



APNA Response to:

Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024

10 January 2025

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in Primary Health Care (PHC). APNA champions the role of PHC nurses to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our vision

A healthy Australia through best practice PHC nursing.

Our mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported PHC nursing workforce.

Our Values

Better Together We are passionate and collaborative, fostering an environment where diversity is valued, and all voices are heard.

Positive Disruptor We are community-minded champions of change, innately curious and always open to innovation and ideas of the future.

Pursue Excellence We are evidence-based in our approach and hold our stakeholders and each other accountable as we strive for the highest standards of excellence.

Contact us

APNA welcomes further discussion about this submission.

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APNA background

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in Primary Health Care (PHC). PHC nurses are the largest group of health care professionals working in the primary health care sector. In Australia, this constitutes more than 98,000 nurses who work outside of the hospital setting in diverse settings and includes nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are highly experienced, skilled and trusted health professionals working within multidisciplinary teams in their local communities to prevent illness and promote health across the lifespan.

APNA has extensive experience advocating for and supporting nurses to fully participate in the workforce throughout their career journey. This includes workforce programs such as supporting nurses to Transition to PHC Practice (TPP), Building Nurse Capacity (BNC- nurse-delivered, team-based models of care), as well as education programs to support Chronic Disease Management and Healthy Ageing (CDMHA) and support for our emerging nursing workforce through student placement programs.

The role for nurses within PHC is clear. Nationally and internationally, nurses are recognised as essential to achieving improved population health outcomes and better access to PHC services. Enabling nurses to work to their full scope of practice supports them to have a more central role within a team-based, multi-disciplinary model of care. This supports holistic, person-centred management of chronic disease and importantly offers an opportunity to move from a disease-focused approach to health care to one that prioritises the prevention of illness and promotion of health (Amanda Adrian & Associates, 2009; Crisp & Iro, 2018).

About this review

On 28 November 2024, the Senate referred the provisions of the Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024 to the Community Affairs Legislation Committee for inquiry and report by 30 January 2025. The committee invites individuals and organisations to send in their opinions and proposals in writing (submissions).

APNA welcomes the opportunity to provide this submission on behalf of our membership and all PHC nurses in Australia.

The APNA Response to the Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024

Access to personal health information is crucial for individuals to actively participate in their healthcare. It empowers them to make informed decisions, engage in meaningful discussions with healthcare providers, and take control of their health journey. This access also promotes better coordination of care, reduces the risk of duplicate tests, and enhances overall positive patient health outcomes.

The APNA fully supports the legislative changes set out in the Health Legislation Amendment (Modernising My Health Record—Sharing by Default) Bill 2024, which requires corporations to register under the My Health Records Act and share prescribed information, ensuring consistent and timely health information sharing. APNA also supports the proposed amendments to the Health Insurance Act to specify that Medicare benefits will no longer be payable for prescribed healthcare services, unless required information is shared to the My Health Record system. APNA agrees and understands that providers have been paid to deliver a service. Despite who orders the medical test, or provides the medical service, the health care consumer has paid for that test, either by direct out-of-pocket fees or by assigning their Medicare rebate to cover the procedure and collation of the results.

The consumer has paid for the test to be performed and the consumer, rightfully owns their own health information. A view reinforced by the Health Minister, Hon Mark Butler in his speech in the House of Representatives on 21 November 2024, and again at Australian Healthcare Week in November 2024.

The withholding of results and patient/consumer information impedes best practice clinical handover and can, in some circumstances lead to risk of harm where vital information is unable to be accessed.

Allowing for some exceptions for special circumstance where withholding results is to mitigate risk of harm to a person, consumers have a right to their health information so they can monitor their health, and make more informed decision about tier care, and most important have information so they can ask better questions of their health professionals.

APNA also supports the amendments to the Health Insurance Act set out in Part 2 to provide that Medicare benefits will no longer be payable for prescribed healthcare services, unless required information is shared to the My Health Record system. The sharing by default requirements in the Bill will ensure consistent and timely health information sharing that will support the health consumer to better understand their health issues and seek care earlier if needed, and to support care, including in emergency and urgent care situations where the results would otherwise be kept by private medical practices and not accessible. This currently results in delays in receiving appropriate care and costly duplication of test and services. APNA supports measures that will contribute to improving healthcare outcomes and empowering consumers to take control of their health and improving cost efficiency reducing unnecessary duplication of procedures and tests. Duplication of test apart from being inconvenient and time consuming for the consumers and their carers, can often mean the unnecessary repeat of painful and uncomfortable procedures.

