Mr Paul Madden
Special Adviser
Department of Health


Dear Mr Madden

## Electronic Health Records and Healthcare Identifiers – Submission from Telstra Health

Thank you for the opportunity to comment on the Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper.

Telstra Health's purpose is to create brilliantly connected healthcare for everyone. For this reason we strongly support the integration of patient information. We recognise the vital role that connecting islands of information plays in increasing patient safety, empowering consumers, supporting more effective care co-ordination and delivering a productive health system.

Telstra Health has previously set out our position in detail in our November 2013 submission to the Federal Government's review of the Personally Controlled Electronic Health Record (PCEHR) System.

We generally support the directions of the Discussion Paper, and are pleased to offer comments on the following matters:

### Governance (3.2)

*Australian Commission for eHealth*
Telstra Health supports reforms to eHealth governance arrangements that propose to establish the Australian Commission for eHealth (ACeH) and strengthen the role of expected users of the system. The new governance model should include a Clinical Reference Group which has formal rights that allow it to influence ACeH's decisions. For example, this should include the ability to comment on key developments, with a response from ACeH within a specified time period setting out what consideration ACeH has given the advice. There should also be a formal system for consumer engagement.

Telstra Health notes that the Discussion Paper makes numerous references to 'clinicians' as stakeholders: it will be important for governance arrangements to reflect the range of health professionals using the system – not only medical practitioners, but also pharmacists, allied health professionals, and nurses – and also the health software industry.

*Transparency*
Telstra Health considers that the establishment of ACeH should be bolstered and complemented by a shift in culture in the overall management of the system. This should increase transparency and engagement with key users and providers of the data. All reports should be made available on ACeH's website, and there should be a detailed process for

engagement. The models of the Independent Hospital Pricing Authority, National Health Performance Authority, and the Australian Commission on Safety and Quality in Health Care, provide examples of a culture of openness to stakeholders that it would be desirable for ACeH to emulate. These set out processes for comment at various points in the process (e.g. Policy Framework, Data Plan, Work Program, draft decisions, and so on).

*Facilitating innovation and co-design*
Telstra Health understands from the Department of Health's consultation discussions that DoH is interested in an approach where issues like useability of the eHealth record system are addressed, not through central control, but through facilitating an environment whereby healthcare professionals, consumers and software vendors can co-design solutions that meet the diverse needs of different users. This approach can be facilitated, for example, through developer toolkits for apps that enable innovators to create new products that use the eHealth record infrastructure.

Telstra Health strongly agrees with and endorses this approach, as we believe that a flexible approach that facilitates innovation is the best way to realise the potential of eHealth – as has been demonstrated in many other sectors.

However, for this approach to succeed it needs to be deeply embedded in ACeH's culture and approach. Accordingly, Telstra Health recommends that the ACeH's governance arrangements make clear that, while its role includes operating the core system, setting the ground rules (e.g. for interoperability) and supporting a regulatory environment that avoids misuse of health information, its role should also include facilitating an environment that enables and promotes innovation by appropriately authorised bodies to help realise the potential of eHealth.

## Participation (3.3)

Telstra Health supports the introduction and trials of an 'opt out' eHealth record system, but believe that 'opt out' needs to be complemented by other initiatives to substantially improve the value of the PCEHR. The key measure of success for the future of the PCEHR should be how much it is used. This means the opt out trials should go beyond the purposes listed in the Discussion Paper and be evaluated on the basis of whether they increase meaningful use of the eHealth record. Facilitating the collection of meaningful health information and improving useability will be important contributors to improving the value of the system, on top of capturing a larger number of people through an opt out system.

We consider that a key way to improve the meaningful information in the PCEHR will be to take steps to better capture currently available health information, such as that contained in the eRx electronic prescription exchange: for example eRx accumulated around 6.4 million prescription records and 21 million records of dispensed medications in May 2015, yet the PCEHR only collected about 107,000 prescription and 53,000 dispensed medication records. Simpler processes and support for GPs and pharmacies to register, activate and be certified to use the PCEHR would enable the capture of this health information. Meaningful use of the PCEHR will depend not simply on the 'opt out' proposal but on facilitating participation by healthcare providers in the opt out trials so that basic patient data, which is already collected by other mechanisms, can be captured by the PCEHR.

## Privacy (3.5)

There are practical issues in implementing an opt out system, if it is to promote valuable use. The integrity of the system will depend on authorised use of the data contained in the PCEHR. This will still require that a person authorise who can access their data, and how it is used. The opt out system should not be used as a shortcut for making a person's personal health information to people who have no good reason to access it.

We support the proposal in the Discussion Paper that will expand existing access controls so that an individual can elect to be notified each time their PCEHR is accessed. We note that for these controls to be effective it will be important for the access controls to be easily useable, and for there to be transparency on the mechanisms for auditing inappropriate use and taking action.

## Collection, use and disclosure of information (3.5.3)

Telstra Health supports moving toward a simpler, principles-based approach on how information can be used in the PCEHR system.  Current constraints in the system on how information can be displayed and consumed are inhibiting the value that can be derived from eHealth.

Telstra Health supports an approach that would enable health information to be used in a variety of ways that can support improved patient care, including:
- Enabling health information to be presented in diverse ways that can best suit the clinical needs and workflows of different health professionals involved in a patient's care (e.g. medical practitioners, pharmacists, and nurses), as well as the diverse information needs of consumers;
- Enabling health information to be used and consumed by eHealth systems that can support better patient care e.g. decision support systems or medication alerts and reminders can only operate if they can process patient data in an atomic form rather than as a series of documents.

*Use of healthcare identifiers*
Telstra Health endorses the concern identified in the Discussion Paper that existing controls on the use of healthcare identifiers are inhibiting their use, and hampering the usage of eHealth services such as secure messaging. Unless healthcare identifiers are readily able to be obtained and verified, there will be poor use of the system and a risk of misidentification of individuals.

Given these issues, Telstra Health recommends that:
- For individuals, the standard access controls that apply if a person has not chosen to 'opt out' should facilitate the usage of the Individual Healthcare Identifier;
- Individual healthcare providers should be listed in the Healthcare Provider Directory on an automatic 'opt out' basis. We note that similar types of information identifying individual healthcare providers is already readily available in the public domain from organisations such as the Australian Health Practitioner Regulation Agency;
- Healthcare provider organisations should be automatically listed in the Healthcare Provider Directory (as proposed in the Discussion Paper).

We note the importance of engaging with software vendors to integrate with the healthcare identifier system in order to facilitate this approach.

Thank you for the opportunity to comment on the Discussion Paper. We would be pleased to discuss with you the matters we have raised should there be the opportunity to do so.

Yours sincerely,

Shane Solomon
Managing Director
Telstra Health