Healthcare Identifiers Framework Project Consultation

Submission [February 2023]

1. Introduction

The Royal Australian College of General Practitioners (RACGP) is pleased to respond to the Healthcare Identifiers Framework Project Consultation and welcomes the commitment made by the Australian Government Department of Health and Aged Care (the Department) to create a more connected and integrated health system with a national approach to Healthcare Identifiers (HIs).

Modern healthcare involves patients interacting with multiple healthcare professionals in different locations and moving between various health care providers. The efficient and secure transfer of information between care teams, across disciplines and between care sites no matter where they are in the country, is therefore a requirement of modern healthcare provision.

While HIs are widely used within general practice, largely driven by systems such as My Health Record and ePrescribing. the slow update of across the broader health system has created barriers to this flow of information.

General practitioners (GPs) are usually the main provider, care coordinators and information managers for patients. GPs also depend on other healthcare providers/ organisations treating their patients to reliably share information about diagnoses, treatments, investigations, management plans and outcomes.

In principle, the RACGP is supportive of the use of HIs to ensure the accurate exchange of information, breaking down the current silos existing across the multitude of systems in place.

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 wellbeing 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.

2. Position

The RACGP:

- supports a national approach and broader adoption and of Healthcare Identifiers (HIs) to enable safe and secure communication of health information across the health sector. The key objective HPI-O and HPI-I structures must support is the secure exchange of information across the health sector, identifying patients, organisations and providers in a simple and user-friendly system

- supports the development of clear policies and processes to communicate the requirements of healthcare professionals and organisations

- uplifting the capacity of the healthcare system to use HIs should be supported by a clear set of standards and regulatory frameworks

- recommends software providers and services should only be provided with access to HIs and related information to do their work

- recommends the use of the HI system must be a requirement for all health services and systems to allow national adoption and use across the health sector

- advocates for interoperability of digital health systems across healthcare

- supports linking the use of HIs to accreditation and quality improvement activities as a consideration

- recommends greater consideration is given to the use of HIs to manage information relating to Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people

- recommends flexibility in the structure of regulations to support change as the healthcare landscape evolves and expands over time to ensure continued usability and relevance

- expresses significant concerns on additional penalties which may be applied under the Act

- recommends that HIs must not be used for the purpose of driving compliance. We support broad use across the healthcare system with the caveat it does not increase benchmarks, monitoring or compliance measures.

3. Consultation response

1. HI use in key programs, services, and systems

Future state

As the backbone of Australia's healthcare system, GPs require broad adoption of Healthcare Provider Identifier – Individual (HPI-Is) and Healthcare Provider Identifier – Organisation (HPI-Os). As unique identifiers they ensure a consistent way of identifying healthcare organisations and providers and their services. GPs should feel confident information communicated to or received from other healthcare providers outside of the general practice is current and up to date, with the provider clearly identifiable to ensure data provenance.

A consistent identifier could greatly minimise the need to manage multiple systems and passwords.

General practice has a fundamental role in ensuring the privacy of patient health information. Trust is fundamental to the relationship between GPs and patients when providing high quality care. Ensuring patient information is shared securely in alignment with patient consent is essential to maintaining this trust, and broad adoption of HIs can play a significant role in supporting this.

It is also important general practices have up-to-date information on the current legislative framework for the digital communication of health information, such as the Healthcare Identifiers system, to work within a framework of guiding principles.

1.3   What would be the most effective and achievable policy levers for increasing the use of HIs by allied health providers, and other small private providers?

While introducing new digital systems can be advantageous, they can also be timely, costly and present significant barriers for the day-to-day business of general practice. The bureaucratic burden of implementing use of HIs must be considered when developing the framework and sign-up processes

Targeted education and financial incentives, such as the Practice Incentives Program eHealth Incentive (ePIP).and funding to attend training must be considered alongside building sustainable implementation and evaluation strategies to increase the use of HIs across the health sector. To ensure the health workforce is enabled to use HIs, education and training delivered to general practices should be fit for purpose and specific to general practice. Additionally, linking the use of HIs to accreditation of healthcare organisations or to quality improvement activities could be considered.

The RACGP believes uplifting the capacity of the healthcare system more broadly to use HIs 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 software vendors and healthcare providers.

Furthermore, the establishment of clear policies to ensure HIs as a required identifier across Australian Government health programs and services would further enable an efficient national healthcare system which continues to deliver excellent patient care nationally.

Additionally, the RACGP is concerned about the lack of consideration for rural and remote general practices and their unique needs. These practices tend to be smaller with limited access to technology solutions and expertise. This may result in challenges complying with the same standards required of larger practices. Therefore, a one size fits all solution is likely to lead to the significant worsening of healthcare under servicing in rural and remote locations.

