

National Response to the  
Healthcare Identifiers Act and Service  
Review – Final Report, June 2013

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## CONTENTS

<b>1.</b>	<b>Introduction .....</b>	<b>3</b>
1.1	Purpose.....	3
1.2	Findings .....	4
1.3	Structure of the response.....	4
<b>2.</b>	<b>Response .....</b>	<b>5</b>
2.1	Governance.....	5
	Response to Recommendations 1-3 .....	5
2.2	Planning, resourcing and performance .....	6
	Response to Recommendation 4 .....	6
	Response to Recommendation 5 .....	6
	Response to Recommendation 6 .....	6
	Response to Recommendation 7 .....	7
	Response to Recommendation 9 .....	7
	Response to Recommendation 10 .....	8
	Response to Recommendation 16 .....	8
	Response to Recommendation 17 .....	9
	Response to Recommendation 18 .....	9
	Response to Recommendation 23 .....	10
	Response to Recommendation 24 .....	10
2.3	Data quality & increased match rates .....	11
	Response to Recommendation 8.....	11
	Response to Recommendation 11 .....	11
	Response to Recommendation 13 .....	12
2.4	Directories .....	13
	Response to Recommendation 12 .....	13
	Response to Recommendation 19 .....	13
2.5	Legislative amendments.....	14
	Response to Recommendation 14 .....	14
	Response to Recommendation 15 .....	16
2.6	Clinical Safety.....	17
	Response to Recommendations 20-22 .....	17

## Acronyms

Acronym	Definition
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
COAG	Council of Australian Governments
DHS	Department of Human Services
DOHA	Department of Health and Ageing (as the Commonwealth Department of Health was known in 2013)
Health	Commonwealth Department of Health
HI	Healthcare Identifiers
HINCG	HI/NASH Consultation Group
HISOC	Healthcare Identifiers Service Operations Committee
HPI-I	Healthcare Provider Identifier – Individual
HPI-O	Healthcare Provider Identifier – Organisation
IHI	Individual Healthcare Identifier
NASH	National Authentication Service for Health
NEHTA	National E-Health Transition Authority
PCEHR	Personally Controlled Electronic Health Record
SLA	Service Level Agreement

# 1. INTRODUCTION

The Healthcare Identifiers Service (HI Service) was established by the *Healthcare Identifiers Act 2010* (HI Act) and commenced on 29 June 2010. Its purpose was to implement a national system for consistently identifying consumers and healthcare providers, and to set out clear purposes for which healthcare identifiers could be used.

The HI Service is a joint initiative of the Council of Australian Governments as part of accelerating work on a national electronic health record system to improve safety for patients and increase efficiency for healthcare providers. It is jointly funded by the Commonwealth, states and territories.

As a foundation service to other eHealth measures, the HI Service is an important step in realising the benefits expected to be derived from eHealth. Communication of health information is a vital part of effective healthcare, and the accurate identification of individuals, healthcare providers and healthcare provider organisations is critical in all health communication. Mismatching of patients with their records and results is a documented problem for the health system and a clear link has been established between avoidable harm to patients and poor medical records management.

Using an individual healthcare identifier provides a way for healthcare providers to more accurately match the right records to the person they are treating and improve accuracy when communicating information with other healthcare providers. This helps to avoid medical mix-ups or one person's information being recorded on another patient's file.

Using healthcare identifiers for healthcare providers and organisations supports secure messaging between providers by providing a consistent identifier for e-communication, facilitates electronic communications between providers by providing a way for providers to look up contact details of other providers, and supports implementation of a security and access framework to ensure authentication of providers who access national eHealth infrastructure.

Healthcare identifiers are part of the core national infrastructure required to support secure electronic communications across Australia's healthcare system.

The HI Service Operator is the Chief Executive Medicare.

On 3 November 2013 the then Minister for Health and Minister for Sport, the Hon Peter Dutton MP, announced a review of the personally controlled electronic health record (PCEHR) system (PCEHR Review). The report of the PCEHR Review was published on 19 May 2014. The national response to the HI Review's recommendations has been made in the context of the PCEHR Review and the revision of the National eHealth Strategy.

