorities for extraction of types of data.

- (f) *Improved Health Outcomes* – a coordinated and consistent approach to the extraction of GP data across PHNs leads to better collaborative health planning. The real-time alerts for GP Clinics, means more informed clinical decisions made at point-of-care and there is a reduction in medication errors and adverse medication reactions. The more timely PHNs receive the data the greater the understanding of current and trending population health needs, the more informed PHNs are in commissioning service design, engagement and monitoring and there is increased visibility of risk stratification and better ability to target vulnerable populations with specific health advice.
- (g) *PHN Control Over Data Security and Commercialisation* - PHN's do not and will not be offering the use of the extracted data from GP Practices for any commercial gain or purpose or distribution to a third party. Hence, the protections around the data such as higher level of security and privacy controls will be maintained and improved over time in accordance with new techniques and technology innovations.

2.4 Term of the Authorisation Sought

2.4.1 Interim Authorisation:

- (a) The Applicant seeks from the ACCC an interim authorisation for the period from 1 September 2021 until 30 April 2022, to enable the development phase under Contract A to take place.
- (b) The reason for this time period, is to enable the development work to be undertaken for Primary Sense to be upscaled into a useable product by more than one PHN and for it to be integrated into the Primary Health Insights platform.
- (c) The urgency for undertaking and completing this development work, and requesting an urgent interim authorisation, is to plan and commence the transition of some of the Participating PHNs to Primary Sense 2 at the end of the second quarter in 2022, prior to the Participating PHNs being required to renew their existing data extraction licence agreements with third party providers.
- (d) In the Applicant's view, the proposed interim conduct under Contract A is very unlikely to substantially lessen competition in the relevant market, which in the Applicant's view, is the market for data extraction software tools that assist with the extraction, analysis and insights from health care data / practices for use in the health sector by PHNs, general practices (both corporately owned and others) and Aboriginal Medical Services in Australia.
- (e) The Applicant notes that whilst undertaking the development phase under Contract A, only Gold Coast PHN will continue to use Primary Sense in the market, no other PHN will switch to use this product (as from a technical and support perspective, Gold Coast PHN is unable to offer this product to any other PHN as it only has the capacity to provide a service to its GP Clinics

within its region). Until Primary Sense 2 is complete, it is not capable of being used by any PHN other than Gold Coast PHN.

- (f) Furthermore, once the development work is complete under Contract A, the Participating PHNs are not required to enter into Contract B unless it is satisfied that it meets with the Participating PHN's business requirements, and are not required to use Primary Sense 2.
- (g) Finally, the Applicant believes that the public benefits outlined in this application may be realised more promptly if an interim authorisation is granted.
- (h) The Applicant does not intend to enter into the bi-lateral contracts referred to as Contract B, nor provide the Primary Sense Service on Primary Health Insights for any PHN, until such as time as a substantive authorisation is granted.

2.4.2 Authorisation:

- (a) The Applicant seeks an authorisation from the ACCC for the proposed conduct for a period of 10 years.
- (b) The Applicant seeks this authorisation as soon as possible to allow the Applicant time to negotiate and agree the terms of Contract B with the Participating PHNs, on the assumption that the development phase under Contract A is successful.
- (c) The Applicant seeks this time period as it provides an opportunity for the Applicant and Participating PHNs sufficient time to effectively establish, maintain and progress the proposed conduct and realise the benefits from the proposed conduct.

2.5 Documents in support of the application

2.5.1 The Applicant consulted with the ACCC prior to the lodgement of this application to understand what information was likely to be required by the ACCC.

2.5.2 No further information other than as set out in this application as required to be provided.

2.6 Persons affected

2.6.1 The Applicant considers that the current data extraction tool providers to PHNs in the health sector may be interested in the outcome of this application, as well as other interested stakeholders, such as the General Practice Clinics in the Participating PHN regions.

2.6.2 The data extraction tool providers as at the date of this application are:

- (a) Melbourne East General Practice Network Limited (trading as Outcome Health) (); and

(b) Pen CS Pty Ltd ([REDACTED]).