1.4   Given the importance of unique identification to increasing health system interoperability and overcoming several current challenges, what is an appropriate timeframe to expect services and programs to transition to the use of HIs?

It will be critical for the transition timeframe to be appropriate and include a robust, overarching and ongoing evaluation strategy. Careful planning, ongoing evaluation, appropriate consultation and appropriate resourcing will be required to ensure timelines can be met.

Considered planning and development phases, which prioritise meaningful contribution of end-users, including GPs, will greatly improve the opportunity for successful implementation. This must span across all phases of the plan including awareness raising, education, implementation and evaluation.

Ongoing evaluation will provide opportunities for health care professionals, including GPs, to provide critical input and drive quality improvement to allow for further adoption. For example, additional support may be required for the next transition phase to educate general practice teams to roll out IHI's across all existing patient records that have not already done so.

The RACGP foresees this process as being a maximum of 2 years as many GPs and their practice teams have already transitioned to HIs within their practice systems, largely driven by My Health Record, and ePrescribing. The timeline must also be flexible, considering not all health services are starting from the same level of awareness, capacity and proficiency in using HIs.

Furthermore, increased interoperability increases privacy and security concerns, requires complex planning, requires financial and time investment, and must be supported by education and training to increase uptake and adoption.

1.5 Which alternative unique identifiers for healthcare recipients or healthcare providers should be replaced by HIs? What are the highest priorities?

It will be critical for Medicare numbers to be prioritised for replacement of HIs and then consistently used as the required identifier across key government digital programs and systems. For example, the PBS Authority System uses Medicare

numbers to identify a patient and does not permit the use of HIs for patient search functions even though these can easily be transferred from the clinical information system to the PBS authority system, unlike patient Medicare numbers which cannot be shared across systems as easily.

Other areas where HIs could be implemented is in State based public hospitals, which currently use Unit Record (UR) numbers and across the various jurisdictions to support applications for disabled parking and death certification. The successful use of HIs across systems such as My Health Record highlights the opportunities for national adoption of a consistent approach to identification.

Another great benefit offered by HIs is their availability to all patients, including those who are not eligible for Medicare. Additionally, Medicare numbers are not unique to a patient, as they are shared across family members, so having HIs, which are unique to an individual, can improve accuracy of data sharing.

A universal identifier for all healthcare consumers would create greater equity and ease for patients across the healthcare system. In consideration of these key points, consistent use of HIs would provide greater certainty that the right information is attributed to the right individual, as opposed to the use of Medicare numbers.

2. Scope of healthcare and provider eligibility

Future state

As central healthcare providers, GPs must be able to access available information relating to their patients to provide excellent person-centred care. The broad adoption of HIs provides an opportunity for efficiencies in coordinating care across multidisciplinary teams.. Ensuring information is contained within a digital format across the spectrum of healthcare is critical to providing patient-centred care, and this includes the ability of healthcare support workers to securely create, send and receive important health information.

Ensuring HIs are prioritised across all key areas of the healthcare sector and systems as the requirement for collecting, using, disclosing and communicating patient information will support a more connected healthcare environment. This must be prioritised to shift the silo nature of the health system and create greater system interoperability, which in turn creates the opportunity for connected care outcomes across multidisciplinary teams – usually coordinated by GPs.

2.1   Does the definition of 'health service' in the Privacy Act sufficiently cover the range of services and programs that are required to support people's health, care and wellbeing and achieve a connected care environment?

While the definition of health service continues to broaden as the range of 'connected care' providers increases with the use of technology, the RACGP is concerned access to HIs by healthcare providers not registered through the Australian Practitioners Regulation Agency (AHPRA) could allow unregulated practitioners to access and share information without being bound by the regulations which protect the privacy of patients. A potential solution is to conduct a robust gap analysis and determine the appropriateness of such providers being included as part of an increase in the use of HIs. Regulations could also be created for non AHPRA providers to protect patient privacy.

2.2   Should the types of professions defined here as 'healthcare support providers' be able to use HIs? If so, how should they be able to use them? If not, why not?

We agree there is a delicate balance required between supporting a broader range of provider types and maintaining the privacy and security of HIs and the linked health information, particularly from a consumer perspective. However, any extension to the definition of 'health service' in the Privacy Act regarding 'healthcare support workers' should only provide them with the required information to do their work on a case-by-case basis. Careful consideration about the type of workers who can be part of any multidisciplinary team must be defined prior to granting HI access.

The RACGP suggests establishing a mechanism to allow for recognised non-AHPRA registered providers, such as aged care support workers and First Nations community workers, as required within their scope of practice, to be automatically

allocated an identifier akin to HPI-I numbers to eliminate the detailed application process currently required. These providers also need to be included in the wider education process to encourage their use and early adoption of HIs.

