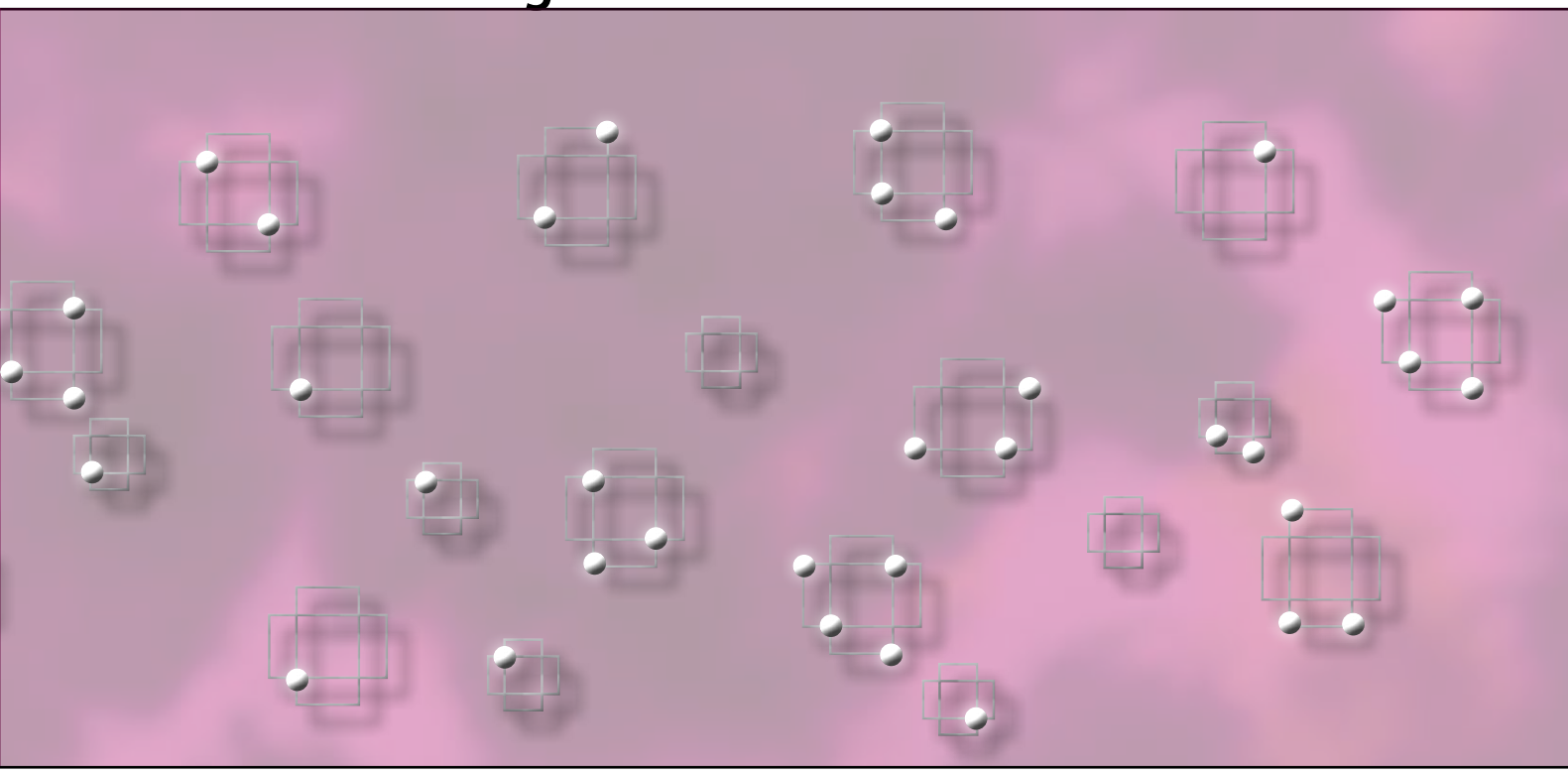
Building the foundation for an e-health future…



…update on legislative proposals for healthcare identifiers

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Building the foundation for an e-health future:
Update on legislative proposals for healthcare identifiers

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1. Executive Summary

In February 2006, the Council of Australian Governments (COAG) agreed to a national approach to developing, implementing and operating systems for healthcare identifiers for individuals and providers as part of accelerating work on a national electronic health records system to improve safety for patients and increase efficiency for healthcare providers.

COAG affirmed this decision in 2008 and agreed to universally allocate individual healthcare identifiers and conduct public consultation on national health privacy legislative proposals, including protections for healthcare identifiers.

Consultation was conducted in July to August 2009, supported by a discussion paper[1] issued by the Australian Health Ministers' Advisory Council (AHMAC). The majority of stakeholders acknowledged the desirability and potential benefits of implementing healthcare identifiers and effective national health privacy arrangements as a foundation of e-health systems.

This document provides an overview of consultation outcomes, a summary of government decisions, a synopsis of the more immediate benefits flowing from the establishment of a healthcare identifiers system, and details on how the system will work. It is also designed to provide an update on legislative proposals for the establishment of the Healthcare Identifiers Service (HI Service) to inform further consultation.

The key objective of the HI Service will be 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.

The HI Service will underpin the development of a national electronic health system by removing those technological and organisation impediments to effective sharing of health information that have resulted from poor patient and provider identification.

The key issues raised during the consultation are reflected in the updated legislative proposals, and 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 healthcare identifiers are limited to healthcare service delivery but accommodate the broad range of situations in which healthcare is delivered.
- Establishing an appropriate governance framework with transparent and accountable processes for controlling the scope of the HI Service, including a provision for the review of Medicare Australia's role as the HI Service Operator.

1 AHMAC, *Healthcare Identifiers and privacy: Discussion paper on proposals for legislation support*, July 2009.

A key message from the consultation was that stakeholder confidence in the HI Service and the supporting legislative framework will be increased through ongoing communication and consultation.

2. Introduction

The Australian healthcare system has many strengths. However, it is beginning to feel the strain of meeting the challenges presented by the increasing demands of 21st century healthcare—an ageing population, technological change and increasing customer expectations.

Health, of course, is a people industry. But, at its core, health is also a knowledge industry with information being central to all aspects of care planning, management and delivery. One of the key elements of national health reform identified by the National Health and Hospitals Reform Commission (NHHRC) is the need for smarter use of data, information and communication across the health system. According to the NHHRC:

> **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]

This is consistent with the findings of the National E-Health Strategy:

> **E-Health should be viewed as both the essential infrastructure underpinning information exchange between all participants in the Australian healthcare system and as a key enabler and driver of improved health outcomes for all Australians.**[3]

The National E-Health Strategy promotes a staged approach to developing e-health to:

- build on what currently exists in the Australian e-health landscape;
- manage the underlying differences across the public and private health sectors; and
- allow scope for change as lessons are learned and technology is developed further.

For consumers, e-health offers an opportunity for better coordinated healthcare and ensuring the right information is available to the right people for care to be provided. The NHMRC has recommended that a person-controlled electronic health record should be available for each Australian. This would give patients better access to their own health information, enable them to participate more in their own health care and to better manage their health through more informed decision-making. People would also be able to choose which healthcare providers and carers would have access to their person-controlled health records.[4]

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2 NHHRC *Factsheet on E-health* <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/E-Health>.

3 Deloitte, *National E-Health Strategy*, 30 September 2008, page 4.

4 NHHRC *Factsheet on E-health* <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/E-Health>.

The foundations for a national e-health system include:

- a system for uniquely identifying individuals, healthcare providers and the organisations in which they work;
- healthcare providers using computer software that meets common standards to communicate key information electronically such as prescriptions, referrals, discharge summaries, pathology and diagnostic imaging results; and
- a robust national privacy framework for the handling of personal health information.

This document provides an update on the development of a nationally consistent approach to identifying individuals and healthcare providers—an important first step in improving the management and communication of health information to support the nation's healthcare needs into the future.

3. Towards a national system of healthcare identification

In February 2006, the Council of Australian Governments (COAG) agreed to a national approach to developing and implementing healthcare identifiers for individuals and providers as part of work on a national electronic health records system to improve safety for patients and increase efficiency for healthcare providers.

Adopting a national approach to healthcare identifiers recognises that identifiers are part of the core infrastructure needed to support secure electronic communication across Australia's healthcare system. Failing to establish this infrastructure may result in further duplication or fragmentation of investment, limited uptake and adoption of e-health initiatives, and limited interoperability of available solutions creating a 'rail gauge' problem that will become difficult or expensive to rectify.

Secure communication and management of patient health information will benefit from a consistent national identifiers system. Unique healthcare identifiers will minimise the likelihood of information being sent to the wrong healthcare provider or being assigned to the wrong patient. It is expected that there will be reduced adverse events and inefficiencies associated with mismatching of patient information.

A Healthcare Identifiers Service (HI Service) is being designed and developed by the National E-Health Transition Authority (NEHTA) on behalf of all governments.

