Australian Government
Department of Health and Aged Care

Healthcare Identifiers Framework Project

Public consultation

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List of Abbreviations

Term	Full Term
COAG	Council of Australian Governments
CSP	Contracted Service Provider
HDM	Health Delivery Modernisation
HI	Healthcare Identifier
HPD	Healthcare Provider Directory
HPI-I	Healthcare Provider Identifier – Individual
HPI-O	Healthcare Provider Identifier – Organisation
IHI	Individual Healthcare Identifier
MHR	My Health Record
NHSD	National Health Services Directory
PBS	Pharmaceutical Benefits Scheme

Introduction

The Australian Government Department of Health and Aged Care (the Department) is seeking to consult with stakeholders to identify opportunities to amend the Healthcare Identifiers Framework (the HI Framework) which includes the *Healthcare Identifiers Act 2010* (the Act), the *Healthcare Identifiers Regulations 2020* (the Regulations) and the key policy settings for the Healthcare Identifiers Service (HI Service), through the Healthcare Identifiers Framework Project (the Project).

The Australian Government has provided funding of $2.98 million over two years from 2022-23 through Phase 3 of the Health Delivery Modernisation Program. Phase 3 will deliver new digital health services for Medicare and Services Australia health payment systems.

What we want to do

Overall, we want to help connect care by improving information sharing.

The key aim of the Project is to align the Act and the HI Service with the expectations of healthcare consumers that health information can follow them throughout their health and wellbeing journey. It also seeks to give healthcare providers more access to a patient's healthcare information at the point of care. This will give them much richer information to support their patients.

Currently, 'care silos' are limiting the exchange of health information between providers. For example, we need better connections between primary care, acute care, aged care, and disability health services.

In line with the objectives of the Act, we aim to make health systems more connected and integrated. This is 'health system interoperability'. We will do this by ensuring that HIs can be used seamlessly across all healthcare programs and services and all states and territories.

Why do we need to do this now?

The HI Framework and the HI Service we have today reflect the public attitudes and expectations on information sharing and digital services at the time they were established in 2010. Healthcare Identifiers (HIs) have been used effectively to implement My Health Record (MHR), and more recent digital initiatives such as electronic prescribing. However, adoption of HIs beyond these services has been slower than expected. This is partly due to legislative and operational challenges.

We need connected digital systems to prevent the spread of highly infectious diseases and enable the delivery of healthcare services in areas affected by natural disasters. Initiatives like electronic prescribing and telehealth were fast-tracked and expanded in 2020 so that people could get medicines and healthcare without leaving home. This would not have been possible without HIs.

It is now critical for Australia to prepare for increased use of HIs to enable a nationally connected healthcare environment. This will:

- enable the secure and seamless sharing of health information between healthcare settings (i.e. between states and sectors)

- increase efficiencies in healthcare service delivery
- ease pressure on healthcare providers by streamlining administrative processes.

Terms we use

We use the term '**healthcare**' to mean all healthcare and health related programs and services. This includes health, aged care, disability care, allied health and other healthcare related programs and services.

We use the terms '**healthcare consumer**', '**healthcare recipient**' and '**patient**' to mean the same individual person. Generally, we use 'healthcare consumer'. When talking about the person receiving care, we use 'healthcare recipient'. The Act uses 'healthcare recipient'. When talking from the point of view of a healthcare provider, we sometimes use 'patient'.

What this consultation paper covers

The opening sections of this consultation provide background information. They describe:

- the HI Framework and its purpose
- the Project
- the proposed scope of the changes to the HI Framework.

The main part of the consultation presents eight key 'problem statements'. These are the focus of the consultation.

The final part of the consultation is the appendices. These contain useful supporting information.

Separate documents to consider alongside this paper are:

- HI Frequently Asked Questions

Background

About the Healthcare Identifiers Framework

Australia has a siloed health system, made up of discrete components that tend not to communicate with each other. This is at odds with how people use the system as:

- healthcare consumers move easily between state and territories and public and private healthcare services
- healthcare providers work across state and territory borders and between public and private healthcare services.

Record management in the health sector has transitioned from paper to digital over the last two decades. However, most health records are still created and stored in standalone clinical information systems. This limits the ability to share health information between providers, across healthcare settings, and across state and territory borders.

"Like most practices we've got a fragmented system that we've cobbled together as technology developed, particularly over the last five or six years…the learning curve for newcomers…can be pretty steep. You know, we've got practice management software, we've got a third-party booking system, emails, scanning, faxing, eScripts, referrals, etc." (Practice Manager)[1].

To continue to have affordable, high-quality healthcare we need to connect up all elements of the healthcare system. The way to do this is by using digital health technology. The Council of Australian Governments (now the National Cabinet) recognised this in 2006 when it agreed to a national approach to set up and operate a system of 'healthcare identifiers' (HIs) for healthcare consumers and providers.

The rationale was that nationally unique HIs used by all healthcare programs and services would enable providers to more effectively:

- manage the records in their clinical information systems
- share this information with other providers.

HIs would also be a key enabler for creating a national electronic health records system, My Health Record (MHR). MHR would then pave the way for consumers and providers to be able to view and share health information in a safe and secure way.

These changes needed a legislative framework that would provide confidence that:

- only approved healthcare providers would have access to health information

[1] Transitions of care. Australian Digital Health Agency Commissioned Research with FiftyFive5, 2022

- health information would be created and used securely for the right healthcare consumer.

The Act and Regulations passed in 2010 did this. They provide a structure for:

- securely identifying healthcare consumers, providers, and organisations
- safely transmitting health data.

They set up a legislative framework for the HI Service, the HI Service system, and governance, legislative, administrative, and financial arrangements.

About the HI Service

The HI Service is jointly funded by the Australian Government and state and territory governments. Services Australia is the HI Service Operator. The HI Service provides the ability to uniquely identify healthcare recipients, providers, and organisations across the healthcare system. It does this through three types of HIs:

- **Individual Healthcare Identifier (IHI):** IHIs identify an individual healthcare recipient for healthcare purposes. Each individual enrolled in Medicare (or the Department of Veteran Affairs) gets an IHI automatically. HIs are also available on request to other healthcare consumers.
- **Healthcare Provider Identifier – Individual (HPI-I):** HPI-Is identify an individual healthcare provider (e.g., a doctor or specialist). A provider gets an HPI-I automatically when they register with the Australian Health Practitioner Regulation Agency (Ahpra). Members of other professional associations with certain characteristics can also apply for an HPI-I.
- **Healthcare Provider Identifier – Organisation (HPI-O):** HPI-Os identify a healthcare provider organisation (e.g., a doctor practice or a hospital). Organisations must register with the HI Service to obtain an HPI-O.

The role of the HI Service is to:

- uniquely and consistently identify healthcare recipients at the point of care
- consistently associate health information with healthcare recipients across the healthcare ecosystem
- uniquely identify individual healthcare providers and organisations and the relationship between an individual provider and a provider organisation
- provide a security and access framework that ensures appropriate authorisation and authentication of healthcare providers to access national digital healthcare records.

