+Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 1

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 63

Senator Siewert asked:

Definition of 'healthcare' in the PCEHR Bills refers to 'illness or disability', whereas the private health insurance legislation refers to disease, injury or conditions. Is there a potential issue through the different definitions?

Answer:

No potential issue has been identified as a consequence of the definition of 'healthcare' in the PCEHR Bill being different to that in private health insurance legislation.

The definition in the PCEHR Bill is consistent with the definition in the *Privacy Act 1988* and the *Healthcare Identifiers Act 2010*. The definition of 'healthcare' in the PCEHR Bill is intended to include, for example, cosmetic procedures and preventative care. The definition in the PCEHR Bill is sufficiently broad to encompass all health events that could be included in an individual's PCEHR with their consent.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 2

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 63

Senator SIEWERT asked:

Is there capacity to enable OTs [Occupational Therapists] and aged care facilities to be more widely recognised rather than just nominated [representatives for the PCEHR]?

Answer:

Yes.

In order to author information such as event summaries into the personally controlled electronic health record (PCEHR), an organisation needs a Healthcare Provider Identifier - Organisation (HPI-O) and the individual employees and service providers working for that organisation need a Healthcare Identifier – Individual (HPI-I).

Any organisation providing healthcare can apply for a HPI-O, including aged care facilities.

If the healthcare provider does not have a HPI-I (including medical students, volunteers, enrolled nurses and some allied health workers), the organisation for which they work or provide services, can authorise them to access and view the PCEHR, if a patient consents.

Patients also have the option of making a healthcare provider or carer the patient's nominated representative which would give the provider or carer access to the patient's PCEHR.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 3

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 63

Senator SIEWERT asked:

If a healthcare provider, who has the ability to be registered with AHPRA, chooses not to, will that impact on them being able to access or upload data [on the PCEHR]?

Answer:

If eligible clinicians choose not to obtain a Healthcare Provider Identifier – Individual (HPI-I) by registering with Australian Health Practitioner Regulation Agency (AHPRA) they can apply directly to the Healthcare Identifier Service Operator (Medicare).

If the healthcare provider does not have a HPI-I (including medical students, volunteers, enrolled nurses and some allied health workers), the organisation for which they work, or provide services, can authorise them to access the PCEHR, if a patient consents.

Patients also have the option of making a healthcare provider or carer the patient's nominated representative which would give the provider or carer access to the patient's PCEHR.

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 4

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 64

Senator McKENZIE asked:

What component of the funding has been dedicated to education and interaction with medical and allied health students?

Answer:

The Department has funded the National E-Health Transition Authority (NEHTA) to engage clinicians and professional bodies in the development of the Personally Controlled Electronic Health Record (PCEHR) Program in order to understand the needs of clinicians and ensure the system is built in a way that maximises their involvement.

Working with the Allied Health Professionals Association (APHA), the Department has invested significantly ($863,636 GST excl.) in research to better understand the position and readiness of allied health professionals. Last year the Department published a landmark study on the eHealth readiness of 1,125 Allied Health Professionals across 15 sub-groups.

Part of the allocation of Government funding for the PCEHR has been allocated to the National Change and Adoption Partner (NCAP) to develop a Change and Adoption Strategy and Delivery Plan.

The NCAP has engaged the APHA to tailor existing generic training materials to suit its members. The Australian Psychological Society has already developed five training modules on eHealth and the PCEHR. NCAP will assist with enhancing these modules with its generic training materials and will also adapt these modules for the Australian Physiotherapy Association and the Australian Dental Association.

Events targeting a number of allied health professions will also be held, for example, involvement by NEHTA/NCAP in the APHA National Conference on 1-3 April 2012.

NCAP has agreed with the AHPA to provide weblinks to the PCEHR registration portal from the relevant allied health professional organisation websites.

A range of strategies have been developed by the NCAP that will be used to build medical student PCEHR adoption, such as: media, local events, change agents and change champions.

Additionally, medical students will be heavily influenced by their clinical mentors and medical schools, all of whom will be given guidance on the PCEHR system.

Also, through accessing the online provider portal, medical students should become aware of the PCEHR system and understand the role it plays in improving patient outcomes, medication management and avoidance of duplication of tests.

COMMUNITY AFFAIRS LEGISLATION COMMITTEE

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 FEBRUARY 2012

Question no: 5

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 66

Senator SIEWERT asked:

What resources are already available and what additional resources were made available to the NT? [In context of eHealth and Telehealth]

Answer:

eHealth

The Northern Territory (NT) has received a range of funding from the Commonwealth to support their eHealth program.

