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**Submission to the Department of Health and Ageing on the
Exposure Draft Healthcare Identifiers Bill 2010**

January 2010

This Submission is based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.

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Introduction

As the peak non-government body concerned with rural and remote health issues in Australia, the National Rural Health Alliance (the Alliance) has an important role to play in ensuring that the benefits of e-health are realised in rural and remote Australia. It comprises 29 Member Bodies, each a national body in its own right, representing health professionals, service providers, consumers, educators and researchers. (See list of Alliance Members at Attachment 1.)

The Alliance is working to ensure that e-health development occurs in such a way as to support better health services in the bush, while building on existing initiatives and capacity. E-health is a means of providing the right health information to the right person at the right place and time, in a secure electronic form. Access to high-speed broadband or alternative equivalents in all areas, especially the most remote areas, will be critical for health care improvements to flow to rural and remote communities through e-health developments.

The Alliance supports the development of individual electronic health records as a means for better communications between a patient and the members of their health care team wherever they are receiving care, including when the members of the health care team are working together from a distance. Individual electronic health records will help people who live in rural and remote communities to have their essential health information where and when they need it, whether receiving care at or near home, visiting a GP, travelling to a regional centre for specialist allied health or medical advice, in hospital or in an emergency.

The establishment of the national healthcare identifier service is a step towards ensuring reliable health care related communications between consumers and healthcare providers, and thus a step towards shared individual electronic health records in the future.

This submission relating to *The exposure draft of the Healthcare Identifiers Bill 2010 and supporting documents*¹ focuses on key issues that will need to be considered in establishing and implementing the national healthcare identifier service in rural and remote communities. The Alliance sees legislation and implementation issues as closely related and has included a summary of the proposed Healthcare Identifier Service to provide the context for members of the Alliance who are contributing to ongoing input on e-health issues.

Healthcare identifiers: a step towards a national e-health system

The Council of Australian Governments (COAG) agreed in 2006 to a national approach to developing, implementing and operating systems for individual and healthcare provider identifiers as part of accelerating work on a national electronic health records system to improve safety for patients and increase efficiency for healthcare providers. COAG reaffirmed its support for a national approach to healthcare identifiers and agreed to the assignment of an individual health identifier as a universal identifier in 2008.

¹ Exposure Draft Healthcare Identifiers Bill 2010 and supporting documents
<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-ehealth-consultation>

One of the key elements for health reform identified by the National Health and Hospitals Reform Commission is the need for smarter use of data, information and communication across the health system. “Electronic health records are one of the most important opportunities to improve the quality and safety of healthcare, reduce waste and inefficiency and improve continuity and health outcomes for patients.”²

In December 2009, COAG announced completion of another key step in the development of a national e-health system, signing a National Partnership Agreement on E-health which confirms the agreement between the Commonwealth, States and Territories to provide the legislative, governance and administrative framework for national healthcare identifiers. This framework will underpin the future development of a nationally-consistent electronic health system, ensuring better medical records for patients while protecting individual privacy.³

The Australian Government Department of Health and Ageing is conducting the current consultation on the exposure draft legislation for the Healthcare Identifiers Bill 2010 as part of the COAG National Partnership Agreement on E-health. The supporting paper issued by the Australian Health Ministers Conference in November 2009, *Building the foundation for an e-health future – update on legislative proposals for healthcare identifiers*, follows consultations held earlier in the year about the proposed national healthcare identifier service.⁴

Key issues raised during the earlier consultation, which the updated legislative proposals seek to address, include:

- establishing limits on the use of healthcare identifiers to health information management and communication as part of delivering healthcare services, health service management activities and health research;
- clarification of key definitions to ensure that healthcare identifiers are limited to healthcare service delivery but accommodate the broad range of situations in which healthcare is delivered; and
- establishing an appropriate governance framework with transparent and accountable processes for controlling the scope of the healthcare identifier service, including a provision for the review of Medicare Australia’s role as the service operator.

From a rural perspective:

The Alliance welcomes the consultation on the exposure draft legislation for the Healthcare Identifier Service and endorses the key messages from the earlier consultation, including that stakeholder confidence in the Healthcare Identifier Service and the supporting legislative framework will be increased through ongoing communication and consultation.

