THE HON NICOLA ROXON MP
MINISTER FOR HEALTH AND AGEING

Dr Juanita Fernando
Chair
Health Sub-Committee
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Dear Dr Fernando

Thank you for your letter of 9 June 2009 in which you, on behalf of the Australian Privacy Foundation (APF), raised a number of concerns regarding the privacy of individuals' electronic health information. I apologise for the delay in responding.

Your correspondence referred to reports in *The Age* and on *Sky News Online* in early June 2009 suggesting that the Australian Government was considering the introduction of a card to carry patient health information. The APF also indicated that the Australian Government has not consulted widely on privacy issues as they relate to the introduction of health identifiers.

I would like to clarify that the Australian Government has no plans at this time to introduce a healthcare card to store clinical information.

The National Health and Hospitals Reform Commission (NHHRC) released its report *A Healthier Future For All Australians* on 27 July 2009. The NHHRC recognises the potential benefits of eHealth to support the needs of Australians and has recommended that a person-controlled electronic health record should be available for every Australian by 2012 and that unique identifiers for consumers and health professionals should be established by July 2010. A list of the eHealth NHHRC recommendations is enclosed.

The Australian Health Ministers' Conference announced on 13 July 2009 the commencement of public consultation on legislative proposals to support healthcare identifiers and privacy arrangements.

It is important to differentiate between healthcare identifiers and any future system of national electronic health records. Having a Unique Healthcare Identifier system in place would provide immediate benefits in more accurate recording and communication of healthcare information as well as supporting the future introduction of national electronic health records.

However, a national individual electronic records system would be subject to further privacy consultations and be underpinned by additional safeguards for consumers and clinicians.

The consultation period on healthcare identifiers concluded on 14 August 2009 and my Department received over 90 written submissions, including one from the APF. Your participation in the consultations was welcomed. The feedback from these responses is informing the development of the legislation.

In response to your specific questions relating to the Individual Healthcare Identifiers (IHIs), I trust the following addresses your concerns:

- There are no plans to introduce a healthcare card issued to consumers to hold individuals' IHI or health information.
- All individuals who receive healthcare in Australia will be allocated an IHI for use by health professionals to securely manage and communicate patient information.
- Patients will still be able to obtain anonymous health services if they choose to.
- The IHI will only be used to identify individuals for specific health purposes. These purposes will be clearly set out in legislation to be introduced in 2010.
- A national approach to healthcare identification will require infrastructure including a Healthcare Identifier Service. Medicare Australia will initially operate the Healthcare Identifier Service, building on its existing infrastructure and experience in providing secure information services.
- No clinical data can be accessed through the Healthcare Identifier Service. It is not expected that there will be any increased risk of identity theft due to stolen Medicare cards by the introduction of IHIs.
- Australian Health Ministers are committed to ensuring that the eHealth agenda will be built on a strong privacy platform supported by legislation, technology and governance.

Work being undertaken to progress electronic health in Australia is being approached with a view to ensuring the safety and quality of patient care. The Australian Government is committed to promoting eHealth to develop best practice clinical systems supported by privacy frameworks which reflect collaborative and robust consultation.

I appreciate you sharing your views. Your contribution to the healthcare identifier legislative and privacy arrangements is appreciated.

Yours sincerely

NICOLA ROXON

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NHHRC RECOMMENDATIONS relating to eHealth

Increasing choice in aged care

53. The safety, efficiency and effectiveness of care for older people in residential and community settings can be assisted by better and innovative use of technology and communication.

We recommend:

- supporting older people, and their carers, with the person's consent, to activate and access their own person-controlled electronic health record;
- improved access to e-health, online and telephonic health advice for older people and their carers and home and personal security technology;
- increased use of electronic clinical records and e-health enablers in aged care homes, including capacity for electronic prescribing by attending medical and other credentialed practitioners, and providing a financial incentive for electronic transfer of clinical data between services and settings (general practitioners, hospital and aged care), subject to patient consent; and
- the hospital discharge referral incentive scheme must include timely provision of pertinent information on a person's hospital care to the clinical staff of their aged care provider, subject to patient consent.

