Submission: Healthcare Identifiers Framework Project

28 February 2023

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About ACCPA

The Aged and Community Care Providers Association (ACCPA) is a national Industry Association for aged care providers offering retirement living, seniors housing, residential care, home care, community care and related services.

ACCPA exists to unite aged care providers under a shared vision to enhance the wellbeing of older Australians through a high performing, trusted and sustainable aged care sector. We support our members to provide high quality care and services while amplifying their views and opinions through an authoritative and comprehensive voice to the government, community, and media.

Our sector serves to make better lives for older Australians, and so do we.

Introduction

Thank you for giving ACCPA the opportunity to comment on the proposed changes to the Healthcare Identifiers (HI) Framework.

ACCPA acknowledges that currently, 'care silos' are limiting the exchange of health information between providers and that we need better connections between primary care, acute care, aged care, and disability health services. Hence, we are supportive of projects (such as this) aimed at improving information sharing within the health system and provide healthcare providers with seamless access to a patient's relevant healthcare information at the point of care.

However, aged care is currently undergoing a number of regulatory changes which will impact on the way in which care is delivered to older Australians. This means aged care providers will need to make changes to their resident, client, and consumer care management systems - not only to connect to primary and acute care, but also to capture the necessary data that is required under the law. This includes the collection of new person level data as part of quality and transparency initiatives and additional financial information as required. Changes to the standards themselves will necessitate software changes to collect relevant points of evidence.

While ACCPA welcomes this consultation process to identify opportunities to amend the HI Framework to enable the delivery of safe and high-quality healthcare services, considering that interoperability between digital systems used in aged care remains a key issue that need to be addressed, we believe the government should first focus on building a genuinely interoperable healthcare system that facilitates the elimination of the current silos and reduces inefficiencies. Once interoperability between healthcare systems is achieved, there will be scope to consider expanding definitions to include other professions, where appropriate, in the provider registers.

In the context of building interoperability between digital systems (and noting that more than 70% of aged care providers are currently operating at a loss[1]), we believe financial support/grant funding to enable aged care providers to build capacity/infrastructure to integrate digital technologies to support resident care is needed. As such, this should be highlighted in this project. We also believe that incentives like the Practice Incentive Program eHealth Incentive (ePIP) in general practice should be afforded to aged care providers to support maintenance of digital systems and to update resident information, as part of a quality improvement initiative.

While ACCPA supports the increased use of HIs to enable a nationally connected healthcare environment, we believe that the use of HIs and the disclosure and sharing of health

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[1] StewartBrown Aged care Financial Performance Report https://www.stewartbrown.com.au/images/documents/StewartBrown_-_Aged_Care_Financial_Performance_Survey_Sector_Report_September_2022.pdf

information must be limited to initiatives that aim to improve the health and health care of patients in line with the Quintuple Aims: Improved patient experience; Better outcomes; Lower costs; Clinician wellbeing; and Health equity.[2] However, a connected, interoperable healthcare system must be based on principles of data safety, data quality, data privacy and data portability.

It is important to also note that the review of the Privacy Act 1988 has not been completed yet. It is highly likely that the changes to the Privacy Act will impact other relevant legislation, including the HI Act and this should be noted in the project.

ACCPA's Recommendations

R1. Focus on building a genuinely interoperable healthcare system via the adoption of consistent national interoperability requirements (that will facilitate the elimination of the current silos and reduce inefficiencies) prior to expanding the scope and use of HIs.

R2. Provide incentives to providers to support implementation of standards and conformance arrangements across jurisdictions, as opposed to linking HI to funding and accreditation, to drive HI adoption.

R3. Provide financial support/grant funding to enable aged care providers build capacity/infrastructure to integrate digital technologies.

R4: Ensure that any expanded access to HIs will be tightly regulated with privacy protections for both patients and providers, including not allowing private sector and for-profit entities, such as insurers or employers, to have access to the patients' health records.

R5: Ensure Healthcare Provider Identifier – Organisation (HPI-O) administration functions are simple and easy to use, which will result in a reduced administrative burden of updating multiple government programs with the same information.

R6. Maintain the existing statutory schemes under the HI Act that prevents the collection, use and disclosure of HIs when underwriting or determining insurance and employment contracts.

R7. Ensure that any changes to the Act will maintain the privacy of healthcare recipients and providers, uphold the principles of informed consent, and set clear boundaries around the appropriate use of data.

R8. Run education campaigns, to improve digital health literacy and to educate and promote the concept and the use of Healthcare Identifiers.

1. HI use in key programs, services, and systems

We note the HI Framework Project recognises the potential barriers and asks for feedback on strategies that may lead to better adoption of HIs across the health system. These include direct government initiatives and support, using HIs in Australian Government health

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[2] Itchhaporia D, et al. The Evolution of the Quintuple Aim. J Am Coll Cardiol. 2021 Nov, 78 (22) 2262–2264. https://doi.org/10.1016/j.jacc.2021.10.018

programs and services (including regulatory frameworks), and linking the use of HIs to funding and accreditation.

However, and as noted above, ACCPA believes the government should first focus on building a genuinely interoperable healthcare system prior to expanding the scope and use of HIs to other professions not currently registered with Services Australia.