The Alliance has called for preferential investment in e-health capacity and implementation in rural and remote communities as part of addressing current inequities in health care.⁵

² NHHRC Fact Sheet. <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/E-Health>

³ COAG Communiqué and National Partnership Agreement on e-health. December 2009

http://coag.gov.au/coag_meeting_outcomes/2009-12-07/docs/npa_e-health.pdf

⁴ Australian Health Ministers Conference, November 2009. *Building the foundation for an e-health future; update on legislative proposals for healthcare identifiers.*

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-ehealth-consultation>

⁵ National Rural Health Alliance, July 2009. *The rural and remote implications of a national e-health strategy.* Position paper. <http://nrha.ruralhealth.org.au/publications/?IntContId=60&IntCatId=6>

Specific plans must be established to meet the electronic information and communication needs of all remote Australians so they too can benefit from e-health. Entities involved with e-health must engage meaningfully with people in rural and remote areas, and be aware of the need to help build their capacity to adopt and make full use of e-health applications. Governments will need to invest in the development and introduction of e-health solutions in rural and remote communities, to support the more flexible models of care required depending on local conditions and workforce availability, as well as the higher costs in terms of time, travel and technological support. The Alliance recommends that governance and accountability for the adoption of e-health should be a part of a national strategic framework to address current inequities in health services and outcomes for rural and remote Australia.

The National Healthcare Identifier Service

The key objective of the National Healthcare Identifier Service (HI Service) is “to provide a national capability to accurately and uniquely identify individuals and healthcare providers to enable reliable healthcare-related communication between individuals, providers and provider organisations”. Unique healthcare identifiers should minimise the likelihood of information being sent to the wrong healthcare provider or being assigned to the wrong patient. In the first instance, reductions in adverse events and inefficiencies associated with mismatched patient information are expected.

While the National Partnership Agreement on e-health defines an individual electronic health record (IEHR) as a secure, electronic summary record of a person’s health history, stored and shared in a network of connected systems, it clearly states that IEHRs do not form part of the National HI Service at this stage, although health identifiers are intended to form part of IEHRs in the future.

From a rural perspective:

The HI Service offers the potential for particular benefits to people who live in rural and remote communities, as they are more likely to have to travel some distance for their health care and their health needs are higher than people who live in urban centres. This makes them more vulnerable to delays in transfer of health information and to errors in matching the information with the right patient and the right healthcare provider. For example the impact of being sent home again because all the paperwork has not arrived or the right pre-admission instructions were not received, is much higher for a rural person who has made a trip to the city for health care.

Rural health professionals working at a distance from their colleagues are also more vulnerable to delays and inefficiencies in receiving the complete and correct information about their patients. Workforce shortages in rural and remote communities mean that the full multidisciplinary healthcare team including remote area nurses, Aboriginal and Torres Strait Islander health workers and other community health nurses and allied health professionals will need to be involved in the HI Service as well as doctors, as they provide front line care in many communities.

If the full benefits of improved efficiencies through the HI Service are to flow to rural people, a focused rural implementation effort will be required. Potential bottlenecks such as the higher cost of technology compliance and the stretched capacity of the rural and remote health professional workforce will need to be overcome.

The role of NEHTA and Medicare

The National E-health Transition Authority (NEHTA) is designing and developing the healthcare identifier service on behalf of the Commonwealth, State and Territory Governments.

In 2007, NEHTA contracted Medicare Australia to scope, design, build and test the HI Service. The design of the service draws on existing elements of Medicare Australia infrastructure including trusted personal information about individuals, consumer Medicare cards, information policies and customer services such as shopfront and online services. For these reasons, it is proposed that Medicare Australia will be the initial operator for the HI Service for the first two years of operation.

NEHTA has released fact sheets, FAQs and concept of operations for the HI service.⁶

From a rural perspective:

NEHTA and Medicare will have particular challenges to overcome in supporting the implementation of the HI Service in rural and remote communities where it is likely to make the biggest difference to more seamless healthcare delivery.