The HI Service will provide a national capability to consistently identify individuals and healthcare providers to facilitate reliable healthcare-related communication.

In 2007, NEHTA contracted Medicare Australia to scope, design, build and test the HI Service. The design of the HI 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 shop front 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.

In 2008, COAG affirmed its commitment to a national system of healthcare identification and agreed to universally allocate healthcare identifiers for individuals and conduct public consultation on national health privacy legislative proposals, including protections for healthcare identifiers.

3.1 Legislative support for healthcare identifiers and privacy

In order to implement the HI Service, specific legislative authority is required, both to establish the Service and to permit the use of healthcare identifiers in the delivery of healthcare.

Legislation for the HI Service is being developed to:

- authorise the use of existing Medicare Australia infrastructure;
- set out appropriate and transparent governance arrangements; and
- set out the permitted uses of healthcare identifiers by the healthcare community.

In addition to specific legislation for healthcare identifiers, the HI Service will be supported by robust privacy legislation to ensure privacy protection of individual personal and health information that will continue to underpin quality healthcare. Health information is protected by ethical and legal duties of confidentiality such as professional codes of conduct and health information privacy laws.

3.2 Consultation to date

Consultation on healthcare identifiers and health privacy was conducted in July and August 2009. A discussion paper *Healthcare identifiers and privacy: Discussion paper on proposals for legislative support* was issued by the Australian Health Ministers' Advisory Council (AHMAC) in July 2009 and two key stakeholder forums were held. The outcomes of these forums and the 93 written submissions have been taken into account in the drafting of proposed healthcare identifiers legislation.

The submissions received in response to the consultation showed support for the introduction of healthcare identifiers and enhancing health privacy proposals, particularly through efforts to put in place uniform arrangements across Australia. Most submissions acknowledged the desirability and potential benefits of implementing healthcare identifiers as a foundation of e-health systems.

The key messages identified through the public consultation included that:

- The legislative framework should limit the use of healthcare identifiers to health information management and communication activities undertaken as part of delivering healthcare and related purposes including health service management, health research and authorised or required by law exceptions.
- Use of healthcare identifiers by a public or private organisation should be underpinned by health information regulation and privacy arrangements.
- The HI Service should have an appropriate governance framework with transparent and accountable processes for its operation, including review, complaint and reporting requirements.
- More detailed information about the healthcare identifiers initiative must be made publicly available to support a better understanding of the purpose and benefits of healthcare identifiers, the operation of the HI Service and the relationship between the healthcare identifiers and the broader e-health agenda.
- Stakeholder confidence in the HI Service and the supporting legislative framework will be increased through ongoing communication and consultation.

Stakeholder feedback was also sought on a number of recommendations relating to national health privacy reform. This feedback helped inform Health Ministers' contribution to the Commonwealth Government's response to the Australian Law Reform Commission (ALRC) review on privacy law *For Your Information: Australian Privacy Law and Privacy* (2008).[5] The objective of Health Ministers is to ensure any changes to the *Privacy Act 1988* (Cth) are able to support the delivery of healthcare in an emerging e-health environment through ensuring strong privacy protection of individual health information.

The Commonwealth Government's first stage response to the ALRC recommendations sets out a clear and simple framework for privacy rights and obligations, which amongst other things will:

- create a harmonised set of Privacy Principles to replace the separate sets of public and private sector principles at the federal level, marking a significant step on the road to national consistency;
- improve health sector information flows, and give individuals new rights to control their health records, contributing to better health service delivery; and
- strengthen the Privacy Commissioner's powers to conduct investigations, resolve complaints and promote compliance, contributing to more effective and stronger protection of the right to privacy.[6]

The Commonwealth Government proposes to release exposure draft privacy legislation to amend the *Privacy Act 1988* in early 2010. Legislative proposals relating to the privacy of health information are therefore being considered within the broader context of this work on privacy law reform.[7]

Healthcare identifiers, when included in a patient's health record, will be subject to the existing privacy laws that apply to personal health information as well as the specific provisions that will be set out in the healthcare identifiers legislation. The wider privacy regulatory framework is an important part of the protections that apply to healthcare identifiers.

5 Australian Government, *Enhancing National Privacy Protection Australian Government First Stage Response to the ALRC Report 108 'For Your Information: Australian Privacy Law and Practice'*, October 2009.

6 Australian Government, *Enhancing National Privacy Protection Australian Government First Stage Response to the ALRC Report 108 'For Your Information: Australian Privacy Law and Practice'*, October 2009, page 6.

7 Further information on these developments as they occur is available from the website of the Department of the Prime Minister and Cabinet at <http://www.pmc.gov.au/privacy/alrc.cfm>.

4. The Healthcare Identifier Service—Aims and benefits

The key component of a national healthcare identifier system is the establishment of a Healthcare Identifier Service (HI Service).

4.1 Aims of the HI Service

The HI Service is intended to:

- Establish a nationally consistent system for identifying individuals, providers and organsations within the Australian healthcare system.
- Assign healthcare identifiers to individuals, healthcare providers and organisations to make sure individuals receiving care and organisations providing care can be consistently identified.
- Develop and operate a Healthcare Provider Directory Service, to facilitate electronic communications between providers by providing a way for healthcare providers to look up the contact details of other providers.
- Support the implementation of a security and access framework to ensure the appropriate authorisation and authentication of healthcare providers who access national e-health infrastructure, including the HI Service.
- Support secure messaging from one healthcare provider to another by providing a consistent identifier that can be used in e-communication.

4.2 Key benefits of the HI Service

A national healthcare identifiers system is an important foundation for accurate communication and management of patient information via electronic means. The benefits of the HI Service will arise in the short term from the use of healthcare identifiers to improve existing methods of communication between healthcare providers as well as future e-health applications for which healthcare identifiers are a foundation element.

The costs of adverse events and medical errors are significant. It has been estimated that 10% of hospital admissions are due to adverse drug events and that up to 18% of medical errors are due to the inadequate availability of patient information.[8]

8 Australian Institute of Health and Welfare, *Australia's Health 2002*, as quoted in Deloitte, *National E-Health Strategy*, 2008, page 94.

An immediate benefit of the HI Service will be the availability of a Provider Directory Service. The provider directory will allow for GPs to locate other providers (such as specialists) in a timely manner, and facilitate communication with other providers when referring patients or making decisions about the patient's care needs.

E-health implementations overseas demonstrate significant direct productivity improvements for specialists, GPs and pharmacists by helping to automate routine interactions between care providers such as referrals, prescriptions, and image processing. For example:

- E-prescription implementations in Sweden, Boston and Denmark reduce provider costs and save time to improve productivity per prescription by over 50%[9]
- E-referrals in Denmark reduced the average time spent on referrals by 97%[10] by providing more effective access to patient information for both clinicians[11]
- Test ordering and results management systems reduce time spent by physicians chasing up test results by over 70% in implementations in America and France.[12]

Australia's National E-Health Strategy outlines solutions for e-prescriptions, e-referrals and electronic test ordering to minimise the time spent by care providers in discovering information known by other providers. The estimated benefit for care provider time, reflecting a conservative 10% reduction of total time spent on messaging costs for clinical and ancillary staff and improvements from improved messaging quality, is in the order of $2.8 billion in net present value over ten years.[13] The HI Service is an important step in realising these benefits.

The availability of healthcare identifiers is likely to lead to efficiencies in booking appointments, ordering treatments and sharing information across the health sector. It is estimated that 25% of a clinician's time is spent seeking information about the patient[14] and 35% of referrals are inappropriate due to insufficient direct access to specialists and insufficient information being passed from primary care to specialists.[15]

The use of identifiers will also help to reduce time and cost spent on unnecessary or duplicated treatments such as diagnostic tests. Studies in hospital environments indicate unnecessary duplicate testing occurs at a rate of 9% to 17%. Based on an estimate of $36 as the mean cost of tests prevented and a conservative estimate of a 15% reduction in tests, e-health could realise benefits of around $800 million in net present value over ten years.[16]

These are just some examples of how health identifiers will contribute to e-health's full potential over time. Further examples of benefits over time are noted in the National E-Health Strategy.[17]

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9 Karl A Stroetmann KA, Jones T, Dobrev A, Stoetmann VN, 'An Evaluation of the Economic Impact of Ten European E-Health Applications', 2007, as quoted in Deloitte, *National E-Health Strategy*, 2008, page 93.

10 Ibid.

11 Australian Audit Commission, *For Your Information* Canberra, 1995, as quoted in Deloitte, *National E-Health Strategy*, 2008, page 93.

12 G J Elwyn and N C H Stott, 'Avoidable Referrals? *Analysis of 170 consecutive referrals to secondary care,' BMJ* 309, 3 September 1994, as quoted in Deloitte, *National E-Health Strategy*, 2008, page 93.