## 1.1 Purpose

Section 35 of the HI Act requires that an independent review of the HI Act and regulations be conducted after two years of operation. Following consultation with the Standing Council on Health, Ms Joanna Kelly was appointed by the then Minister for Health and Ageing, the Hon Tanya Plibersek MP, to conduct the review.

The *Healthcare Identifiers Act and Service Review – Final Report, June 2013* (HI Review Report) was received from Ms Kelly in June 2013. It was tabled in the Australian House of Representatives on 2 December 2013 and in the Australian Senate on 3 December 2013. A copy of the report as well as the analysis of the report's recommendations was provided to health ministers on 22 November 2013.

This document provides the whole of governments' response to recommendations made in the HI Review Report. The involvement of all Australian governments in the preparation of this response reflects the nature of the HI Service as a joint initiative of all Australian governments.

## **1.2 Findings**

The HI Review found that the core functionality of the HI Service is operating and working effectively. It acknowledged that the development and implementation of a national HI Service is a significant achievement given its scale, complexity and importance to the delivery of a national eHealth system. The HI Review noted that, as the system is being implemented and is now impacting directly on clinical workflow, there are some risks and issues emerging that may require enhancement and adjustment of current processes and the associated legislative and regulatory framework. Twenty-four recommendations were made for improving the HI Service. Agency level actions have also been recommended to support the twenty four recommendations. These are detailed in Appendix 5 of the HI Review Report.

## **1.3 Structure of the response**

The recommendations have been grouped by topic rather than numerically, and responded to accordingly.

## 2. RESPONSE

### 2.1 Governance

#### **Recommendation 1 – Governance**

It is recommended that roles and responsibilities of all organisations contributing to the full end to end management process for the Healthcare Identifiers Service be reviewed to ensure that responsibilities and accountability for all aspects of the Service are clear. These should be formalised in appropriate contracts/agreements, and communicated to all stakeholders. In particular the following responsibilities and management processes should be further refined:

- Policy development and advice
- Legal review and risk assessments
- Support-call procedures and handoff processes between service desks
- Healthcare Identifiers Service assurance
- Communication and stakeholder engagement.

#### **Recommendation 2 – Governance**

It is recommended that governance structures be reviewed to assist closer integration of the governance, development and operation of COAG and PCEHR programs of work.

#### **Recommendation 3 – Governance**

It is recommended that a process of regular review of governance structures and processes be implemented by DOHA to make sure they remain appropriate as the system moves through different stages of its lifecycle and new dependent systems start to be implemented.

#### **Response to Recommendations 1-3**

Recommendations 1-3 will inform the governments' consideration of the PCEHR Review and National eHealth Strategy.

## 2.2 Planning, resourcing and performance

### Recommendation 4 – Funding

It is recommended AHMAC review options for a long term funding model for the Healthcare Identifiers Service to promote the sustainability of the Service. This should include a review of the demand estimation methodology to assess its effectiveness in planning for growth generated by programs outside NEHTA's control and implementation of processes between NEHTA and DHS to manage the impact of unanticipated spikes in demand.

#### Response to Recommendation 4

Agree. This will be addressed in the National eHealth Strategy.

### Recommendation 5 – Service Level Agreements (SLA)

It is recommended that:

- a) Consideration be given to revising the SLAs [between NEHTA and DHS] for the HI Service to:
  - Ensure alignment between the HI Service and PCEHR system SLAs
  - Include scheduled downtime in measures of availability
  - Include SLAs in relation to availability of the vendor test environment
  - Enhance the management and resolution of any incidents that occur for the purposes of continuous improvement of the service.
- b) Undertaking periodic independent review of performance against Service Level Agreements and other contractual requirements, such as reporting.

#### Response to Recommendation 5

Agree in principle. Australian governments support alignment between the HI Service and PCEHR system, and improved management of system outages. Among other things, it will improve user experience for eHealth overall.

Alignment of the HI Service and PCEHR system service level agreements (SLAs) is under consideration. Alignment comparisons have already been made by the Department of Human Services (DHS) and the National E-Health Transition Authority (NEHTA). The 2014-15 HI Roadmap identifies the further consideration of SLA revisions and the development of a contingency plan to deal with planned outages (refer to response to recommendation 6). Discussions have commenced between DHS, NEHTA and Health on integrating the respective agencies' HI and PCEHR incident management frameworks.