ACCPA does not support linking HIs to funding and accreditation as proposed in page 13 of the consultation paper. We believe this will impact negatively on many aged care providers already struggling financially as noted above. We believe incentives to support implementation of standards and conformance arrangements across jurisdictions would be more appropriate to drive adoption (in this context, ACCPA supports the draft National Interoperability Plan released in 2021[3] and the adoption of consistent national interoperability requirements via the establishment of standards for clinical software providers requiring software coding compliance).

Importantly, ACCPA believes healthcare providers will adopt the use of HIs if they are easy to use and will reduce administrative burden. But this will require an ongoing investment in digital healthcare technologies to achieve the efficiencies. For many aged care providers this means financial support to build capacity/infrastructure to integrate digital technologies to support resident care.

Recommendations:

R1. Focus on building a genuinely interoperable healthcare system via the adoption of consistent national interoperability requirements (that will facilitate the elimination of the current silos and reduce inefficiencies) prior to expanding the scope and use of HIs.

R2. Provide incentives to providers to support implementation of standards and conformance arrangements across jurisdictions, as opposed to linking HI to funding and accreditation, to drive HI adoption.

R3. Provide financial support/grant funding to enable aged care providers build capacity/infrastructure to integrate digital technologies.

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2. Scope of healthcare and provider eligibility

ACCPA notes that the HI Act and the scope of the HI Service rely on the definition of a 'health service' in the Privacy Act which is relatively broad and explicitly includes physical and mental health, and healthcare services provided in aged care and disability care.

However, with increasing recognition that health is more than the absence of disease and injury as noted, ACCPA believes the definition could be broadened to encompass health, care and wellbeing services which will underpin a truly connected care environment. This is

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[3] https://www.australiangenomics.org.au/publications/draft-national-healthcare-interoperability-plan/

particularly important in the aged care settings noting older people receiving aged care are among the most vulnerable members of the community and often have complex health needs requiring a range of social services and community-based programs and support.

However, achieving the correct balance between supporting a broader range of provider types that could use HI and maintaining confidence in the privacy and security of HIs and health information, will be critical.

ACCPA supports the working definitions of healthcare support providers "Someone who does not directly provide healthcare but: has a responsibility of care in promoting and managing the health, care, and wellbeing of individuals; otherwise provides services and functions that impact on the health and wellbeing of individuals". ACCPA also supports the working definition of healthcare support organisations "An entity or service that does not directly provide healthcare but: has a responsibility of care in promoting and managing the health, care and wellbeing of individuals; otherwise provides services and functions that impact on the health, care and wellbeing of individuals", as outlined in the consultation paper.

ACCPA also supports the consultation paper's proposition for broadening the definition of health services to include home care services that provide services and functions that impact on the health, care and wellbeing of individuals. Home care worker can help facilitate/coordinate the transfer of an older person to an Emergency Department or during transition of care, which would improve care of that person. However, home care worker must have appropriate training/qualification to access an older person's My Health Record or his/her IHI.

ACCPA considers the use of patient health data to increase the profits of privately owned entities, that are custodians of patient data, unethical use of data/HI and is strongly opposed to this. We expect that any expanded access to HIs will ensure the same level of privacy protections for both patients and providers, including not allowing private sector and for-profit entities, such as insurers or employers, to have access to the patients' health records.

We note that the use of government related identifiers such as Medicare cards is tightly regulated so that they do not become a unique identifier for an individual. Considering IHIs are unique government issued numbers containing substantial personal information, at minimum we believe they should be afforded the same level of protection as Medicare cards.

Importantly, we note that the consultation paper also does not detail who would maintain the register of organisations and individuals who would be allowed to access and use HIs. Currently, this register is maintained by Services Australia and to get an HPI-I, a person needs to provide healthcare services and be registered with APHRA. If the definition is expanded, ACCPA queries whether Services Australia would be expected to set up a register for these other professions, like current arrangements, to be able to access and use His.

> **Recommendation:**
> R4. Ensure that any expanded access to HIs will be tightly regulated with privacy protections for both patients and providers, including not allowing private sector and for-profit entities, such as insurers or employers, to have access to the patients' health records.

3. Applications and structures of HPI-Os and HPI-Is

This issue is particularly important for aged care providers with many (especially the large providers) operating with ''network and seed' structures that show the relationships between a parent organisation and subordinate organisations (needed to support digital health services). For these organisations, the implementation of 'network and seed' HPI-O structures and how they are then linked to HPI-Is - can be problematic - reflecting the lack of uptake of the My Health Record in the sector (only about 3% of aged care facilities are current registered for the My Health Record[4]).

We believe the HPI-Os should be implemented in a way that it would be easier for providers to find/locate the right service to securely send health information. Importantly, HPI-O administration functions should be simple and easy, and it should result in a reduced administrative burden of updating multiple government programs with the same information.

Resolving structural issues will require operational and procedural changes to the HI Service. This will require effort and resources on the part of providers, especially with regard to system upgrades to support interoperability, but many aged care providers (especially the small providers) do not have the means to build capacity to support such system upgrades (see Section 1 regarding the need for financial support/grant funding to enable aged care providers to build capacity/infrastructure to integrate digital technologies).