One of the twelve personally controlled electronic health record (PCEHR) eHealth lead sites is in the NT. The NT Department of Health & Families is receiving funding of up to $11.69M (GST excl.) to extend their eHealthNT Shared Electronic Health Record to Western Australian and South Australian indigenous populations and into the NT general population. Transition planning for connection to the PCEHR system is underway.

Existing Commonwealth programs which support eHealth work in the NT include:

- the eHealth Support Officers Program for which the General Practice Network Northern Territory will receive up to $0.78M (GST excl.) between 2008 and 2011-12;
- the Practice Incentives Program (PIP), which aims to encourage continuing improvements in general practice to support quality care, and improve access and health outcomes for patients. The PIP eHealth Incentive encourages general practices to keep up to date with the latest developments in eHealth to assist in improving administration processes and enhancing the quality of patient care, for example, by supporting the capacity to share accurate electronic patient records. The PIP eHealth Incentive allows for an incentive payment of up to $50,000 (GST excl.) per annum per eligible general practice. As at November 2011, 144 Aboriginal Medical Services were participating in PIP with 79 receiving eHealth payments; and
- The Practice Nurse Incentive Program (PNIP), which was established on 1 January 2012. The PNIP supports an expanded and enhanced role for practice nurses and this may include creating electronic patient records. Currently both the PIP and PNIP payments attract a rural loading for eligible practices.

Previous grants to the NT include the Managed Health Network Grants ($2.56M GST excl. during 2004-09) and HealthConnect ($16.94M GST excl. during 2004-09).

Telehealth

From 1 July 2011 the Commonwealth has provided Medicare rebates for patients in remote, regional, and outer metropolitan areas, and for aged care residents and patients of eligible Aboriginal Medical Services, who receive private specialist consultations via video conferencing. Rebates are available for clinically relevant support services provided by health professionals, such as GPs, nurses or Aboriginal Health Workers, who are located with the patients during their consultation with remotely located specialists.

Financial incentives are also available to practitioners to encourage them to deliver telehealth services, and recognise that incorporating telehealth into everyday workflows represents a change to traditional practice. Residential Aged Care Facilities can also receive financial incentives if their residents receive specialist services via telehealth.

In the first 6 months there has been a total of 13,990 telehealth services processed by the Department of Human Services (1 July 2011 – 31 December 2011). The Department is unable to disaggregate service data to state levels due to privacy requirements.

The $20.6 million *NBN Enabled Telehealth Pilots Program* is a new government initiative in response to the Government's Digital Economy Goal for improved health and aged care. The Program will provide funding to successful proposals for pilot projects to develop and deliver telehealth services to NBN-enabled homes with a focus on aged, palliative or cancer care services, including advanced care planning services. By providing better access to health services to homes within NBN early release sites, the Program will investigate and demonstrate opportunities for the extension of telehealth services in the future:

- Individual grants are expected to be between $1M and $3M (GST excl.), with funds being used to provide the telehealth services, to pay for staffing and training costs, and to fund the cost of equipment and software required to provide telehealth services;
- The call for applications is expected to be released in March 2012;
- While the program is only available to patients in NBN-connected houses, it is intended that applications can be accepted where the NBN interim satellite service is available, increasing the number of potential locations in the Northern Territory where this program could be run.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 6

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 66

Senator SIEWERT asked:

Is assistance being made available to connect the different IT systems operating across State and Territories to the PCEHR?

Answer:

Whilst the Australia Government has provided the funding to establish the PCEHR all governments have a shared interest in eHealth as a means of increasing the quality and safety of the healthcare provided to their communities, through their co-ownership of the National E-Health Transition Authority (NEHTA). The deployment and adoption of the PCEHR is a shared agenda with the Commonwealth providing national infrastructure and jurisdictions planning how to connect to the PCEHR as they upgrade their systems.

The Department is supporting the states and territories in a number of ways to facilitate their participation in the PCEHR.

States and Territories were consulted at each stage of the PCEHR infrastructure design to optimise opportunities for integration between state and territory clinical systems and the national PCEHR system. The Department has also funded a number of states and territories, via NEHTA, to participate in the eHealth sites where key foundational capabilities are being implemented in readiness of the PCEHR. The Department and NEHTA are now working with the eHealth sites to plan their transition to the PCEHR.

The PCEHR legislation builds on existing state and territory legislation and significant consultation has been undertaken during its development process.

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 FEBRUARY 2012

Question no: 7

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 67

Senator SIEWERT asked:

Were you [Mr. Madden] aware before today of the criticisms that were raised about the potential risks to safety and some of the problems with issues of individual health identification numbers?

Answer:

Mr Madden was not aware of these criticisms.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 8

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Hansard Page: CA 69

Senator Siewert asked:

What happens if the practitioner relies on the information in the [PCEHR] records? What does that mean for liability?