A HI is a unique set of 16-digit numbers. HIs are used to connect the right healthcare provider (HPI-I) and organisation (HPI-O) with the right healthcare consumer (IHI). This allows providers and organisations to share health information securely with each other and with the consumer. This in turn helps them deliver healthcare services more effectively.

The use of HIs nationally enables the safe and secure connection of health information across the health sector. Since HIs and the HI Service began in 2010, more than 31 million

individual healthcare recipients, more than a million healthcare providers, and over 24,000 healthcare organisations have received a HI[2].

The ability to share health information using HIs underpins:

- **My Health Record**: The MHR contains healthcare recipients' health information securely in one place. It uses IHIs to add information to the correct record and uses HPI-Is and HPI-Os to control access to the information.
- **Secure messaging:** Secure messaging enables healthcare providers to securely exchange clinical documents to help with the delivery of care to healthcare recipients. It uses IHIs to identify the healthcare recipient. It uses HPI-Is and HPI-Os to identify the provider sending the secure message (such as a referral) and the provider receiving it.
- **Australian Immunisation Register:** The AIR records healthcare recipients' vaccinations. It uses IHIs to assign and retrieve proof of vaccination. This was critical during the COVID-19 pandemic.
- **Electronic prescribing:** Electronic prescribing is the option for doctors and their patients to use an electronic prescription as an alternative to paper prescriptions. It uses IHIs to identify the patient, HPI-Is and HPI-Os to identify the prescriber and HPI-Is and HPI-Os to authenticate authorised dispensers (pharmacists).

However, broader adoption of HIs across healthcare has been slow. Several reviews, assessments and research projects in recent years have tried to understand the barriers to the use and adoption of HIs (see Appendix 1). At a high level, key findings include:

- a lack of awareness of HIs and the HI Service
- many other identifiers are used to manage health information across different services and programs
- there are limitations and some ambiguity in the Act that have created uncertainty and hindered wider use of HIs
- there is a lack of clear policy and process that would help potential users HIs to understand the intended and future use of HIs
- the cost of implementing HIs is a barrier.

Having Nationally unique and consistent identifiers for providers and healthcare recipients is fundamental to achieving a connected healthcare system that enables the provision of safe, high-quality, and sustainable healthcare. The need for increased use of HIs as a foundation of digital health, is a theme in numerous Australian Government health, aged care and disability strategies and plans (see Appendix 2).

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[2] IHI - 31,070,410 HPI-I 1,030,022 HPI-O 24,450 as at 30 June 2022. Services Australia, *Healthcare Identifiers Service Annual Report* 2021-22, 3.

The Healthcare Identifiers Framework Project

The key objective of the Project is to align the Act and the HI Service with our modern healthcare environment. This will enable the delivery of safe, high-quality healthcare services and meet current and emerging strategic, policy, program, and operational goals.

The Project aims to rapidly evolve Australia's ability to connect health information systems. It will do so by ensuring that HIs can and will be used as the common identifiers across healthcare programs and services. This will allow providers to accurately identify a healthcare recipient and send health information securely between health services. In turn, this will:

- reduce the burden on healthcare recipients, who will no longer need to retell key health information
- give healthcare providers access to much richer information about their patients at the point of care, improving patient outcomes.

Widespread use of HIs will also increase researchers' ability to connect and analyse large quantities of de-identified data on health outcomes and usage. The results of this research will guide planning and funding, for the benefit of all Australians.

Scope and direction

Previous reviews, assessments and research papers on the Act and the HI Service have recommended strategies and specific actions to improve policy, legislation, processes, and technology. Together, they provide a comprehensive evidence base that informs the scope and direction of the Project.

Table 1 summarises the key 'problem statements' and related opportunities and objectives we have identified from the evidence base.

Number	Problem Statement
1.	***HI use in programs, services, and systems***: Increasing the number of programs, services and providers that use HIs by default is fundamental to increasing interoperability and achieving connected care.
2.	***Scope of healthcare and provider eligibility***: Achieving connected care relies on the use of HIs across a broad range of healthcare programs and services. Healthcare recipients may benefit from broader provider and service eligibility for HIs.
3.	***Clarity around HI use by healthcare administration entities and Uses***: HIs were always intended to be used in all aspects of healthcare, including administration. But many organisations currently cannot use them to their full potential due to real and perceived legislative limitations.
4.	***Applications and structures of HPI-Os and HPI-Is***: Identifying, communicating, and working with individual healthcare providers and provider organisations should be logical and simple. HIs should be able to be useable in a range of healthcare programs.
5.	***Healthcare consumer and provider choice***: Individuals should be able to be active participants in their healthcare. The Act and the HI Service should

	empower individuals to disclose their own IHI for more purposes to enable better healthcare outcomes.
6.	***Support for healthcare technology services***: To support a modern healthcare environment, the Act and the HI Service must allow for flexibility in how platforms and applications connect an individual to their healthcare data, and providers to one another.
7.	***Clarity around permitted uses and penalties***: We need clear policy and legislation to provide confidence about what is and isn't permitted and how privacy and security are protected.
8.	***Flexibility and agility to support evolving use cases***: The Act and the HI Service must allow for current use cases. They must also be adaptable to new models of healthcare, as they evolve.

Consultation

We are seeking the views of stakeholders on both legislative and non-legislative mechanisms to improve the operation of the HI Service. We will use the views to ensure that any proposed reforms are:

- pragmatic, considered, and achievable
- in the best interests of healthcare recipients, healthcare providers and the healthcare system more broadly.

The HI Act, the HI Regulations, and the *Privacy Act 1988* (Privacy Act) regulate the use of HIs. HIs may only be accessed, used, and disclosed for limited purposes. The HI Act imposes a high standard of privacy on healthcare identifiers. Any amendments to the Act must maintain this high standard of privacy and security for healthcare recipients.

Further steps

The Project aims to pass any required legislative changes in 2024. We will consult further as we refine the scope of the legislative changes.

The consultation

The purpose of the consultation is to engage a broad range of stakeholders to help us understand how we can improve the Act and the HI Service to address the key problem statements.

Submissions and information gathered in response to this paper and through targeted consultation activities will be essential to validating, refining, and shaping the Project outcomes. They will provide detail and form to any possible legislative amendments and policy changes which we will propose.

Assumptions

The consultation assumes that:

- the findings of the previous consultations and reviews are valid in principle
- changes to the Act, Regulations and HI Service are required in some form.

Problem statements

The next part of this consultation deals with the 8 problem statements introduced in Table 1. Each 'problem statement' section:

- provides a description of the current challenges
- outlines the proposed changes
- includes 'example use cases' that the proposed changes would target
- poses questions for consideration and feedback.

The 'example use cases' are not comprehensive or exhaustive. Instead, each one briefly illustrates what the proposed changes – the 'future state' – might mean for a particular user of HIs. Their format is very specific:

- As a [participant within the healthcare system]
- I want to [perform an action, achieve a goal]
- So that [a benefit or value gained/ a risk avoided].