13 Ibid.

14 Australian Audit Commission, *For Your Information* Canberra, 1995, as quoted in Deloitte, *National E-Health Strategy*, 2008, page 93.

15 G J Elwyn and N C H Stott, 'Avoidable Referrals? Analysis of 170 consecutive referrals to secondary care,' *British Medical Journal* 309, 3 September 1994, as quoted in Deloitte, *National E-Health Strategy*, 2008, page 93.

16 References cited in Deloitte, *National E-Health Strategy*, 2008, page 94.

17 Deloitte, *National E-Health Strategy*, 2008, chapter 7.2.

5. The Healthcare Identifier Service—How will it work?

The HI Service is being established to implement and maintain a national system for uniquely identifying healthcare providers and individuals. The HI Service will operate in conjunction with a standardised authentication infrastructure and comply with international best practice for information security.

A number of features of the proposed HI Service will require specific legislation. To appreciate where legislation is needed, it is essential to understand how the HI Service will operate.

5.1 Healthcare identifiers—A brief summary

The HI Service will assign three types of healthcare identifiers:

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

These healthcare identifiers will be assigned by the HI Service, and are designed to be used by healthcare providers as unique reference numbers in their own health records systems.

A number of service channels are being established for both individuals and providers to access the HI Service. Given that Medicare Australia is to be the initial HI Service Operator, these service channels will be implemented via existing Medicare service channels.

Healthcare providers (individuals and organisations) will be able to obtain the identifiers from the HI Service via a web service, telephone or in person from the HI Service. Individuals will also be able to access their own information held by the HI Service through a web portal, telephone or in person from the HI Service.

Individuals will not need to do anything to be allocated an IHI. Identifiers will be automatically assigned by the HI Service Operator to all individuals enrolled in Medicare Australia's Medicare program and Department of Veterans' Affairs (DVA) when the HI Service commences. Those not enrolled with Medicare or DVA can be provided with a temporary (unverified) IHI at the point of care when they seek healthcare, and can choose to validate (verify) this number through the HI Service by providing the HI service with sufficient demographic information to ensure the IHI is uniquely assigned to that individual.

Individual healthcare providers will either be issued with a HPI-I as part of their professional registration process (for example, through the Australian Healthcare Practitioner Registration Authority) or obtain one

direct from the HI Service. Healthcare organisations will need to apply direct to the HI Service to be issued with a HPI-O.

Healthcare identifiers are designed to improve information management and communication in the delivery of healthcare and related services. Whilst identifiers are designed primarily for these purposes, there will also be benefits in using the identifiers for other health related purposes such as health research and management of health services. These additional purposes will be specified in the proposed healthcare identifiers legislation and will be permitted only in accordance with strict protocols and guidelines.

Patients will continue to be involved in decisions about how health information is handled by their healthcare team. The inclusion of healthcare identifiers on a health records system or a patient's file will not change how and when healthcare providers share information about individuals. A healthcare identifier is simply a much more reliable way of referencing information, particularly in electronic information management systems.

5.2 Key design features

In summary, the key features of the healthcare identifiers are as follows.

Individual Healthcare Identifiers (IHI):

- **will be** provided to all individuals who receive healthcare in Australia
- **will not** be a requirement for accessing healthcare in Australia
- **will be** automatically allocated to everyone who is currently enrolled with either Medicare Australia in the Medicare program or Department of Veterans' Affairs (DVA)
- **will be** able to be generated as temporary numbers in situations where an individual cannot be identified at the point of care (eg emergency situations) or is not entitled to Medicare benefits (eg tourists)
- **will be** linked to demographic information contained in Medicare Australia's Consumer Directory Maintenance System (CDMS)
- **will be** able to be accurately and seamlessly retrieved by healthcare providers using an individual's Medicare Card number or a DVA file number and demographic information
- **will be** able to be retrieved by healthcare providers via a demographic search where a Medicare Card number or DVA file number is not available
- **will not** alter the way in which anonymous healthcare services are currently provided
- **will not** affect any other functions provided by Medicare Australia, including the way in which Medicare claims are currently administered
- **will** only be provided by the HI Service to 'authorised users' (see definition below) for limited purposes as will be set out in the legislation

Healthcare Provider Identifier—Individual (HPI-I):

- **will be** issued to any health professional or personnel who requires one to support the delivery of healthcare
- **will be** used to identify the individual healthcare provider associated with creating or accessing health information and electronic health communications
- **will be** issued to an individual healthcare provider through their professional or registration body where one exists and is a Trusted Data Source, or by the HI Service in circumstances where a professional registration body does not exist
- **will be** listed with the permission of the individual provider in the Provider Directory Service with relevant information about the provider

Healthcare Provider Identifier—Organisation (HPI-O):

- **will be** issued to any organisation that employs or contracts one or more health providers or a sole trader that provides a health service
- **will be** listed with the permission of the organisation in the Provider Directory Service

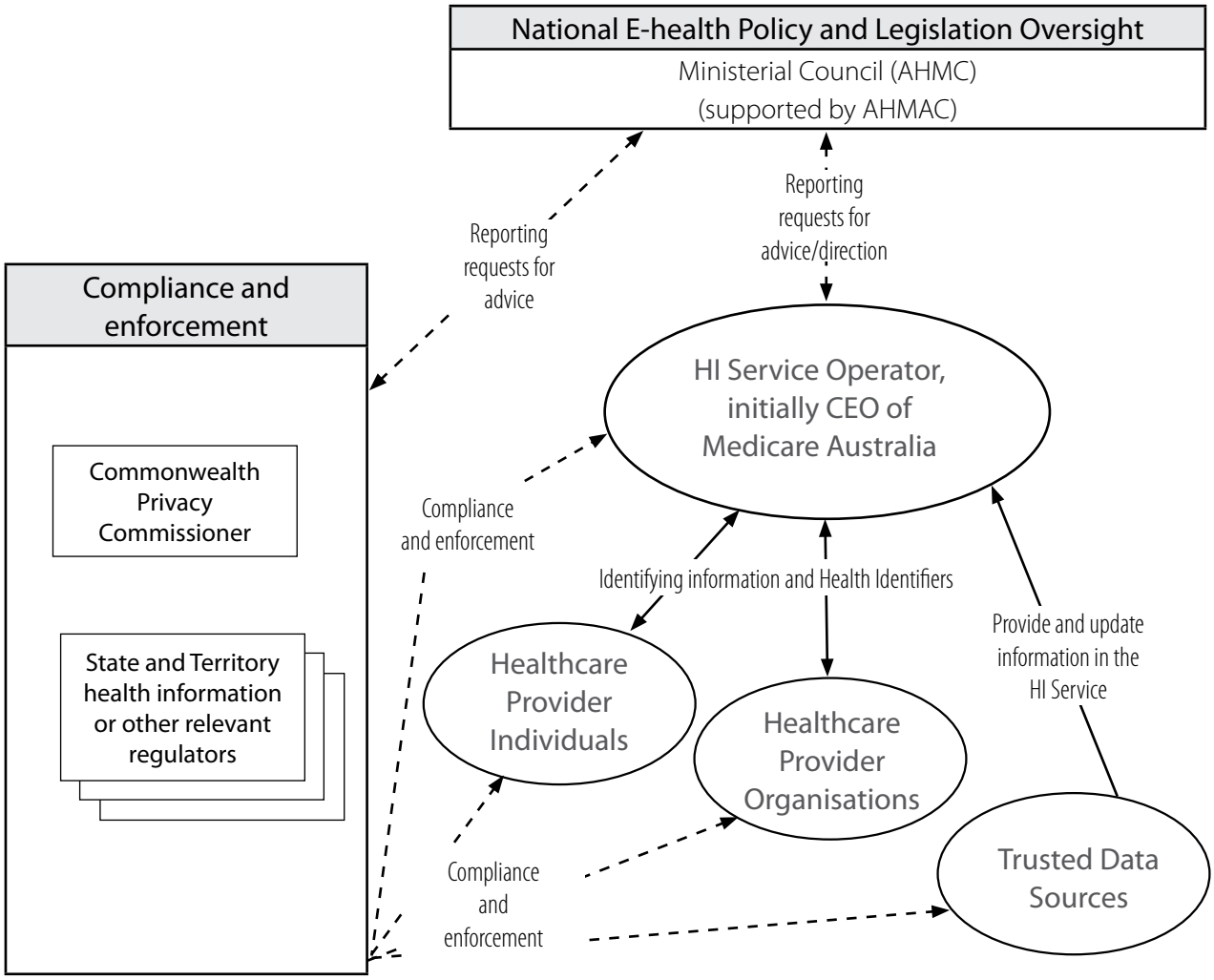
5.3 Governance framework

A regulatory and governance framework is being established to oversee the operation of the HI Service, access to the HI Service by healthcare providers and the use of healthcare identifiers.

The strategic oversight of the HI Service will be provided by Health Ministers through the Australian Health Ministers' Conference (AHMC), who will be responsible for setting national policies and direction of the HI Service, including the legislative and regulatory arrangements required to implement the HI Service.