2.5 Should the types of professions defined as 'healthcare support providers' be able to obtain their own HI? If so, should it be a different type of identifier to an HPI-I?

It would be useful for healthcare support providers to have access to their own HI, however this should be a distinctly unique identifier from an HPI-I to ensure correct and discretionary access levels can be easily monitored and regulated where required.

3.   Clarity around healthcare administration entities and uses

3.1 What safeguards should be in place to provide confidence in the use of HIs by healthcare administration entities?

An approach similar to the My Health Record *'break glass'* function, with clear parameters around when access is permitted could provide an appropriate and necessary safeguard to ensure patient confidentiality, particularly for sensitive health information. This would require ongoing monitoring for unauthorised use of this emergency function at a national level.

The healthcare system in Australia is facing several challenges, including the management of chronic disease and caring for an ageing population. Health research is vital to improve patient outcomes. The collection of high-quality health data and its use for secondary purposes at a general practice level has the potential to:

- facilitate increased efficiencies in care delivery
- create more proactive preventive interventions
- identify at-risk populations
- inform health strategy and planning, and;
- support quality improvement initiatives and reduce variation in care.

Healthcare consumers and providers collecting, sharing and storing data, need to understand where their data is held along with how their data may be used and linked via HIs. A robust de-identification process must be put in place for research and evaluation administration, with strict security and accessibility protocols in place. This will ensure those sharing data have confidence in doing so, knowing patient's health information is secure and protected. Governance needs to be robust to protect the public interest and to ensure the sharing and use of data does not cause any unintended harms.

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

It is critical consumers have confidence and transparency regarding how their health information is used, along with enhanced security mechanisms and measures in place, such as data localisation for My Health Record. Australians expect their personal information will be handled with care when they choose to engage with a product or service and are more likely to entrust their data to organisations who have demonstrated effective privacy management. Therefore, individuals must be put at the centre of any decisions to allow healthcare entities to access HIs, with patients expecting and trusting the Australian Government has an explicit approach to ensuring their data is stored safely and locally.

3.4 Are there any other healthcare administration purposes that should be added to, or removed from the list?

The RACGP acknowledges GPs work alongside their practice team to support the delivery of high-quality patient care. Administration staff may require some degree of access to HIs in order to deal with personal information required to manage enquiries, advice and important health reminders.

3.3   What safeguards would provide confidence in the use of HIs for healthcare administration purposes?

As per 3.1, the RACGP recommends limited access to patient information, particularly sensitive health information.

3.5   Do you have any other comments, questions, or concerns, relating to this problem statement or policy objective?

The RACGP expresses concerns that HIs must not be used for the purpose of driving compliance, for example regarding Medicare benefits. We support broad use across the healthcare system with the caveat it does not increase benchmarks, monitoring or compliance measures. HIs must be used for the purpose of improving communication between siloed systems.

4.   Applications and structures of HPI-Os and HPI-Is

4.1   What are the key policy, program, and operational objectives and benefits that HPI-O and HPI-I structures must support?

There are obvious gaps in consistency across various parts of the health care sector with the lack of uptake of HIs, creating a burden to the workflow of GPs. Improving the use of HIs must provide benefits which outweigh any additional burden to GPs and patients.

The key objective HPI-O and HPI-I structures must support is the secure exchange of information across the health sector, identifying patients, organisations and providers in a simple and user-friendly system. Ideally, health systems that favour the use of Medicare numbers should transition to the use of HIs. These already underpin secure messaging and electronic prescribing. Another key program to be enabled by HIs is the PBS Authorities system, as previously discussed.

The RACGP believes establishing standards should be prioritised for delivery. The key role of standards is to create consistency and compatibility. Current healthcare IT systems use different coding and terminology across fragmented systems making it difficult to transfer, compare and analyse data, a key barrier to effective data exchange and interoperability. These wider issues must be resolved to create the foundation for greater interoperability across the healthcare sector, including a national strategy to implement HIs.

The RACGP agrees priority areas of regional and remote health, community and preventative healthcare and First Nations Australians health will require structural issues to be resolved along with additional resourcing and support to enable the use HPI-Os and HPI-Is in programs and services.

4.3   What would be the most effective and achievable policy lever or operational support mechanism for getting organisations to implement an effective HPI-O structure, further to the provision of direct funding?

As per section 1.3.

5.   Healthcare consumer and provider choice

5.2   What safeguards should be in place to ensure that healthcare consumers can disclose their IHI in a safe and secure way?

The RACGP supports strengthened privacy protections for individuals, particularly relating to disclosing their IHI appropriately. However, there is a lack of discussion on how funding and education will support awareness of these initiatives and published guidance along with a detailed approach on implementation and adoption.

There is a lack of discussion regarding all patients, particularly Aboriginal and Torres Strait Islander people and their fundamental right to data sovereignty. Aboriginal and Torres Strait Islander peoples could inform the development of the strategy through an ongoing Indigenous Advisory Committee.