Responses

Respondents are welcome to answer as many or as few of the consultation questions as they wish. There is a recommendation of a maximum of 500-word responses to each question.

Anyone who uses, provides, or supports the healthcare system in Australia can respond. We are seeking input from as broad a range of stakeholders as possible. This includes:

- healthcare recipients
- healthcare providers
- healthcare provider organisations
- healthcare administration entities, including states and territories
- peak and professional bodies
- health technology providers

- funders, researchers, and planners.

We invite stakeholders to participate by:

- providing a written submission by 28 February 2023 via our Citizen Hub
- attending webinars, to be held in December 2022, January 2023 and February 2023
- contacting us directly at HIFrameworkProject@Health.gov.au.

Consultation problem statements and questions

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

Increasing the number of programs, services and providers that use HIs by default is fundamental to increasing interoperability and achieving connected care.

The use of HIs has increased since their introduction, especially through initiatives such as MHR, electronic prescribing, and the COVID-19 vaccine roll out.

The Australian Government has strongly encouraged the use of HIs. However, there is currently no clear direction on where HIs must or should be incorporated into programs, services, and systems by default. As a result, many health systems and programs have continued to use their own alternative unique identifiers. This creates barriers to a connected care environment.

Recently, the case for increasing the use and usability of HIs has been directly set out in a significant range of literature, analysis, and strategic planning documents (see Appendix 2). Notably, Priority Area 1 in the *'National Healthcare Interoperability Plan: Connecting Australian Health Care*' is 'Identity'; improving how the healthcare system manages identity and access for healthcare providers and recipients. The Interoperability Plan proposes multiple initiatives to increase the use and usability of HIs. These include legislative and policy changes, in line with the scope of this Project. The Interoperability Plan is due for release in the coming months.

We are seeking to identify the most effective and achievable policy levers to promote meaningful adoption of HIs. We consider all options, such as:

- direct government initiatives and support
- using HIs in Australian Government health programs and services, including regulatory frameworks
- linking the use of HIs to funding and accreditation.

It is important that the policy levers are reasonable, do not result in unintended consequences, and target areas of the healthcare system where the use of HIs will make the most impact.

A further objective is to ensure that, over time, HIs can be used in the place of other government related identifiers. This will give healthcare recipients and providers fewer identifiers to manage and maintain.

A particular focus is increasing the use of HIs in clinical and provider focused directories and registries. Currently, the Act does not provide direct authorisations for directory and registry operators to collect, use, adopt and disclose HIs. However, this does depend on whether the operator is separately authorised as a healthcare provider, and where the HIs are collected from. Several directory and registry operators have been independently authorised (by amendments to the regulations) to use HIs, Examples are the National Cancer Screening Registry and the Australian Immunisation Register.

A key example is the National Health Services Directory (NHSD). The NHSD (operated by Healthdirect Australia), is a trusted source of information for healthcare providers and recipients. It is recognised in Australia's Intergovernmental Agreement on National Digital Health as a core piece of national digital health infrastructure. The 2018 Review recommended that Healthdirect should have more authority to use HIs. It identified overlaps between the NHSD and the Healthcare Provider Directory (HPD). The HPD is a directory of healthcare providers operated as part of the HI Service.

Future state – example use cases

As a healthcare recipient
I want to know that any healthcare provider I go to can use my HI to identify who I am, and securely receive or access my medical records, if I allow them to
So that I do not have to tell them the same key information more than once, they can tailor my care to my needs and preferences, and I do not need to manage multiple identifiers to manage my healthcare.

As the operator of the Australian Immunisation Register
I want to use HPI-Is and HPI-Os as the unique identifiers for healthcare providers administering vaccines
So that they can be consistently identified across state and territory borders and different vaccine providers.

As Healthdirect, which operates the NHSD
I want to be able to use HIs for various programs we are running with state and territory health services
So that we have a consistent way of identifying healthcare recipients and providers across all services and we can be confident that we are providing healthcare recipient and providers with current and correct information.

As a state/ territory health department
I want to be able to understand which healthcare recipients are using which healthcare services
So that I understand patterns of use across the public health system, and I can identify where healthcare recipients have higher than average care needs.

Consultation questions

1. Are there specific situations, systems, or areas of healthcare where HIs should not be used by default?
2. What would be the most effective and achievable policy levers for increasing the use of HIs in state and territory public hospital systems, and in private hospitals?
3. What would be the most effective and achievable policy levers for increasing the use of HIs by allied health providers, and other small private providers?
4. Given the importance of unique identification to increasing health system interoperability and overcoming several current challenges, what is an appropriate timeframe to expect services and programs to transition to the use of HIs?
5. Which alternative unique identifiers for healthcare recipients or healthcare providers should be replaced by HIs? What are the highest priorities?
6. Should a directory or registry provider only be authorised to use HIs for the specific purpose they serve at the time of application? Or should they receive a set of standard authorisations, enabling greater flexibility?
7. Are there any reasons why Healthdirect should not be authorised to use the HI Service to support its directory and other healthcare services?

8. If Healthdirect had authority to use HIs for the NHSD, would there be an ongoing need for the HPD?
9. Do you have any other comments, questions, or concerns, relating to this problem statement?

2. Scope of healthcare and provider eligibility

Achieving connected care relies on the use of HIs across a broad range of healthcare programs and services. Healthcare recipients may benefit from broader provider and service eligibility for HIs.

The HI Act and the scope of the HI Service rely on the definition of a 'health service' in the Privacy Act (see Appendix 3). The definition is relatively broad. It explicitly includes physical and mental health, and healthcare services provided in aged care and disability care.

However, there is increasing recognition that health is more than the absence of disease and injury. We see that a complex range of social, psychological, and environmental factors contribute to an individual's overall care and wellbeing. Particularly for people who are vulnerable or have complex health needs, a range of 'social services' and community-based programs provide invaluable care and support. These often work closely with health professionals to deliver services.

This raises the question of whether the definition that underpins the Act and the HI Service reflects the scope of programs, services and organisations that we would now consider to be 'health services'. Perhaps a broader definition that encompasses health, care and wellbeing services is needed to underpin a truly 'connected care' environment.

The definition of 'health service' has flow-on implications for who is considered a healthcare provider. Currently, healthcare providers are allocated an HPI-I if they are registered through the Australian Health Practitioners Regulation Agency (AHRPA). They can also apply for an HPI-I if they are part of a nationally regulated industry (or professional association) (see Appendix 4). The HI Service implemented a 'profession' based mechanism to managing access as a straight-forward method for capturing a significant proportion of healthcare providers. However, the different ways of defining a healthcare service and defining eligibility for an HPI-I creates the potential for misalignment, or gaps in coverage.

As with the discussion on the definition of 'health service', there are also a broad range of professions that support the healthcare of an individual. Most of these are not regulated through a national regulation authority. These professions, referred to here as 'healthcare support providers', are therefore not eligible for an HPI-I or authorised to use HIs when delivering services.

