



Private Healthcare Australia
Better Cover. Better Access. Better Care.

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Hon Dr Michael Armitage
CHIEF EXECUTIVE OFFICER

PCEHR/HI Discussion Paper Feedback
Department of Health
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Dear Sir/Madam

Private Healthcare Australia's submission to the Department of Health's *Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper*

Private Healthcare Australia in general supports the proposed legislative changes outlined in the [*Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper*](#).

However we would like to note the following about any proposed legislative changes:

- Health insurers should not be prevented from assisting their members by being able to access a member's health record where the member has approved such access to their fund. An example being those cases where the fund is instructed by its member to assist the member in it's provision of fund provided or sponsored coordinated care services or programs – e.g. Chronic Disease Management Programs (CDMPs).
- Definitions in the legislation that should not result in the exclusion of a health insurance organisation from accessing their member's health records where their members have approved them to do so.
- The legislation should not preclude the ability of an insurer to register as an approved organisation/entity where they meet the requirements for said registration as a provider healthcare services.
- The legislation should not preclude private health insurance sector from participating as a stakeholder or member in the ACeH or any of its Advisory Committees.



- In respect of section *3.4.6 - Obligations to use PCEHR system*, where the PCEHR Review recommended that payment for Medicare items relating to health assessments, comprehensive assessments, mental healthcare plans, medication management reviews and chronic disease planning items depend on the uploading of specific documents to the PCEHR system¹, one reason not to upload this information would be due to a request of the individual. This would be in addition to any relevant clinical or other valid reasons as to why documentation was not uploaded to the record. However, consideration should be given to adding a note to the record that a health assessment, medication management review or CDMP was done, but was not uploaded to the individual's PCEHR.

In relation to the trials on different participation models we would like to note the following:

- Health insurer participation in the opt-out trials could significantly assist both the individual and the government in achieving a more universal understanding of the health record and its use by individuals and providers. Note that this could easily be facilitated between the Department and health insurers using existing eHealth IT infrastructure.

Yours sincerely

HON DR MICHAEL ARMITAGE
CHIEF EXECUTIVE OFFICER

24 June 2015

¹[Review of the PCEHR](#), Recommendation 38 (page 18).