

RACGP response Health Legislation Amendment (Modernising My Health Record - Sharing by Default) Bill 2024

January 2025



RACGP

1. Introduction

Every year, almost nine in 10 Australians visit a general practitioner (GP) for their essential healthcare, making an average of 7.6 visits. In 2023, more than 22 million Australians chose to see a General Practitioner (GP), with most choosing to attend a usual GP or usual general practice ([Health of the Nation 2024](#)) – making GPs the most accessed health professional in our health system.

The Royal Australia College of General Practitioners (RACGP) is pleased to provide a response to the consultation on the Health Legislation Amendment (Modernising My Health Record - Sharing by Default) Bill 2024 (the Bill) which will establish a legislative framework requiring key health information to be shared with the My Health Record system, subject to exceptions.

The RACGP supports consumer ownership and control over their My Health Record. We support the “authority under the law” consent model where registered healthcare provider organisations are authorised to collect, use and disclose health information for the purpose of providing healthcare, subject to any access controls set by the recipient.¹ This model facilitates the sharing by default of pathology and diagnostic imaging. My Health Record is not a communication tool for direct communication between healthcare providers and does not replace the patient’s health record or relationship with the usual general practice. It remains essential for healthcare providers to communicate directly with each other.

The RACGP has been a key stakeholder in the development of the My Health Record and encouraged its use across general practice. We have worked closely with relevant stakeholders to address usability issues and to ensure documents uploaded are safe, accurate and relevant to clinical practice. We have advocated for greater uptake of the My Health Record across the healthcare sector to improve patient outcomes.

2. About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia’s health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population. We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs.

We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues affecting their practices. We are a point of connection for GPs serving communities in every corner of the country.

Australia’s GPs see more than two million patients each week, and support Australians through every stage of life. The scope of general practice is unmatched among medical professionals. Patient-centred care is at the heart of every Australian general practice, and at the core of everything we do.

3. Summary of RACGP recommendations

The RACGP recommends:

- evaluation is undertaken to provide data that immediate access to pathology and diagnostic imaging results via the My Health Record has achieved the goal of supporting better patient health outcomes and that there are no worse health outcomes as a result.
- any future requirements for GPs to upload information to My Health Record are determined in consultation with the RACGP.
- we are engaged as part of any communications plan to raise awareness of these changes amongst our members.
- there is a wide-reaching awareness campaign rolled out to consumers to increase consumer awareness and adoption of My Health Record.

4. Consultation response

Overall, the RACGP is supportive of legislative changes to mandate the sharing of patient information to the My Health Record. The findings from [The Strengthening Medicare Taskforce Report](#), that access to real time health information is a key part of a connected healthcare system will be supported through the default sharing of patient information by both private and public practitioners and services.

4.1 Changes to the 7 day delay rule

With pathology and diagnostic imaging as the first healthcare providers required to share test results to the My Health Record there is the potential to reduce duplicate testing, lowering both Medicare and patient out-of-pocket costs. However, there are risks associated with making those results immediately available to patients.

Changes to the 7 day rule under the revised legislation will mean patients have immediate access to a wide range of test results which could lead to unintended and negative outcomes where patients do not understand or misinterpret their results. The legislation changes do establish exceptions to the upload requirement based on patient consent and clinical discretion in cases where there are serious concerns for a patient's' health, wellbeing or safety.

As per our [previous submission](#) in October 2023 to the Department of Health and Aged Care's discussion paper on Modernising My Health Record – Sharing Pathology and diagnostic imaging reports by default and removing consumer access delays, the RACGP recommended the 7-day delay to pathology and diagnostic imaging results being uploaded to My Health Record remain in place, except for tests already available in real time such as influenza and HbA1c

The RACGP acknowledges the work being done by the [Clinical Reference Group](#) established by the Australian Digital Health Agency (the Agency) and the Department of Health and Aged Care (DoHAC) to provide strategic advice and clinical oversight to the [Improved Sharing of Information to My Health Record program](#) which includes recommendations for certain test results to be excluded from immediate access.

The RACGP recommends evaluation is undertaken to provide data that immediate access to pathology and diagnostic imaging results via the My Health Record has achieved the goal of

supporting better patient health outcomes and not resulted in harms to anyone (“Do no harm” is an important principle of medicine).

4.2 Healthcare services required to upload information to My Health Record

The legislative changes mean that where a patient Medicare rebate is payable for a healthcare service, there will be a requirement to share information about that service to My Health Record. This requirement will initially be applied to diagnostic imaging and pathology services with the intention to progressively extend this requirement to other health information, including information from general practice.

The RACGP is well placed to advise government on what is workable for general practice and recommends any future requirements for GPs to upload information to My Health Record are determined in consultation with the RACGP.

Provider communications

Communication with healthcare providers should begin well in advance of any changes coming into place. Peak primary healthcare organisations should be financially engaged to deliver information to their members to raise awareness of these changes, discuss potential impacts and provide direction on where to obtain assistance if required.

The RACGP has a long history of working with the Agency and DoHAC to shape and deliver messaging and education to GPs regarding changes to My Health Record and other digital health initiatives affecting general practice. The RACGP recommends we are engaged as part of any communications plan to raise awareness of these changes amongst our members.

4.3 Consumer communications

GPs should not be expected to explain changes to patients during consultations, so consumer resources available through practices (such as posters or flyers) that GPs can refer their patients to would be helpful as part of a communications plan.

Messaging should include information reinforcing the My Health Record is a consumer-controlled record and consumers are able to manage the privacy controls of their record to restrict access to specific healthcare organisations.

The RACGP recommends there is a wide-reaching awareness campaign rolled out to consumers, to increase consumer awareness and adoption of My Health Record.

5. Conclusion

The RACGP supports consumers having access to their health information in a way that is safe, secure, and does not jeopardise the wellbeing of patients. Sharing of pathology and diagnostic imaging results by default is a welcome improvement, however, we do not support consumers having real time access to all results without the opportunity to have those results explained.

The RACGP thanks the Department for the opportunity to provide this feedback. We are happy to discuss the issues raised in our submission. To arrange a time to discuss further, please contact



Joanne Hereward, Program Manager – Practice Management and Technology via

References

1. References 1. RACGP My Health Record position statement
<https://www.racgp.org.au/running-a-practice/technology/clinicaltechnology/my-health-record-in-general-practice/racgp-my-health-record-position-statement>