

# Amendment to Healthcare Identifiers Regulations 2020 Consultation

Submission [May 2023]

## 1. Introduction

The Royal Australian College of General Practitioners (RACGP) is pleased to respond to the consultation on proposed changes to the Healthcare Identifiers Regulations 2020 (the Regulations) that enable Active Script List (ASL) consumer self-registration. We welcome the commitment made by the Australian Government Department of Health and Aged Care (the Department) to create a more connected and integrated health system putting consumer needs at the centre – empowering them to have more choice and control over managing their healthcare.

We agree removal of this legal barrier holds great potential to improve the consumer experience of electronic prescribing and the ASL. However, for consumers to use this it must be simple, easy to use, and well-promoted. Consumers must be included in the planning and development phases to ensure the self-registration process will be easy to use, particularly for people with minimal levels of digital literacy.

In principle, the RACGP is supportive of the use of ASL self-registration, so long as it does not impose a burden on consumers and the benefits are clearly communicated, with supports in place for priority populations to take part, ensuring the equity of access to this service across the nation.

### *About the RACGP*

The RACGP is the voice of GPs throughout 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 well-being for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs to 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 heart of everything we do.

### **RACGP Mission statement**

The RACGP's mission is **to improve the health and well-being of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training, advocacy and research** and by assessing doctors' skills and knowledge, supplying ongoing professional development activities,

developing resources and guidelines, helping GPs with issues that affect their practice, and developing standards that general practices use to ensure high-quality healthcare

## 2. Position

### The RACGP:

- supports a national adoption of ASL self-registration to support a more connected and integrated health system putting consumer needs at the centre – empowering them to have more choice and control over managing their healthcare.
- recommends consumers must be included in the planning and development phases to ensure the self-registration process will be easy to use, particularly for people with minimal levels of digital literacy.
- recommends for self-registration to be enabled and supported outside of the pharmacy environment.
- recommends greater consideration is given to supporting the adoption of ASL self-registration and use for priority populations, including Aboriginal and Torres Strait Islander people, people in rural locations and culturally and linguistically diverse people.
- recommends access to this software or application must be protected to ensure the privacy of consumers and providers, including local storage of sensitive personal data.
- requests clarification on the authentication process for self-registration and consideration for how this may impact priority population groups.

## 3. Consultation

1. *Can you foresee ways in which this proposed amendment could reduce access to medicines, particularly for those already facing access barriers to medicines?*

The RACGP supports strengthened consumer choice, particularly relating to improving consumers' access to essential healthcare and medicines. However, there is a lack of discussion on how funding and education will support consumer awareness of this initiative and provide support during the implementation and adoption phases for ASL self-registration.

Targeted actions to support people (both consumers and health professionals) who are not digitally capable must also be included. Whilst the Australian healthcare system is considered one of the world's best, it is also considered one of the worst in terms of health equity (1). Equity, as defined by the World Health Organization is "the absence of avoidable, unfair or remedial differences amongst groups of people, whether those groups are defined socially, economically, demographically or using stratification".

Advances in healthcare, including understanding how to safely use ASL self-registration, need to transcend the boundaries of language, location, and behaviour. Australia has a richly diverse and multicultural population and many consumers seeking healthcare from culturally and linguistically diverse backgrounds may not be able to receive optimal care via digital health initiatives. Any changes to ASL's and related technologies must support culturally and linguistically diverse populations to access new technologies in an interpretable format, including Aboriginal and Torres Strait Islander people.

Technologies should aim to improve access for all populations, particularly those most at risk of poor health outcomes, to receive high-quality and timely healthcare, and this must also consider equitable communication and access to the required knowledge and technology to ensure their ability to understand and adopt this ASL technology. Considered planning and development phases which prioritise meaningful contribution of consumers, including a focus on digital literacy of priority population groups, will greatly improve the opportunity for successful implementation of ASL self-registration.

The RACGP believes uplifting the digital literacy capacity of consumers more broadly to use health applications must be supported by a clear set of standards and regulatory frameworks, which are well communicated and supported by training and resourcing as required for both consumers and healthcare providers. Furthermore, the establishment of clear policies to ensure ASL self-registration supports all consumers would further enable an efficient national healthcare system that continues to deliver excellent patient care nationally.

We express concern that pharmacies may pressure consumers to use their proprietary apps to manage 'tokens' rather than an ASL, resulting in increased costs for some consumers. This presents the greatest risk for consumers who are less digitally literate. If the self-registration process is too complex, consumers may seek help from their pharmacist to register and instead be directed to a pharmacy-owned app. Therefore, self-registration must be enabled to be supported outside of the pharmacy environment.

The consultation paper states, "Removing the need to manage electronic tokens (or paper prescriptions) can improve access to medicines for everyone in our community." We understand the barriers to accessing medicine to be broad and complex, and this solution would only play a minor role in improving access. We recommend this issue be addressed with additional dedicated strategies to reduce existing inequities for vulnerable consumers to access healthcare and medicines. These wider issues must be resolved to create the foundation for greater equity across the healthcare sector, including a national strategy to implement ASLs with a focus on priority population groups.