### Recommendation 6 – Strategic planning

It is recommended that NEHTA, DHS and DOHA consider developing a formal product management process including a strategic roadmap and annual business plan for the HI Service that identifies for a twelve month period all changes to be implemented, structure of releases, budget and required resources. This plan should be used as the basis for communication and reporting to stakeholders.

#### Response to Recommendation 6

Agree. Integration between future HI development and the requirements of other components of the eHealth strategy is important in ensuring the initiatives are aligned and dependencies between the HI Service and other eHealth programs understood.

In addressing this recommendation HI Roadmaps for 2013-14 and 2014-15 were prepared by NEHTA. These provide the framework for HI and National Authentication Service for Health (NASH) enhancements during these periods. The prioritisation of enhancements has been validated by the members of the Healthcare Identifier and National Authentication Service for Health Consultation Group (HINCG).

The roadmaps are ongoing and living documents, validated with stakeholders on a monthly basis via HINCG and every two months via the Healthcare Identifiers Service Operations Committee (HISOC). Due to the involvement of many HINCG and HISOC members in other eHealth programs, in particular the PCEHR, NASH and Secure Messaging Delivery, decisions regarding work on the HI Roadmaps are made in the context of broader eHealth activities and priorities. All HI and NASH change requests are also now being reported to the PCEHR Change Control Board for improved visibility and impact assessment.

### **Recommendation 7 – Resourcing**

It is recommended that NEHTA and DHS review the resource requirements, budget and responsibilities required to support ongoing product development and the HI Service strategic roadmap.

#### **Response to Recommendation 7**

Agree. Implementation of this recommendation supports Recommendation 6.

NEHTA and DHS undertake ongoing demand planning activities to inform forward estimates. Up to date estimates have been developed as input to the National eHealth Business Case. It is expected that the National eHealth Strategy and the National eHealth Business Case will be addressed in concert with governments' consideration of the PCEHR Review.

### **Recommendation 9 – Newborn, unverified and provisional IHIs**

It is recommended that functionality, business processes and policy to assign and resolve newborn, unverified and provisional IHIs should be validated with stakeholders and implemented as a priority.

#### **Response to Recommendation 9**

Agree in part. Stakeholders, including the Commonwealth and state and territory governments, support the issuing of verified IHIs to newborns. Functionality for this was built and has been available since early-mid 2013.

To support issuing IHIs to newborns and IHI searching in general, the HI Service was enhanced in May 2014 to allow for the use of semi structured address searching. This change will assist states and territories as their systems do not support the sending of fully structured addresses to the HI Service.

NEHTA is continuing to discuss the compliance approach as well as implementation planning for issuing IHIs to newborns with jurisdictions, vendors and other stakeholders. This needs to be finalised prior to use of the newborn IHI functionality by states and territories.

NEHTA and DHS have also developed a draft *Guide for Requesting Individual Healthcare Identifiers Assignment for Newborns* which has been reviewed by stakeholders and will be published once the compliance approach has been finalised.

In relation to progressing the adoption of unverified and provisional IHIs, the HINCG is giving consideration to identifying a pilot site to work through the development of functionality, business processes and policy needed to support the implementation and use of unverified and provisional IHIs.

### Recommendation 10 – Assignment of Provider HPI-Is

It is recommended that AHMAC consider transitioning all provider Healthcare Identifier (HPI-I) registration functions to AHPRA to standardise and streamline provider registration and associated information management processes.

#### Response to Recommendation 10

Noted. Streamlining and consolidating functions to ensure increased efficiency of the HI Service is supported across government.

Of the HPI-Is assigned to healthcare providers, the vast majority have been assigned by AHPRA with only 313 registered by the Healthcare Identifiers Service Operator for the same period. In assigning HPI-Is to non-AHPRA registered healthcare providers, the Healthcare Identifiers Service Operator leverages its existing information processes used for assignment of healthcare identifiers for organisations.

In addition, as assignment of HPI-Is by AHPRA is the automatic result of other registration activities, AHPRA would need to establish a process for the assignment of HPI-Is to non-AHPRA registered healthcare providers. It is therefore considered that there would be negligible efficiency gains.

