



PRESIDENT

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**AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS**

ABN 82 055 042 852

*Advancing anaesthesia,
improving patient care*

June 23, 2015

Bettina Konti
First Assistant Secretary
eHealth Division
PCEHR/Hi Discussion Paper Feedback
Department of Health
MDP 1003
GPO Box 9848
CANBERRA ACT 2601

Email: ehealth.legislation@health.gov.au

Dear Ms Konti

Re: Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper

Thank you for your invitation to make a submission in relation to the above consultation. The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine, is committed to high standards of clinical practice in the fields of anaesthesia and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system. The College publically promulgates professional documents (<http://www.anzca.edu.au/resources/professional-documents>) crucial for promoting the safety and quality of patient care for those undergoing anaesthesia for surgical and other procedures.

The College strongly supports the development, and expansion of, electronic health records, providing important information for clinicians including anaesthetists and pain specialists pre-operatively, both in pre-admission clinics and elsewhere.

Incorporation of non-drug alerts

In the lead up to the implementation of the Personally Controlled Electronic Health Record (PCEHR) the College provided both written submissions and nominated Dr Rowan Thomas and Associate Professor Martin Culwick to provide clinical expertise into National e-Health Transition Authority discussions on behalf of the College.

As part of that process the College highlighted the benefits of a "non-drug alert" section on the front page of the record. Alerts such as a previous difficult intubation, devices such as a pacemaker or family history of malignant hyperthermia would highlight important information, particularly in the case of critical condition patients unable to communicate upon presentation to hospital, necessary for

clinicians to limit adverse events and improve patient outcomes, with the potential to drive reductions in cost and length of patient stay in hospital. During previous discussions the College was advised that this would be addressed in an update to the PCEHR following the initial roll out. The College would like to re-emphasise the usefulness of non-drug alerts as part of the PCEHR homepage.

Obligations to use PCEHR system (3.4.6)

The development of a system which links Medicare payments to updates within the PCEHR system, would create an additional compliance requirement for practitioners. While well intentioned, this could be interpreted as a punitive framework. A more positive, collaborative and/or motivational approach to encouraging practitioners to use the system would be preferred by the College. A system that provides a small reward rather than a penalty would likely be better received by health care practitioners.

Support for items highlighted in the discussion paper

1. The College is supportive of a name change from Personally Controlled Electronic Health Record (PCEHR) to My Health Record. Limiting the length of the name and the use of an acronym is welcome. The College also supports the consistency with other government programs such as myGov and myTax, incorporating the My Health Record within the suite of other electronic government services.
2. The College is strongly supportive of the government's move towards an opt-out model for the program. Limited participation in the program limits its usefulness as a clinical tool. Increased uptake will provide more opportunity for the record to bring its intended benefits to the Australian health care system through integration into primary and hospital care.
3. The College is supportive of separate privacy considerations for health care organisations and health care practitioners as consistent with the Australian Privacy Principles. Simplified access to health care organisation data in this context is likely to be of benefit to the Australian community.
4. The College is supportive of the expansion of obligations on authorised and nominated representatives to "consider the will, preferences and rights of the individual when making a decision; and perform the role of authorised representative or nominated representative diligently and in good faith." This provision provides better direction and removes the potential for interpretation and abuse.
5. The College is supportive of the development of more streamlined data sharing between AHPRA and the My Health Record. Improved coordination would ensure high quality and consistent health practitioner data is available as part of the My Health Record.

Thank you for the opportunity to provide feedback. We would be pleased to discuss these issues further. Should you require any further information, please contact Jonathon Kruger, General Manager, Policy, via email jkruger@anzca.edu.au or telephone +61 3 8517 5341.

Yours sincerely



Dr Genevieve Goulding
President