> **Recommendation**:
> R5. Ensure HPI-O administration functions are simple and easy to use, and which will result in a reduced administrative burden of updating multiple government programs with the same information.

4. Healthcare consumer and provider choice

ACCPA agrees that individuals, including aged care recipients, should be able to be active participants in their healthcare, and that the HI Act and the HI Service should empower individuals to disclose their own IHI for more purposes to enable better healthcare

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[4] Aged Care Industry Information Technology Council

outcomes. In this context and where appropriate, we believe healthcare consumers/aged care recipients should be able to consent to the disclosure or use of their IHI, but safeguards must be in place to ensure that these individuals can disclose their IHI in a safe and secure way.

With regard to the expanded use of HI by insurers, however, ACCPA opposes the use of patient health data to increase the profits of privately owned entities, that are custodians of patient data, as noted above.

While ACCPA acknowledges that private health insurers already manage large amounts of health information about their customers, both for the purposes of managing claims and payments under policies, and increasingly through the delivery of health programs, ACCPA does not support sharing health information with private health funds outside the existing statutory schemes noting the Act currently prevents the collection, use and disclosure of HIs when underwriting or determining insurance and employment contracts.

Recommendation:
R6. Maintain the existing statutory schemes under the HI Act that prevents the collection, use and disclosure of HIs when underwriting or determining insurance and employment contracts.

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5. Support for healthcare technology services

ACCPA acknowledges that with advancements in digital health, healthcare environments have evolved since the Healthcare Identifiers Act was drafted in 2010, when digital health services and complex service delivery models were not as common.

To support a modern healthcare environment, ACCPA agrees that the Act and the HI Service must allow for flexibility in how platforms and applications connect an individual to their healthcare data, and providers to one another.

However, this will require software package enhancements, including the need for the appropriate capture of data attributes in a structured, standardised fashion, and support the necessary interfaces to (securely) share information between parties in the aged care ecosystem, and which will require resources.

As one of ACCPA's members noted "Our ERP system currently has an interface to Services Australia 'out of the box' to streamline online claiming from Medicare for Aged Care Home Residents. There are data fields provided by the vendor on the Customer screen in our ERP for storing the requisite values for each Resident for the interface to work".

Beside aligning the Act with the modern healthcare environment so that it provides for HI use in a broader range of digital health services and software providers, we agrees that the Act must still ensure that the provider has a legitimate purpose and meets community and government expectations and standards and that any changes must also: maintain the

privacy of healthcare recipients and providers; uphold the principles of informed consent; and set clear boundaries around the appropriate use of data, as noted.

This, should align with Rule 42 of the My Health Records Rule 2016 overseen by the Office of the Australian Information Commissioner (OAIC).[5]

Recommendation:

R7. Ensure any changes to the Act will maintain the privacy of healthcare recipients and
    providers, uphold the principles of informed consent, and set clear boundaries around
    the appropriate use of data.

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6. Supporting quality care and sustainability of the aged care sector

In discussing the expanded use of HIs in the context of aged care, it is important to remember where digital technologies can be most useful in supporting aged care providers to deliver safer and higher quality care to consumers, particularly:

- Digital records have a key role to play in supporting how care is provided and driving compliance and auditing against accreditation standards. Once aged care facilities have high quality, codified data, it can enable software systems to provide alerts and decision support for members of the care team, enabling better informed decision making;
- Digital information systems can also facilitate consumer-directed care, by ensuring that resident and family preferences are recorded, transparent, and acted upon by various members of the care team;
- Wider use of electronic medication management systems can help to reduce errors and harm to residents, through accurately documenting what medications are prescribed, and how and when they are administered to the resident. Connecting medication information digitally between aged care facilities, GPs and pharmacies would significantly help to improve medication safety, especially across transitions of care, such as planned or emergency hospital admission;
- Higher quality data will also be a key driver in producing meaningful, transparent and robust reporting. Capturing and reporting data as a by-product of clinical and administrative workflows will enhance data quality and minimise the burden of compliance; and
- In the future more advanced technology both in monitoring and assistive technology has the potential to change the way that care is delivered.

Importantly, as an increasing proportion of low needs care is delivered in the home, over time the service needs in residential aged care will become increasingly clinically complex

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[5] https://www.oaic.gov.au/privacy/guidance-and-advice/my-health-record

and will require more clinically sophisticated information systems to manage these care needs. These systems will need to evolve to enable management and reporting of care outcomes as well as to adherence to care pathways and best practice medication management. The use of HIs will be key to build interoperability to support these systems.

It is important to note, however, that knowledge about Healthcare Identifiers among aged care providers and the public at large, is still minimal. In particular, it is not clear to many what the policy and program purposes and benefits are. To this end, education campaigns, to improve digital health literacy and to educate and promote the concept and the use of Healthcare Identifiers will be needed - knowledge is a powerful tool to drive adoption.

Recommendation:

R8. Run education campaigns, to improve digital health literacy and to educate and promote the concept and the use of Healthcare Identifiers.