

## **Submission in response to the Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper**

Allied Health Professions Australia is the peak body representing and advocating for the value and role of allied health professions. Collectively the 22 national organisations within AHPA represent their members who work in public, private, not-for-profit, rural and regional services across Australia. It is estimated that there are approximately 120,000 allied health practitioners, who utilise their specialised knowledge and skills to improve health outcomes. Allied health professionals may work autonomously although they often work as part of multidisciplinary teams.

In making this submission we wish to commend the profession specific submissions by a number of AHPA's Member Organisations. This AHPA submission needs to be read in conjunction with the profession specific responses – it is not a compilation or summary of those responses.

AHPA fully supports the PCEHR and use of eHealth measures to improve the provision of healthcare and system efficiencies.

AHPA endorses moves to increase participation of individuals and healthcare providers, to increase ease of use by healthcare providers and to develop the overall eHealth system, through measures designed to improve the provision of healthcare and system efficiencies. Given the essential nature of eHealth and complexities involved in implementation, AHPA also supports the proposal to trial a change to opt-out participation by individuals.

### **1. AHPA responses to the Discussion Paper**

#### **Name and definitions**

AHPA provides endorsement for the PCEHR to be renamed My Health Record and that legislation is amended to reflect this change

AHPA agrees with the proposed changes to definitions with one exception, the definition of healthcare activities.

AHPA submits that the definition of healthcare activities include prevention, as prevention is an important part of the continuum of measures to manage chronic diseases.

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**Members:** Audiology Australia, Australasian Podiatry Council, Australasian Society of Genetic Counsellors, Australasian Sonographers Association Australian, Association of Social Workers, Australian Music Therapy Association, Australian Orthotic Prosthetic Association, Australian Physiotherapy Association, Australian Psychological Society, Australian and New Zealand College of Perfusionists, Chiropractor's Association of Australia, Dietitians Association of Australia, Exercise and Sports Science Australia, Occupational Therapy Australia, Orthoptics Australia, Osetopathy Australia, Society of Hospital Pharmacists of Australia, Speech Pathology Australia.  
**Friends:** Australian Diabetes Educators Association, Australian Association of Practice Managers, Diversional Therapy Australia, Hearing Aid Audiometrist Society of Australia

Thus proposed regulations made to exclude activities from being 'healthcare' would be because they are performed for reasons other than prevention, care or treatment.

## **Governance**

AHPA supports the establishment of an independent body, the Australian Commission for Electronic Health (ACeH), with responsibility for governance of all national eHealth operations and functions.

AHPA recommends the best governance available for the role and strongly seeks allied health advisory input to ACeH and/or the Advisory Committees being established to support the work of ACeH.

## **Participation**

AHPA supports the transition to an opt-out participation model for individuals, the use of proposed legislation for individual consent in opt-out trial areas and continuing protection of privacy and confidentiality.

AHPA endorses the use of trials of participation models in various regions and welcomes the opportunity to have input into the requirements to support allied health practitioner involvement.

It is proposed that around July 2016, healthcare providers will be able to access PCEHRs created for individuals in the trial regions, and will be able to upload records.

AHPA welcomes this target and submits that this will require immediate engagement with healthcare practitioners and their representative groups for this milestone to be met. Considerable work will be required to extend the present arrangements for the PCEHR to facilitate allied health practitioners access to the PCEHR and for them to be able to upload data to the PCEHR.

AHPA notes that active participation by healthcare provider organisations and healthcare practitioners is fundamental to the success of the trials. AHPA has concerns that the discussion paper does not consider the means whereby participation by health practitioners and healthcare provider organisations will be achieved.

AHPA is also concerned that the paper does not make clear how healthcare practitioners and healthcare provider organisations will access the IT training and support that will be necessary for full participation in the trial and, who will bear the IT costs involved.

The discussion paper proposes that healthcare provider organisations will be encouraged to use the system through revised incentives, and education and training services.

AHPA submits that incentives, education and training be available to support allied health practitioners to participate fully in the PCEHR.

## **Obligations of parties**

The discussion paper proposes that changes be made to the Health Insurance Regulations 1975 such 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 system.

AHPA submits that such obligations on allied health practitioners not be considered until allied health practitioner input to the PCEHR is expedited.

## **Privacy**

AHPA agrees with the proposed move to a principles-based approach to clarify the obligations of entities in regard to the collection, use and disclosure of information and provide consistency across the healthcare system.

The discussion paper sets out a role for the Australian Health Practitioner Regulation Agency (AHPRA), as AHPRA is responsible for assigning healthcare identifiers to most individual healthcare providers. It needs to be noted that the majority of the allied health professions operate within a self-regulation framework, with only seven of AHPA member allied health professions being registered by AHPRA.

AHPA submits that the review process considers the position of the self-regulating professions, and sets out measures that will reduce complex registration processes and facilitate participation by these professions in the eHealth system.

## **2. eHealth infrastructure to support allied health contribution to healthcare**

AHPA considers an effective PCEHR and eHealth system is an essential part of contemporary health infrastructure and that costs should not be borne by the healthcare practitioners.

The discussion paper acknowledges the very real constraints facing allied health practitioners in accessing and using the PCEHR.

The PCEHR and eHealth system needs to support the full participation of all clinicians, including allied health practitioners, involved in the provision of healthcare in order to improve coordination and quality care, one of the stated aims of the PCEHR.

AHPA submits that all healthcare practitioners should be treated equally in regard to read and write access, incentives and education provided for the implementation and operation of the PCEHR and eHealth system.

At present allied health practitioners have read only access to the PCEHR and are unable to upload data. Incentives, education and training for participation in the PCEHR and eHealth system are currently only available to the medical profession.

AHPA submits that to overcome present limitations to allied health participation in the eHealth system:

- A focus on the requirements of allied health practitioners is urgently needed.
- Allied health professionals need to be included in the governance of the PCEHR and eHealth system.
- Allied health practitioner requirements need be included in all aspects of planning for and implementation of the PCEHR and eHealth system.
- Allied health practitioners require both the capacity to access and to upload data to the PCEHR.
- Allied health requirements need to be a priority ICT development area, to permit full allied health involvement in the opt-out PCEHR trials that are intended to commence in July 2016.

- Allied health practitioners will require access via a provider portal or other software solutions.
- Incentives, education and training be provided to support full participation by allied health practitioners.

Lin Oke  
Executive Officer  
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