Delivering better health outcomes for remote and rural communities

66. Care for people in remote and rural locations necessarily involves bringing care to the person or the person to the care. To achieve this, we recommend:

- networks of primary health care services, including Aboriginal and Torres Strait Islander Community Controlled Services, within naturally defined regions;
- expansion of specialist outreach services – for example, medical specialists, midwives, allied health, pharmacy and dental/oral health services;
- telehealth services including practitioner-to-practitioner consultations, practitioner-to-specialist consultations, teleradiology and other specialties and services;
- referral and advice networks for remote and rural practitioners that support and improve the quality of care, such as maternity care, chronic and complex disease care planning and review, chronic wound management, and palliative care; and
- 'on-call' 24-hour telephone and internet consultations and advice, and retrieval services for urgent consultations staffed by remote medical practitioners.

Further, we recommend that funding mechanisms be developed to support all these elements.

Implementing a national e-health system

115. We recommend that, by 2012, every Australian should be able to:

- have a personal electronic health record that will at all times be owned and controlled by that person;
- approve designated health care providers and carers to have authorised access to some or all of their personal electronic health record; and
- choose their personal electronic health record provider.

116. We recommend that the Commonwealth Government legislate to ensure the privacy of a person's electronic health data, while enabling secure access to the data by the person's authorised health providers.

117. We recommend that the Commonwealth Government introduce:
- unique personal identifiers for health care by 1 July 2010; unique health professional identifiers (HPI-I), beginning with all nationally registered health professionals, by 1 July 2010;
- a system for verifying the authenticity of patients and professionals for this purpose – a national authentication service and directory for health (NASH) – by 1 July 2010; and
- unique health professional organisation (facility and health service) identifiers (HPI-O) by 1 July 2010.

118. We recommend that the Commonwealth Government develop and implement an appropriate national social marketing strategy to inform consumers and health professionals about the significant benefits and safeguards of the proposed e-health approach.

119. Ensuring access to a national broadband network (or alternative technology, such as satellite) for all Australians, particularly for those living in isolated communities, will be critical to the uptake of person-controlled electronic health records as well as to realise potential access to electronic health information and medical advice.

120. We recommend that the Commonwealth Government mandate that the payment of public and private benefits for all health and aged care services depend upon the ability to accept and provide data to patients, their authorised carers, and their authorised health providers, in a format that can be integrated into a personal electronic health record, such that:
- hospitals must be able to accept and send key data, such as referral and discharge information ('clinical information transfer'), by 1 July 2012;
- pathology providers and diagnostic imaging providers must be able to provide key data, such as reports of investigations and supplementary information, by 1 July 2012;
- other health service providers – including general practitioners, medical and non-medical specialists, pharmacists and other health and aged care providers – must be able to transmit key data, such as referral and discharge information ('clinical information transfer'), prescribed and dispensed medications and synopses of diagnosis and treatment, by 1 January 2013; and
- all health care providers must be able to accept and send data from other health care providers by 2013.

121. We recommend that the Commonwealth Government takes responsibility for, and accelerates the development of a national policy and open technical standards framework for e-health, and that they secure national agreement to this framework for e-health by 2011-12. These standards should include key requirements such as interoperability, compliance and security. The standards should be developed with the participation and commitment of state governments, the IT vendor industry, health professionals, and consumers, and should guide the long-term convergence of local systems into an integrated but evolving national health information system.

122. We recommend that significant funding and resources be made available to extend e-health teaching, training, change management and support to health care practitioners and managers.

In addition, initiatives to establish and encourage increased enrolment in nationally recognised tertiary qualifications in health informatics will be critical to successful implementation of the national e-health work program. The commitment to, and adoption of, standards-compliant e-health solutions by health care organisations and providers is key to the emergence of a national health information system and the success of person-controlled electronic health records.

123. With respect to the broader e-health agenda in Australia, we concur with and endorse the directions of the National E-Health Strategy Summary (December 2008), and would add that:

- there is a critical need to strengthen the leadership, governance and level of resources committed by governments to giving effect to the planned National E-Health Action Plan;
- this Action Plan must include provision of support to public health organisations and incentives to private providers to augment uptake and successful implementation of compliant e-health systems. It should not require government involvement with designing, buying or operating IT systems;
- in accordance with the outcome of the 2020 Summit and our direction to encourage greater patient involvement in their own health care, that governments collaborate to resource a national health knowledge web portal (comprising e-tools for self-help) for the public as well as for providers. The National Health Call Centre Network (healthdirect) may provide the logical platform for delivery of this initiative; and
- electronic prescribing and medication management capability should be prioritised and coordinated nationally, perhaps by development of existing applications (such as PBS online), to reduce medication incidents and facilitate consumer amenity.