In many cases some health information is currently used in paper form by healthcare support providers to ensure continuity of care of an individual. The objective of enabling these providers to collect, use and disclose HIs would be to support the use of this information in a digital format. For example:

- a hospital sharing an electronic summary of a child's medications and allergies with a foster carer providing urgent care to the child
- a dentist providing advice to a disability support worker on hygiene and nutritional requirements for a disabled client to support recovery from dental procedures.

We are seeking feedback on:

- Should a broader range of programs, services, and providers be able to use HIs?
- What are the key use cases for HIs by healthcare support providers and organisations?

- Should ‘healthcare support providers’ be eligible for an HPI-I, or something similar?

Note that authorising a program, organisation or individual to use a HIs does not automatically give them access to any further health information of an individual. It enables them to accurately identify healthcare recipients and providers, and to securely communicate health information as required.

Achieving the correct balance between supporting a broader range of provider types and maintaining confidence in the privacy and security of HIs and health information is critical.

For this consultation, we have developed working definitions and indicative lists of ‘healthcare support providers’ and ‘healthcare support organisations’. Note that:

- some of the professions and organisations identified here as ‘healthcare support’ may already be eligible for an HPI-I or HPI-O under the current definition of healthcare provider (such as a social worker or an aged care provider organisation)
- other categories (such as personal or home care services) cover a broad range of professions.

Healthcare support provider: someone who does not directly provide healthcare but:

- has a responsibility of care in promoting and managing the health, care, and wellbeing of individuals
- otherwise provides services and functions that impact on the health and wellbeing of individuals.

Examples are:

- aged care support workers
- disability support workers
- pharmacy dispensary technicians
- social care workers Mental health ‘hotline’ workers
- community care workers
- family services workers
- personal or home care services

Healthcare support provider organisations or services: An entity or service that does not directly provide healthcare but:

- has a responsibility of care in promoting and managing the health, care and wellbeing of individuals
- otherwise provides services and functions that impact on the health, care and wellbeing of individuals.

Examples are:

- aged care provider organisations
- disability care provider organisations
- veterans support provider organisations
- housing support organisations
- early parenting services
- First Nations community organisations
- family services and domestic violence organisations
- educational institutions and schools

Future state - example use cases

As a healthcare provider
I want to be able to use an IHI as the unique identifier for a healthcare recipient when referring them between primary health, mental health, domestic violence, and housing support services
So that the healthcare recipient receives comprehensive services to meet their needs, connected by a single identifier, and all the services are confident they are supporting the same person.

As an aged care worker, who is helping an aged care resident to transfer to or from a hospital
I want to be able to create, send, receive, and store health information for the resident using their IHI as the unique identifier
So that I can securely share health information with other healthcare providers in a way that is interoperable with other clinical systems, and could be stored in My Health Record.

As a healthcare provider or healthcare administration entity
I want the provider identifier type to clearly distinguish between a healthcare provider and a healthcare support provider
So that I can manage clinical system authorisations or authentications differently and can control access to clinical information based on the provider type.

As a dispense technician working at a pharmacy
I want to be able to upload a healthcare recipient's dispense records to their My Health Record
So that any new healthcare providers have a more complete picture of their medications, resulting in better clinical decisions and safer prescribing.

Consultation questions

1. Does the definition of 'health service' in the Privacy Act sufficiently cover the range of services and programs that are required to support people's health, care and wellbeing and achieve a connected care environment?
2. Should the types of professions defined here as 'healthcare support providers' be able to use HIs? If so, how should they be able to use them? If not, why not?
3. Should the types of organisations defined here as 'healthcare support provider organisations' be able to use HIs? If so, how should they be able to use them? If not, why not?
4. Are there any types of professions, organisations or services that should be added to, or removed from, the 'healthcare support provider' lists?
5. Should the types of professions defined as 'healthcare support providers' be able to obtain their own HI? If so, should it be a different type of identifier to an HPI-I?
6. Are there any health professionals that are currently not eligible for an HPI-I but should be?
7. Are there any types of professionals, programs and services that should not be able to use HIs?
8. Are there any other possible changes to the Act that would increase connected care outcomes and health system interoperability?
9. Do you have any other comments, questions, or concerns, relating to this problem statement?

3. Clarity around healthcare administration entities and uses

HIs were always intended to be used in all aspects of healthcare, including administration. But many organisations currently cannot use them to their full potential due to real and perceived legislative limitations.

The Explanatory Memoranda for the Act takes a broad view of the scope of uses for HIs. However, there have been differing interpretations around whether the Act allows the use of HIs for certain 'healthcare administration purposes'. Specifically, there is doubt about whether the Act allows healthcare administration entities to use HIs for the purposes of:

- payments and claims
- workforce management
- research and evaluation

Also, the Act does not directly authorise the use of HIs by:

- Australian Government or state and territory government health or service delivery agencies, such as Services Australia and health departments
- other official 'healthcare administration' type organisations, such as Primary Health Networks.

This is unless they have received the HI directly by a healthcare provider.

This limits the ability for organisations to use HIs to provision and manage the programs and services they administer. It also limits what they can do to enhance service and data quality. Note that most healthcare administration entities would not need or have direct access to health information.

A key objective of the Project is to amend the Act so that it:

- clearly allows for healthcare administration entities to use HIs
- clarifies that HIs can be used in all parts of delivering and managing healthcare services.

If government agencies and other official entities cannot use HIs, then they will always require alternative identifiers. The same applies if HIs are not available for certain healthcare administration purposes. This undermines the intent and objectives of the Act and prevents healthcare recipients and providers from benefiting from the HI Service.

For this consultation, we have developed working definitions and indicative lists of 'healthcare administration entities' and 'healthcare administration purposes'.

Healthcare administration entity: An organisation that:

- is part of national or state government and manages health information and services, or
- provides administrative, planning, research and policy functions related to healthcare.

These include (but there may be others):

- Australian Government health and or service delivery agencies, particularly:
    - Department of Health and Aged Care
    - Services Australia

    - Department of Social Services
    - Australian Digital Health Agency
    - Therapeutic Goods Administration
    - Department of Veterans Affairs
    - AHPRA and other national registration authorities
    - Australian Institute of Health and Welfare (AIHW)
    - Independent Hospital Pricing Authority (IHPA)
    - Australian Commission on Safety and Quality in Health Care (ACSQHC)
    - Aged Care Quality and Safety Commission (ACQSC)
- State and territory health and service delivery government agencies
- Primary Health Networks
- Local Health Districts (or Networks or Units) run by state and territory governments.

Healthcare administration purpose: An activity that relates to the management of:

- health information and services
- services that provide administrative, planning, research and policy functions related to healthcare.

This is not limited to activities that must be done by someone with an HPI-I or a clinical qualification.

