



The Royal Australian and New Zealand College of Radiologists®

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Senate Standing Committees on Community Affairs
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Senate Inquiry: Personally Controlled Electronic Health Records Bill 2011 and one related bill

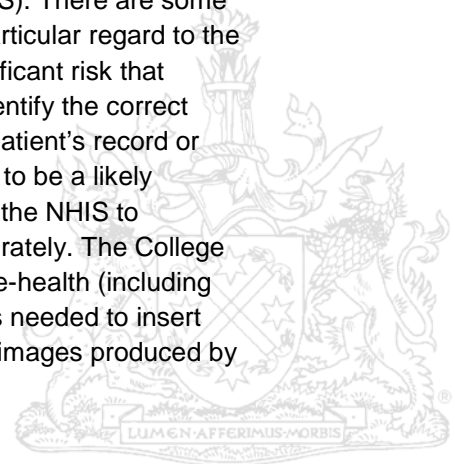
The Royal Australian and New Zealand College of Radiologists (RANZCR) is the leading professional organisation for the promotion of the sciences and practice of the medical specialities of Radiology and Medical Imaging (Diagnostic and Interventional) and Radiation Oncology in Australia and New Zealand.

The College has been involved in the Diagnostic Services Reference Group of the National e-Health Transition Authority (NeHTA) for some years now. Development of the diagnostic imaging component of the PCEHR is yet to commence and; it is therefore not possible to comment specifically on how the PCEHR legislation will impact on the diagnostic imaging sector.

A draft work plan has been developed for the DI sector by the College and the Australian Diagnostic Imaging Association (ADIA), in consultation with NeHTA. This work plan seeks to achieve a number of important eHealth outcomes in the DI sector that are designed to deliver efficient access to diagnostic imaging data, and thereby support optimum patient outcomes. The plan will build on the extensive work already undertaken by the College and the ADIA to support eHealth implementation in the DI sector in Australia.

The longer term capacity of NeHTA to support this work program is unclear at this time and will remain so until forward budgets for NeHTA's operations are determined. The College is keen to work with the Department of Health and Ageing to ensure that momentum is maintained with regard to eHealth solutions in Diagnostic Imaging.

The College has noted that the Medical Software Industry Association (MSIA) has recently circulated a white paper on the National Healthcare Identifier Service (NHIS). There are some concerns raised in this paper that mirror those held by the College, with particular regard to the unproven data integrity of the NHIS. This means that there remains a significant risk that doctors using and participating in the PCEHR may unintentionally fail to identify the correct patient and/or provider information, thus compromising the accuracy of a patient's record or accidentally revealing information on the wrong patient. This is considered to be a likely impediment to participation in the PCEHR as participants will be reliant on the NHIS to participate, but will be liable if the NHIS does not work effectively and accurately. The College also observes that, pending the implementation of a plan for promotion of e-health (including PCEHR) in DI, there is little motivation for practices to begin the processes needed to insert Individual Health Identifiers into existing clinical imaging systems, and the images produced by them.



Thank you for the opportunity to provide input into this Inquiry; the College will continue to work collaboratively with the Department of Health and Ageing and NeHTA to progress the development of a robust eHealth system that supports optimum patient outcomes for all Australians.

Yours sincerely,

Dr Matthew Andrews
President

21 December 2011