3. Market information and concentration

3.1.1 The Applicant considers that the relevant market to be considered for the purpose of this application seeking authorisation, is the market for data extraction software tools that assist with the extraction, analysis and insights from health care data / practices for use in the health sector by PHNs, general practices (both corporately owned and others) and Aboriginal Medical Services in Australia.

3.1.2 There are 31 PHNs in Australia (as described previously) and an estimated number of 8,526 GP Clinics, based upon the following:

Organisation	Composition	Source of data
PHN	The 31 PHN's which comprise of 5,999 clinics and 23,827 clinicians Australia wide.	Provided by the PHNs
Corporations	Sonic Healthcare, Healius, and Fullerton Health: 356 clinics and 3,460 clinicians.	Extracted from the most recent annual reports supplied by each of the four corporations
Other	All other clinics that are not a part of a PHN or corporation, approx. 1,729 clinics and 533 clinicians.	Productivity Commission Report 10 Primary and Community health 2021
AMS	Approx. 379 clinics and 1,027 clinicians, calculated using data surrounding the composition of the setting of GP employment in Australia.	AMS clinics have been approximated by applying the proportion of GPs in GP Clinics settings to the number of GPs working in an AMS setting.

3.1.3 As at the date of this application, and except in respect of Gold Coast PHN which provides Primary Sense to GP Clinics in its PHN region free of charge, software licences are purchased by a PHN from a third party data extraction tool provider and the data extraction tools are then used by their affiliated GP Clinics (under licence which is provided free of charge by the PHNs to the GP Clinics). The number of known GP Clinics engaging with a PHN in this manner is 5,999 or 70% of GP Clinics nationally.

3.1.4 Generally speaking, most individual clinicians do not purchase the licences directly from the providers, but rather use the software tools provided by their GP Clinic.

3.1.5 The data extraction tools that are available to PHNs to extract the GP Data are provided by three providers:

Provider (Tool)	Used by
Pen CS Pty Ltd (Cat4 & Topbar)	

Melbourne East General Practice Network Limited (trading as Outcome Health) (POLAR)	All PHNs other than Gold Coast PHN use one of these tools.
Gold Coast PHN (Primary Sense)	Gold Coast PHN

3.1.6 As at the date of this application:

- (a) approximately 86% of PHNs are using the software extraction tool provided by PenCS;
- (b) it is not known what percentage of the Corporate and Other clinics segments purchase the software licence directly from the providers; and
- (c) as indicated by the National Aboriginal Community Controlled Health Organisation (NACCHO) reports, PenCS currently holds the majority AMS clinic portion of the market, working with AMS to provide data-driven insights for population health management, reporting on National Key Performance Indicators and preventative healthcare.

3.1.7 Primary Sense 2 will only apply to PHNs and therefore, the impact on the incumbent providers will be through transitioning a portion of PHNs to Primary Sense 2. The remaining portion of the market: Corporate, AMS and Other clinics, will not be impacted by the introduction of Primary Sense 2, and as such these parts of the market will remain unchanged.

3.1.8 It may also be the case that despite the Participating PHNs transitioning to use Primary Sense 2, their associated GP Clinics either:

- (a) do not adopt Primary Sense 2; or
- (b) adopt Primary Sense 2 as it will be provided free of charge by the PHN, but also retain the licence to use their existing incumbent data extraction tool and 'buy-back' their licence from their current third party provider (as applicable) at a price agreed with the relevant provider, given the capabilities of the software products and how the GP Clinics use them in their practices. This may occur, as the change to a new tool by a GP Practice, may be too significant for some.

3.1.9 This 'buy-back' of licences may actually increase the market share for the providers to sell directly into the GP Clinic market segment, rather than through PHNs.

4. Public benefit

4.1 The Applicant believes that the proposed conduct will provide significant public benefits in the form of:

4.1.1 Decreasing the costs incurred by the Participating PHNs for the use of data extraction tools, and how this data is hosted, which means the

PHNs can use these funds for other purposes to achieve their objectives, which will lead to better health outcomes.