Healthcare administration purposes including (but there may be others):

- managing identifying information
- managing health information
- managing identification and authentication
- managing data quality
- managing claims and payment processes
- managing incidents and complaints
- workforce planning and management
- managing compliance and penalties and performance, for that program
- managing referrals and eligibility assessments across programs
- managing enquiries, advice and reminders
- data collection, analysis, reporting
- contracting third parties
- managing technology system performance
- preventing and reducing fraud and cyber security risks
- healthcare research, monitoring and evaluation of healthcare
- policy, program, and service development and funding

Future state - example use cases

As a healthcare recipient
I want to be able to quote my IHI when I contact Services Australia and for them to be able to see all the different health programs and services I use
So that I don't have to remember multiple identifiers, and so that I only need to update my information once with them for multiple programs.

As a healthcare provider organisation
I want to be able to use the HPI-Is of the healthcare providers I employ for workforce management purposes, including in a HR system
So that I can onboard them into our systems before they start, ensure I have their credentials recorded, and be confident that they are who they say they are.

As the Australian Institute for Health and Welfare
I want to be able to use an HI to link two different data sets that I already have when I am analysing the effectiveness of a program or service
So that I don't have to deal with personal information to link data sets together, and so that we have greater confidence in our analysis and recommendations.

Consultation questions

1. What safeguards should be in place to provide confidence in the use of HIs by healthcare administration entities?
2. Are there any types of healthcare administration entities that should be added to, or removed from the list?
3. What safeguards would provide confidence in the use of HIs for healthcare administration purposes?
4. Are there any other healthcare administration purposes that should be added to, or removed from the list?
5. Do you have any other comments, questions, or concerns, relating to this problem statement or policy objective?

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

Identifying, communicating, and working with individual healthcare providers and provider organisations should be logical and simple. HIs should be usable in a range of healthcare programs.

There are several issues and challenges with the implementation of 'network and seed' HPI-O structures and how they are then linked to HPI-Is. 'Network and seed' structures show the relationships between a parent organisation and subordinate organisations.

Currently, the policy and guidance materials around establishing HPI-O structures are flexible. The intention is to support healthcare provider organisations to implement structures that suit their business models. However, many complex and multi-tiered organisations (such as public hospital systems) have not implemented the specific HPI-O's needed to support digital health services such as secure messaging and electronic referrals directly to the correct location service.

There are suggestions that:

- attempting to use HPI-Os as an organisation, location, and service identifier, at every tier of an organisation, results in an impractical number of HPI-Os
- the current policy around which employees of a healthcare provider organisation can manage HPI-O information is a barrier to use.

A further challenge comes when trying to use HPI-O and HPI-I relationships for multiple and specific purposes. There are numerous ways that an individual healthcare provider can be related to a healthcare provider organisation. For example, the provider may be authorised to access MHR on behalf of the organisation but not be authorised to provide Medicare services at that location. It is practically challenging to reflect multiple relationship types in a single system, such as the HI Service.

For the HPI-I to be used as the primary identifier in Medicare or Pharmaceutical Benefits Scheme (PBS) claiming, we would need HPI-Is and HPI-Os to work effectively together to identify providers that:

- have multiple registrations
- Have different qualification types
- work across multiple disciplines
- work across multiple locations (for example, a healthcare provider registered as a midwife and a registered nurse working in remote or rural or locations).

This is possible but could be challenging to implement.

Overall, the fundamental challenge with HPI-Os and HPI-I structures is that it is not clear to healthcare providers what the policy and program purposes and benefits are. Therefore they have little incentive to implement and use them effectively. A lack of uptake and accuracy then compounds the difficulty of using HPI-Os and HPI-Is in programs and services.

Improving the use of HPI-Is and HPI-Os is key to supporting providers working in the key priority areas of regional and remote health, community and preventative healthcare and First Nations Australians health. However, resolving these structural issues will require operational and procedural changes to the HI Service. It will also require effort and resources on the part of healthcare organisations.

We are seeking feedback on the key policy, program, and operational objectives that should be enabled by HPI-Os and HPI-Is. This is so we can determine:

- the most appropriate systems for managing relationship structures
- which support organisations would need to implement these changes.

Future state - example use cases

As a healthcare provider organisation
I want to have flexibility in how I manage my HPI-O
So that I can devolve administration functions, and so that the overall effort is not greater than the benefits.

As an individual healthcare provider
I want HPI-Os to be implemented to an appropriate level of granularity,
So that I can easily find the right service or location to securely send health information.

As an individual healthcare provider
I want to be able to use my HPI-I as the identifier I use for Medicare claiming
So that I have fewer identifiers to manage.

As a healthcare provider organisation
I want to a reduce my administrative burden of updating multiple government programs with the same information
So that administration functions are simple and easy, and I only update once.

Consultation questions

1. What are the key policy, program, and operational objectives and benefits that HPI-O and HPI-I structures must support?

2. Given that other location specific organisation identifiers exist, should HPI-Os be used to identify locations, or services, or both?
3. What would be the most effective and achievable policy lever or operational support mechanism for getting organisations to implement an effective HPI-O structure, further to the provision of direct funding?
4. How could we change legislation or policy to make HPI-O and HPI-I relationships easier for healthcare providers to create and manage?
5. What operational or procedural changes to the HI Service would be required to support these changes?
6. Do you have any other comments, questions, or concerns, relating to this problem statement?

5. Healthcare consumer and provider choice

Individuals should be able to be active participants in their healthcare. The Act and the HI Service should empower each individual to disclose their own IHI for more purposes to enable better healthcare outcomes.

Currently the Act only allows someone to use and disclose their IHI for specific and limited purposes. The healthcare provider they disclose it to must also be authorised to use the HI for that purpose. Generally, the Act also specifies that the provider must initiate the collection, use and disclosure of an IHI.

For example, a healthcare consumer is not allowed to:

- disclose their IHI directly to a digital health service
- authorise an intermediary to collect their identifier from the HI Service.

This has been a limiting factor in digital health initiatives such as ‘Active Script List’ applications.

These provisions are in the Act because it was expected that:

- HIs would largely be invisible to the healthcare consumer
- tighter authorisations would increase confidence in the use of HIs.

Increasingly, individuals expect to be active participants in their healthcare and use a range of tools to support this, including smart phone applications and wearables. we are considering the best way to enable:

- healthcare consumers to consent to the disclosure and use of their own IHI
- the use of HIs in transactions or data flows that are initiated by a healthcare consumer.

However, these uses should be limited to situations where they are likely to lead to better health outcomes for the consumer.

The Act currently prevents the collection, use and disclosure of HIs when underwriting or determining insurance and employment contracts (see Appendix 4). This was included to alleviate potential concerns that the disclosure of an IHI would allow insurers or employers to access health information in other clinical systems (such as My Health Record) and was intended to specifically limit the perception that healthcare recipients may be coerced into disclosing health information.

We are seeking feedback on whether private health insurers should be considered separately from insurers in general, and the ability and scope of use of healthcare identifiers by health insurers be clarified.

Private health insurers already manage large amounts of health information about their customers, both for the purposes of managing claims and payments under policies, and increasingly through the delivery of health programs, such as health coaching or personalised preventative health programs, and provision of health services, such as optical, dental or nurse call/telehealth programs. These may or may not be managed totally separately from the insurance part of the business.

