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Legislative Policy Section
eHealth Division
Department of Health

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

Mater Misericordiae Health Services Brisbane (MHS) has been an active participant with the PCEHR since its inception through membership on the Provider and Consumer Identifications, Authentication, and Access Control (PCIAAC) Reference Group and being successful as a wave 2 implementation site for the PCEHR.

These experiences have given MHS an invaluable understanding of the value and challenges for Private Hospitals, consumers, and medical professionals to contribute and engage in the PCEHR.
MHS is in support of the recommendations within the review of PCEHR conducted and welcomes the investment committed in the 2015 budget to implement a number of the recommendations.

With the investment to date MHS would be in a good position to act as a trial site for the opt-out changes as outlined within the discussion paper as we have people with existing knowledge and a good working relationship with a number of the Medicare Locals and soon to be Primary Healthcare Networks (PHN's).

Should the opportunity arise MHS would be willing to participate in the governance of the Australian Commission for Electronic Health (ACeH) in order to provide our expertise in further championing e-health within Australia and enhance the value of the investment to date by the Federal Government and MHS in provision of a suitable e-health record for all Australians.

Renaming of PCEHR to My Health Record

MHS is in agreement that the PCEHR should be renamed the My Health Record. This renaming will enable a fresh start with a name that is simple and easily remembered by consumers and health care professionals alike.

Governance – Establishment of ACeH

With the establishment of the Australian Commission for Electronic Health (ACeH) there is an opportunity to engage with health care groups that have had limited representation to date. While MHS was involved within the reference groups and was successful as a wave 2 site there have been limited other opportunities for involvement by other Private Hospitals until recently. In order to promote the rollout, use and therefore value of the PCEHR, it is necessary to have a broad engagement and governance approach moving forward. It is our belief that there should be representation on the ACeH Board from the Private Hospital sector given the provision of health care provided and the need for an accurate My Health Record.

HI Service Operator

The proposal to allow future flexibility in changing the HI service operator but keep it as a public body such as a statutory Authority does limit the ability to have efficiencies in provision of the service due to the inability for the private sector to bid for the service. With the right controls and contracts in place it may be worth reviewing what value the private sector may offer with the HI service.

Participation

Through MHS experience in being a wave 2 site for the PCEHR we have recognised that the uptake and value in PCEHR was limited due to its opt-in nature. MHS is in agreement that opt-out would be more conducive to the quality, timeliness and completeness of the PCEHR.

MHS is also in agreement that a number of trials would be of value to determine the full impact of the move to an opt-out model. With our experience to date we think there would be value in MHS being considered as a trial site.

Of note within the discussion paper there is mention of newborns being excluded from the opt-out provisions. MHS's focus during the wave 2 project was on the delivery of the PCEHR to mothers and newborns and believe that it would be of benefit to include the newborns in a trial. As a person's engagement in the health sector often starts at birth (or prior in the case of neonates) it would be appropriate for them to have a PCEHR record.

Privacy – data breaches

The security and integrity of the data within the PCEHR is extremely important and MHS is in agreement with the reporting of significant breaches. As a Private Health Care organisation MHS is subject to the Australian Privacy Principles whilst State Government healthcare providers are subject to a myriad of different legislation. It would be of value to align the privacy aspects of the PCEHR legislation with those of the Australian Privacy Principles to ensure consistency for all.

PCEHR Policy

Data quality is an important concern when it comes to sharing information within the PCEHR context. There are significant challenges around the quality of the data and this is often dependent on what the patient shares with the organisation. Any obligation to ensure data quality will need to be considered in the context in which it was gathered, and the details around how this is applied could be of concern to any organisation. MHS would suggest that this concept is reviewed with representatives of Primary care, Public jurisdictions, Private Health industry as well as consumers to determine the best approach to data quality and how this could be applied within the policies for each.

Funding and payment for use

The lack of ongoing funding and payment for use has significantly impacted the sustainability of the PCEHR system. MHS is in agreement that there needs to be a mechanism for payment to those contributing to the PCEHR. However, this needs to be for all types of interactions and not limited to health assessments, comprehensive assessments, mental health plans, medication reviews, or chronic disease plans.

Healthcare Provider Directory

MHS's view is that to foster improved communication both Healthcare provider organisations and Individual healthcare providers should provide their contact details. Many organisations are challenged with the multiple inaccurate points of 'truth' around provider contact information. An opt-out model similar to the PCEHR model proposed could be in place for those that wish to remove their consent.

Modernisation of the PCEHR

With the significant increase in the use of mobile devices, including smartphones and tablets, it is important that consideration is made around the architecture of the PCEHR to adapt to modern and common use cases. While the PCEHR is web based, there are more direct mechanisms for delivery of content to end users that will enhance the user experience and provide the right information at the right time within the right location, ultimately improving patient clinical outcomes.

Yours sincerely

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