2. *Can you suggest ways in which this proposed amendment could improve access to medicines, particularly for those facing access barriers to medicines?*

We have seen the health system rapidly adapt to changing needs over the current COVID pandemic. Supporting consumers over this time required systems to change under pressure to support numerous operational changes in how care was delivered and the type of support required by consumers. These lessons and successes must carry forward as we continue to evolve legislation to support consumer outcomes.

The ASL may reduce wait times for consumers with lost e-script tokens or paper-based scripts, removing the need to have these re-issued from their prescriber. We acknowledge for urgent time-sensitive medicines, there are already existing mechanisms to ensure prescription dispensing is not delayed in critical circumstances.

ASL use may also reduce access problems from accessing scripts retained at a particular pharmacy if a consumer visits another pharmacy, therefore assisting to manage the current system of 'scripts ownership' which would also include 'Webster' Dosage Aid Administrators and nursing home scripts.

Overall, the proposed amendment for ASL self-registration use may improve access for people who have problems with managing their prescriptions due to health literacy, cognitive impairment or complex life situations. Self-registration holds the potential for providing easier access to the ASL for consumers and their carers. It may also provide the option of using electronic prescriptions to people who do not have or are unable to use, electronic devices themselves by enabling carers to support their access to medicines.

3. *Can you see any reasons why the proposed amendments are not in line with the CPv3.0.1 requirements for ASL self-registration?*

We are concerned the proposed changes for self-registration appear to be onerous and difficult, given the consumer is required to confirm their identity. There is no mention of what these requirements are, and clarification of this is required before we can understand what the consequences may be for particular consumer groups. If the identity verification is onerous, the system will not be widely adopted as other systems exist to allow the ASL to be bypassed. As discussed, the advantages of the ASL must be obvious and clearly communicated to consumers, along with making the process simple and efficient.

GPs also understand many consumers are not aware of their individual healthcare identifier (IHI) and do not understand what it is. Comprehensive education campaigns must also consider awareness raising of IHI's if they are to be used in the self-registration process.

4. *If the amendments could be worded differently, you need to tell us by uploading an edited version of the exposure draft with your suggestions.*

The RACGP has no further comment.

5. *Please detail any privacy risks and concerns, their corresponding risk ratings (Low, Med, High), and the point in the ASL self-registration workflow where the risk exists.*

We have seen with the recent privacy breach of Medibank that private health insurers manage incredible amounts of highly sensitive and personal data. The lure of this valuable information to potential hackers and the level to which these organisations have correct information security measures in place must be considered. The RACGP recommends transparency on how the ASL software will provide security for consumers regarding the privacy, security and use of their health information as part of the registration process.

The RACGP supports an explicit approach to data localisation, particularly with regard to ensuring sensitive consumer information used for healthcare administration purposes is not stored or handled offshore. For example, The Australian Commonwealth legislation for securing consumer data on My Health Record currently ensures robust data security and control of sensitive consumer information.

Broader digital health services and evolving software form a vital component of our modern healthcare environment. For ASL self-registration to be effectively adopted, the application or software used for ASL must be aligned with what consumers are familiar with. Additionally, access to this software or application must be protected to ensure the privacy of consumers and providers. There is a delicate balance required between supporting a broader range of digital services and maintaining the privacy and security of linked health information, particularly from a consumer perspective.

An unintended benefit may be that it could improve medicine safety and reduce the risk of overprescribing GPs may be able to view current medicines if the person has multiple prescribers.

## 4. Conclusion

In principle, the RACGP is supportive of the use of ASL self-registration, so long as it does not impose unnecessary burden on consumers. Given the ASL is created for consumer use in a pharmacy context and the proposed changes are regarding consumer registration only. It is unlikely there will be any impact to GPs as they will not be required to register consumers. However, for a broad adoption of the ASL self-registration initiative to be successful, there must be greater emphasis on providing education, support, infrastructure, and training for consumers and health professionals. This must address new data security approaches and risks to protect the privacy of consumers data.

The RACGP urges the government to partner with consumers, to ensure there are no adverse impacts from new legislation and systems which turn out to be administratively burdensome and challenging to use. We look forward to working collaboratively with the Australian Government and other stakeholders on the broader implementation of the ASL self-registration initiative.

Should you have any questions or comments regarding the RACGP's submission, please contact Ms Joanne Hereward, Program Manager Practice Technology and Management at [joanne.hereward@racgp.org.au](mailto:joanne.hereward@racgp.org.au)

## 5. References

1. The Commonwealth Fund. Mirror, mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care. New York: The Commonwealth Fund, 2017. Available at <https://www.commonwealthfund.org/publications/fund-reports/2017/jul/mirror-mirror-2017-international-comparison-reflects-flaws-and> [Accessed 31 January 2023]

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