The recommended transfer of responsibility would require amendments to the HI Act and the *Health Practitioner Regulation National Law Act 2009* (Qld).

Until non-AHPRA HPI-I registration volumes are more significant, there is an insufficient business case to investigate and implement this recommendation. However, this will need to be reviewed after the release of the PCEHR Review which may result in an increase in non-AHPRA registration numbers, and registration processes would need to be reconsidered due to DHS' limited registration capabilities.

### Recommendation 16 – Change request process

It is recommended that consideration be given to refining:

- a) The change request process so that the status of change requests, process of prioritisation, specification and design is more transparent to stakeholders
- b) The processes used to determine whether the enhancements are fit for purpose
- c) Governance processes to ensure directly affected stakeholders have signed off on specifications prior to development and on system testing prior to implementation.

#### Response to Recommendation 16

Agree. The HI Review highlighted the need for increased transparency for affected stakeholders in the change request process as well as general improvements to the process for determining system enhancements to be made.

Since the HI Review was completed, all HI and NASH change requests, as well as their status, are tabled as a standing item in the PCEHR Change Control Board and at the HINCG. This has improved visibility and impact assessment of these change requests. HINCG working groups also re-evaluate HI/NASH Roadmap items and reassess change requests for relevance and fitness for purpose.

The governance arrangements recommended at 16c will need to be addressed as part of governments' consideration of broader eHealth governance as recommended by the PCEHR Review.

### **Recommendation 17 – Healthcare Identifiers test strategy and environments**

It is recommended that a test environment strategy be developed and testing mechanisms and environments be implemented to enable end to end testing of the Healthcare Identifiers Service and its interactions with other e-Health systems. This should include user acceptance testing and production verification testing as well as environments to support training and change management activities.

#### **Response to Recommendation 17**

Agree. An end to end test environment is core to the development, testing and adoption of products and services reliant on healthcare identifiers.

Currently, the HI Service has well-defined Functional User Testing and User Acceptance Testing systems in place with DHS undertaking Business Verification Testing for production changes. The HI Service also has an existing process where the DHS vendor environment is available via Online Technical Support.

To date NEHTA has developed and made available its eHealth Reference Platform Environment which enables sector participants to conduct testing and training in relation to the PCEHR system (through simulation) and the HI Service and NASH Vendor Test Environments.

However, a full end to end test environment is only in the early stages of development and is not yet implemented. The implementation of this recommendation would require cost analysis and resourcing.

### **Recommendation 18 – End user support structures**

It is recommended that:

- a) As an interim measure a single point of contact for support for national e-Health systems and infrastructure is implemented with referral to appropriate support desks as a back end process to simplify support for users
- b) Consideration be given to transitioning to an integrated application and technical support structure for national e-Health systems.

#### **Response to Recommendation 18**

Agree in principle. This recommendation aims to ensure closer integration between the various eHealth systems and improve the user experience. This recommendation will need to be addressed as part of governments' consideration of the roles and responsibilities of a new eHealth governance body as recommended by the PCEHR Review which seeks an integrated approach to eHealth.

### **Recommendation 23 – Change management**

It is recommended that the change management strategy for Healthcare Identifiers be reviewed to consider:

- a) Communication of changes to the Healthcare Identifiers Service, including functionality, policy, support etc to be channelled through a single, agreed point
- b) Clarification of responsibilities for developing implementation support material
- c) Development of material to reflect the business models of different provider groups (Acute Services, General Practice, Community Health etc) to be developed in consultation with stakeholders
- d) Leveraging existing resources such as the DHS Business Development Officers and existing AHPRA communication processes with providers to increase the pool of available support
- e) Including a targeted Healthcare Identifiers component in the change and adoption processes for PCEHR and other e-Health programs.

### **Response to Recommendation 23**

Agree. The Implementation of this recommendation will need to be made in conjunction with the consideration of recommendations covering related issues. For instance implementation of 23a and 23b will be dependent on governments' consideration of broader eHealth governance as recommended by the PCEHR Review.

### **Recommendation 24 – System enhancement**

It is recommended that a mechanism for ongoing business process review be implemented now the system is moving to active use to inform ongoing system development and enhancement to ensure that business processes are practical as usage increases.