Independent regulatory oversight of the HI Service will be provided by existing privacy and health regulators, who will handle complaints from individuals and providers in relation to the HI Service and conduct investigations. The Commonwealth Privacy Commissioner is expected to provide oversight of the HI Service Operator and the private sector, and regulators identified by each jurisdiction will be responsible for the oversight of use of identifiers by each state and territory public sector. There will be penalties and sanctions that apply to any breaches. In the Commonwealth sector, the Director of Public Prosecutions (DPP) will pursue penalties. Relevant jurisdiction-based arrangements will apply elsewhere.

Diagram 1—HI Service Governance



In addition to the governance arrangements shown in Diagram 1, appropriate security practices and safeguards will apply to the operation of the HI Service. These will include both technical and non-technical controls, including use of smart cards and digital certificates for health providers accessing the service, audit trails, role-based access control mechanisms, security testing, training requirements and obligations of those participating in the HI Service. Key security obligations will also be reflected in the legislative framework.

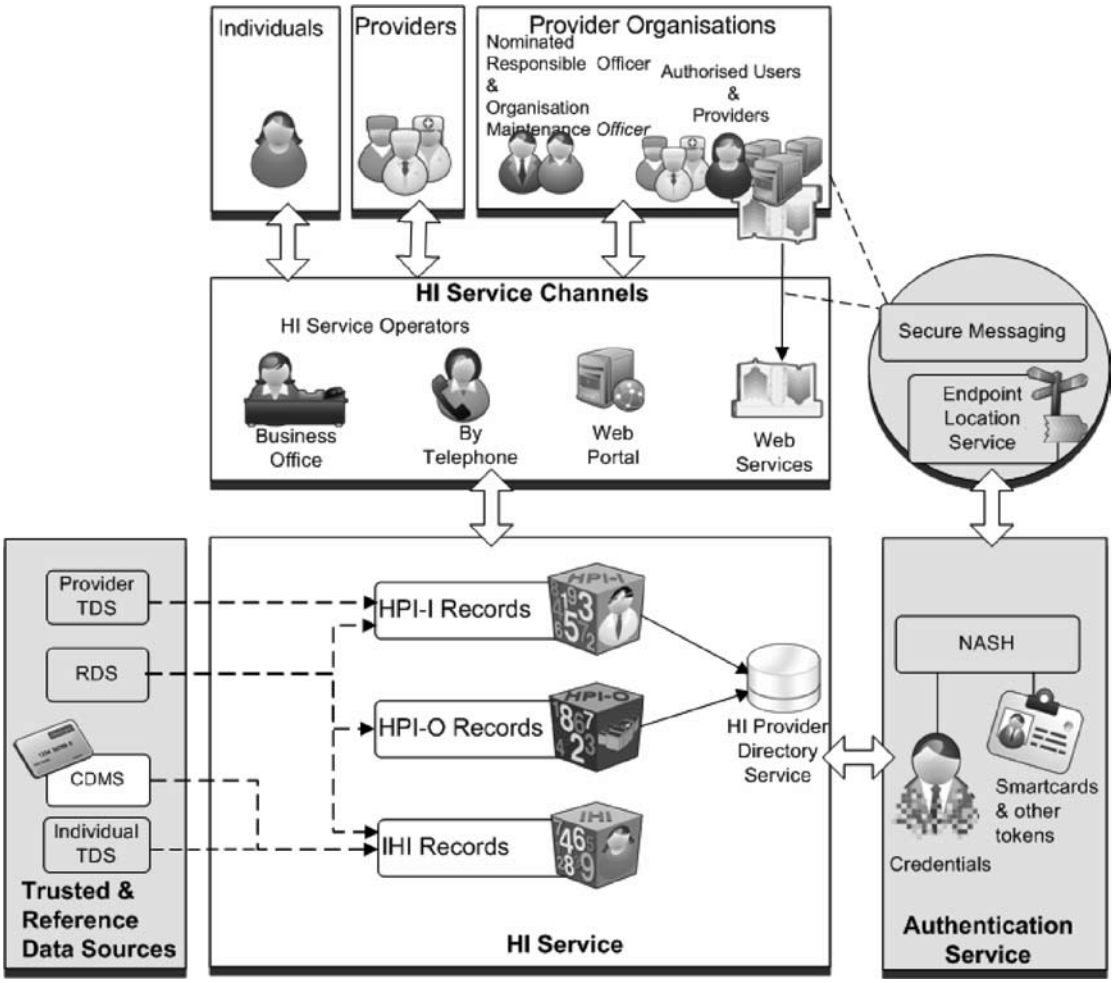
The HI Service Operator will also be required to conduct internal investigations of complaints and carry out regular maintenance activities including audits, data quality checks, reporting to Health Ministers and reviews of internal policies and procedures.

More detail on the regulatory and governance arrangements is provided in Section 6 of this document.

5.4 The HI Service Participants

Diagram 2 outlines the system in which the HI Service will operate, including: users of the HI Service itself, the parties that may need to interact with the HI Service, the channels that may be available for interacting with the HI Service, security and authentication arrangements, trusted data sources and the directory of healthcare services. The key elements of this diagram are described in more detail below.

Diagram 2—HI Service Overview



HI Service Operator

The HI Service Operator is responsible for the effective operation of the system. In the first instance, this function will be allocated to the CEO of Medicare Australia. Medicare Australia has the national infrastructure, as well as the industry and community relationships needed to securely deliver and maintain the healthcare identifiers. The integrity of Medicare Australia's database has been enhanced on a number of occasions since its introduction in 1984 to support a universal health care scheme. Medicare Australia's data quality management includes its National Data Quality Framework Continuous Improvement Methodology, which identifies opportunities for further improvement.

The key functions of the HI Service Operator will be to:

- Assign and issue healthcare identifiers—IHIs, HPI-Is and HPI-Os
- Allow those authorised to access the Service to retrieve healthcare identifiers
- Keep the information associated with healthcare identifiers up-to-date and accurate
- Deactivate or retire health identifiers when they are no longer needed

The HI Service will also maintain a Provider Directory Service that will allow healthcare providers to search for and locate other providers in order to facilitate communication between them. The Provider Directory will only be available to healthcare providers with a HPI-I or HPI-O. There will be a facility to allow HPI-Is and representatives HPI-Os to directly update some of their own details held on the Provider Directory.

Individuals

All individuals who are enrolled in Medicare Australia's Medicare program or the Department of Veterans' Affairs will be assigned an IHI. Others not enrolled in Medicare may receive a temporary (unverified) IHI when they access healthcare. This can later be converted to the individual's unique IHI via a Medicare Australia service channel.

Individual consumers will be able to access their own information held by the HI Service and be able to find out who has accessed their information.

Healthcare provider—Individuals

All healthcare providers who require an identifier to support the delivery of healthcare may be issued with a HPI-I. To be eligible for a HPI-I, a healthcare provider must provide a 'health service' as defined in s6(1) of the *Privacy Act 1988* (Cth), as:

> *(a) an activity performed in relation to an individual that is intended or claimed (expressly or otherwise) by the individual or the person performing it:*
>
> *(i) to assess, record, maintain or improve the individual's health; or*

(ii) to diagnose the individual's illness or disability; or

(iii) to treat the individual's illness or disability or suspected illness or disability; or

(b) the dispensing on prescription of a drug or medicinal preparation by a pharmacist.

It is the Government's intention to reform this definition in line with its response to the ALRC privacy review. The definition of 'health service' for the purposes of healthcare identifiers legislation will therefore change in line with any future reforms to the *Privacy Act 1988*.

It is intended that identifiers will not be able to be adopted, used or disclosed for life, health or other forms of insurance, or for non-healthcare related employer uses. It is proposed that these exclusions will be included in the healthcare identifiers legislation. This is consistent with the Australian Government's response to the ALRC privacy review that proposes the definition of 'health service' should exclude activities performed for reasons other than healthcare or treatment.

There are three options available to a healthcare provider to demonstrate to the HI Service that they provide a 'health service' in order to be issued with a HPI-I. A healthcare provider will need to provide one of the following:

- Evidence of professional registration or accreditation to the Australian Healthcare Practitioner Registration Authority (AHPRA) where the profession is covered by that body. In such cases the HPI-I will be provided to AHPRA by the HI Service, and issued to the individual by AHPRA.
- Evidence of professional registration, accreditation, qualifications or membership of a professional association direct to the HI Service for health professions not currently covered by AHPRA. The HPI-I could be issued by the HI Service or could be provided to another Trusted Data Source to be issued to the provider.
- Proof of employment with a HPI-O and confirmation from the organisation that the role performed by the person requires access to the HI Service to support the delivery of healthcare. The HPI-I will be issued by the HI Service.