Of great note is that this Bill aligns with the Quintuple Aim of healthcare and supports the goals of high performing health systems by:

- enhancing patient experiences: reduced unnecessary test and discomfort from duplicated procedures
- improving population health: more easily accessible health information
- improving cost efficiencies: by reducing duplication of services

- improving provider experiences: reducing time chasing results, and immediate access to patient information in emergencies and for timely diagnosis
- improving access and equity: patient have timely access to their information without additional costs (some pathology companies currently charge a paperwork processing fee to providing copies of results directly to consumers)

Although the Bill focuses on pathology and diagnostic imaging service, it signals that the Government acknowledges the benefits from investing in information sharing and wider, more efficient use of digital health technologies. There are potential financial benefits and improved value measures, including workforce benefits, from reduce duplication of tests and better use of digital health technologies, of which the My Health Record will be the key to nationally connecting healthcare for patients and carers, health providers and health services. APNA also notes that the Bill supports the recommendations of the Strengthening Medicare Taskforce Report; supporting the need for patients and clinicians to have real time access health information that is essential to delivering high quality digitally enabled health care services.

APNA supports patient rights to their information and future wider application of the Bill to incorporate registered health care providers to engage with and share information by uploading to the My Health Record to give a more holistic view of a person's health care and services involved in their care. In a modern world, consumers want modern healthcare which includes better use of digital platforms so they can access their personal health information. They expect that their health care providers will have ready access to their information and to collaborate with them on decision for care.

Furthermore, APNA does not support maintaining the status quo which keeps health information in poorly accessible silos of mostly private health care providers or services. APNA advocates for changing the sharing model of diagnostic and pathology reports to a consumer-centred approach for My Health Record and moving from voluntary to mandatory uploading of patient information. This change aims to enhance patient care by providing timely access to a person's health information to reduce avoidable adverse outcomes and hospital admissions, and unnecessary duplication of tests, while also empowering consumers with better access to their health information to better enable self-care.

Modernising My health Record

Whilst there are a number of categories of health professionals approved to upload to my health record, Enrolled Nurses, who are approved and hold designated Individual Health Professional Identifiers to access the My Health Record, have been excluded from creating Shared Health Summaries.

Enrolled nurses (ENs) play a critical role in the healthcare system, particularly in terms of patient care and support. The integration of digital health technologies into healthcare practices has introduced new opportunities for enhancing the effectiveness of enrolled nurses in providing care. Enrolled nurses admit patients, take and document complex health histories, monitor patients' health in often complex tertiary care settings as well as in primary health care settings and load this information into electronic medical records. The modern Enrolled Nurse is well trained at Diploma Level, administers medication performs complex procedures and care tasks, and works collaboratively in health care teams.

Enrolled nurses are already working in complex environments and using digital health technologies.

Enrolled Nurse Scope of Practice

Enrolled Nurses (ENs) in Australia have specific standards and guidelines they must follow. Here are some key points: [Nursing and Midwifery Board of Australia- Fact sheet: Enrolled nurse standards for practice](#)

1. **Supervision:** ENs must be supervised by a Registered Nurse (RN).
2. **Accountability:** ENs are accountable for their own actions and must practice within the legal and ethical boundaries.
3. **Collaboration:** They work closely with RNs, patients, and other healthcare team members to develop and implement care plans.
4. **Documentation:** ENs are responsible for accurate documentation and communication of patient information.
5. **Patient Care:** They provide skilled and timely care, promoting patient independence and involvement in decision-making.
6. **Continuous Learning:** ENs are expected to engage in ongoing professional development.

[Nursing and Midwifery Board of Australia- Enrolled nurse standards for practice](#)

My Health Record

My Health Record is a secure online summary of your health information that you and your healthcare providers can access. Here are some key features:

1. **Comprehensive Health Information:** It includes details like COVID-19 information, pathology reports, diagnostic imaging, prescriptions, and hospital discharge summaries.
2. **Accessibility:** You can access your record anytime, including in emergencies.
3. **Control:** You decide what information is stored and who can access it.
4. **Updates:** It's important to keep your record up-to-date to ensure it reflects your current health status.
5. **Privacy:** You can see who has accessed your record and manage access permissions.

