Response ID [redacted]

Submitted to **Health Legislation Amendment (Data-matching) Bill 2019**
Submitted on **2019-10-11 15:37:09**

Introduction

What is your name?

Name:

What is your email address?

Email:

What is your organisation?

Organisation:

The Department of Health would like your permission to publish your consultation response. Please indicate your preference:

I consent to my submission being published without personal identifiers such as name and organization.

Stakeholder Consultation Questions

1. Do you have concerns about this legislation with regard to privacy protections, the Privacy Act 1988 or the role of the Australian Information Commissioner?

Large text box for free text response:
The [redacted] has no concerns in relation to Privacy.

2. Are there any additional agencies and entities that should be listed for potential disclosure of MBS and/or PBS information, or notification of compliance outcomes for public interest reasons?

Large text box for free text response:
It is unclear how the public sector's data could be used for potential disclosure of MBS/PBS information through pharmacy and specialist outpatient clinics data, for example. Although the MBS/PBS is primarily about community/primary health care, there are still relevant linkages within the public sector (and MBS billing/PBS Claims), and therefore, this sector should be included. The Independent Hospital Pricing Authority and Local Health Networks may be a good agency to connect with for these purposes. Additionally, workers compensation insurance agencies, road traffic accident insurance agencies, and private health insurance agencies should be considered to ensure appropriate claiming and reduce double dipping practices.

3. Are there any other data sources that would be appropriate to match with MBS and/or PBS data for Medicare compliance purposes?

Large text box for free text response:
In order to provide a concerted, system-wide response the appropriate use of public funds (which partially subsidises the private insurance industry), private insurers should be mandated to provide data to Medicare, or be provided with incentives to do so, to ensure that "double dipping" does not occur in that sector. No rationale was provided for their optional participation and being "out of scope".

The Benchmarking or matching of data groups needs to be disclosed to ensure that all health professionals agree that these meet fairness or compatibility. There needs to be consideration in relation to matching within certain health professional groups. Professional associations or colleges should be included in this process to assist in identifying specific areas of concern.

In relation to Nurse Practitioners:
(a) There may be an unintended consequence of pairing the MBS and PBS data with respects to the prescribing of continuing therapy only (CTO) or shared care model (SCM) medicines by nurse practitioners. This consequence would be the inappropriate targeting of nurse practitioners by this initiative. In some practices, initial sample packs of CTO medicines are provided to consumers by medical practitioners, who are subsequently provided prescriptions by nurse practitioners after medicine tolerance/acceptability has been established with the consumer. If the MBS and PBS data are paired in such a manner it may appear that nurse practitioners who are prescribing in such circumstances are not adhering to PBS rules on CTO prescribing, as the initial "prescription" isn't recorded by the PBS. The same issue could happen with SCM medicines, where the NP and medical practitioner are working in completely separate practices.
(b) Shared Care practices - In health care, patients can see more than one health professional in relation to a health condition. Allowance for this is important and must be mapped. Nurse Practitioners could experience compliance concerns with a system that does not understand this.

4. Are there any additional safety and quality concerns in the health system that could be addressed through access to other data?

Large text box for free text response:
No

5. Should there be any other compliance purposes which should be permitted under the proposed legislation?

Large text box for free text response:
A missing compliance purpose is “protection of the public”.

Related to compliance, health professionals should only be audited or assessed by their peers, or the same health profession, to ensure procedural fairness, and full understanding of the compliance issue. This would also streamline investigation processes and potentially speed up outcomes, with cost savings to be made in administration.
Ensure support resources and services are available for those under audit/investigation, as the present system significantly increases the stress on health professionals, impacting on their personal and professional lives, and physical and mental health.

6. Are there adequate transparency and accountability mechanisms built in to the framework?

This is a large text box for free text:
No, as it is inappropriate for medical doctors to be conducting compliance audits on nurse practitioners, as is current practice. Compliance audits should be performed by person/s who are members of the respective profession, with the appropriate endorsement, as relevant.

7. If you have further comments, please provide them below.

Large text box for free text:
The [redacted] is committed to continuing engagement in this process, and appreciates the opportunity to contribute.