Answer:

The PCEHR Bill does not change the existing liability of healthcare providers either in nature or scope. Healthcare providers should continue to exercise their professional judgement in relation to information, whether it comes from a PCEHR, directly from a consumer or from another healthcare provider.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 9

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Written Question on Notice

Senator BOYCE asked:

Evidence was given by the Medical Software Industry Association (MSIA) claiming that;

Most of the sites are using "a National E-Health Transition Authority-sponsored initiative to inject Individual Healthcare Identifiers (IHIs) into GP desktop software. This has been done largely without the consent or cooperation of the software vendors (who provide the 'host' systems).

This is an inherently unsafe process.

Could both NEHTA and DOHA respond to this claim in detail and with precise evidence?

Answer:

The lead eHealth Sites were established in order to:

- Deploy and test national eHealth infrastructure and standards in real world health care settings;
- Demonstrate tangible outcomes and benefits from funded eHealth projects;
- Build stakeholder support and momentum behind the national Personally Controlled Electronic Health Record (PCEHR) system work program; and
- Provide a meaningful foundation for further enhancement and roll-out of the national PCEHR system.

Four eHealth sites (comprising Metro North Brisbane Medicare Local (MNBML), Hunter Urban Medicare Local (HUML), Inner East Melbourne Medicare Local (IEMML) and Accoras (formerly known as Brisbane South Division), comprise the Primary Care eHealth Network (PCEN). The four PCEN sites have agreed to undertake a suite of common services and deploy common infrastructure systems, the operating cost of this service being borne equally.

Health Industry Exchange (HIE) has been engaged by the sites to provide project management and infrastructure services. The lead sites are using the HIE Sync tool to obtain IHIs from the Healthcare Identifier Service. NEHTA has advised that any software seeking

healthcare identifiers is required to pass the Conformance, compliance and Accreditation (CCA) testing. The HIE Sync tool has undergone CCA testing by an independent testing laboratory accredited by the National Association of Testing Authorities (NATA). The HIE Sync tool only synchronises IHIs with General Practice desktop software where an agreement has been reached between HIE and the software vendor.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 10

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Written Question on Notice

Senator BOYCE asked:

The MSIA claims it has made "NEHTA and the Federal Health department aware of its concerns over this process at the Conformance, Compliance and Accreditation (CCA) governance group more than 10 months ago.

"However, the roll-out has continued unchecked, and NEHTA has been unable to provide any information about subsequent evaluation of potential errors that may have been introduced into live patient records."

Could both NEHTA and DOHA respond to this claim in detail and with precise evidence?

Answer:

The Department is aware of the concerns raised by the MSIA in the Conformance, Compliance and Accreditation (CCA) Governance Group during 2011. The issues were raised as part of the work to develop the Conformance Scheme for Healthcare Identifiers subsequently approved by the CCA Governance Group (CCAGG).

The CCA Governance Group was established to engage with all stakeholder including MSIA, AIIA, ACIVA, Medicare, Standards Australia, all jurisdictions, the National Association of Testing Authorities (NATA) as well as NEHTA and the Department. At a meeting held on 29 August 2011 the CCAGG members agreed that current test cases are sufficient to address the risks associated with 'bolt-on' software at this time.

The eHealth Sites were established in order to:

- Deploy and test national eHealth infrastructure and standards in real world health care settings;
- Demonstrate tangible outcomes and benefits from funded eHealth projects;
- Build stakeholder support and momentum behind the national Personally Controlled Electronic Health Record (PCEHR) system work program; and
- Provide a meaningful foundation for further enhancement and roll-out of the national PCEHR system.

All eHealth sites were required to ensure that all software that sought Individual Healthcare Identifiers from the Healthcare Identifier Service passed the CCA requirements. CCA testing was undertaken by independent, NATA accredited laboratories.

Health Industry Exchange (HIE) has been engaged by the four Primary Care eHealth Network sites to provide project management and infrastructure services. These four lead sites are using the HIE Sync tool to obtain Individual Healthcare Identifiers (IHIs) from the Healthcare Identifier Service. The HIE Sync tool has passed CCA testing by an independent testing laboratory. The HIE Sync tool only synchronises IHIs with General Practice desktop software where an agreement has been reached between HIE and the software vendor.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 11

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Written Question on Notice

Senator BOYCE asked:

In supporting its claims, the MSIA points to a peer-reviewed paper by Dr McCauley and Dr Patricia Williams of the School of Computer and Security Science at Edith Cowan University, Perth, which warns that unauthorised "bolt-ons", or "parasitic software" risk introducing a variety of vulnerabilities and threats to the PCEHR as proposed.

Could both NEHTA and DOHA respond to this claim in detail and with precise evidence?

