

National Association of Practising Psychiatrists

Summary of Proposed Regulations for the Healthcare Identifier Service Consultation Paper March 2010 – Australian Health Ministers Advisory Council

1. Three types of healthcare identifiers assigned by HI Service.
 - a. Individual healthcare identifier – IHI
 - b. Healthcare Provider identifier – HPI
 - c. Healthcare Provider Identifier Organisation – HPI-O (hospital or health clinic)
2. Healthcare identifiers provided to all individuals receiving healthcare in Australia.
 - a. Automatically provided to all individuals entitled to use Medicare card.
 - b. DVA cardholders
 - c. Other individuals not (a) or (b) may be issued with a temporary number when they seek healthcare
3. Individual healthcare providers who are specified in the regulations (yet to come) will obtain a health provider identifier via their registration body or directly by the HI Service.
4. Uses of the healthcare identifier number are
 - a. Provision of healthcare to an individual
 - b. Management funding, monitoring or evaluation of healthcare [assume this means audit or any other matter in this very broad category]
 - c. Provision of medical indemnity cover for healthcare provider
 - d. Conduct of research approved by Human Research Ethics Committee
5. The National Partnership Agreement on e-health (COAG) sets out the overarching governance framework i.e. guidelines.
6. Healthcare providers who will be assigned numbers will be specified by regulation
7. Regulation will also specify what health providers must supply to the “Service Operator” (ie HI Service operator initially Medicare) along with rules and regulations governing information flow both ways.
8. A HI provider directory will be established with a list of providers who have consented to putting their details in the directory so that other providers can contact them.
9. The Ministerial Advisory Council has oversight of the system and reports to Parliament and the report must be tabled in Parliament (presumably Federal Parliament) in accordance with the National Partnership Agreement on e-health.
10. There are a number of miscellaneous agreements in the bill including the Governor General having the ability to make regulations which “*are required*,”

necessary or convenient for the operation of, or giving effect to, the legislation”.

Proposed Regulations

1. Admission that regulations will not be made in all areas identified in the Bill and that further regulations may be required in future, *“to address issues that arise”*
2. National registration authorities have the power to assign HPIs as part of the registration process provided all states pass the Health Practitioner Regulation National Law Bill
3. It is proposed that HPIs be assigned to all providers who have a group in the national registration system [even if they are not registered nationally], namely chiropractors, dental care practitioners, medical practitioners, nurses & midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists and from 2012, Chinese medicine practitioners, medical radiation practitioners and occupational therapists AND *“individual healthcare providers who are members of a professional healthcare association which meets criteria outlined in the regulations.”* [these are broad regulations and it is suffice to say that virtually anyone who delivers healthcare will get a HPI provided that] *the association he/she belongs to is credible and appropriate*” [whatever that means]
4. A healthcare provider who is not an individual must be an entity or part of an entity that provides healthcare *“including healthcare provided free of charge”*
5. A healthcare provider organisation (hospital) is required to employ or contract a person with a HPI and employ or contract an individual who is to be deemed a responsible officer and an organisation maintenance officer. This responsible officer is authorised to deal with the HI service operator (SO).
6. The SO can request certain information in order to make a decision re issuing a health identifier including Provider Individual ID and membership verification of profession. For hospitals it will include accreditation etc.
7. Healthcare providers will be required to notify in change of circumstance including changes in registration etc. Failure to inform will involve a penalty.
8. There will be an obligation on healthcare providers to ensure that *“only individuals acting on behalf of an organisation that are specifically authorised will have access to healthcare identifiers.....”* and *“appropriate security arrangements are in place to protect the information exchanged and received and that relevant staff are aware of their obligations”*. A record of all individuals who are authorised to access health identifiers must be kept. There are penalty provisions for breaching this.
9. Information requested after disclosure of health identifiers, *“In certain situation, the Service Operator may need to request information from a healthcare provider; for example, to assist in the investigation of a complaint or enquiry from an individual about access to the individual’s records held by the Service Operator.*

Section 22 of the Bill allows regulations to require a healthcare provider to make available to the Service Operator certain information about the disclosure of a healthcare identifier to that provider.

Regulation 11 provides that, on request from the Service Operator, a healthcare provider must provide sufficient information to identify the person who accessed the Service, in relation to the disclosure of a healthcare identifier to that provider.”

10. There is a requirement for healthcare providers and healthcare organisations to incur any changes to any systems that are not compatible or usable by the SO, *“it will be necessary for healthcare providers to make changes to systems and practices that will record all requests to the HI Service at the individual employee level.*

In practice, many healthcare providers may be transitioning to an improved state of identity management and security over the next couple of years as uptake of e-health and electronic records systems becomes more widespread.”

The regulations provide for a transitional period re the above but no so as to remove any requirement *“for a healthcare provider to make available to the Service Operator on request as much detail as they have on their records about a particular request for a health identifier to assist in any inquiry or investigation”*

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