Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
February 2023

Feedback on the Healthcare Identifiers Framework Project

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.*** It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 6000 rural doctor members including 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

The College welcomes the opportunity to provide feedback on opportunities to amend the Healthcare Identifiers Framework, and notes the key aim of the Project is to align the Healthcare Identifiers Act 2010 (the Act) and the Health Identifiers Service (HI Service) with the expectations of healthcare consumers that health information can follow them throughout their health and wellbeing journey.

Providing healthcare providers with more access to patient healthcare information at the point of care, giving them a wider range of information to support their patients, will bring tangible benefits to both patients and healthcare providers, and the wider healthcare system as a whole will benefit.

Leveraging developments and improvements in IT and interoperability of systems to facilitate the accessing, sharing and subsequent analysis of healthcare data through a connected health[1] approach, which encourages communication and collaboration among all of the stakeholders involved in a patient's health, could potentially lead to integrated healthcare for all Australians.

There are a number of issues for Specialist GPs/Rural Generalists (RGs) and private practices around administrative burdens, administrative imposts, multiple requirements and lack of connection between practices, facilities and jurisdictional and hospital and health service requirements. These issues need to be addressed without adding another layer of complexity to the system.

General Comments

Increased use of the HI Service to identify healthcare recipients at the point of care, and associate healthcare information with those recipients across the healthcare ecosystem has the potential, with the appropriate regulatory framework and legislation in place to enable safe and secure connection of health information across the health sector.

The linkage of health information has particular relevance for rural, remote and Aboriginal and Torres Strait Islander communities where the Rural Generalist scope of practice extends beyond primary needs into secondary and tertiary care.

However, any changes to the current framework needs to be underpinned by a patient centred system which ensures the sharing of HIs supports improvements which benefit patients, health practitioners and the wider health system. The need to assure both patients and GPs that health information is confidential and secure and demonstrate how information will be utilised if and when it is shared, is of paramount importance in an increasingly digital world.

The College is concerned that in places, this consultation goes beyond the scope of the healthcare sector and makes a number of suggestions which should be viewed with caution. Whilst we appreciate the aim of an interoperable health system and the delivery of connected healthcare, the College would suggest that the consultation remains focused on the issues affecting the health sector and, in particular "health services" as currently defined.

Although there may well be scope for HIs and HI sharing principles to be applied to or rolled out across other sectors at a later date, the initial focus of the Project initially should be a connected health system.

Response to Consultation Problem Statements and Questions

We have responded to the problem statements and consultation questions pertinent to the work of the College.

[1] Making the case for Connected Health https://www.hhmglobal.com/knowledge-bank/articles/making-the-case-for-connected-health

Problem Statement 1: HI use in key programs, services and systems

The College broadly agrees that increasing the number of programs, services and providers that use HIs by default will be fundamental to increasing interoperability and achieving connected care.

We note that options under consideration to promote the meaningful use and adoption of HIs include direct government initiatives and support, using HIs in Australian Government health programs and services, and linking the use of HIs to funding and accreditation.

It would have been useful for this consultation to have taken place following the release of the *National Healthcare Interoperability Plan* (the Plan)[2] which would have given stakeholders the opportunity to comment on increasing the use of HIs in the context of the key policy initiatives which, it is stated, are set out in the Plan. Ensuring that that individuals, healthcare providers and healthcare provider organisations are uniquely and currently identified when exchanging health information is a key component of the process, and the fact that the Plan has not yet been released impacts meaningful response to part one of this consultation.

The College agrees that policy levers must be reasonable and must not result in unintended consequences for clinicians, end users, patients and the public. Whilst the College would welcome government initiatives to support to assist in the uptake of HI use in programs, services and systems, any framework or regulations surrounding HI use must guard against measures which increase overhead costs, introduce requirements for information with no direct clinical or patient benefit or result in loss of productivity through excessive time spent inputting data. These challenges have been found to hinder progress toward connected health in other jurisdictions.[3]

The College agrees that the expansion of the sharing of the HI Service and increased use of HIs requires a clear understanding of who has rights to information and the scope of those rights, and government action is needed to ensure the underlying principle of value/improvement to the healthcare system is demonstrated at all times.

Problem Statement 2: Scope of healthcare and provider eligibility

Question 1: Does the definition of 'health service' in the Privacy Act sufficiently cover the range of services and programs that are required to support people's health, care and wellbeing and achieve a connected care environment?

Currently, healthcare providers are allocated a Healthcare Provider Identifier (HPI-I) if they are registered through Ahpra, or they can apply for an HPI-I if they are part of a nationally regulated industry or professional association.

The College acknowledges that there is increasing recognition that health is more than the absence of disease and injury, and that a range of social and environmental factors contribute to an individual's overall care and wellbeing. There are also a broad range of professions that support the healthcare of an individual, including healthcare support providers, and none of these are currently eligible for an HPI-I or authorised to use HIs when delivering services.

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[2] Referenced in Healthcare Identifiers Framework Project Public Consultation Appendices, page 3

[3] *Ibid*, 1

We would, however, caution against broadening the scope of the Privacy Act's definition of "health service". Although we appreciate the intended aim, which is to support the use of connected information between these service providers in a digital format, we have concerns around redefining what constitutes a "health service".

Current definition of "health service":

Privacy Act 1988, Section 6FB

1. An activity performed in relation to an individual is a ***health service*** if the activity is intended or claimed (expressly or otherwise) by the individual or the person performing it:

   a. to assess, maintain or improve the individual's health; or
   b. where the individual's health cannot be maintained or improved—to manage the individual's health; or
   c. to diagnose the individual's illness, disability, or injury; or
   d. to treat the individual's illness, disability or injury or suspected illness, disability, or injury; or
   e. to record the individual's health for the purposes of assessing, maintaining, improving, or managing the individual's health.