Answer:

The Department is aware that Dr McCauley and Dr Williams' paper identifies important conformance and compliance points for inclusion in NEHTA's Compliance, Conformance and Accreditation (CCA) program, particularly where multiple software components are deployed and must interoperate to support participation in the PCEHR.

The Department is aware of the concerns raised by the MSIA in the Conformance, Compliance and Accreditation (CCA) Governance Group during 2011. The issues were raised as part of the work to develop the Conformance Scheme for Healthcare Identifiers subsequently approved by the CCA Governance Group (CCAGG).

The CCA Governance Group was established to engage with all stakeholder including MSIA, AIIA, ACIVA, Medicare, Standards Australia, all jurisdictions, the National Association of Testing Authorities (NATA) as well as NEHTA and the Department. At a meeting held on 29 August 2011 the CCAGG agreed that current test cases are sufficient to address the risks associated with 'bolt-on' software at this time.

NEHTA's CCA program is responsible for developing a national framework assuring that systems comply with Australian specifications and demonstrate appropriate standards of interoperability, security and clinical safety in the way they handle and exchange information.

Compliance under NEHTA's CCA program is a requirement for the eHealth Lead Implementation Sites including those sites that implement companion software ("bolt-ons"). NEHTA is working together with the Lead Implementation Sites and their clinical software vendors, to identify and resolve interoperability, security and clinical safety issues. This is an ongoing process to minimise the risk of adverse events, as outlined in the McCauley and

Williams paper, by the companion software deployed in the Lead Implementation Sites.

Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

6 February 2012

Question no: 12

OUTCOME 10: Health System Capacity and Quality

Topic: PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORDS (CONSEQUENTIAL AMENDMENTS) BILL

Written Question on Notice

Senator Boyce asked:

In evidence before the inquiry NEHTA representatives said the following;
"Ongoing support of the PCeHR is the responsibility of Government and NEHTA is aware that an Operational Blueprint is being developed that will set out how operations will be managed after the system is launched."

Could both NEHTA and DOHA answer the following questions in regard to that statement;

Who is developing the Operational Blueprint? Give as much detail as possible and is it being done by an external consultant/body? If so, what is the cost?

a) What organisations/individuals have been consulted and/or advised about the development of the Blueprint? Is this formal or informal consultation? Please provide dates etc, for each meeting and communication re consultation.

b) When was the development of the Blueprint begun? What steps--by whom, with whom—are required to finalise the Blueprint?

c) When will the Blueprint be ready for use?

d) Who will require training/information about the Blueprint? Who will deliver this training?

e) Why wasn't NEHTA given the task of producing this blueprint?

Answer:

Under direction from the Department, administrative design company ThinkPlace have led the development of the Operational Blueprint. ThinkPlace are a member of the National Infrastructure Partner consortium and have been engaged on that basis.

Costs associated with coordination and delivery of the Operational Blueprint by ThinkPlace are $185,000 (GST incl.).

a) During the period November 2011 and February 2012, formal discussions and workshops have been undertaken to develop the Operational Blueprint. Consultation has included discussions internal to the Department and with representatives of the following organisations:

- Department of Human Services (DHS);
- National E-Health Transition Authority (NEHTA);
- Office of the Australian Information Commissioner;
- National Infrastructure Partner (Accenture);
- National Change and Adoption Partner (McKinsey and Co);
- PCEHR Program Strategic Advisor (Deloitte);
- Apis Group; and
- Other agencies

b-c) ThinkPlace commenced work on the Operational Blueprint in late November 2011 and built on detailed operational design work previously undertaken by NEHTA, in consultation with the Department. The Operational Blueprint is at the final draft stage, subject to incorporating feedback from the PCEHR Program Control Group. It provides a framework for the operational implementation of the PCEHR system and is now being used to guide development of the detailed processes and procedures to establish the PCEHR functions.

Implementation activities for the Operational Blueprint have commenced. The PCEHR Program Control Group will continue to validate progress as detailed definition of functions, roles and responsibilities are developed.

d) The release of the Operational Blueprint to relevant organisations will be supported by briefings to staff to inform its use.

The administrative functions to be delivered within the framework, such as procedures to support registration and enquiries are subject to separate training packages being built by each relevant agency, for example DHS- Medicare. These training packages will ensure staff involved in delivery of each function receive training on the detailed polices and procedures.

e) As the proposed future System Operator of the PCEHR, the Department is required to own delivery of the Operational Blueprint as a means of articulating the roles and responsibilities for delivery of the PCEHR system. NEHTA, as well as other delivery partners such as the DHS, will continue to have an ongoing role in the development and delivery of the framework described in the Operational Blueprint.