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Ms Naomi Bleeser  
Committee Secretary  
Community Affairs Legislation Committee  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Ms Bleeser

### **Healthcare Identifiers Bill 2010 and Healthcare Identifiers (Consequential Amendments) Bill 2010**

The AMA considers healthcare identifiers are an essential building block towards the implementation of electronic health records, and we are therefore a strong supporter of their introduction. Healthcare identifiers will facilitate the secure access to, and appropriate sharing of, electronic patient information by healthcare providers.

We support the passage of the Healthcare Identifiers Bill 2010 and the Healthcare Identifiers (Consequential Amendments) Bill 2010.

Our submission will address the issues the Committee is specifically considering:

- privacy safeguards in the Bill;
- operation of the Healthcare Identifier Service, including access to the identifier; and
- relationship to national e-health agenda and electronic health records

Our comments on these issues largely relate to concerns about implementation, and are not reasons for the Bills not to be passed. We encourage the Committee to consider making recommendations in respect of the practical implementation of healthcare identifiers in the health care setting, to ensure the objectives of the Bills can be met.

#### *Privacy safeguards in the Bill*

The Committee will be familiar with the AMA position on protecting patient privacy from our submission to the Committee's inquiry into compliance audits on Medicare benefits (April 2009). In that submission we stated "The integrity of the confidentiality of the patient medical record is absolutely essential to developing, enhancing, and underpinning the therapeutic relationship. This confidentiality secures the necessary trust and openness that characterises the ongoing communication between doctors and their patients to optimise patient care".

In the context of ehealth, we would be concerned if access to, and sharing of, electronic patient information had the unintended consequence of compromising the

doctor/patient relationship because patients felt that there was insufficient protection of their electronic health information.

In this context we note that the use of healthcare identifiers will, in certain circumstances, enhance patient privacy by ensuring that electronic patient information is shared securely and appropriately between healthcare providers, that is, by ensuring patients and healthcare providers are correctly identified when patient information is transmitted electronically between healthcare providers.

While, in our view, the Bills adequately deal with the use and misuse of the healthcare identifiers for this purpose, the AMA recognises that much of the privacy concerns relate to the electronic sharing of patient information, which is not covered by the Bills. These concerns will need to be dealt with appropriately in future legislative or other arrangements that cover the governance and administrative arrangements for electronic health records themselves.

We note that at this time, in Australia hardly any of the electronic systems that contain patient information are interoperable, so there is limited opportunity to share patient information electronically across more than one healthcare setting.

There is no doubt that implementing the e-health agenda will deliver enormous benefits to patient safety and quality of care. The challenge will be to find the right balance between addressing privacy concerns while ensuring healthcare providers are able to access to the necessary information they need at the time of treatment.

The AMA looks forward to contributing to the development of privacy safeguards to be included in future legislation on electronic health records.

*Operation of the Healthcare Identifier Service, including access to the identifier*  
The AMA understands that there has been a lot of work by Government to establish the Healthcare Identifier Service and to build the IT system that creates and administers healthcare identifiers, and to extract patient details from the Medicare database. However, as far as we are aware, the infrastructure needed within the healthcare sector has not been developed.

In an article in *The Australian* on 16 February 2010 the Medical Software Industry Association is reported as saying software-makers were in the dark about changes they would need to make to their products.

Further, there is no information available to medical practices to help them to understand how the healthcare identifiers will work in practice and what steps medical practices need to take if they want to use healthcare identifiers.

Consequently, the AMA is not confident that there has been sufficient preparation for the rollout of healthcare identifiers in the healthcare sector. In the early consultation stages, the AMA had asked for an implementation plan to be developed in collaboration with the healthcare industry to allow medical practices and hospitals to prepare. More information needs to be provided to the healthcare sector to clarify:

- How healthcare providers and organisations will be advised of their healthcare identifiers?
- Whether medical practice software packages will be upgraded to accommodate healthcare identifiers, and at what cost to medical practices?
- Whether software has been developed that will enable medical practices to automatically populate their medical practice records with patient healthcare identifiers from the Healthcare Identifier Service;
- If there will be alternative arrangements for medical practitioners to acquire patient healthcare identifiers, such as swiping a patient's Medicare card or contacting the Healthcare Identifiers Service?

We anticipate that implementing healthcare identifiers will be burdensome for medical practices. Government should consult the healthcare sector on the implementation plan to mitigate the impact on medical practices and other healthcare provider organisations.

The Committee may wish to consider making recommendations about the development of an implementation plan and for education material to be provided to the health care sector to assist providers to prepare for using healthcare identifiers.

Further, given that healthcare identifiers will be automatically allocated to every individual who is known to Medicare Australia, we believe it is critical that Government undertake a public information and education campaign to ensure the Australian people are fully informed about how and why healthcare identifiers will be used. Doctors and their staff should not find themselves at the front line of justifying and/or explaining the purpose of healthcare identifiers to their patients, as this will only detract from the delivery of patient care.

The Committee may wish to consider making recommendations about a public education campaign.

Finally, the AMA notes that with the simultaneous introduction of a single healthcare identifier for medical practitioners and the new national registration and accreditation scheme for the health professions, the Government has a perfect opportunity to reduce red tape for doctors by also implementing a single Medicare provider number.

A single Medicare provider number has been recommended by the Productivity Commission in its Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services Draft report released on 26 June 2009.

The Committee may wish to consider making a recommendation that the introduction of healthcare identifiers coincides with the introduction of a single Medicare provider number.

*Relationship to national e-health agenda and electronic health records*

The AMA fully supports the roll-out of e-health initiatives in order to integrate systems, reduce fragmentation, streamline service delivery, reduce duplication, and improve quality and safety.

Healthcare identifiers will ensure that a healthcare provider accesses the right patient record when providing treatment.

To date investment in e-health has mainly focussed on development of standards and technical specifications. Priority now needs to go to funding and rolling out the infrastructure for e-health, particularly electronic health records.

The AMA fears that governments are not intending to invest sufficiently in e-health implementation right across the health system. To achieve a properly connected e-health system, there needs to be widespread participation by health care providers. This can only be guaranteed with sufficient government investment in the overarching infrastructure.

At the CHIK Health-e-Nation Conference in August 2009, the Minister for Health and Ageing said that changes to the private health insurance rebate arrangements are “estimated to save the Government \$1.9 billion” and “e-health reforms are an example of what we could pay for if the private health insurance measure is passed”.

In an article in *The Australian* on 13 October 2009, NEHTA Chief Executive Peter Fleming said, “health ministers were pushing the organisation to take a far more commercial approach” and “the original vision of a single e-health record system has been abandoned in favour of ‘person-controlled’ records that could be adopted more quickly”.

At Senate Estimate hearings on 21 October 2009, in response to questions around the progress on implementation of eHealth more broadly, the Secretary of the Department of Health and Ageing said “we are trying to build a reasonable national system that will enable private investment and private engagement”.

Up until now, relying on private investment and private engagement hasn’t proven to be very effective in delivering e-health infrastructure. It will require a strong commitment from all levels of government. Medical practices and other health organisations will play their part in preparing for e-health, but they will be reluctant to invest without a sound infrastructure to connect to.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Pesce', written in a cursive style.

Dr Andrew Pesce  
President

4 March 2010

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