AGED CARE INDUSTRY
IT COUNCIL
ACIITC

8 March 2010.

Committee Secretary
Community Affairs Legislation Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Secretary

Re: Healthcare Identifiers Bill 2010 (exposure draft)

The Aged Care Industry IT Council (ACIITC), which is auspiced by the two industry bodies, Aged and Community Services Australia (ACSA) and Aged Care Association Australia (ACAA), welcomes the opportunity to submit comment on the Healthcare Identifiers Bill 2010 (exposure draft).

We are strongly of the view that this legislation is an important step towards an effective electronic health record for Australia and therefore support the passage of the Bill.

Indeed, the ACIITC is developing the detailed Business Case for an early and practical implementation of ehealth; Electronic Medication Management in Aged Care that will use Healthcare Identifiers as the basic "building block" for communication across Aged Care, General Practitioners, Pharmacy and Hospital Services that will deliver better health outcomes, improve the quality of care and reduce the risk of adverse events to Australians who are Aged Care recipients.

However, there are a number of issues that we believe need clarification and/or further consideration prior to the enactment of the Bill.

The principle underlying our comments is that the provisions of the Bill, and related documents, are consistent and applicable across the full range of residential and community care services delivered by providers in the aged care sector/industry.

Our comments on the Bill relate primarily to:

• Part 2 – Assigning healthcare identifiers
• Part 6 – Miscellaneous

The comments go to matters of implementation, not policy and are not reasons for the Bill not to be passed.

We envisage and encourage substantial dialogue and consultation with ACIITC regarding the implementation and operation of the Bill in the future.

In addition to the Bill, the ACIITC has relied on the following documents in preparing this response, as follows:

1. Department of Health and Ageing Exposure Draft Healthcare Identifiers Bill 2010 – Release Note – 10 December 2009
2. Council of Australian Governments Meeting Communiqué – 7 December 2009
3. House of Representatives – Healthcare Identifiers Bill 2010… Explanatory Memorandum
4. Department of Parliamentary Services Bill Digest – Healthcare Identifiers Bill 2010 – Dr Rhonda Jolly, Social Policy Section
5. Model Healthcare Community – National E-Health Transition Authority – February 2010
6. Department of Health and Ageing – Healthcare Identifiers Service – Frequently Asked Questions – 10th February 2010
7. National E-Health Transition Authority – Setting foundations for e-health with healthcare identifiers – FAQs for Providers
8. National E-Health Transition Authority – Setting foundations for e-health with healthcare identifiers – FAQs for Individuals
9. Australian Health Ministers Conference – Building the foundation for an e-health future… update on legislative proposals for healthcare identifiers

Part 2 – Assigning healthcare identifiers
It is intended that Healthcare Provider Identifiers, for both the organisation and individual (HPI-O and HPI-I) will be introduced progressively from July 2010.

Clarification is required as to the staff required to have an HPI-I within an Aged Care Organisation, or would the Care they deliver be recorded only against the Aged Care Provider's HPI-O?

The purpose of the Act is, as stated "to provide a way of ensuring that a person who provides … healthcare is correctly matched to the health information that is created when healthcare is provided". This will be achieved "by assigning a unique identifying number to each healthcare provider".

In definitions "healthcare" means "health service" and cross referenced to the definition of "health service" in the Privacy Act, which is given to mean clinical care services.

The Aged Care Act has neither a definition of "healthcare" or of "health service"; nor a cross-reference to the Privacy Act for their definition. Instead, "care" is defined quite broadly clinical and personal care services provided.

The ACIITC would recommend that HPI-I's only be issued to staff involved in clinical care and supporting administrative functions.

Part 6 – Miscellaneous
Section 22 Regulations indicates further regulations prescribing matters is foreshadowed.

The ACIITC would therefore seek the opportunity to comment/respond to the Regulations when published as it is anticipated they will provide clarity of Operational impact and therefore an assessment of organisation impact can then be made.

General Comments
ACIITC believes that the structure put in place through this legislation needs to ensure that the system can be readily deployed across Residential and Community Care settings so that an integrated record of care is developed and can be accessed/exchanged with other providers and health care professionals.

Community care, encompassing the Home and Community Care Program, Community Aged Care Packages and Extended Aged Care in the Home and Extended Aged Care in the home Dementia programs, are now providing health and care services to approximately 800,000 Australians and the demand for these services is growing.

It is important in planning long term care that we ensure the Healthcare Identifier system can ultimately be deployed to all these care recipients. The long term coordination of social and health care is an important component for achieving improved efficiency and effectiveness from the large investment of public health and aged care funds supporting long term care recipients.

Summary
The introduction of HealthCare Identifiers and the "Local Users" (see "Building the foundation for an e-health future…" P. 20), is an important step, a foundational building bock to the future of health care delivery.
The Bill is supported by the ACIITC.
Given the "building block" nature of the Bill the ACIITC anticipates the impact of its introduction to be significant:

- In the application infrastructure in place within Aged Care as identifiers are added to care and administrative applications

- In the physical Infrastructure as enhanced security necessitates the implementation of smart cards and related technology

- The Change Management among Clinical Care and administrative staff in implementing HealthCare Identifiers embedded within new and / or amended Business Processes.

- The evolution of e-health as real applications are developed and implemented (e.g. Electronic Medication Management in Aged Care) and Business Processes are substantially redesigned.

A continuing dialog on these impacts will be necessary, as will the capital investments required to build and operate these technology solutions, and the change management required across the industry to implement e-health.

Yours sincerely,

Suri Ramanathan
Chair, Aged Care Industry IT Council

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