### **Response to Recommendation 24**

Agree. Processes are currently in place for the ongoing improvement of the HI Service, such as the change request process and test strategy and environment user support structures. A number of these processes are subject to further enhancement in light of other HI Review recommendations made.

Nevertheless, there is a risk to uptake and utility of the HI Service when functional upgrades are done in isolation. A mechanism for ongoing business review will need to be considered in the broader context of governments' consideration of the PCEHR Review.

## 2.3 Data quality & increased match rates

### Recommendation 8 – Data governance

It is recommended that:

- a) National guidelines on best practice processes for recording of identification data and a national data governance framework for data quality improvement for the purpose of the Healthcare Identifiers and other national systems be developed and implemented.
- b) Consideration is given to amendments to the Healthcare Identifiers Act to provide legislative support for the Healthcare Identifiers Service to engage in data quality improvement activities.

#### Response to Recommendation 8

Agree in principle. The HI Review identified that data quality issues exist across all sites using the HI Service, impacting the use of the HI Service and especially IHI matching. These issues need to be addressed if IHI match rates are to be improved. Further, the HI Service is compromised by any actual or perceived gaps in data quality.

In addressing Recommendation 8a, consideration needs to be given to any relevant existing standards on best practice processes for recording of identification data and data quality improvement. An assessment of cost implications will also be required. In light of the consideration required, Recommendation 8a is proposed to be referred to the National Health Information and Performance Principle Committee for further consideration and implementation.

In relation to recommendation 8b, implementation of such engagement by the HI Service would require detailed planning, consideration of privacy issues and funding which would need to be considered in the broader context of governments' response to broader eHealth governance arrangements recommended by the PCEHR Review.

### Recommendation 11 – Search functionality

It is recommended that an evaluation of implementation of a probabilistic search be undertaken, taking into consideration the functional changes that would be required, the cost of making these changes to the Healthcare Identifier Service and vendor systems and the privacy risks and impacts that would need to be addressed.

#### Response to Recommendation 11

Agree in principle. The intention behind this recommendation is to increase healthcare identifier match rates and, consequently, uptake of healthcare identifiers, both of which were low at the time of the HI Review.

However, prior to conducting an evaluation of implementing probabilistic searching, preliminary consideration needs to be undertaken to determine whether there is still value in changing the HI Service search functionality from deterministic (exact match) to probabilistic. As the HI Service Operator, DHS must ensure that the accuracy requirements of the HI Act are not compromised. A working group of the HINCG has been established to consider this issue.

**Recommendation 13 – Consolidation of provider numbers**

It is recommended that a feasibility assessment and Privacy Impact Assessment be conducted to evaluate the costs, benefits and risks that would be incurred if the HPI-I was adopted as the sole identifier for healthcare providers, replacing existing provider and prescriber numbers.

**Response to Recommendation 13**

Agree in principle. There is cautious interest and support of this recommendation which, if implemented, would be a long-term strategic piece of work. A preliminary analysis to scope the extent of technical and other functional changes, as well as associated costs that would be required should the HPI-I be adopted as the sole healthcare provider identifier, would be required to assess the benefit of conducting such a feasibility assessment.

## 2.4 Directories

### Recommendation 12 – Healthcare Provider Directory participation

It is recommended that:

- a) Section 31 of the *Healthcare Identifiers Act 2010* be amended to distinguish between healthcare provider organisations and individuals
- b) The requirement for consent for Healthcare Provider Organisations to be included in Healthcare Provider Directory be removed; and
- c) Consideration is given to implementing the model originally contemplated in the design of the HI Service, to list the HPI-I on the public register published by AHPRA.

#### Response to Recommendation 12

Agree in part. Clarification in the HI Act to ensure distinction between healthcare provider organisations and individuals where required would be beneficial and will be implemented. This amendment of section 31 of the HI Act will support the implementation of Recommendation 12b.

The removal of consent for healthcare provider organisations to be included in the Healthcare Provider Directory (HPD) (Recommendation 12b) is also seen as a positive step that would help address the low uptake of the HPD by providers and increase its utility.

Recommendation 12c is not supported. The *Privacy Act 1988* (Privacy Act) treats healthcare identifiers as personal information and as such, a healthcare identifier cannot be published without the consent of the relevant healthcare provider or express legislative authority. To address this recommendation, other options will be considered to assist healthcare providers more readily find each other.

