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Senate Standing Committees on Community Affairs
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ADIA Submission to the Senate Community Affairs Committee Inquiry into Personally Controlled Electronic Health Records Bill 2011 and one related bill

ADIA welcomes the Senate Inquiry into the Personally Controlled Electronic Health Records Bill 2011 and hopes that it will provide an opportunity to clarify what needs to be done to ensure a high level of PCEHR system performance.

The private diagnostic imaging sector has been an early adopter of digital technology and has invested heavily in picture archiving and communications systems (PACS) and in teleradiology which allows for the transmission of images for remote interpretation and reporting of scans. In this sense the sector has been extracting the benefits of e-health applications for some time – including increased efficiencies and improved communications between referrers and providers of diagnostic imaging services.

ADIA supports the PCEHR system and is keen to make the diagnostic imaging component work. However, this will involve some level of investment in e-health applications over and above that which has already been made. We anticipate that a number of funding issues will need to be worked through with Government to provide an incentive for practices to participate in PCEHR.

Since the diagnostic imaging component of the PCEHR is essentially in its infancy and will not be implemented in 2012, we are not in a position to assess in detail how the legislation relates to our members' involvement. ADIA will be in a much better position to respond to regulatory options when some of the key issues and standards around diagnostic imaging have reached a more mature stage of development.

The technical building blocks which will need to be in place before diagnostic imaging can be incorporated into the system include:

1. A plan for the DI sector to introduce Health Identifiers.

2. A revision of messaging interoperability standards -Standards Australia's HL.7 (2.3.X) version to be replaced with HL7(2.4)

3. Standardised orderable services/tests catalogues.

4. A clinical policy in relation to the retention and disposal of diagnostic images.

5. Technical standards for the storage and retention of diagnostic images (including the required timeframe and specification of the types of images to be stored).

6. Standards and processes for access to and transfer of diagnostic images, reports and requests.

ADIA is currently actively involved in assisting NeHTA with the second and third of these building blocks - national standardised orderable catalogues as they relate to diagnostic imaging and the revision of the HL7 interoperability standards.

Work on building blocks 5-7 has not yet begun.

With respect to Health Identifiers, ADIA has noted the White Paper circulated by the Medical Software Industry Association (MSIA) on the National Healthcare Identifier Service. The Healthcare Identifier Service is obviously pivotal to making the PCEHR system operational. If the flaws in the service identified by the MSIA are in fact correct, there is a risk that users of the system could inadvertently fail to identify the correct patient and/or provider information, thereby compromising the accuracy of the record or revealing information on the wrong patient. This would clearly be a source of real concern to diagnostic imaging providers, particularly since they would incur legal liability for an error which is beyond their control. Under these circumstances, it is hard to imagine there would be much enthusiasm for opting into the PCEHR system within the private diagnostic imaging sector. We hope the Senate inquiry will be able to shed some light on the integrity of the Healthcare Identifier Service provided by Medicare for the purposes of PCEHR.

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ADIA represents private diagnostic imaging practices in Australia. They diagnose and treat 50,000 patients every day and operate 80% of the comprehensive practices providing services to patients in rural and regional Australia. ADIA members are both for-profit and charitable and operate practices in the community and in public and private hospitals in Australia.