People in rural and remote communities are under-served by Medicare funded health services, due to doctor shortages, distance and other barriers. Medicare offices are not well distributed, limited broadband coverage can affect internet access and phone access cannot be relied upon in some places. Healthcare professionals are often stretched, with less information technology capacity and support than in the larger cities. In many rural and remote areas, market forces will not be sufficient to drive uptake of new technology by health care providers where the prices and choices available to them are affected by higher costs in time, travel and technical support.

Targeted communication campaigns that are relevant to rural people and delivered through local channels such as country radio, television and social networks will also be important where mass media campaigns are less likely to penetrate.

How the National Healthcare Identifier Service (HI Service) will work

The HI Service will assign three types of healthcare identifiers:

- Individual Healthcare Identifiers (IHI) – for individuals receiving healthcare services;
- Healthcare Provider Identifiers – Individual (HPI-I) – for healthcare professionals and other health personnel involved in providing patient care; and
- Healthcare Provider Identifier – Organisation (HPI-O) – for organisations such as the hospital or health clinic where healthcare is provided.

These healthcare identifiers are designed to be used by healthcare providers as a unique reference number in their own health records system.

⁶ NEHTA Healthcare identifiers. <http://www.nehta.gov.au/connecting-australia/healthcare-identifiers>. Viewed 23 December 2009.

Individuals will not need to do anything to be allocated an IHI; identifiers will be automatically assigned by Medicare Australia, as the initial HI Service operator, to everyone enrolled in Medicare or Department of Veterans Affairs when the HI Service commences.

Healthcare providers (individuals and organisations) will be able to obtain the identifiers from the HI service, Medicare Australia initially, via a web service, telephone or in person.

More details on how each of these identifiers will operate are included in the discussion of the Exposure Draft Healthcare Identifiers Bill 2010 below, as a number of features of the proposed HI Service require specific legislation.

From a rural perspective:

Members of the Alliance want to see the scope of a shared electronic health record developed and expanded over time to accommodate the different uses and levels of access to health information required by consumers and the different members of their health care team.

However, privacy, confidentiality and medico-legal concerns need to be acknowledged and addressed at each step in this process. Health professionals and consumers in rural and remote communities are particularly vulnerable where information to address these concerns is not readily available or is unclear.

Exposure Draft Healthcare Identifiers Bill 2010

The purpose of the Commonwealth Healthcare Identifiers Bill 2010 is to provide a way of ensuring that a person who provides or receives healthcare is correctly matched to health information that is created when healthcare is provided. This purpose is to be achieved by assigning a unique identifying number to each healthcare provider and healthcare recipient.

The exposure draft Bill 2010 sets out the functions of the new Healthcare Identifiers Service, the assignment of healthcare identifiers and the purposes for which the identifiers may be used or disclosed by the Healthcare Identifiers Service and by the healthcare provider.

It also provides authority for the use of personal information for the purpose of assigning identifiers, offences relating to misuse of identifiers and penalties for breaches of the legislation, and a review period for the operation of the HI Service through Medicare Australia.

The handling of healthcare identifiers will also be subject to the requirements of privacy law in each jurisdiction. The Healthcare Identifiers Bill will have an impact on the operation of some aspects of privacy law including on privacy principles around the collection, use and disclosure of healthcare identifiers and on interactions between Commonwealth and State legislation.

Rural perspective:

The Alliance urges the parties to the National Partnership Agreement on e-health to use their best endeavours to enact the necessary new or amended laws in a timely manner as agreed and to pursue the adoption of nationally consistent privacy laws with urgency, to support national electronic health initiatives.

Specific concerns for people in rural and remote communities arise from the need to travel across borders for healthcare, due to legislative and administrative differences between the States, Territories and Commonwealth services. In particular, the Alliance notes that existing privacy and related laws in all jurisdictions will apply to the Healthcare Identifiers and the HI

Service pending a uniform national privacy framework, in addition to the specific protections related to Healthcare Identifiers in the draft legislation. There may be a need to amend some State and Territory legislation, or to pass new legislation to ensure that the HI Service is able to operate as intended with the States and Territories public health systems. Commonwealth privacy legislation will apply to private healthcare organisations and individual healthcare providers working in them.

