

5 March 2010

Ms Naomi Bleeser
Committee Secretary
Australian Senate
Community Affairs Legislation Committee
Parliament House
CANBERRA ACT 2600

Community.affairs.sen@aph.gov.au

Dear Ms Bleeser,

**Re: Inquiry into Healthcare Identifiers Bill 2010 and Healthcare Identifiers
(Consequential Amendments) Bill 2010**

The RCPA strongly supports the Government's initiatives to introduce new national healthcare identifiers.

For many years the RCPA has been a strident advocate for a unique patient identifier which can be used across all Australian Healthcare settings. This is not only the essential basic building block of an effective e-Health system, but will be a key factor in reducing errors of patient and specimen identification. These errors are now recognized as the most common critical error that occurs in pathology testing (and possibly also in medication management).

Pathology is involved in at least 70% of all diagnosis in medicine and is also involved in monitoring of most chronic diseases. This equates to more than 50 million pathology episodes under Medicare per year (not including those in public hospitals) thus the importance of minimising errors is self evident.

Analytical performance in Australian pathology laboratories is of a high standard however patient and specimen identification continues to be an area where patient safety may be compromised. This is especially so when this process occurs before laboratories are involved (collections performed by non laboratory staff in hospitals or in the primary care setting). The use of an individual (unique) patient identifier will significantly reduce this risk and, if applied uniformly to all pathology testing episodes, will save lives and improve the quality of Australian healthcare. It will also facilitate the safe and accurate transfer of healthcare information between those involved in patient care.

There are also other benefits relating to efficiency and cost savings. The resolution of multiple separate individual patient data sets within Laboratory Information Systems (LIS) is critical to acute care and continuity of care. Separate data sets are created on the same patient by laboratories because of the uncertainty of patient identification between episodes. LIS information is mapped to Clinical Information Systems (CIS) and as a consequence of multiple patient entries, critical patient results can be difficult to access or not recognised as already existing. This results in tests being repeated inappropriately and also means that cumulative test data cannot be analysed or trended. Laboratories of course attempt to address this problem by merging data, but this is limited by deficient or changed patient demographic data and raises real concerns for patient safety, particularly in the provision of blood products. LIS data entry costs are significant and need to be supported by more reliable patient demographic information. Resolving individual patient identity issues within a LIS is a prerequisite for e-Health on a national scale. Linkages and

information access are dependent on the data source integrity. Reliable patient identification is critical to the establishment of complete patient data sets and resource management.

The proposed national healthcare identifiers are urgently required and their use should be encouraged. As with any e-Health initiatives the potential for misuse of identifiers should be carefully considered. Identifiers do not per se pose a risk to patient privacy, rather it is unauthorised access to patient record databases (irrespective of whether they contain individual patient identifiers or not) that is the main privacy hazard. The security of and access control to electronically stored medical records is critical and should be of the highest quality.

The College believes implementation and use of national healthcare identifiers should not be restricted by concerns of risk to patient privacy that are adequately addressed by confidentiality safeguards and strong regulation of access to patient records. We however, have some concerns about the details of the means by which laboratories will access identifiers and would be very keen to have input into the development of these processes.

The College would welcome the opportunity to appear before the Senate Inquiry to further discuss these issues. We would also like to present data on the incidence of patient identification errors that are currently occurring in Australia today which could be prevented by the introduction of unique patient identifiers.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Paul McKenzie', with a stylized, cursive script.

A/Prof Paul McKenzie
President