- 4.1.2 Obtaining more timely GP Data gives the Participating PHNs a greater understanding of current and trending population health needs, the more informed PHNs are in commissioning service design, engagement and monitoring and there is increased visibility of risk stratification and better ability to target vulnerable populations with specific health advice.
 - 4.1.3 A coordinated and consistent approach to the extraction of GP data across PHNs leads to better collaborative health planning.
 - 4.1.4 The real-time alerts for GP Clinics, means more informed clinical decisions made at point-of-care and there is a reduction in medication errors and adverse medication reactions.
 - 4.1.5 Integrating Primary Sense with Primary Health Insights gives access to better data analytics and insights, which again will lead to targeted delivery of primary health to those in need.
 - 4.1.6 PHNs being able to direct product development, strategy and investment so that this software tool is more responsive to their needs, the needs of GPs and the primary health program more broadly, to respond faster to a need for new data to be provided to or extracted from GP Clinics. It also provides an ability to determine data mapping standards, rules and approaches, reduces the risk of dependency on third-party providers and provides a greater ability to collaborate with peak bodies and agree on priorities for extraction of types of data.
 - 4.1.7 PHN's do not and will not be offering the use of the extracted data from GP Practices for any commercial gain or purpose or distribution to a third party. Hence, the protections around the data such as higher level of security and privacy controls will be maintained and improved over time in accordance with new techniques and technology innovations.
- 4.2 If the proposed conduct is not authorised:
- 4.2.1 Primary Sense cannot be upscaled and used by the PHNs in connection with Primary Health Insights, which means that there is not the same access to data analytics.
 - 4.2.2 The Participating PHNs will continue to incur higher costs for acquiring licences from other data extraction tool providers, and Gold Coast PHN will incur higher costs for continuing to develop and maintain Primary Sense itself, rather than being able to share these operating costs across the PHNs.
 - 4.2.3 The Participating PHNs will not be able to use or access Primary Sense, a product that they believe is better suited to the needs to PHNs generally, and can be more responsive to their needs, the changing primary health system and other stakeholders in the system.
 - 4.2.4 PHN's and GP Practices are currently at risk of commercialisation of health data that may be offered by third party providers in the market

for commercial gain. Public sentiment, as displayed during the development of My Health Record Platform, clearly indicated that protection of personal patient health data should be strictly controlled and not commercialised.

5. Public detriment (including likely competitive effects)

- 5.1 It is the Applicant's view that there are no detriments to the public that are likely to result from the proposed conduct, and that it will not substantially lessen competition. In fact, it is proposed that the Primary Sense Project will further mitigate any risk of commercial exposure by the on-selling of personal patient data.
- 5.2 It is the Applicant's view that this will actually increase competition in the market segment of licensing GP Clinics directly for the use of data extraction software tools, as PenCS and Outcome Health can continue to sell their data extraction products to the GP Clinics directly as there is no requirement or restriction imposed upon GP Clinics that they must use data extraction software purchased by, paid by or provided by, the PHNs.

6. Contact details of relevant market participants

6.1 Contact Details of Likely Interested Parties

6.1.1 The Applicant considers that the current data extraction tool providers to PHNs in the health sector may be interested in the outcome of this application, as well as other interested stakeholders, such as the General Practice Clinics in the Participating PHN regions.

6.1.2 What follows is a non-exhaustive list of contacts.

Organisation Name	Primary Contact Details
Melbourne East General Practice Network Limited (trading as Outcome Health)	Name: Adam McLeod Position: CEO Email: [REDACTED] u Phone: [REDACTED] Website: www.outcomehealth.org.au
Pen CS Pty Ltd	Name: Edweana Wenkart Position: CEO Email: [REDACTED] Phone: [REDACTED] Website: www.pencs.com.au

6.1.3 Other interested parties include the following:

Peak Body	National
RACGP	Ms Christine Nixon

	[REDACTED]
AMA	Dr Martin Lavery
	[REDACTED]
RDAA	Ms Peta Rutherford
	[REDACTED]
ACRMM	Ms Marita Cowie
	[REDACTED]

AAPM	Miranda Grace
	[REDACTED]
APNA	Ken Griffin
	[REDACTED]

7. Additional information

- 7.1 There is no other information that the Applicant considers relevant to the ACCC's assessment of this application.