The role of the Commonwealth Privacy Commissioner in compliance and enforcement activities relevant to the HI Service and Service Operator and to the adoption, use and disclosure of Healthcare Identifiers by private sector healthcare providers and other parties not covered by State and Territory regulators, is welcome. However, the complexity of the privacy arrangements remains of concern.

Further, the regulations to support this legislation, including many of the requirements for data collection, records maintenance, reporting, confidentiality and compliance by health care providers are likely to impact more heavily on health providers and their patients in rural and remote communities where health care resources are already scarce. Rural and remote health providers and consumers must be consulted about the regulations.

Assigning Healthcare Identifiers

Individual Healthcare Identifiers (IHI) will be allocated automatically by Medicare, as the initial HI Service Provider, to everyone who is currently enrolled with either Medicare or the Department of Veterans Affairs. The IHI will be a persistent, unique 16 digit reference number, associated with a limited amount of identifying information including name, date of birth, date of birth accuracy indicator and sex. In some cases, the following additional data may be required to ensure unique assignment of an IHI to an individual or to assist with the use of IHIs by the healthcare community: address; birth plurality and birth order; for example to identify individuals of multiple births for a designated period; date of death and death accuracy indicator (where applicable); or aliases.

All individuals who receive healthcare in Australia will be provided with an IHI. The focus of the supporting document and explanatory material is on authorised healthcare providers (see below) being able to disclose identifying information about a person to the HI Service in order to access that person's IHI and use it as a reference number when they provide a healthcare service. It is not clear whether a person will obtain or hold their IHI number in some way, although it seems possible for them to access their own information about the use of their number, and hence probably their number, through the HI service.

It will be possible to generate a temporary number where a person cannot be identified at the point of care, for example in an emergency situation, or is not entitled to Medicare benefits, for example, a tourist. Thus having an IHI is not a requirement for accessing health care.

Rural perspective:

The proposed individual health identifiers appear to be an additional unique number for each person which can be used wherever healthcare is received so that, over time, it should become possible to draw the person's information together from different health service locations. The person will not have to remember or show the number, as it can be drawn down electronically by each health professional or health service from the identifier service, or a temporary number can be assigned to ensure that the service can be delivered anyway. This means that although a person is identified by different numbers or codes at different

hospitals and health services, the concept of being able to pull the necessary information for the same person from each of these records starts to become possible.

One of the current problems is that there is room for error and it can be quite time consuming to match up people with their medical records; mistakes can occur, especially when things are really busy or in emergency situations. A person might have a patient record number at the local hospital, another different patient number for the city hospital, each of their doctors will have a different number again, some community services might use initials and date of birth, and tests might have been requested from several different pathologists with different record systems. Typographical errors and misspelling of names and addresses are not uncommon. Some people have more than one Medicare number through changes, for example in family circumstances, over time.

Clarifying how the use of IHIs will relate to current use of Medicare numbers

The NEHTA ‘Concept of operations’ document notes that individuals are familiar with the need or expectation to identify themselves as part of their interactions with a range of healthcare services. Healthcare has traditionally relied heavily on the individual keeping track of their own health needs and on the healthcare provider collecting necessary information from the individual during the process of providing healthcare services. Referrals between healthcare providers are often paper-based through the patient. Health care providers including general practices, pharmacies, pathologists, allied health professionals, specialists and hospitals, all have their own individual patient record systems, and state and territory jurisdictions use their own patient or clinical identification systems.

Given current practice, the Alliance is concerned that the exposure draft legislation and supporting material does not clarify any role for individuals in obtaining, recording and using their own health identifier. There is also no clarity about the relationship between the new identifier and the Medicare number, which many people are used to providing in order to access a range of health services or passing on, for example, when their children go on school excursions. While there is considerable detail on how health providers and health provider organisations will obtain health identifiers for themselves and for their patients, information about use of identifiers by patients seems to be limited to monitoring access to their own individual health identifier by providers through the HI Service. It is not clear whether the patient will see their identifier on health records or what notification they will receive when it is issued.

The key privacy principle for use and disclosure of information relies on use for the primary purpose for which it was collected and for directly related secondary use and disclosure, where the individual reasonably expects the use. Thus it is particularly important for doctors and other health professionals in rural and remote communities, where time for consultations may already be stretched due to workforce shortages and there may be additional concerns about confidentiality in a small town, that patients have good information about what the healthcare identifier will mean for them in practical terms.