Other services, such as health monitoring and health risk assessments are increasingly being offered, and there would be benefits in enabling HIs to be used to share this information where appropriate with other healthcare providers and My Health Record to support continuity of care for healthcare consumers. Healthcare providers working for a health insurer can already use Healthcare Identifiers in situations where the health service is delivered by a separate part of the business.

Ultimately, the Act must reflect what healthcare consumers and providers consider an appropriate use of HIs. Employers and insurers have a significant influence over a person's life. It is entirely reasonable to continue to prevent the disclosure and use of HIs for insurance and employment purposes if this gives consumers and providers confidence in the privacy, security and use of HIs and health information.

Future state - example use cases

As a healthcare recipient
I want to be able to provide my IHI when booking a healthcare service online
So that my healthcare provider can link my appointment to my records and an episode of care.

As a healthcare provider, when requested by a healthcare recipient, and in their best interest
I want to be able to disclose the IHI of a healthcare recipient alongside their identifying and health information in a report to an employer or insurer
So that I don't have to manage health information differently when providing different services for different purposes.

Consultation questions

1. Are there specific situations or systems where you think healthcare consumers should not be able to consent to the disclosure or use of their IHI?
2. What safeguards should be in place to ensure that healthcare consumers can disclose their IHI in a safe and secure way?
3. Should the current prohibitions around the use of HIs for underwriting or determining insurance and employment purposes continue? Or should they be amended in some form, or removed?
4. Should there be any unauthorised purposes for insurers or employers to use HIs?
5. Should insurers and employers be able to use an IHI as a unique identifier for a healthcare consumer in their own systems, so that consumers have fewer identifiers overall?

6. Given the different business models for health service delivery and insurance functions operating in private health insurance and the increasing role they play in delivering health services, should health insurers be treated differently from other insurers in the Act?
7. Do you have any other comments, questions, or concerns, relating to this problem statement?

6. Support for Healthcare Technology Services

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

At the time of drafting the Act, digital health services and complex service delivery models were not as common. Therefore, the Act only allows software vendors that are contracted directly by a healthcare provider to access the HI Service directly, and collect, use, adopt and disclose HIs. These vendors are Contracted Service Providers (CSPs). Note that Government Supporting Organisations (GSOs) such as the MHR Operator are an exception to this rule. Software vendors seeking to connect to the HI Service must demonstrate that they meet the 'HI conformance requirements'. These are various security and data quality standards that minimise risks to clinical safety, privacy, and security.

Now we have a host of examples where different platforms, applications and methods are connecting both individuals to their healthcare data, and providers to one another. For example, an increasing number of 'consumer facing' health apps inform consumers' decisions and behaviours. These include wearable devices for tracking or monitoring health. Also, there is increasing use of apps that sit between a 'provider facing' software and a consumer facing software, that manage 'many to many' exchanges of information (sometimes known as middleware). Examples include the Prescription Exchange Service and the Active Script List service.

We are considering how we can align the Act with our modern healthcare environment so that it provides for HI use in a broader range of digital health services and software providers. At the same time, the Act must still ensure that the provider has a legitimate purpose and meets community and government expectations and standards. Any changes must also:

- maintain the privacy of healthcare recipients and providers
- uphold the principles of informed consent
- set clear boundaries around the appropriate use of data.

Future state - example use cases

As a healthcare recipient with diabetes
I want to be able to use a software application and device that monitors my blood glucose levels and uses my IHI to send the information securely to my healthcare provider
So that I can be a more active participant in my healthcare and be confident that the information is transferred securely to the right place.

As a healthcare recipient
I want to be able to use my IHI to securely access all my prescriptions in a single place (an Active Script List app)

So that I don't have to manage many paper prescriptions and repeats and manage more of my health from home.

Consultation questions

1. Should consumer facing and intermediary software be able to collect, use, disclose and adopt HIs?
2. Should consumer facing and intermediary software have the same HI conformance requirements and safeguards as software used by healthcare providers, or higher?
3. Should consumer facing and intermediary software only be authorised to use HIs for the specific purpose they serve at the time of application? Or should they receive a set of standard authorisations, enabling greater flexibility?
4. If a complex organisation (e.g. a hospital) uses one system to integrate with the HI Service and then sends HIs to other systems in the organisation (e.g. an electronic medications management system), should these other systems also be required to undergo HI conformance testing?
5. What safeguards should be in place to ensure that healthcare recipients can disclose their IHI in a safe and secure way?
6. Should there be any unauthorised uses for software providers?
7. Do you have other comments, questions, or concerns, relating to this problem statement?

7. Clarity around permitted uses and concerns about penalties

We need clear policy and legislation to provide confidence about what is and isn't permitted and how privacy and security are protected.

The complexity and specificity of the collection, use, and disclosure provisions of the Act creates great concern among healthcare professionals that they will inadvertently use HIs in a way that breaches these provisions. This, in combination with the criminal penalties in the Act, can be a deterrent to using HIs.

Healthcare providers, healthcare administration entities and healthcare recipients frequently ask for clarification on the legislation and policy framework and how it should be interpreted. Opinions can differ on interpretations even between legal and policy professionals.

For example, entities often question whether their authorisation to use an HI is based on the location where they received it from. Similarly, providers often ask whether they have permission to use HIs to link two data sets to perform data analysis and improvement.

Another specific concern is from CSPs, who access the HI Service on behalf of a healthcare provider and rely on the provider's authorisations. Consequently, if the healthcare provider (inadvertently or otherwise) uses the CSP to access the HI Service in a way that is not authorised, the CSP is in breach of the Act through no fault of their own.

Requesting and providing legal advice on a case-by-case basis is a cost to healthcare providers and government. We want to use this consultation process to:

- clarify what the permitted and recommended uses of HIs should be
- ensure that the amendments to the Act and HI Service create confidence in the use of HIs.

Future state - example use cases

As a user of HIs
I want the Act to specify that HIs (IHI, HPI-I and HPI-O) by themselves are not considered personal information
So that the use of HIs cannot be considered health information in other law and subject to that law's restrictions. This will give me more confidence in using them.

As a healthcare consumer
I want to be able to use my IHI to share information I have collected through personal health monitoring devices and held by my doctor and other providers with the Get Healthy coaching service
So that I can get personalised guidance and support.

Consultation questions

1. Are there areas of the Act, or supporting policy, that are unclear, confusing, or hard to interpret?
2. What additional information, advice, or support would provide confidence in the use of HIs?
3. Are there any examples of where the Act (or the direction of these proposed changes) conflict with other legislation or policy?
4. Are the current penalties for misuse appropriate, and if not, what changes could be made?
5. Do you have any other comments, questions, or concerns, relating to this problem statement?

8. Flexibility and agility to support evolving use cases

The Act and the HI Service must allow for current use cases. They must also be adaptable to new models of healthcare as they evolve.