The analysis and model for directory infrastructure being developed in response to Recommendation 19 will inform the necessity of the elements in Recommendation 12.

### Recommendation 19 – Directory infrastructure

It is recommended that a concept of operations for directory infrastructure be developed to identify options to rationalise directories, increase use and decrease maintenance cost and effort. This should consider the feasibility of integration between the National Health Services Directory and the Healthcare Provider Directory to reduce duplication and rationalise the national directory infrastructure.

#### Response to Recommendation 19

Agree. Rationalisation of directories (where they are duplicated) and creation of a single point of information update is supported across government.

HealthDirect Australia is working towards closer integration of the National Health Services Directory with the Healthcare Identifiers Service through the National Endpoint Proxy Service project. The purpose of this project is to integrate the National Health Services Directory with the Healthcare Provider Directory to support secure messaging. This project is overseen by the National Health Chief Information Officers Forum and supported by NEHTA. The initial release is currently in testing.

## 2.5 Legislative amendments

### Recommendation 14 – Amendments to the Healthcare Identifiers Act

It is recommended that AHMAC consider the following amendments to the *Healthcare Identifiers Act 2010*:

- a) Including additional provisions in Division 1 of Part 3 of the *Healthcare Identifiers Act 2010* which enable the making of regulations in respect to the prescribing of additional organisations to which healthcare identifiers can be disclosed for prescribed purposes to enable the Healthcare Identifiers Service Operator to disclose HPI-Is to Medicare Locals
- b) To enable the disclosure of IHIs to the Office of the Australian Information Commissioner for the purposes of complaints investigation and resolution
- c) To enable AHPRA to disclose HPI-Is to providers to promote adoption and use (e.g. through inclusion on annual registration renewals)
- d) To expressly authorise the Healthcare Identifiers Service Operator to disclose an HPI-I to a healthcare provider organisation and expressly authorise the organisation to collect and use the HPI-Is
- e) Part 4 of the *Healthcare Identifiers Act 2010* be amended to include a provision that ensures that for the purpose of applying Parts IV and V of the Privacy Act in connection with a healthcare identifier, or an act or practice relating to a healthcare identifier, the national registration authority is to be treated as if it were an agency (within the meaning of the Privacy Act)
- f) To clarify the definitions in the Healthcare Identifiers Act to reflect that only HPI-I and IHI are considered personal information for privacy purposes
- g) To amend the heading of s15(1)(a) to clarify the scope of application of this section
- h) Consider revising the term “healthcare provider” in s24 to resolve uncertainty regarding the use and disclosure of healthcare identifiers for aged care and disability programs
- i) To clarify the purpose for which IHIs can be disclosed under subparagraph 24(1)(a)(ii) and if necessary, introduce a specific authority to address the disclosure of IHIs by public healthcare provider organisations to government agencies and other relevant research organisations for the purposes of monitoring, evaluating and funding healthcare
- j) Standardisation of the definitions and conditions relating to Contracted Service Providers across the Healthcare Identifiers and PCEHR Acts.

### Response to Recommendation 14

Agree in principle. The proposed amendments have already been considered by AHMAC at a high level.

Australian governments agree to satisfy the intent for each proposed amendment to the extent possible. The proposed amendments may not all be implemented in the manner recommended because:

1. the COAG Health Council must be consulted on, and agree to, any legislative proposals to amend the HI Act before any changes are made;
2. the full extent of the proposed amendments may result in the imposition of unreasonable burden on some stakeholders or may have unintended consequences; or
3. alternative solutions may be identified.