From July 2010, AHPRA will cover 10 professions (medical, nursing and midwifery, pharmacy, physiotherapy, dental, psychology, optometry, osteopathy and chiropractic). A further 4 professions (Aboriginal and Torres Strait Islander health practice, Chinese medicine, medical radiation practice, occupational therapy) have been identified to be covered by 2012.[18]

Healthcare providers in health professions not covered by AHPRA, will be able to apply direct to the HI Service for a HPI-I. Any professions that may be covered by AHPRA at a later date will, until that time, be able to apply direct to the HI Service.

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.

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18 *Health Practitioner Regulation National Law Bill 2009*, page 132.

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.

Healthcare provider—Organisations

Any organisation that employs or contracts one or more individual healthcare providers, or sole traders who provide healthcare, will be eligible to be issued with a HPI-O.

There are two types of HPI-Os—'seed' and 'network':

- A 'seed' HPI-O is the overarching organisational identifier issued to an eligible healthcare provider organisation.
- A 'network' HPI-O is associated directly or through other networked HPI-Os, with one 'seed' HPI-O.

As an example, a hospital may have a 'seed' HPI-O, while sections or services within that hospital (such as an emergency department or pathology service), who also require a HPI-O (to allow more precise identification of a particular service location), would then be issued with network HPI-Os. It will be a decision for eligible healthcare organisations to determine the configuration of network HPI-Os that they wish to establish.

To establish a 'seed' HPI-O, a healthcare provider organisation will need to provide evidence to the HI Service that it is a legal entity and that it provides a 'health service' as defined above. Evidence may include business or company registration documents and proof of accreditation of the health service by an accreditation body.

The organisation will also need to establish:

- a Responsible Officer who will need to provide the HI Service with evidence of identity and authority to act on behalf of the organisation, and
- one or more Organisation Maintenance Officers (OMO) to undertake functions, such as maintaining information associated with the HPI-O held by the HI Service. OMOs are established by either the Nominated Responsible Officer or another OMO by creating an individual HI Service account for the new OMO.

A 'network' HPI-O can be established either by the 'seed' HPI-O or another 'network' HPI-O already established under a 'seed' organisation. The establishing of a 'network' HPI-O will be done by an OMO who has been assigned this function within the organisation.

Both 'seed' and 'network' HPI-Os may also establish one or more Local User(s). A Local User is an employee or contractor who does not have a HPI-I but may need to access the HI Service as part of their engagement with the organisation. A Local User must be involved in the management and communication of health information within the organisation, and be capable of being identified as an individual by the HI Service.

Organisations with a HPI-O will be able to retrieve IHIs from the HI Service to include in their own health records systems for purposes authorised by legislation including health information management and

communication for delivery of healthcare and health service management activities. This can be done by an individual within the organisation who has been assigned one of the roles described above or an individual with a HPI-I working in the organisation.

Authorised users

'Authorised users' are those individuals who are permitted to access the HI Service, and comprise two groups of individuals:

1. Healthcare providers who have HPI-Is.
2. Individuals authorised to access the HI Service on behalf of a HPI-O, including the Responsible Officer, OMOs and Local Users. (See description above under Healthcare providers—Organisations).

Trusted Data Source (TDS)

Trusted Data Sources are bodies approved to provide demographic and professional information to the HI Service to populate the IHI and HPI-I records.

The TDSs currently identified are:

- Medicare Australia, as a source of individual information
- Department of Veteran Affairs, as a source of individual information
- Australian Health Practitioner Regulation Agency (AHPRA), as a source of individual healthcare provider information.

Individuals registered with Medicare Australia and DVA will be advised that their personal information will be disclosed to the HI Service for the purpose of issuing an individual healthcare identifier. For DVA clients, this advice will be provided via a notice in the brochure that accompanies Department of Veterans' Affairs Treatment Cards.

Information that is provided to the HI Service by a TDS will be maintained via the TDS. A TDS will be the authoritative source for data they supply for HPI-Is, and will be the only party able to modify such data.

Authentication Service

The HI Service will use the National Authentication Service for Health (NASH) to provide security credentials for healthcare provider individuals and organisations. NASH will provide a Public Key Infrastructure (PKI) system for the health sector, issuing digital certificates to individual providers and organisations on application.

PKI certificates are used to secure electronic communications. PKI certificates secure communications by:

- Encrypting information so that if it is intercepted it cannot be read; and
- Reliably showing who sent the information (authentication)

These credentials will be used for:

- Accessing the HI Service
- Asserting their identity when participating in e-health.

Each digital certificate will include the HPI-I or HPI-O of the healthcare provider individual or organisation. Where a HPI-I is working for one or more HPI-Os, these relationships will be reflected in the certificate.

Updates to HPI-I and HPI-O information stored on the digital certificate will occur via the HI Service. The HI Service will be able to provide NASH with information to issue new certificates, make changes to existing certificates or revoke certificates.

Reference Data Sources (RDS)

Reference data sources may be used, where appropriate, to validate particular data fields in the HI Service records; for example, postcodes.

5.5 Use and disclosure of healthcare identifiers

There will be clearly established limits on the adoption, use and disclosure of healthcare identifiers. Healthcare identifiers can only be used for:

- Health information management and communication in delivery of a health service
- Management, funding, monitoring and evaluation of a health service
- Health research where approved by a Human Research Ethics Committee in accordance with the requirements set out by the Privacy Act
- For the purpose of establishing an authentication mechanism (such as a digital certificate) for a HPI-I and HPI-O
- Where otherwise authorised or required by law

Only 'authorised users' listed above will be permitted to access the HI Service to obtain IHIs and HPI-Is.

Once identifiers have been obtained from the HI Service and are available either via a healthcare providers system or included in a healthcare record, the healthcare organisations will determine who is permitted to use and disclose the identifiers, but only for one of the purposes specified above.

5.6 Access to the HI Service

Healthcare individuals and providers (both individuals and organisations) will access the HI Service through a number of channels that will be established through existing Medicare Australia service outlets.

Web service for healthcare organisations

This is an interface for healthcare providers wishing to access the HI Service for transactions such as locating and retrieving an individual's IHI, often referred to as a business-to-business or B2B interface.

This interface connects local healthcare business systems to the HI Service. Typical healthcare business systems that are expected to use this interface would include general practice systems, patient administration systems and emergency department systems, and directory services.

Support services for this business channel are currently being developed.

HI Service business offices

These will operate through all Medicare Australia service branches allowing a healthcare individual, provider or authorised organisation representative (such as a Responsible Officer or OMO) to interact with a HI Service officer and perform tasks relating to their participation in the HI Service.

Telephone support

HI Service officers can assist healthcare individuals or providers by way of the telephone. Telephone support for the HI Service will be available during normal business hours.

The available telephone support channels include a common Call Centre channel for IHIs, HPI-Is and HPI-Os. This channel will deal with enquiries, requests for business transactions and trouble-shooting technical problems with the HI Service.

Web portal for individuals and healthcare providers

For healthcare individuals, the HI Service can be accessed through the Medicare Australia Consumer Portal. This will allow individuals to view the information attached to their IHI, as well as the audit log of any events associated with the record. A healthcare individual will be able to contact a HI Service officer to obtain further information about specific events.

For healthcare providers, a specific HI Service web portal will be available as an expanded feature of Medicare Australia's existing Health Professionals Online Service (HPOS). Providers will be able to use the web portal to perform a range of HI Service interactions related to their provider information.

5.7 Healthcare identifiers—Data collection and maintenance

Individual Healthcare Identifier (IHI)

The IHI will be a persistent, unique 16 digit reference number, based on national and international standards, that is assigned to all individuals who receive healthcare in Australia, The IHI will be associated with a limited amount of identifying information, including:

- Name
- Date of birth
- Date of birth accuracy indicator
- Sex

In some circumstances, the following data may also 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 and for a designated period)
- Date of death and date of death accuracy indicator (where applicable)
- Aliases

IHIs will be automatically allocated against demographic information provided by a TDS. Medicare Australia and Department of Veterans' Affairs have been identified as the initial data sources for individual data.

Individuals who are not allocated an IHI as a result of this process, or who cannot be easily identified in the HI Service when presenting for healthcare services, will be able to have temporary numbers generated at the point of care. These are referred to as provisional or unverified IHIs.

An IHI can be classified as 'verified', 'unverified' or 'provisional':

- A verified IHI indicates that the information associated with that IHI has been confirmed through an Evidence of Identity (EOI) process that has been completed or through the TDS that provided the information for the IHI.
- An unverified IHI means that the information associated with the IHI has not been through an EOI process.
- A provisional IHI will be allocated to an individual who has presented at a healthcare facility and is unconscious or incapacitated and unknown to the healthcare facility. Provisional IHIs will expire after 90 days unless the status has changed.

An individual will be able to verify their unverified IHI or provisional IHI by completing an Evidence of Identity (EOI) process with the HI Service Operator or by enrolling with TDS. If the individual is not eligible for a Medicare Australia card or other TDS token, they may be issued with a verified IHI token.