At the time of drafting the Act, it was necessary to be very specific about the authorisations and permitted data flows, to allay concerns about potential misuse of HIs. The Act specifies requesting, disclosing, and receiving entities in a specific data flow for HIs. It also constrains most authorisations to request, disclose and receive HIs by purpose.

Over 10 years later, the digital health landscape has changed significantly:

- There is greater understanding of the value and role of HIs in supporting a connected care environment.
- There is greater understanding of the operational challenges in using HIs.
- There are many more digital health technologies and complex service delivery models.
- As the health ecosystem becomes more integrated, the complexity of the system continues to increase.

Therefore, we have received feedback that the Act should be less specific about how the entities relate to each other, and how services are delivered. The Act must and should still be specific about who is an authorised entity and what the permitted uses are.

Currently, the quickest way to update the Act, including allowing a specific use case, is to make a regulation change. This usually takes over a year. It has been suggested that it may now be more appropriate to use other types of legislative instruments to control

authorisations to use HIs. A common practice is to use other types of legislative instruments and powers to make updates to legislation. For example, the Minister for Health and Aged Care can add software vendors that meet the requirements to support legal PBS prescriptions to a schedule of the *National Health Act 195*3.

We aim to ensure that the Act not only supports contemporary use cases, but also has provisions that will support and enhance new models of care as they evolve.

Finally, we want to ensure that the Act continues to support its core functions of identifying healthcare consumers, providers, and organisations.

Future state - example use cases

As the minister responsible for the Healthcare Identifiers Act
I want to be able to make regulations for both healthcare and healthcare administration purposes
So that I can ensure that the HI Act and Service is able to quickly support new use cases in the future, if needed.

As the minister responsible for the Healthcare Identifiers Act
I want to be able to delegate responsibility to a statutory government entity to review and decide which directory, registry and portal providers will receive authorisations to use HIs, and which authorisations they will receive, as new use cases emerge
So that the entity can ensure that HIs are being used for relevant healthcare purposes and the privacy and security of healthcare providers and healthcare recipients is maintained.

Consultation questions

1. What are the key areas of the Act or policy, that lack flexibility?
2. Should the Act continue to specify data flows and purposes, or should the Act move to a broader authorisation model?
3. Where would the use of schedules, rule-making powers, or other legislative instruments be useful for granting and managing authorisations?
4. Should decision-making power be devolved from parliament, and if so, to what level?
5. What types of decision-making power under the Act approved by parliament should be devolved, and if so, to what level (e.g., the Minister for Health and Aged Care or the Secretary for the Department of Health and Aged Care)?
6. If additional flexibility is provided in the Act, what safeguards should be in place to provide confidence?
7. Do we need any other changes to the HI legislation or policy to ensure the HI Service can perform its core functions in an optimal way?
8. Do you have any other comments, questions, or concerns, relating to this problem statement?

Glossary of terms

Term	Definition
Adoption	In the context of Healthcare Identifiers, an entity 'adopts' an identifier where it uses healthcare identifier as one of the entity's own identifiers for authorised purposes and associates their data with the identifier.
Allied Health	The allied health sector represents a broad range of health professionals who are not doctors, dentists, nurses, or midwives, for example optometrists, pharmacists, and psychologists. Generally, the Australian Government recognises allied health professions that meet the following criteria: • all practising professionals have a university level qualification of Australian Qualification Framework level 7 or higher in a recognised allied health field, that is accredited by their relevant national accreditation body • a national professional organisation with clearly defined membership criteria • clear national entry level competency standards and assessment processes • autonomy of practice and • a defined scope of practice.
Connected care	The ability for healthcare providers to safely connect, and seamlessly share high quality patient information.
Clinical information system	A computer-based system for collecting, storing, and making available clinical information important to healthcare delivery. These systems are used in healthcare provider settings such as general practice or pharmacy.
Clinical decision making	A generic term related to decisions made in the observation and treatment of healthcare recipients.
Digital health	An umbrella term referring to the use of technology in delivery health services, including diagnosis, treatment, management, and information collection and sharing.
Directory or registry	An entity that holds and systematically monitors records of information about healthcare providers, healthcare interventions, individuals receiving healthcare or the healthcare choices of individuals.
Healthcare	In this consultation, 'healthcare' means all healthcare and health related services. This includes primary care, aged care, disability care and allied care.
Health ecosystem	In this consultation, 'health ecosystem' means the services and information provided across healthcare in Australia.
Healthcare administration entity	An organisation that manages health information and services, or provides administrative, planning, research and policy functions related to healthcare.
Healthcare Identifiers Act (the Act)	. The Act specifies the circumstances in which healthcare identifiers can be collected, used or disclosed, and who can do so Any references to the Act in this paper also include the *Healthcare Identifiers Regulations 2020.*
Healthcare Identifiers Framework Project (the Project)	The current task of the Department of Health and Aged Care to make changes to the Healthcare Identifiers Framework (including the Act and Regulations) and the key policy settings for the Healthcare Identifiers Service.

Healthcare Identifiers Regulations 2020 (the Regulations)	Delegated legislation under the Act. The Regulations provide additional guidance regarding how the provisions of the Act are applied and enable additional authorisations to handle healthcare identifiers.
Healthcare Identifiers Service (HI Service)	A national system for consistently uniquely identifying consumers and healthcare providers for healthcare purposes. The HI Service assigns healthcare identifiers (a unique 16-digit number) to individuals, individual healthcare providers and healthcare provider organisations. The purpose of this is to ensure that health information is correctly matched to an individual or entity.
Healthcare recipient or consumer	A person using health services from a healthcare provider.
Healthcare provider	A provider of health services.
Healthcare Provider Identifier – Individual (HPI-I)	Unique number used to identify an individual healthcare provider (e.g., a doctor or specialist). An HPI-I is automatically assigned to an individual provider when they register with the Australian Health Practitioner Regulation Agency (Ahpra). Members of other professional associations with certain characteristics can also apply for an HPI-I.
Healthcare Provider Identifier – Organisation (HPI-O)	Unique number used to identify a healthcare provider organisation (e.g., a doctor practice or a hospital). Organisations must register with the HI Service to obtain a HPI-O.
Healthcare Provider Directory (HPD)	A directory of healthcare provider organisations and individuals operated as part of the HI Service.
Healthcare Settings	The term healthcare setting represents a broad array of services and places where healthcare occurs, including GP clinics, hospitals, rehabilitation centres, aged care and other long-term care facilities, specialized outpatient services (e.g., haemodialysis, dentistry, podiatry, chemotherapy, endoscopy, and pain management clinics), and outpatient surgery centres.
Individual Healthcare Identifier (IHI)	Unique number used to identify an individual healthcare consumer for healthcare purposes. IHIs are automatically assigned to individuals eligible for Medicare. They are also available on request to other healthcare consumers).
Interoperability	The ability of separate computer systems or software, to exchange and make use of the same information using standardised interfaces.
Legislative Framework	The framework of legislation and policy guidelines for assigning and using the adoption of healthcare identifiers.
Medicare	The approved schedule of medical services in Australia against which eligible practitioners may claim for reimbursement.
Modernise	Adapt to modern needs.
Problem Statements	Problem Statements are clear and concise descriptions of the problems or issues the Department aims to address in the Project.
Siloed	The different parts of the health system are isolated in a way that hinders communication across services.
Use case	A specific situation in which a product or service could potentially be used.