The Commonwealth will develop legislative amendments to:

- a) provide a mechanism to prescribe other parties that are authorised to handle healthcare identifiers and identifying information, provided they are within scope of the intent for the HI Service and any such prescription is subject to approval by the COAG Health Council;
- b) enable the Office of the Australian Information Commissioner to handle healthcare identifiers for the purpose of managing complaints, if necessary;
- c) ensure AHPRA can disclose HPI-Is to relevant healthcare providers and organisations;
- d) make clear that the HPI-Is can be disclosed to relevant healthcare provider organisations by the HI Service Operator;
- e) enable the Office of the Australian Information Commissioner to undertake privacy assessments and own motion investigations of AHPRA in relation to healthcare identifiers;
- f) make clear that the healthcare identifiers of healthcare provider organisations are not subject to the same privacy restrictions as those of individual providers and consumers (i.e. are not considered personal information), and distinguish between healthcare provider organisations and individual providers as necessary;
- g) clarify the application of the duty of confidentiality obligations (section 15);
- h) clarify the scope for the use and disclosure of healthcare identifiers for other health-related human services, such as aged care and disability programs;
- i) better describe the other purposes for which healthcare identifiers can be used and disclosed; and
- j) [no amendments proposed].

In respect of the proposals at 14b and 14e, the Office of the Australian Information Commissioner will be disbanded by January 2015 and its functions will continue to be performed by the Privacy Commissioner. The proposals are therefore taken to relate to the Privacy Commissioner.

In respect of proposal 14b, the Privacy Act provides that the Office of the Australian Information Commissioner can do anything incidental or conducive to its functions. Since the Australian Information Commissioner already has functions associated with the HI Act, this provides authority to handle healthcare identifiers for the purpose of managing complaints. The amendment is not considered necessary, however jurisdictions will consider whether an express authority is appropriate to include in the HI Act.

In respect of proposal 14g, section 15 of the HI Act relates not only to the HI Service Operator but to the PCEHR System Operator. The recommended amendment will be made to make this clear, and guidance and supporting material for the HI Service will be reviewed to make clear that this provision does not apply to any other party.

In respect of proposal 14h, the amendments will reflect the anticipated changes to be made in stage two of the Australian Government's privacy reforms.

In respect of proposal 14i, it is unclear what other uses and disclosures are required, however Health will consult with stakeholders to ascertain the other health-related purposes for which healthcare identifiers may be required.

In respect of proposal 14j, contracted service providers are defined differently by the HI and PCEHR Acts to reflect their function in relation to each program and the structure of each Act. For example, while the HI Act applies to both individual healthcare providers and healthcare provider organisations, the PCEHR Act applies only to healthcare provider organisations. Further, in relation to the PCEHR system the System Operator needs to be able to register and impose conditions on contracted service providers participating in the PCEHR system, whereas such regulation is not necessary under the HI Act. The recommended amendment will therefore not be made.

A privacy impact assessment will be undertaken on the proposals to ensure that all privacy risks are appropriately managed before any legislative amendments are made.

Legislative amendments arising from the HI Review will need to be agreed by the COAG Health Council prior to be introduced into the Commonwealth Parliament.

**Recommendation 15 – Alignment of Healthcare Identifiers Act and Privacy Act reforms**

It is recommended that Section 29(3) of the Healthcare Identifiers Act be amended in line with the Privacy Act reforms.

**Response to Recommendation 15**

Agree. This recommendation has been addressed through the Privacy Act reforms which resulted in consequential amendments to the HI Act.

## 2.6 Clinical Safety

### Recommendation 20 – Clinical safety

It is recommended that potential clinical safety incidents occurring in any national e-Health system be reported through a single point of entry and that a single entity is allocated responsibility for co-ordinating the resolution of these with the appropriate managing agency.

### Recommendation 21 – Issue resolution

It is recommended that the governance structure for incident investigation for PCEHR be reviewed to ensure the effective co-ordination of actions between the Healthcare Identifiers and PCEHR Service Operators to resolve incidents related to the Healthcare Identifiers Service that impact the PCEHR and downstream systems.

### Recommendation 22 – Issue management

It is recommended that a process of structured analysis of adverse events that are related to misidentification be implemented to identify process issues that could be addressed through system or business process change.

### Response to Recommendations 20-22

Agree in principle. Clinical safety incident management will be addressed as part of governments' consideration of the PCEHR Review.

When considering Recommendation 20, the Department of Health is developing the PCEHR Clinical Incident Management Framework in consultation with other stakeholders to extend the existing clinical incident reporting and quality control systems. This will include a review of the existing reporting requirements in place in each jurisdiction and the private sector. In relation to Recommendation 21, work to date has included the analysis of incident management processes for the HI Service and PCEHR. Work is also continuing to formulate alignment between the HI Service and the National Infrastructure Operator.