Healthcare Provider Identifier—Individual (HPI-I)

The HPI-I will be a persistent, unique 16 digit reference number, based on national and international standards, which may be allocated to a healthcare provider individual and is associated with a limited amount of identifying personal and professional information. This will include:

- Name
- Address
- Sex
- Date of birth
- Provider individual type(s)
- Registration status
- TDS identifier

Where a healthcare provider gives permission, the following information may also be collected for inclusion in the Provider Directory Service.

- Business name (that is, the healthcare provider organisation name at which the Healthcare Provider Individual is employed or practices)
- Electronic communication details
- Provider Individual specialisation
- Professional registration start date
- Professional registration end date
- Date of death (if applicable)

Data held by the HI Service on HPI-Is will be maintained via the Trusted Data Source (primarily a provider's professional or registration body) where one exists for the provider, or directly through the HI Service in circumstances where a TDS does not exist.

Healthcare Provider Identifier—Organisation (HPI-O)

The HPI-O is a persistent, unique 16 digit reference number, based on national and international standards, which may be allocated to a healthcare provider organisation and is associated with a set of identifying information.

This will include:

- ABN (Australian Business Number), ACN (Australian Company Number) or other accepted organisation identifier
- Organisation Name (name by which the organisation is known)
- Address
- Service Type
- Electronic communication details
- Nominated Responsible Officer Details
  - Name, DOB, address, electronic communication details (this last is optional)
- The Organisation Maintenance Officer details
  - Name, DOB, address, electronic communication details (optional)

and optionally:

- Seed organisation flag (status flag to indicate if the HPI-O is a 'seed' organisation)
- Service Unit
- Reference information to the Endpoint Location Services (ELS) for the HPI-O

Information held by the HI Service on a HPI-O will be maintained via the HI Service, and requests to updates to organisational data must be received from either the Responsible Officer or the Organisation Management Officer within that organisation.

5.8 Other features of the HI Service

Batch searching and bulk-downloads

To facilitate quick uptake of the HI Service, a process has been developed for a healthcare provider organisation to carry out a batch search against records held by the HI Service. This will allow a healthcare provider's patient index to be initially populated with matching IHIs for patients already known to the healthcare provider.

Batch searches can be conducted by HPI-Os, HPI-Is or Trusted Data Source (such as the Australian Health Practitioner Registration Authority) where a batch file is provided to the HI Service. The HI Service will attempt to locate an IHI for each individual listed in the batch, and will only return the IHI where an exact match is found. If an exact match is not found an error message will be returned to the healthcare provider organisation.

6. Overview of Legislative Proposals for the Healthcare Identifiers Service

Specific legislation is required to establish the HI Service and set out permitted use, adoption and disclosure of healthcare identifiers.

Following the public consultation in July-August 2009 on the legislative proposals for the HI Service, the proposals have been further developed taking into account feedback received during the consultation.

It is proposed that the HI Service regulatory and governance framework will include:

- Specific Commonwealth legislation setting out key definitions, limits on the use of healthcare identifiers and penalties.
- Regulations or Mandatory Guidelines outlining detailed requirements on issues such as proof of eligibility to participate in the HI Service.
- State and territory legislation to ensure that the limits applying to adoption, use and disclosure of healthcare identifiers apply consistently across all jurisdictions.
- An Agreement between states and territories that will set out governance arrangements and establish functions of the Ministerial Council.

The key points from the earlier consultation that have been incorporated into the revised legislative proposals are:

- limits on the use of identifiers to apply to public and private sectors
- clarification of key definitions relating to eligibility and participation
- inquiry and complaint handling arrangements including oversight by independent regulators and penalties for misuse
- review of the role of the CEO of Medicare Australia as the Service Operator after two years.

The primary legislation for healthcare identifiers being developed will be a relatively short bill and is expected to cover:

- Commencement of the HI Service
- Key definitions
- Functions of the HI Service Operator
- Assignment of healthcare identifiers
- Authority for use of personal information for the purpose of assigning identifiers

- Offences relating to misuse of identifiers and penalties for breaches of the legislation
- Purposes for which identifiers may be used and disclosed
- The establishment of a Healthcare Provider Directory Service
- Review period of the legislation
- Requirements to be included in regulations

Regulations or guidelines may include, among other matters, provisions on the following:

- The process for assigning identifiers
- Personal information to be used for purpose of assigning identifiers
- Security requirements for the protection of healthcare identifiers

More detail on these legislative proposals is provided below.

6.1 Establishment of the HI Service and definitions

The legislation will establish arrangements for operating the HI Service. It will specify Medicare Australia as the initial HI Service operator and allow for subsequent operators to be appointed.

The legislation will provide Medicare Australia with the functions to establish and operate the HI Service.

The functions to be conferred on the Chief Executive Officer of Medicare Australia cover:

- assigning, collecting and maintaining identifiers to individuals, individual healthcare providers and organisations including by using information it already holds for existing purposes
- developing and maintaining mechanisms for users to access their own records and correct or update details
- collecting information from individuals and other data sources
- use and disclosure of these identifiers and associated personal information, for the purposes of operating the HI Service.

The proposed legislation will establish three types of unique healthcare identifiers to be issued by the HI Service:

- Individual Healthcare Identifier (IHI). These will be assigned to individual healthcare consumers accessing healthcare services.
- Healthcare Provider Identifier—Individual (HPI-I). These will be assigned to healthcare professionals and other health personnel involved in patient care, ie providing a health service.
- Healthcare Provider Identifier—Organisation (HPI-O). These will be assigned to organisations (such as the hospital or health clinic) where health services are provided.

'Health service' and 'health information' will be defined as having the same meanings as section 6(1) of the *Privacy Act 1988*. These definitions are provided in Appendix 1.

'Health service provider' will be defined to include all individuals, organisations or other bodies who provide a health service.

Only those health service providers who are authorised users will be able to access the HI Service. Authorised users will be:

- Healthcare providers who have HPI-Is, and
- Individuals employed or contracted by a HPI-O who are authorised to access the HI Service on behalf of the HPI-O.

Once the healthcare identifiers have been issued, they can be adopted, used and disclosed for permitted purposes as unique reference numbers to manage and communicate patient health information as part of delivering healthcare services to individuals.

6.2 Provision of information for the assignment of identifiers

The legislation will provide for the data sources, including Medicare Australia and DVA, to provide personal information, including Medicare and DVA file numbers, to the HI Service Operator for the purpose of assigning identifiers.

In circumstances where a temporary IHI may need to be issued, health service providers who are authorised users will be able to use and disclose personal information about individual patients to enable a temporary IHI to be assigned to those people.

6.3 Limits on healthcare identifiers

Strict limits will be set out in the legislation on the adoption, use and disclosure of healthcare identifiers. Identifiers will be permitted to be adopted, used or disclosed only for:

- Health information management and communication in delivery of a health service
- Management, funding, monitoring and evaluation of a health service
- Health research where approved by a Human Research Ethics Committee in accordance with the requirements set out in relevant privacy legislation
- For the purpose of establishing an authentication mechanism for a health service provided assigned a HPI-I and HPI-O, or
- Where otherwise authorised or required by law.

These purposes aim to be broad enough to cover the range of clinical, administrative and business activities involved in the delivery of healthcare. It is expected that the identifiers will be included in providers' existing

information management systems and used in communicating that information with other providers as part of the delivery of healthcare to an individual.

Anyone who is involved in providing a health service will be permitted by legislation to adopt, use or disclose the identifiers provided it is for one of the purposes specified. It is proposed that the use of healthcare identifiers for life, health or other insurance purposes will be excluded, as will non-healthcare related employer uses.

The adoption, use or disclosure of the identifiers outside these purposes by Commonwealth public sector bodies or private sector organisations will be a breach of the *Privacy Act 1988* and subject to inquiry and complaint mechanisms as described below.

The limits will be applied to state or territory public sector bodies through state and territory legislation.

Where a state or territory does not have legislation in place, it is proposed that the limits set out in the Commonwealth healthcare identifiers legislation will apply to public sector bodies in that state or territory.

The HI Service Operator will be specifically authorised to disclose the HPI-I and relevant information for professional registration and other purposes to bodies set up in legislation establishing the Australian Health Practitioner Regulation Agency (AHPRA).

Secrecy provisions similar to those set out in the *Health Insurance Act 1973* or the *National Health Act 1953* will apply to the disclosure of information by staff in undertaking the HI Service Operator function including penalty provisions for misuse or inappropriate disclosure of information.[19]

Uses and disclosures of identifiers will also need to comply with relevant privacy requirements, as set out in the section 'Application of Privacy Laws' below.

6.4 Eligibility and participation

The legislation will establish requirements for eligibility and participation. As noted above, the definitions of 'health service' and 'authorised users' will be set out in the primary legislation. More specific detail, such as the evidence required to demonstrate eligibility, may be specified in regulations or guidelines.