Targeted actions to support people (both consumers and health professionals) who are not digitally capable must also be included. Whilst the Australian health care 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 by means of stratification".

Data security in healthcare, including understanding how to safely use HIs, needs to transcend the boundaries of language, location, and behaviour. Australia has a richly diverse and multicultural population and many patients seeking healthcare from culturally and linguistically diverse backgrounds may not be able to receive optimal care via digital health. Any changes to HIs and related technologies must support culturally and linguistically diverse populations to access and store to their personal health information in an interpretable format.

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 from their usual GP and broader health care teams, and this must also consider equitable communication and access to the required knowledge and technology to ensure their identity and personal health data remains safe and secure.

We recommend prioritising the development of 'understanding and knowledge' in the community regarding where, when, how and why their data is being collected, stored, and accessed to improve public trust.

Careful planning, ongoing evaluation, appropriate consultation, and appropriate resourcing will be required to improve public trust. Considered planning and development phases which prioritise meaningful contribution of consumers, including a focus on secure health data handling, will greatly improve the opportunity for successful implementation.

5.4   Should there be any unauthorised purposes for <u>insurers</u> or employers to use HIs?

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 agrees continuing to prevent the disclosure and use of HIs for insurance and employment purposes is appropriate and will provide patients and GPs confidence in the privacy, security and use of HIs and health information.

6.   Support for Health Technology Services

Broader digital health services and software providers form a vital component of our modern healthcare environment. For HIs to be effectively adopted, software used across the healthcare sector need to be able to use HIs. However, access to HIs must be protected to ensure the privacy of patients and providers. Similar to our response to *Section 2.2*, we agree there is a delicate balance required between supporting a broader range of access types and maintaining the privacy and security of HIs and the linked health information, particularly from a consumer perspective. However, any extension to the definition of 'health service' in the Privacy Act regarding software providers and services should only provide them with the required information to do their work on a case-by-case basis. All consumer facing and intermediary software must have ongoing HI conformance requirements and safeguards as well as software used by healthcare providers, with different levels of access based on the service. Software services must only have the level of access to HIs required to complete the programming and task required to be completed.

7.   Clarity around permitted uses and concerns about penalties

The RACGP express significant concerns on penalties which may be applied under the Act. We note that measures are already in place to protect the privacy of health information, therefore additional penalties are a cause for concern. The Notifiable Data Breach (NDB) scheme requires organisations covered under the Australian Privacy Act 1988 to notify individuals whose personal information is involved in a data breach that is likely to result in serious harm. There should

be no additional penalties, civil or criminal imposed. The emphasis should be on the provision of support and education and not penalties.

8. Flexibility and agility to support evolving use cases

We have seen the health system rapidly adapt to changing needs over the current COVID pandemic. Supporting patients over this time required systems to change under pressure to support numerous operational changes in how care was delivered and the type of care required by patients. These lessons and successes must carry forward as we continue to evolve legislation to supports patient outcomes. The RACGP recommends flexibility in the structure of regulations to provide additional access as the healthcare landscape evolves and expands over time to ensure its continued usability and relevance.

4. Conclusion

Australians see their GP more than any other health professional, with almost 85% seeing a GP at least once each year. GPs are highly trained generalist medical specialists providing the majority of primary care to meet individual patient needs. GPs also have a coordinating and communications role for the patient and their broader providers.

General practice has been an early adopter of new technology, including electronic clinical, administrative and communication systems. For example, secure messaging has enabled general practice to increase the quality, safety and efficiency of care provide, enabling general practices to seamlessly receive, review and incorporate health information and data from other sources into their existing local health records efficiently. General practice understands the value of data, acknowledging its use must happen in a way that supports patient confidentiality, quality clinical handover and effective continuity of care. High quality patient care depends on a GPs timely access to safe, secure, and accurate data and the ability to securely receive and send clinical information across a patient's multidisciplinary team.

For a broad adoption of the HI system to be successful, there must be greater interoperability across clinical information systems along with support, infrastructure, and training for general practices. This must include support for any new data security approaches and risks. Funding for digital infrastructure will be essential for general practice, in particular rural practices.

The RACGP urges government to partner with us on both the planning and implementation phases of the transition to the HI system more broadly to ensure the role of GPs, as the coordinators of healthcare, are not adversely impacted by new legislation and systems which turn out to be administratively burdensome and do not fit with clinical workflows and existing software. We look forward to working collaboratively with the Australian Government and other stakeholders on the broader implementation of the HI system.

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

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]

Author: Joanne Hereward, Program Manager
Team: Practice Technology and Management
Contact: joannehereward@racgp.org.au
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RACGP Mission statement

The RACGP's mission is **to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training 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