



Submission to the Australian Government Department of Health June 2015

ELECTRONIC HEALTH RECORDS AND HEALTHCARE IDENTIFIERS: LEGISLATION DISCUSSION PAPER

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the *Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper* proposed by the Australian Government Department of Health (the Department).

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. ACEM, as the peak professional organisation for emergency medicine in Australasia, has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

General comments

ACEM strongly supports the implementation of an individual electronic health record system for Australia. Given our knowledge of the current systems-related risks due to inadequate communication and co-ordination of clinical information, including test results and current active medication lists, the more widespread the uptake and use of an e-health system, the greater the benefits to the individual consumer and to the healthcare system.

ACEM strongly recommends that any e-health system is appropriately integrated into existing hospital information technology systems in order to achieve real value for consumers and clinicians. ACEM sees this as a priority to reduce the occurrence of adverse medical events and duplication of treatment; and improve the coordination and quality of healthcare provided to individuals by different healthcare providers.

Furthermore, ensuring information can be obtained and used to support safe and effective information sharing and record-keeping will have significant impact on processes such as clinical audits and critical incident assessment. While this may not necessarily directly benefit the individual patient, it will have relevance to quality improvement of healthcare delivery more broadly.

Participation arrangements

ACEM supports the Australian Government's proposed trial of a revised e-health system. As part of this trial, ACEM also endorses the compulsory enrolment of individuals with an opt-out option. ACEM contends that, within the current opt-in system for the PCEHR system, there has been insufficient support and promotion provided to consumers, in the use and benefits of an e-health record. This includes inadequate promotion to alert individuals to the PCEHR, and insufficient

information to provide truly informed consent. ACEM notes that these issues were raised in the review of the PCEHR system, commissioned by the Department in 2013¹. In light of this, the opt-out system trial proposed is a positive alternative, particularly with the revised levels of governance and personal control. ACEM considers that a critical success factor will be to ensure the community is adequately informed of the proposed trial, its timing and its implications - both positive and negative - to allow individuals to make an active and informed choice. ACEM looks forward to the release of more detail about the trial participation sites. ACEM recommends including emergency departments in these trials.

Clarifying the data breach notification requirements

ACEM supports the proposed data breach notification requirements. While the suggested changes will mean the collection of additional personal information (i.e. email addresses and mobile numbers), it will provide greater awareness of the e-health record for the individual consumer and a higher level of data protection. ACEM also supports the provision of the capacity for individuals to receive notification when their health records are being accessed.

From an emergency department perspective, the definition of a data breach should be clearly defined. ACEM recommends that routine, retrospective access of electronic medical records for quality assurance activities by emergency staff is not considered a data breach.

Misuse of information

As with any electronic record system, there is the potential that *My Health Record* could be used for harm or personal financial gain. ACEM supports criminal penalties for serious breaches of data, as well as retaining civil penalties for less serious breaches. ACEM suggests that the misuse of personal healthcare identifiers is a less serious breach and could be treated as a civil offence.

Incentives for uploading documents to My Health

ACEM considers an effective incentive, which was lacking in the previous PCEHR version, would be the linking of private practitioners' Medicare payments to the uploading of patient's documents. ACEM recommends that the Department provide further information as to whether a similar linked incentive will be required for public hospitals to contribute discharge summaries. ACEM considers the greatest potential of *My Health Records* is to improve communication between hospitals and primary healthcare and private specialists, by providing a source of discharge summaries from emergency presentations and hospital admissions. Incentivising both private and public health practitioners to utilise *My Health Record* for this purpose can only lead to better and more integrated patient care.

Uploading atomic data elements

ACEM notes that in both the current and revised e-health systems, patient records will continue to be a series of documents. ACEM considers this to be an inefficient way of accessing data and recommends the use of atomic data elements wherever possible. This will ensure that patient information is stored in standard structures and has unique meaning, so it can be readily searched and reliably interpreted.

¹ Department of Health. 2014. *Review of the Personally Controlled Electronic Health Record – December 2013*

A single current medication list would be an ideal atomic data element to include in the initial trial of *My Health Record*. This could be edited/updated by the most recent healthcare provider to see the patient. Similarly, a list of Past Health and Current Problems using SNOMED Clinical Terms² would be a further step. A record of atomic data elements would also allow automated downloads.

Thank you for the opportunity to provide feedback to the Department in its public consultation on the *Electronic Health Records and Healthcare Identifiers: Legislation Discussion Paper*. If you require any clarification or further information, please do not hesitate to contact the ACEM Manager of Policy and Advocacy, Fatima Mehmedbegovic (03) 9320 0444 or fatima.mehmedbegovic@acem.org.au.

Yours sincerely,



DR ANTHONY CROSS
PRESIDENT

² International Health Terminology Standards Development Organisation