2. The dispensing on prescription of a drug or medicinal preparation by a pharmacist is a ***health service***.

3. To avoid doubt:

   a. a reference in this section to an individual's health includes the individual's physical or psychological health; and
   b. an activity mentioned in subsection (1) or (2) that takes place in the course of providing aged care, palliative care, or care for a person with a disability is a ***health service***.

Broadening the scope of what constitutes a "health service" under this legislation could lead to wide ranging and unintended consequences. The College would suggest that the health sector should focus its attention on solving the interoperability issues and increasing the use of HIs within its own sector, before broadening the concept of what constitutes a health service, and who is eligible to include what are connected, but essentially non-health services.

For example, ACRRM members have very specific and often pressing needs for data sharing. They often work across jurisdictions including general practice and/or state hospital settings, and information sharing is crucial for patient care. They also have the problem of local patients who must travel significant distances for tertiary care (with little communication 'back to base')as well as dealing with large numbers of itinerant patients, with limited health information or data. These are the problems the Project should be attempting to rectify in the first instance. As stated previously, although there may be expansion opportunities at a later date, the current focus should be kept firmly on the health sector and "health services" as currently defined by legislation.

Problem Statement 3: Clarity around healthcare administration entities and uses

We note the intention of the project to amend the Act so that it clearly allows for healthcare administration entities to use HIs, and to clarify that HIs can be used in all parts of delivering and managing healthcare services.

The College broadly agrees with the working definitions and indicative lists of "*healthcare administration entities*" and "*healthcare administration purposes*" listed on pages 19 and 20 of the consultation document, we are concerned over the statement that "*most healthcare administration entities would need or have direct access to health information".*[4]

It is imperative that patient health information and data is protected and remains safe and secure, and any amendments to legislation should be limited to allowing the sharing of Health Identifiers only, without providing direct access to health information. Other legislation and frameworks exists to regulate and govern access to data, and the Project should ensure it is aligned with other work in this space, for example, the *Consultation RIS on General Practice Date and Electronic Clinical Decision Support.*[5]

Problem Statement 5: Healthcare consumer and provider choice

Person centred care is globally recognised as the gold standard approach to healthcare delivery, and patient engagement and empowerment are key concepts in patient centred practice.[6] Patients increasingly expect to be active participants in their healthcare.

Current provisions in the Act allow patients to use and disclose their IHI, but only for specific and limited purposes. The healthcare provider they disclose it to must also be authorised to use the HI for that purpose. Generally this aspect of the legislation was fit for purpose at the time it was enacted, as it was not anticipated that IHIs would be visible to patients. Increasingly, patients now expect to be active participants in their own healthcare journey. The College would suggest that if the legislation is amended to allow patients to consent to the disclosure and use of their own IHI, then this should be limited to situations which will lead to better health outcomes for the individual.

The College considers that current provisions in the Act preventing the collection, use and disclosure of HIs when underwriting or determining insurance and employment contracts should remain, to ensure that insurers or employers cannot access health information and to ensure that patients are not coerced into disclosing health information. The clear delineation between provision of service and provision of insurance should be maintained.

Problem Statement 6: Support for Healthcare Technology Services

The College appreciates that the modern healthcare environment has evolved since the Act was drafted, with many platforms, applications and methods now being used to connect individuals to healthcare data, including consumer-facing apps, and that currently the Act only allows software vendors that are contracted directly by a healthcare provider to access the HI Service directly, and collect, use, adopt and disclose HIs.

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[4] Healthcare Identifiers Framework Project, Long Document Section 3. Page 19, lines 21 and 22
[5] https://consultations.health.gov.au/primary-health-network/gp-data-and-ecds-cris/
[6] ACSQHC Partnering with patients in their own care https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard/partnering-patients-their-own-care

We appreciate the desire to align the Act with the modern healthcare environment so that it provides for HI use in a broader range of digital health services and software providers. It is worth noting that there are other existing technological solutions which can be used - such as data linkage keys in some of these settings.

The College would suggest any changes to legislation in this area should ensure that the provider has a legitimate and clearly defined purpose and scope, existing 'HI conformance requirements' are reviewed and strengthened where necessary, and the following principles are embedded:

1. the privacy of healthcare recipients and providers must be maintained
2. ensure informed consent
3. set clear boundaries around the appropriate use of data
4. ensure information is held safely, securely and used for defined purposes only

Security and data quality standards must minimise risks to clinical safety, privacy, and security. Emphasis should be placed on ensuring that any use /transmission of HIs are appropriately secure and/or encrypted.

Problem Statement 7: Clarity around permitted uses and concerns about penalties

The College agrees that current provisions around the collection, use and disclosure of information are complex and create concern among health practitioners that they will inadvertently use HIs in a way which breaches legislation. This can be a deterrent to the use of HIs.

This Project presents an opportunity for clear policy and legislation to provide confidence over permitted use and the protection of security and privacy.

The College would welcome legislation which (i) clarifies what the permitted and recommended uses of HIs should be and (ii) creates confidence in the use of HIs. Without robust provisions which practitioners can rely on, the Project is likely to have limited success.

Problem Statement 8: Flexibility and agility to support evolving use cases

The College notes the comment in the consultation document that at the time of drafting the Act, it was necessary to be very specific about the authorisations and permitted data flows, to allay concerns about potential misuse of HIs, and that there is a desire to ensure the Act and HI Service allow for current use cases and are adaptable for new models of healthcare as they evolve.

The College would view with caution any move to make the Act less specific about how health entities relate to each other, and how services are delivered. It is of paramount importance that the Act should be specific about who is an authorised entity and the permitted uses of HIs. The Act should continue to specify data flows and purposes, rather than moving to a broader authorisation model.

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.