IHIs will be assigned to all individuals in Australia who are enrolled with Medicare Australia or the Department of Veterans' Affairs.

HPI-Is will be issued to healthcare providers who provide a 'health service' and supply one of the following:

- Evidence of professional registration or accreditation to the Australian Healthcare Practitioner Registration Authority (AHPRA) where the profession is covered by that body.
- Evidence of professional registration, accreditation, qualifications or membership of a professional association direct to the HI Service for health professions not currently covered by AHPRA.

19 This would include potential penalties for the HI Service Operator as provided for in the secrecy provisions.

- Proof of employment with a HPI-O and confirmation from the organisation that the role performed by the person requires access to the HI Service to support the delivery of healthcare.

HPI-Os will be issued to organisations that provide a health service and provide evidence that the organisation is a legal entity, or part of a legal entity that will bear overall responsibility for the organisation's participation in the HI Service.

6.5 Inquiry and complaint

A process for inquiry and complaint will be established in the healthcare identifiers legislation. The legislation will provide for the Commonwealth Privacy Commissioner to oversight the operation of the HI Service and to handle complaints against Commonwealth Government agencies and private sector healthcare providers. Each state and territory is expected to nominate a local regulator to oversight the handling of identifiers by its state or territory bodies and to put these arrangements in place through legislation.

6.5 Penalties for misuse of healthcare identifiers

Penalties for the misuse of healthcare identifiers, such as inappropriate disclosure of information by the HI Service, authorised users or any other person, will be set out in Commonwealth, state and territory legislation.

The proposed penalties for inappropriate use and disclosure outside the permitted purposes set out in the legislation are up to 120 penalty units or imprisonment for 2 years or both. Only intentional misuse or disclosure will be subject to the higher penalty.

6.7 Application of privacy laws

Privacy legislation across Australia consists of a mix of Commonwealth, state and territory legislation and administrative arrangements. A summary of existing privacy and confidentiality arrangements in each jurisdiction is provided at Appendix 2.

All states and territories, other than South Australia and Western Australia, have specific privacy legislation. In South Australia and Western Australia privacy is protected by a combination of related legislation (such as Freedom of Information and State Records laws) and administrative arrangements that apply to the public sector bodies in those states.

The Government's response to the ALRC review, mentioned in Section 3, aims to overcome the inconsistent and overlapping requirements that arise from this 'patchwork' of privacy legislation. Implementing a simplified and uniform national privacy law remains an important objective in achieving e-health progress. Health Ministers will provide a report to COAG in December outlining the importance of robust, national privacy law in allowing the development of future e-health uptake and continuing to provide for health information privacy protections.

While there are differences between the privacy laws that apply in different jurisdictions, most are based around a set of privacy principles that broadly address the same requirements. A high level description of the privacy principles is at Appendix 3.

Privacy legislation applies to the handling of 'personal information', being information about a person from which that person may be identified, with some legislation incorporating specific protection for 'sensitive' or 'health' information.

Healthcare identifiers would be considered a form of 'personal information', or 'health information' when included in a health record, and are therefore subject to the requirements of privacy law.

While the purposes for which healthcare identifiers may be adopted, used or disclosed are limited to the purposes described above under 'Limits on healthcare identifiers', the handling of the identifiers within those purposes will also need to comply with applicable privacy requirements.

The initial HI Service Operator, Medicare Australia, is a Commonwealth Government agency. The way it collects, uses or discloses personal information is regulated by the *Privacy Act 1988* (Cth) in addition to the specific requirements set out in the proposed legislation.

Authorised users of the HI Service, and other persons with whom identifiers may be communicated for the purposes specified above, may be in the private sector (such as a private hospital or general practice) or in the public sector (such as a public hospital run by a state or territory).

The handling of healthcare identifiers within private sector organisations or the Commonwealth public sector will be subject to the *Privacy Act 1988* (Cth). In state or territory public sectors, privacy and other laws in that state or territory will apply.

An overview of how privacy principles will apply to healthcare identifiers is provided below. The analysis is based on the application of National Privacy Principles (NPPs) in the *Privacy Act 1988* (Cth) to the handling of healthcare identifiers by private sector organisations. The equivalent principles in other privacy legislation will apply to the handling of healthcare identifiers in a similar way in applicable jurisdictions.

The operation of some privacy principles, and how they apply to the handling of healthcare identifiers, will be impacted by the proposed healthcare identifiers legislation. The principles affected are those on collection, use and disclosure, and identifiers.

Collection

Under the NPPs, collection of healthcare identifiers should only be undertaken where this is necessary for a private sector healthcare organisation to undertake one of its activities or functions as well as being within the scope of the purposes described above.

Use and Disclosure

Use or disclosure of identifiers must be for either the primary purpose for which the identifier was collected or for a purpose that is directly related to that purpose which would be reasonably expected by the individual, or within one of a range of other public interest exceptions. Any use or disclosure of healthcare identifiers will still need to fall within one of the purposes that will be set out in the healthcare identifiers legislation.

Identifiers

The healthcare identifiers legislation will provide that NPP 7[20] does not apply to the adoption, use and disclosure of individual identifiers (that is, the IHI or the HPI-I) by private sector healthcare provider organisations where this is undertaken for one of the purposes described. It is proposed that NPP 7 will not apply to the disclosure of Medicare numbers or DVA file numbers to the HI Service Operator by private sector healthcare provider organisations for the purposes of the retrieval of individual identifiers.

All other NPPs, including principles on data quality, data security, openness, access and correction, anonymity and transborder data flows, will not be affected by the introduction of healthcare identifiers legislation and will apply in their current form to the handling of healthcare identifiers.

6.8 Review of the HI Service

The legislation will set out arrangements for a review of the HI Service and the operation of the service. The legislation will provide for a review of Medicare Australia in its role as the Healthcare Identifiers Service Operator within a timeframe specified in the bill or through a proposed Partnership Agreement between the Commonwealth and the state and territory governments.

It is currently proposed that the review be undertaken 2 years after the commencement of the HI Service.

20 National Privacy Principle 7 prohibits organisations from using for their own purposes identifiers assigned by Government agencies (such as tax file numbers, and Medicare numbers).

7. Further information

For further information relating to the legislative proposals for the HI Service, contact:

eHealth Branch
Primary and Ambulatory Care Division (MDP1)
Department of Health and Ageing
GPO Box 9848
CANBERRA ACT 2601

Email: ehealth@health.gov.au

Website: http://www.health.gov.au/ehealth

Acronyms

AHPRA	Australian Healthcare Practitioner Registration Authority
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
ALRC	Australian Law Reform Commission
CDMS	Consumer Directory Maintenance System
COAG	Council of Australian Governments
DVA	Department of Veterans' Affairs
EOI	Evidence of Identity
HI Service	Healthcare Identifiers Service
HPI-I	Healthcare Provider Identifier—Individual
HPI-O	Healthcare Provider Identifier—Organisation
HPOS	Health Professionals Online Service
IHI	Individual Healthcare Identifier
NASH	National Authentication Service for Health
NEHTA	National E-Health Transition Authority
NHHRC	National Health and Hospitals Reform Commission
NPPs	National Privacy Principles
NRAS	National Registration and Accreditation Scheme
OMO	Organisation Maintenance Officer
PKI	Public Key Infrastructure
RDS	Reference Data Source
TDS	Trusted Data Source

APPENDIX 1

Key definitions

The following definitions are from s6(1) of the *Privacy Act 1988* (Cth):

personal information means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

health information means:

(a) information or an opinion about:

  (i) the health or a disability (at any time) of an individual; or

  (ii) an individual's expressed wishes about the future provision of health services to him or her; or

  (iii) a health service provided, or to be provided, to an individual; that is also personal information; or

(b) other personal information collected to provide, or in providing, a health service; or

(c) other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or

(d) genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

health service means:

(a) an activity performed in relation to an individual that is intended or claimed (expressly or otherwise) by the individual or the person performing it:

  (i) to assess, record, maintain or improve the individual's health; or

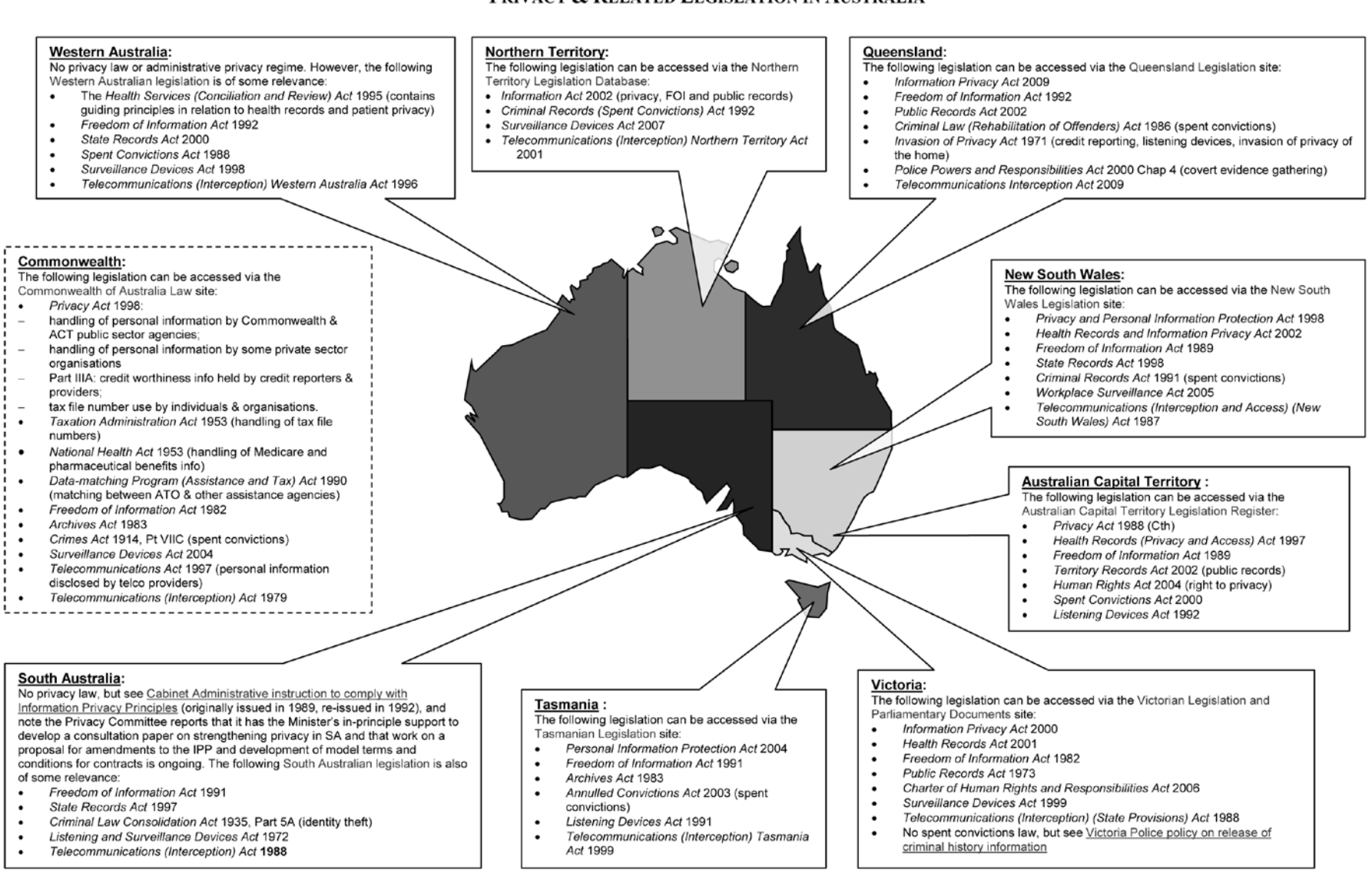
  (ii) to diagnose the individual's illness or disability; or

  (iii) to treat the individual's illness or disability or suspected illness or disability; or

(b) the dispensing on prescription of a drug or medicinal preparation by a pharmacist.

APPENDIX 2

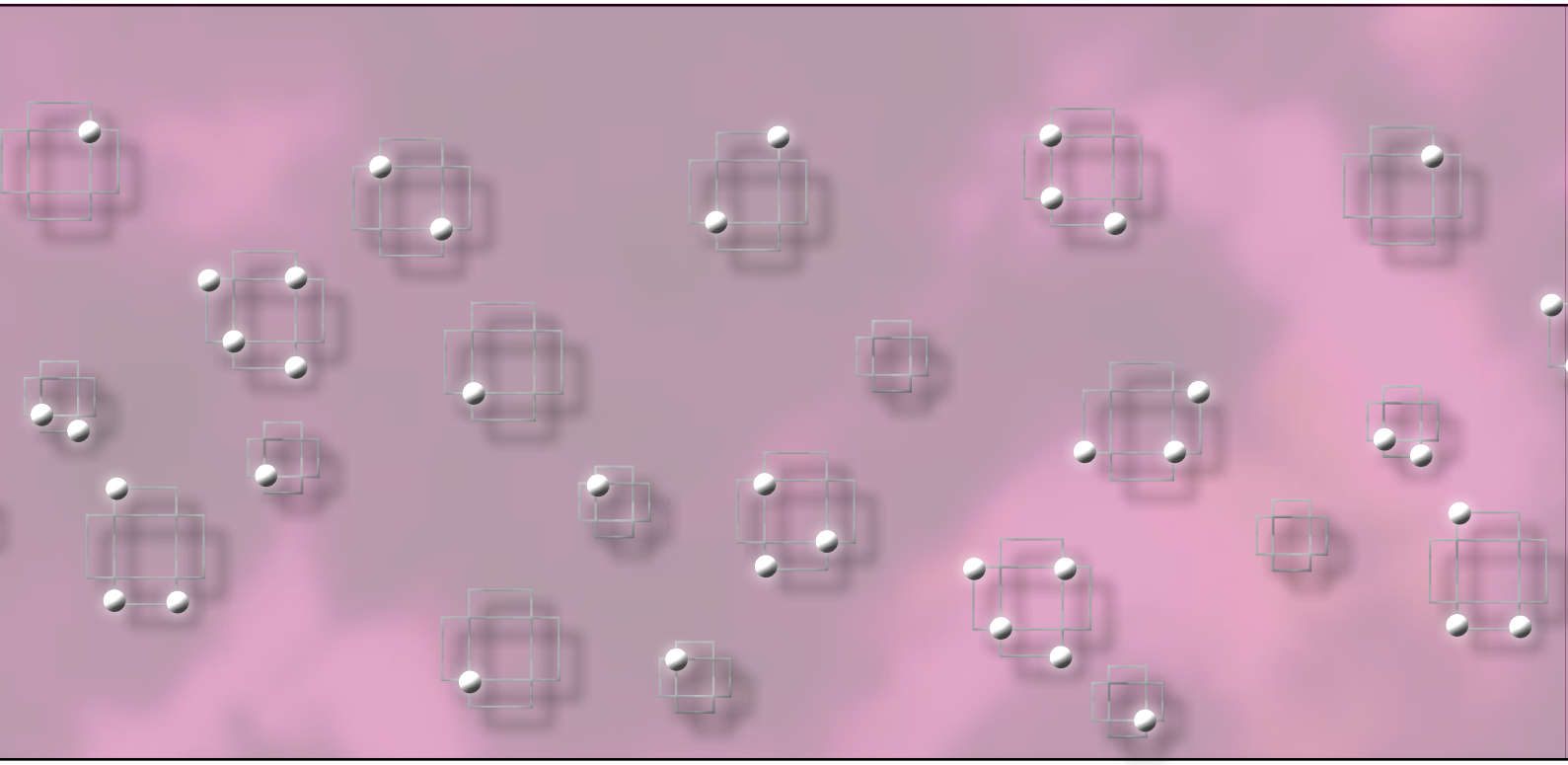
Privacy laws in Australia[21]



21 This diagram was developed by the Victorian Privacy Commissioner's Office, and is reproduced here with permission. It is also available from http://www.privacy.vic.gov.au/privacy/web.nsf/content/privacy+laws

APPENDIX 3

Privacy Principles

This is a general summary of the key privacy principles that appear in most privacy legislation across Australia. This is not a substitute for the detailed legal requirements set out in the legislation referenced in Appendix 2.

Privacy Principle	Summary
Collection	The collection of personal information must be necessary for an organisation to carry out its functions and require lawful authority for that collection. Additional protection may apply to the collection of sensitive information, such as health information.
Use and disclosure	The use and disclosure principle allows organisations to use and disclose personal information they hold for the primary purpose for which it was collected and for authorised secondary purposes. Authorised secondary uses include where the individual consents, where the secondary use is directly related to the primary purpose and the individual reasonably expects the use, and other specified public interest purposes.
Data quality	The data quality principle requires that information is accurate, complete and up-to-date.
Data security	The data security principle is concerned with the protection of personal information from misuse, loss an unauthorised access, modification and disclosure. The principle requires that information is destroyed or de-identified when it is no longer necessary.
Openness	Organisations are required to be transparent in their data collection and handling activities. This involves ensuring that policies that govern the collection and handling of personal information are made available to the public.
Access and correction	Individuals have the right to seek access to, and correction of, information held about them.
Identifiers	Organisations create and use identifiers for a range of purposes to maintain interactions with large numbers of individuals. The principle on identifiers limits the adoption, use and disclosure of identifiers by organisations where this has not been authorised by law.
Anonymity	The anonymity principle promotes the ability for individuals to conduct transactions with organisations and agencies anonymously where that is lawful and practical.
Trans-border data flows	This principle is designed to limit flows of personal information to jurisdictions without equivalent or adequate privacy protection measures in place.