

12 October 2021

**URGENT**

Mr Darrell Channing  
Director, Competition Exemptions, ACCC  
23 Markus Clarke Street Canberra ACT 2601 GPO Box 3131  
Canberra ACT 2601  
Attention: Gemma Smith

Dear Darrell ~~Mr Channing~~

**RE: WA Primary Health Alliance (WAPHA) application for authorisation AA1000577 – interested party consultation**

Thank you for receiving this letter in relation to the above application for authorisation. The WAPHA seeks an exemption from the anticompetition legislation to provide support services relating to the use of the to-be-developed Primary Sense 2 data extraction tool. A mechanism that better unifies data extraction nationally in general practice is a worthwhile initiative; however, we believe that this has potential, unintended consequences that may disadvantage GPs, affect general practice research and quality improvement, and inhibit innovation and choice to the detriment of the wider primary care sector. Our view is that this application does not adequately identify these knock-on effects, nor does it consider all the potential interested parties who would be affected. For these reasons we believe wider consultation is required.

Although not listed on the application, the University of Melbourne is an interested party. In addition, there would be considerable benefits if the applicant fully considered the views of other interested parties that will be impacted by this application for authorisation, including the General Practices and General Practitioners.

We are very concerned about an exemption being granted pursuant to the interim application and exemption for the decade sought by WAPHA. We consider that a proper review of interested parties by WAPHA has not been undertaken and request that the ACCC refuse this application on these grounds. We would welcome a meeting as a matter of urgency to discuss this critical matter. A summary of our concerns can be found below.

Amongst the world-leading academic entities at the University of Melbourne, and research institutes and hospitals in the Melbourne Biomedical Precinct, The Department of General Practice was established as a Centre of Excellence in Primary Care Research, Research Training and Knowledge Exchange in 2006. The Department has 68 (full time equivalent) staff supported by an operating budget of \$7 million and research income of approximately \$11 million annually. The Department is a leading academic research group specifically related to Primary Care and General Practice in Australia and works directly with over 600 GP surgeries. The Department has the largest health data science development team in General Practice in Australia (20 FTE – The Health and Biomedical Informatics Centre, Research Information Technology Unit – HaBIC R2) that works in conjunction with research teams and clinicians to develop innovative digital health technologies to promote translation of evidence-based practice and technology development and implementation.

Two examples of technologies relevant to this submission are GRHANITE and Future Health Today. GRHANITE has a track record of providing secure, de-identified data extraction capabilities for general practice and other sectors for over 15 years including the departments' own Data for Decisions Practice-Based Research Network curating data for research on behalf of over 140 practices under industry-leading data governance practices. The tool also provides data extraction services for the NPS MedicineInsight program, national Sexually Transmitted Infection (STI) Surveillance and Aboriginal research. The Future Health Today decision support tool and our other academic data quality initiatives

highlight the complexity of GP data. Our unique academic focus to underpinning clinical decision support and data quality from a GP clinical and academic perspective enables us to advance Health Policy, Health Practice and Patient Outcomes from a strong evidence base. We submit that these advances may potentially be hindered by this Application since practices will almost exclusively implement the free Primary Sense 2 tool, thereby limiting potential innovation and competitive advancement across the sector. We believe this initial authorisation request will significantly affect the future of the marketplace, regardless of any subsequent authorization, through the funding of the tool development and further consultation is required before any further action is taken.

#### **University of Melbourne Submissions:**

1. Allowing this interim authorisation to proceed will unlock funds across PHNs supporting the development of the Primary Sense platform outside anti-competition legislation. We submit that regardless of the outcomes of the final ACCC review, the software development and the establishment of tighter anti-competitive relationships established through these interim powers cannot be fully wound-back and hence we remain very concerned about this interim authorisation.
2. We consider there would be considerable benefits if WAPHA took into account all affected / interested parties to the Application. We propose that there needs to be extensive further communication about this application to ensure all other affected parties have an opportunity to respond.
3. The University has provided feedback in this letter to the Application; however, we wish to ensure there is opportunity for wider consultation with our stakeholders and colleagues. We suggest a one-month period for this review activity to be undertaken and for an appropriate final submission to be made. We think it is important for this review to be extended to medical profession general practice-representative bodies, such as the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), and wider academic review via the Australian Association for Academic Primary Care (AAAPC) and the Australian Health Research Alliance (AHRA) that represents 90% of academic researchers nationally.
4. We think that the Department of Health, Department of Finance, Services Australia, the Productivity Commission and other Agencies require briefing on the potential effects the application would have on healthcare in Australia. The University of Melbourne is willing to work with the ACCC, professional medical bodies and software providers to facilitate appropriate consideration by these entities.

We appreciate the opportunity to make this brief submission and would be happy to discuss these matters in more detail.

Sincerely,



**Professor James McCluskey AO FAA FAHMS**  
Deputy Vice-Chancellor (Research)  
Chair of Microbiology and Immunology  
Redmond Barry Distinguished Professor  
The University of Melbourne