Schedule 1

Participating PHNs

Part A – current PHNs Participating in the Primary Sense Project

1. Western Australia

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Perth North	WA Primary Health Alliance Limited	Adj Assoc Prof Learne Durrington	PO Box 591, Belmont WA 6984	(08) 6272 4900	info@wapha.org.au	http://www.wapha.org.au/
Country WA	WA Primary Health Alliance Limited	Adj Assoc Prof Learne Durrington	PO Box 591, Belmont WA 6984	(08) 6272 4900	info@wapha.org.au	http://www.wapha.org.au/
Perth South	WA Primary Health Alliance Limited	Adj Assoc Prof Learne Durrington	PO Box 591, Belmont WA 6984	(08) 6272 4900	info@wapha.org.au	http://www.wapha.org.au/

2. New South Wales

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Hunter New England and Central Coast	HNECC Limited	Mr Richard Nankervis	PO Box 2288, Dangar NSW 2309	1300 859 028	info@hneccphn.com.au	http://www.hneccphn.com.au/
South Eastern NSW	Coordinare Limited	Ms Dianne Kitcher	PO Box 325, Fairy Meadow NSW 2519	1300 069 002	info@coordinare.org.au	http://www.coordinare.org.au
Northern Sydney	SNPHN Limited	Ms Lynelle Hales	PO Box 1083, Chatswood, NSW, 2067	(02) 9432 8250	info@snhn.org.au	http://www.sydneynorthhealthnetwork.org.au
Nepean Blue Mountains	Wentworth Healthcare Limited	Ms Lizz Reay	WHL, Blg BR, Level 1, Suite 1, Locked Bag 1797, Penrith NSW 2751	(02) 4708 8100	admin@nbmphn.com.au	http://www.nbmphn.com.au
North Coast	Healthy North Coast Limited	Ms Julie Sturgess	PO BOX 957, Ballina, NSW, 2478	(02) 6618 5400	enquiries@ncphn.org.au	http://www.ncphn.org.au

3. Northern Territory

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Northern Territory	Health Network Northern Territory Limited	Gill Yearsley	GPO Box 2562, Darwin NT 0801	(08) 8982 1000	ntphn@ntphn.org.au	http://www.ntphn.org.au

4. Queensland

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Central Queensland, Wide Bay, Sunshine Coast	Sunshine Coast Health Network Limited	Ms Pattie Hudson	PO Box 3067, Maroochydore QLD 4558	(07) 5456 8100	info@ourphn.org.au	http://www.ourphn.org.au/
Gold Coast	Primary Care Gold Coast Limited	Mr Matt Carrodus	PO Box 3576, Robina Town Centre QLD 4230	(07) 5635 2455	info@gcphn.com.au	http://www.healthygc.com.au
Western Queensland	Western Queensland Primary Care Collaborative Limited	Mr Stuart Gordon	PO Box 2791, Mount Isa QLD 4825	(07) 4573 1900	admin@wqphn.com.au	http://www.wqphn.com.au

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Darling Downs and West Moreton	Darling Downs and West Moreton Primary Health Network Limited	Ms Merylyn Strohfeldt	PO Box 81, Toowoomba QLD 4350	(07) 4615 0900	info@ddwmpnh.com.au	http://www.ddwmpnh.com.au
Northern Queensland	North Queensland Primary Healthcare Network Limited	Robin Whyte	PO Box 7812 Cairns City QLD 4870	(07) 4034 0300	hello@nqphn.com.au	https://www.nqphn.com.au
Brisbane North	Partners 4 Health Limited	Ms Libby Dunstan	PO Box 845 Lutwyche QLD 4030	(07) 3630 7300	info@brisbanenorthphn.org.au	http://www.brisbanenorthphn.org.au
Brisbane South	Brisbane South PHN Limited	Mr Mike Bosel	PO Box 6435 Upper Mount Gravatt QLD 4122	1300 467 265	contactus@bsphn.org.au	http://www.bsphn.org.au

5. Tasmania

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Tasmania	Primary Health Tasmania Limited	Mr Phil Edmondson	GPO Box 1827 Hobart TAS 7001	1300 653 169	info@primaryhealthtas.com.au	http://www.primaryhealthtas.com.au/