Appendices

Appendix 1: Review of the Healthcare Identifiers Framework and MHR

- Healthcare Identifiers Act and Service Review - Final Report November 2018
- Review of the My Health Records Legislation - Final Report December 2020

Appendix 2: Australian Government health, aged care and disability strategies and plans that support connected care and use of HIs

- **Australia's Primary Health Care 10 Year Plan 2022-2032:** The Primary Care Plan identifies 12 action areas under three workstreams: future focused primary healthcare; person-centred primary healthcare supported by funding reform; and integrated care, locally delivered. It aims to support primary healthcare providers to improve technology in telehealth and virtual care; in digital health; and in other healthcare technologies. The wider use of HIs is fundamental to the successful implementation of many of the foundations for reform identified in the plan, driving improvements in care access, quality, value, and integration.
- **2020–25 National Health Reform Agreement (NHRA):** The NHRA is an agreement between the Australian Government and state and territory governments which commits to improving health outcomes for Australians by providing coordinated, connected care in the community. Its objectives depend on effective identification of individuals, providers, and healthcare organisations.
- **Australia's National Digital Health Strategy 2018-2022:** Australia's National Digital Health Strategy (currently being updated) outlines seven strategic priority outcomes to be achieved by 2022. It focuses on the benefits that health system interoperability has for patients and providers in terms of efficiency and clinical safety. It emphasises the importance of accurate identification of individuals and providers in building confidence in clinical information systems and data exchanges. It also emphasises the need to create a regulatory environment where innovative digital technologies can emerge, while maintaining privacy and confidentiality.
- **Royal Commission into Aged Care Quality and Safety:** The Royal Commission into Aged Care Quality and Safety was established to look at the quality of aged care services and whether those services met the needs of the Australian community. This included care for older people living at home; people living with dementia, and people living in residential aged care, including younger people with disabilities. The recommendations of the Royal Commission are being reviewed to identify how HIs can be used to improve outcomes for people in aged and residential care settings.
- **Australia's Disability Strategy 2021-2031:** Australia's Disability Strategy 2021–2031 calls on all Australians to ensure people with disability can participate as equal members of society. Using HIs will enable healthcare providers to always have access to the right information to meet the needs of people with disability.
- **National Agreement on Closing the Gap:** The National Agreement on Closing the Gap aims to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to those of all Australians. It has 17 targets across education, employment, health and wellbeing, justice, safety, housing, land and waters, and languages. Access to and connecting information is critical to implementing the agreement. This includes the use of HIs to help Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
- **Aged Care Digital Strategy:** The Aged Care Digital Strategy (due for release) aims to strengthen the connection between digital health and aged care to support better

outcomes for older Australians. By ensuring that information is connected, secure and safe it will help health and aged care providers, and recipients make informed choices about care, and will help services provide safe, high quality and dignified care. HIs underpin the ability to share safely and securely.

- **Stronger Rural Health Strategy (SHRS):** The SRHS aims to build a sustainable, high-quality health workforce that is distributed across the country according to community need. It focuses on rural and remote communities and other areas that have difficulty attracting doctors, nurses, and other allied health professionals. The broad use of HIs will make it easier to share health information between services in rural and remote communities.
- **Connecting Australian Health Care: National Healthcare Interoperability Plan:** The Interoperability Plan (due for release) will set out a national agreement on the actions and initiatives that will be undertaken to achieve the 'interoperability' objectives, in the National Digital Health Strategy and other strategic plans. These include the NHRA, the Primary Health Care 10 Year Plan and response to the Royal Commission into Aged Care Quality and Safety. Priority 1 in the Interoperability Plan focuses on enhancing 'Identity'. It outlines priority initiatives that will ensure that individuals, healthcare providers and healthcare provider organisations are uniquely and correctly identified when exchanging health information.

Appendix 3: Definition of a Health Service

The meaning of health service is defined in Section 6FB of the *Privacy Act 1988* as:

1. An activity performed in relation to an individual is a ***health service*** if the activity is intended or claimed (expressly or otherwise) by the individual or the person performing it:
    a. to assess, maintain or improve the individual's health; or
    b. where the individual's health cannot be maintained or improved—to manage the individual's health; or
    c. to diagnose the individual's illness, disability~~,~~ or injury; or
    d. to treat the individual's illness, disability or injury or suspected illness, disability~~,~~ or injury; or
    e. to record the individual's health for the purposes of assessing, maintaining, improving~~,~~ or managing the individual's health.
2. The dispensing on prescription of a drug or medicinal preparation by a pharmacist is a ***health service***.
3. To avoid doubt:
    a. a reference in this section to an individual's health includes the individual's physical or psychological health; and
    b. an activity mentioned in subsection (1) or (2) that takes place in the course of providing aged care, palliative care~~,~~ or care for a person with a disability is a ***health service***.
4. The regulations may prescribe an activity that, despite subsections (1) and (2) is not to be treated as a ***health service*** for the purposes of this Act.

Appendix 4: Healthcare providers that are eligible for an HPI-I, include but are not limited to:

Ahpra Regulated Professions	Other Nationally Regulated Professions
Aboriginal and Torres Strait Islander Health Practice	Association of Massage Therapists
Chinese Medicine	Audiology Australia
Chiropractic	Australasian College of Paramedicine
Dental practice	Australian Association of Social Workers
Medical practice (doctors)	Australian College of Audiology
Medical radiation practice	Australian Counselling Association
Nursing	Australian Music Therapy Association
Midwifery	Australian Natural Therapists Association Ltd
Occupational therapy	Australian Orthotic Prosthetic Association
Optometry	Australian Society of Rehabilitation Counsellors
Osteopathy	Australian Traditional Medicine Society
Paramedicine	Complementary Medicine Association
Pharmacy	Dietitians Australia
Physiotherapy	Exercise and Sports Science Australia
Podiatry	Holistic Therapists Australia Inc
Psychology	Human Genetics Society of Australasia
	Massage and Myotherapy Association
	National Herbalists Association of Australia
	Pedorthic Association of Australia
	Psychotherapy and Counselling Federations of Australia
	Speech Pathology Australia
	The Australian New Zealand and Asian Creative Arts Therapies Association
	Association of Transpersonal and Experiential Psychotherapists Inc

Appendix 5: Prohibition of use of HIs for insurance and employment purposes

Section 14(2) of the *Healthcare Identifiers Act 2010* prohibits the collection, use and disclosure of healthcare identifiers for the following purposes:

(a) underwriting a contract of insurance that covers the healthcare recipient; or

(b) determining whether to enter into a contract of insurance that covers the healthcare recipient; or

(c) determining whether a contract of insurance covers the healthcare recipient in relation to a particular event; or

(d) employing the healthcare recipient.

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All information in this publication is correct as at December 2022