The Alliance recommends that the impact of the individual health identifier on the current use by patients of Medicare number and other identifiers is further explained and developed.

However, the Alliance also recognises that there are groups of people who do not carry their Medicare card at present who will need access to services whether or not they are able to provide their identifier. The availability of temporary numbers in such situations ensures that health care will be provided, but the follow-up arrangements for incorporating the temporary

number into the person's ongoing record do not seem straightforward for some of the population groups that may be affected. This in turn will mean that such people, many of whom live in rural and remote communities, will benefit less than those who are able to participate more fully in the new healthcare identifier service.

The Alliance recommends that further scenarios are developed to explain how people from different cultural backgrounds, for example, with concerns about universal registration, or homeless people or Aboriginal and Torres Strait Islander people moving between remote communities, will be supported to obtain a more continuous record of their health care.

Healthcare Provider Identifier – Individual (HPI-I) for healthcare professionals and other health personnel involved in healthcare will be issued by the HI Service, which is Medicare in the first instance, as part of their professional registration process, either through the Australian Healthcare Practitioner Registration Authority (AHPRA) for professions to be covered by that body; by providing evidence of professional registration, accreditation, qualifications or membership of a professional association direct to the HI Service for health professions not covered by AHPRA; or by proof of employment with a Healthcare Provider Identifier - Organisation (HPI-O), discussed below, and confirmation from the organisation that the person requires access to the HI Service to support the delivery of healthcare.

Healthcare providers with a HPI-I will be able to retrieve IHIs from the HI Service to use in their own health record systems for purposes authorised by legislation including health information management and communication for delivery of healthcare and health service management activities. Healthcare providers will also have access to the Provider Directory Service to facilitate communication with other providers. If they wish, individual providers will be able to include their own business and electronic contact details on the Provider Directory Service to be held by the HI Service.

Any organisation that employs one or more individual healthcare providers, or sole traders who provide healthcare, will be eligible to be issued with a **Healthcare Provider Identifier – Organisation (HPI-O)**. Eligible healthcare organisations will determine the configuration of the network HPI-Os they wish to establish, based on two types – seed HPI-Os which are the overarching organisational identifier issued to an eligible healthcare provider organisation, such as a hospital, and network HPI-Os associated directly or through other networked HPI-Os with one seed HPI-O, for example the different departments in the hospital.

Rural perspective:

The need for health professionals and healthcare provider organisations to update their health records to include each patient's IHI as a reference may pose particular challenges in rural and remote communities. While batch methods for updating seem to be possible where Medicare numbers are already stored in association with the patient record, health care professionals do not identify patients in their records by Medicare number at present. Considerable Information Technology support and data management assistance may be required for a batch approach. This is often hard to come by in rural and remote communities. In addition, connections for extended downloads may be difficult to secure and maintain. Other avenues for obtaining the IHIs could also be challenging, as neither phone calls to Medicare Australia during office hours, nor accessing an online service, will be compatible with some aspects of rural and remote practice. These vulnerabilities and challenges are particularly important to address for consumer confidence in the security and confidentiality of the HI Service in rural communities.

Further, informal discussions through Alliance networks show that many private allied health professionals are not using computerised patient record systems at this stage.

Rural and remote health professionals and health service providers will need support and assistance for effective and timely implementation of IHIs into their practice.

The Alliance is keen to engage with NEHTA and Medicare Australia to ensure that appropriate rural and remote delivery of the HI Service is adequately supported to underpin multidisciplinary team-based health care delivery and consumer confidence in the HI Service in rural and remote Australia in future.

Service operators disclosure

The Service Operator is authorised to disclose healthcare identifiers as follows:

- to healthcare providers for the purpose of communicating or managing health information as part of providing healthcare to an individual;
- to a registration authority established under law for the purposes of healthcare professional registration; and/or
- to an entity established to provide healthcare provider authentication services for the purposes of issuing security credentials to authenticate a healthcare provider's identity.

Individuals will be able to access information held about them by the Service Operator.