Part B – PHNs eligible to join the Primary Sense Project

1. Australian Capital Territory

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Australian Capital Territory	Capital Health Network Limited	Megan Cahill	PO Box 9, Deakin West ACT 2600	(02) 6287 8099	reception@capitalhn.com.au	https://www.chnact.org.au/

2. New South Wales

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Western NSW	Western Health Alliance Limited	Mr Andrew Harvey	PO Box 890, Dubbo NSW 2830	1300 699 167	admin@wnswphn.org.au	http://www.wnswphn.org.au
Murrumbidgee	Firsthealth Limited	Ms Melissa Neal	PO Box 5663, Wagga Wagga NSW 2650	(02) 6923 3100	ceo@mphn.org.au	http://www.mphn.org.au/
South Western Sydney	South Western Sydney Primary Health Network Limited	Dr Keith McDonald	PO Box 90 Macarthur Square NSW 2560	(02) 4632 3000	enquiries@swsphn.com.au	http://www.swsphn.com.au
Central and Eastern Sydney	EIS Health Limited	Dr Michael Moore	Tower A, Level 5, 201 Coward Street, Mascot NSW 2020	1300 986 991	info@cesphn.com.au	http://www.cesphn.org.au
Western Sydney	Wentwest Limited	Mr Ray Messom	PO Box 5, Blacktown Post Shop, Blacktown, NSW, 2148	(02) 8811 7100	wentwest@wentwest.com.au	http://www.wentwest.com.au

3. South Australia

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Adelaide	Adelaide Primary Health Network Limited	Ms Deb Lee	PO Box 313, Torrensville Plaza SA 5031	(08) 8219 5900	enquiry@adelaidephn.com.au	http://www.adelaidephn.com.au
Country SA	SA Rural Health Network Limited	Mr Kim Hosking	PO Box 868, Nuriootpa SA 5355	(08) 8565 8900	enquiry@countryrphn.com.au	http://www.countryrphn.com.au

4. Victoria

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
North Western Melbourne	Melbourne Primary Care Network Limited	Adj Assoc Prof Christopher Carter	PO Box 139, Parkville VIC 3052	(03) 9347 1188	nwmpn@nwmpn.org.au	http://www.nwmpn.org.au

Primary Health Network	PHN Operator	PHN CEO name	PHN postal address	PHN contact phone number	PHN contact email address	PHN website
Eastern Melbourne	Eastern Melbourne Healthcare Network Limited	Ms Janine Wilson	PO Box 610, Box Hill VIC 3128	(03) 9046 0300	info@emphn.org.au	http://www.emphn.org.au
South Eastern Melbourne	South Eastern Melbourne Primary Health Network Limited	Dr Elizabeth Deveny	15 Corporate Drive, Heatherton, VIC, 3202	1300 331 981	info@semphn.org.au	http://www.semphn.org.au/
Murray	Murray PHN Limited	Mr Matt Jones	3-5 View Point, Bendigo, VIC 3550	(03) 5441 7806	info@murrayphn.org.au	http://www.murrayphn.org.au/
Western Victoria	Western Victoria Primary Health Network Limited	Ms Rowena Clift	131 Myers Street, Geelong VIC 3220	(03) 5222 0800	info@westvicphn.com.au	http://westvicphn.com.au/
Gippsland	Gippsland Health Network Limited	Ms Amanda Proposch	11 Seymour Street, Traralgon VIC 2844	(03) 5175 5444	info@gphn.org.au	http://www.gphn.org.au/

Schedule 2

Declaration by Applicant

1. Declaration

- 1.1 The undersigned declare that, to the best of their knowledge and belief, the information given in response to questions in this form is true, correct and complete, that complete copies of documents required by this form have been supplied, that all estimates are identified as such and are their best estimates of the underlying facts, and that all the opinions expressed are sincere.
- 1.2 The undersigned undertake(s) to advise the ACCC immediately of any material change in circumstances relating to the application.
- 1.3 The undersigned are aware that giving false or misleading information is a serious offence and are aware of the provisions of sections 137.1 and 149.1 of the *Criminal Code* (Cth).



/ Signature of authorised person

Chief Digital Transformation Officer

Office held

Giles Nunis

Name of authorised person