



Australian
Rheumatology
Association
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The Committee Secretary
Senate Standing Committees on Community Affairs
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Submission to the Inquiry on Health Legislation Amendment (Modernising My Health Record – sharing by default) Bill 2024 [Provisions]

Dear Secretary,

The Australian Rheumatology Association (ARA) is the peak body representing rheumatologists, nurses, and other healthcare practitioners with an interest in rheumatology. Rheumatology is a broad medical discipline that leads the management of both common arthritic diseases such as osteoarthritis and back pain, as well as less common autoimmune diseases such as rheumatoid arthritis and vasculitis.

Thank you for the opportunity to provide a submission to this Inquiry. The number of rheumatologists in Australia has remained below international benchmarks for many years. The reasons are many, but mostly due to limited availability of accredited training places in public hospitals. A major consequence of these workforce shortages is that rheumatologists face overwhelming workloads on an ongoing basis. This means that any change that increases their administrative load will be reflected in a decreased ability to see patients, with concomitant effects on waiting times, which even now usually extend past six months.

Our members acknowledge the importance of consolidating all patient information in one place within the My Health Record (MHR) as this would greatly enhance usability and accessibility and reduce duplication of investigations. However, it is equally critical to ensure that any mandatory uploading of health information is streamlined to minimise the administrative burden on busy clinicians.

One specific example concerns the provision of Point of Care (POC) Musculoskeletal Ultrasounds. In the vast majority of cases this is performed within a consultation to provide important diagnostic and prognostic information and to guide therapy. As such, the non-referred (NR) Medicare imaging items numbers are used, specific to the region scanned. The findings of the scan are then incorporated into the patient letter which is sent directly to the patient's GP as well as other interested parties. Hence, the report is integrated with the patient history, clinical findings and utilised to formulate a

management plan. If rheumatologists are required to upload a separate imaging report for this non-referred service to meet the compulsory uploading of imagery and diagnostic report, it will require the construction of another report in addition to the patient letter followed by an MHR upload procedure.

Our members have expressed concern that one possible, or likely, consequence of the change if there is no streamlined way to do this is that they will cease undertaking POC Musculoskeletal Ultrasound. Instead, patients will be referred to private imaging centres, leading to increased costs for both the patient and Medicare, delays in treatment, and the need for additional appointments to review findings and plan the appropriate course of action.

Finally, one universal concern is the cost of updating practice software that currently does not integrate with MHR. Allowances for both updating software and for the additional time needed to upload materials into MHR were raised as infrastructure necessities to make the changes work effectively and efficiently.

While I understand that no public hearings are scheduled for this Inquiry, I remain at your service to provide any additional information or explanations requested by the Committee.

Yours Sincerely

**Dr Sam Whittle MBBS(Hons), MClinEpi, FRACP
ARA President**