Rural perspective:

The Alliance sees value in the use of the same HPI-I for the Australian Healthcare Practitioner Registration Authority (AHPRA) and the HI Service as proposed. A Provider Register is to be held by Medicare Australia as the initial HI Service, with its stated purpose to facilitate contacts between health professionals. This register would be more comprehensive than the proposed AHPRA registers, as it would include health service providers who may not belong to professions registered through AHPRA initially. However, the AHPRA concept of a one-stop register for health professionals that is open to the public should not be undermined; patients have a current role and continuing interest in contacts between their health professionals. It is unclear why healthcare provider identifiers and business contact details provided voluntarily by health professionals should not be publicly available. As AHPRA embraces a broader range of health professions and develops a more comprehensive Provider Register, duplication by Medicare should not continue indefinitely.

Healthcare provider's use or disclosure

A healthcare provider that has been assigned a healthcare identifier by the HI service may disclose relevant information about a patient for the purpose of obtaining that patient's healthcare identifier, as discussed above.

Healthcare providers and related entities may use and disclose healthcare identifiers for communicating and managing health information as part of:

- the provision of healthcare to an individual
- the management, funding, monitoring or evaluation of healthcare; or

- the conduct of health or medical research that has been approved by a Human Research Ethics Committee.

However, the Bill only provides authorisation for the handling of healthcare identifiers; it does not authorise the sharing of associated personal or health information - which would still need to be undertaken in accordance with existing privacy and health information laws in each jurisdiction.

Rural perspective:

Given the expectation that healthcare identifiers are a step towards a shared individual electronic health record in the future and the current complex privacy arrangements, which could undermine confidence until a national privacy framework is established, healthcare providers and consumers alike will need clear explanations about the limited scope for the use of healthcare identifiers at present. Once again, well-targeted communications that are applicable to rural communities will need to be developed to ensure consumer and health care provider confidence in the privacy and confidentiality of the HI Service and the application and use of the identifiers.

Unauthorised use or disclosure

There is a specific prohibition on the use or disclosure of consumers' healthcare identifiers for health, life or other insurance or employment purposes.

Offences are also specified for any use or disclosure of a healthcare identifier by a person that is not authorised under the proposed healthcare identifiers legislation. Two types of offences are specified: a criminal offence attracting a penalty of 120 penalty units or 2 years imprisonment or both, and a strict liability offence attracting a penalty of 60 penalty units.

Rural perspective:

It is critical to public confidence in the HI Service that healthcare identifiers are not misused or used outside health, and that meaningful penalties apply. However, it is critical that everyone, healthcare providers and consumers alike, is clear about the uses that are allowed and how use and disclosure will be managed. Health professionals in rural and remote communities who are already facing a range of challenges in delivering healthcare may require additional administrative or Information Technology support during implementation to ensure that appropriate systems are in place. This support and consideration of particular rural challenges must extend beyond doctors to all members of the multidisciplinary health care teams who are delivering health care in rural and remote communities. Further information about the impact of the legislation on non-health professional employees of health provider organisations is also required.

Miscellaneous

This section sets out interactions between the proposed Healthcare Identifiers legislation and the *Commonwealth Privacy Act 1988* and the relationship to State and Territory Laws, as well as the role of the Privacy Commissioner in preparing an annual report on compliance and enforcement activities, which are discussed in the opening paragraphs on the draft legislation. The Service Provider is also to prepare an Annual Report. This section of the legislation also provides for the establishment of a Healthcare Provider Directory, which is discussed under Healthcare Provider Identifiers, above.

In addition, this section of the legislation provides for a review of the operation of the Act within 3 years of the legislation. Presumably this review would be the point at which the role of Medicare Australia as the HI Service Provider would also be considered.

Rural perspective:

Any review of the operation of the Act should take into account the impact on healthcare in rural and remote communities. Geographic isolation and the poorer health of rural populations mean that rural areas stand to benefit most from the improved electronic communications that could flow from such a service. However, rural areas may have the poorest infrastructure, resources, capacity and capability for successful implementation and uptake of the applications, so warrant particular attention. The Privacy Commissioner must have the powers and the HI Service Provider must have the responsibility for proactive monitoring and response to privacy and confidentiality issues that arise, rather than relying on complaints driven processes which are particularly ineffective and inappropriate in smaller rural communities.

