



Australasian Podiatry Council Response to Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper

Recommendations

1. Universal opt-out default

The opt-out approach to the MyHealth record should be the default setting for all accounts. Australians should be able to choose their privacy and security settings ranging from a simple email-based login and broad clinician access through to a highly encrypted and controlled record (which should be the default). It is evident from the use of social media and other online platforms, that many Australians will willingly trade some privacy and security for better care, ease of access and convenience.

2. Read *and* write access for podiatrists

Podiatrists require both read and write access to the record for patient safety reasons. Podiatrists may prescribe drugs that require tests such as liver function to be undertaken. The current visibility of patients' history and clinical indicators is poor. It is also important that when a podiatrist prescribes a drug, a treating doctor has a reliable record of that prescription, particularly in an ageing population.

3. Indicators for withheld account information

Where the MyHealth record is modified to withhold information from some users, the record should clearly indicate that the withheld part of the record is incomplete. In this instance, the healthcare provider must be able to recognise that there is withheld information in order to discuss the information further with their patient during that consultation. This action is necessary for healthcare provider to be able to determine the importance and clinical relevance of withheld information to their own treatments.

4. Incentives for disproportionately affected software vendors

Software vendors in small healthcare professions carry disproportionately larger costs as a percentage of their development budget when integrating programs such as MyHealth. For large professions like medicine, incentives to create the record actually drives demand which then creates subsequent incentives and a return on effort for software companies. Smaller software companies like PPMP, CorePlus, and Smartsoft should be targeted with an incentive to integrate the MyHealth record into the software

already used in allied health.

5. Incentives for all healthcare professionals

Any incentives provided to healthcare professionals for work related to the administration of MyHealth records should be applied across all health professions to ensure patients may gain support for establishing and updating their individual records through the most appropriate practitioner, and at the correct time and place.