[Link My Health Record | myGov](#) [Your My Health Record | myGov](#)

Role of Enrolled Nurses in Digital Health Care

1. **Patient Monitoring and Data Management:** Enrolled nurses, under the direct or indirect supervision of registered nurses (many Enrolled Nurses work remotely in the community), are using digital tools to monitor patients, track vital signs, and manage data from wearable devices (e.g., heart rate monitors, glucose monitors). Digital health tools enable more accurate and timely reporting, which is essential in making informed decisions. Enrolled nurses are using electronic records to document patient activity and care.
2. **Telehealth and Remote Care:** ENs are becoming more involved in telehealth services, assisting with virtual consultations, remote patient education, and follow-ups. These platforms allow ENs to stay in touch with patients, providing advice and assessing health remotely, especially for patients in rural or underserved areas.
3. **Electronic Health Records (EHRs):** Enrolled nurses are increasingly tasked with inputting and accessing patient information through EHRs. This helps ensure accurate documentation of patient history, medications, treatments, and outcomes. ENs use these systems to coordinate

care and ensure the smooth flow of information between healthcare providers. The APNA Building Nurse Capacity Chronic Disease Clinics have several models led by enrolled nurses working in general practice teams.

4. **Patient Education via Digital Platforms:** ENs are already using digital health tools to educate patients about their conditions, treatment plans, and self-management strategies. Digital health platforms allow nurses to distribute educational materials, videos, and self-care tools that can improve patient compliance with treatment plans, as seen in the APNA Building Nurse Capacity Chronic Disease Clinics (see case study).
5. **Collaboration and Communication:** Digital health tools foster improved communication between enrolled nurses and the wider healthcare team. Through secure messaging and shared digital platforms, ENs can collaborate more effectively with doctors, registered nurses, and specialists, ensuring comprehensive and coordinated care for patients.

Benefits of Digital Health for Enrolled Nurses

1. **Enhanced Efficiency:** Digital tools streamline routine administrative tasks such as scheduling, documenting, and reporting, enabling enrolled nurses to focus more on patient care.
2. **Improved Patient Outcomes:** By utilizing data analytics and real-time monitoring, enrolled nurses can identify potential health issues early and escalate care issues to higher level health care team members, leading to timely interventions and better patient outcomes.
3. **Continued Professional Development:** Digital health technologies provide ENs with access to online education and training resources. This allows for ongoing learning and skills development, crucial in the rapidly evolving field of healthcare technology.
4. **Empowerment of Patients:** Digital health tools not only empower patients by giving them more control over their health but also assist nurses in providing better care by keeping patients informed and engaged in their treatment processes and foster skills to enable self-care.

Implementing Digital Health for Enrolled Nurses

Enrolled nurses are covered by the same legal requirements for privacy of patient information as registered nurses, and indeed other health professionals.

Enrolled nurses are already active, in particular in the primary health care space, accessing patient My Health Records and downloading information to support patient care and update patient information into on-site computer record systems. Enrolled nurses record information such as immunisation and upload to the Australian Immunisation Register, which is then uploaded into the My Health Record. Whilst Enrolled nurses can upload an event summary, they cannot upload a shared health summary.

Enrolled nurses have the same legal requirements as registered nurses to access the My Health Record. They have access to the same training modules as registered nurses and other health professional, yet they cannot upload a Shared Health Summary to My Health Record. [My Health Record for healthcare providers](#)

As set out above, enrolled nurses help support and educate patients. They often have their own case load in both tertiary settings and in primary care where there are a growing number of Enrolled Nurses running chronic disease clinics in general practice and other like primary health care services.

In the aged care arena, the Enrolled Nurse is a key support of the registered nurses, often acting as a second-in-charge roll, providing critical back-up to the high workload of the registered nurse. The modern Enrolled Nurse is well educated, and the role is complex and their scope of practice has expanded overtime to meet the needs of the community. The conduct complex care and assessments and are using digital health to facilitate care and ensure good clinical handover.

The Enrolled Nurse is educated to Diploma Level (AQF 5) qualifications. Aboriginal Health Practitioners trained at Cert IV (AQF 4) qualifications are able to upload Shared Health Summaries. The Enrolled Nurse Practice Standards are currently under review for the first time since 2016 to ensure they reflect contemporary education standards and practice as well allow Enrolled Nurses to work to their full scope of practice. APNA has made these same recommendations to that review.

APNA recommendation:

To expand access to health information for the community and better utilisation of digital health technology to facilitate care, clinical handover and patient education, APNA recommends that Enrolled Nurses be given approval to upload Shared Health Summaries to the My Health Record

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