Conclusion

The Alliance sees e-health as fundamental to the delivery of effective health care in rural and remote Australia by well-integrated, multidisciplinary primary care teams that are coordinated with other parts of the health system.

Privacy, confidentiality and medico-legal concerns need to be acknowledged and addressed and the Alliance emphasises the urgent need for adoption of a national privacy framework to simplify the operation of the proposed Health Identifier Service and underpin e-health development into the future. Any changes required to State and Territory legislation for the consistent operation of the HI Service must be enacted in a timely way to minimise cross border challenges for people in rural and remote communities. Rural and remote health care providers and consumers must have the opportunity to provide input to the regulations.

Rural and remote communities stand to benefit most from improved communications between health care providers and the Alliance has called for:

- preferential investment in e-health capacity and implementation in rural and remote communities as part of the action to address current inequities in health care and to ensure full participation in the e-health strategies that underpin health reforms;
- a national high speed broadband network (or alternative technologies such as business satellite) to reach even the most remote communities;
- early investment in the adoption of individual electronic health records so people in rural and remote Australia have their health information where and when they need it;
- governments to moderate pure market forces by augmenting the development and implementation of tailored e-health solutions that address current inequities in health services and outcomes for rural and remote Australia; and
- governance and accountability measures for the adoption of e-health as a key part of a coherent national plan for rural and remote health.

While technology that puts remote health care workers in 'real time' contact with specialists in major centres has its place, the Alliance has proposed that simple and efficient exchange of

the routine information that health professionals need in order to progress patient care in rural and remote communities should be the primary focus of e-health. The HI Service is an important first step of this kind towards a shared individual electronic health record in the future.

The Alliance sees the implementation of the HI Service as an opportunity to build e-health capacity now, using the technologies currently available, so that rural people are well placed to participate in e-health as new technologies are developed and health reforms implemented. Members of the Alliance have suggested that rural interests should share and promote information, including strengths and weaknesses, about e-health solutions that are in use already, to save reinventing the wheel and to overcome frustrations about the many projects that have simply stopped.

Rural and remote workforce challenges mean that it is especially important for nurses, paramedics, allied health professionals, dentists and medical specialists in private practice to become a part of the national e-health strategy as well as general practices, pharmacies and hospitals. Technical and change management support for health services and private practitioners in rural and remote community settings is a major issue for effective and timely implementation of the new HI Service.

Effective communications about the HI Service and its implementation will play an important part in community acceptance. The Alliance recommends further work on explaining how Individual Healthcare Identifiers will impact on how consumers use their Medicare number now, as well as clear communications for healthcare consumers and providers about the scope and limits of the HI Service. There is a particular need for communications beyond mass media, designed to target the people who live in rural and remote communities through relevant rural networks and communication channels. Privacy, confidentiality and medico-legal concerns need to be acknowledged and addressed at each step in this process. Health professionals and consumers in rural and remote communities are particularly vulnerable to complex privacy and other administrative arrangements across state borders, especially where information to address these concerns is not readily available or is unclear.

Attachment 1: Member Bodies of the National Rural Health Alliance

ACHSE	Australian College of Health Service Executives (rural members)
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Rural Sub-Committee of the Australian General Practice Network
AHHA	Australian Healthcare and Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association of Australia
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Members Network
APS	Australian Paediatric Society
ARHEN	Australian Rural Health Education Network
CAA (RRG)	Council of Ambulance Authorities - Rural and Remote Group
CRANaplus	Council of Remote Area Nurses of Australia Inc
CRHF	Catholic Rural Hospitals Forum of Catholic Health of Australia
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHSN	National Rural Health Students' Network
RACGP (NRF)	Royal Australian College of General Practitioners (National Rural Faculty)
RDAA	Rural Doctors' Association of Australia
RDN of the ADA	Rural Dentists' Network of the Australian Dental Association
RFDS	Australian Council of the Royal Flying Doctor Service of Australia
RHEF	Rural Health Education Foundation
RHWA	Rural Health Workforce Australia
RIHG	Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia
RNMF of RCNA	Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia
RPA	Rural Pharmacists Australia - Special Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health