



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Modernising My Health Record

Sharing pathology and diagnostic imaging
reports by default and
removing consumer access delays

Submission to the
Department of Health
and Aged Care

October 2023

About NACCHO

NACCHO is the national peak body for Aboriginal and Torres Strait Islander health in Australia. We represent 145 Aboriginal Community Controlled Health Organisations (ACCHOs) and assist several other community-controlled organisations to improve health outcomes for Aboriginal and Torres Strait Islander people.

Our sector has more than fifty years' collective service. In 1971, Aboriginal people established the first Aboriginal medical service in Redfern, NSW. Mainstream health services were not working and there was an urgent need to provide decent, accessible health services for the medically uninsured Aboriginal population (pre-dating Medicare (1975)). Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services. That body has grown into what NACCHO is today.

NACCHO liaises with its membership (ACCHOs) and eight state/territory affiliates, governments, and other organisations, to develop policy, provide advice and advocate for better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. Together we address health issues including service delivery, information and education, research, public health, financing, and programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia; about one million of these episodes of care are delivered in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing by providing comprehensive primary health care, and by integrating and coordinating care and services. They provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

ACCHOs build ongoing relationships to provide continuity of care. This helps chronic conditions to be better managed and provides more opportunities for preventative health care. Through local engagement and a proven service delivery model, our clients 'stick'. Cultural safety in our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders. This makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

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Acknowledgements

NACCHO welcomes the opportunity to provide this submission to the Department of Health and Aged Care consultation. We would be delighted to elaborate further to support Aboriginal and Torres Strait Islander health.

We support the submissions to this consultation made by NACCHO Members and Affiliates. We specifically acknowledge the valuable input we have received from the following Members and Affiliates that took part in our consultation process:

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Tasmanian Aboriginal Centre (TAC)
- Central Australian Aboriginal Congress (Congress)
- Danila Dilba Health Service
- Derbarl Yerrigan Aboriginal Medical Health Service
- South West Aboriginal Medical Service.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The four Priority Reforms offer a roadmap to meaningfully impact structural drivers of chronic disease for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution.’¹

¹ Productivity Commission 2023, Review of the National Agreement on Closing the Gap, Draft Report, Canberra, July.

Summary of recommendations

Our consultation with members and affiliates saw support for compelling providers to upload reports and to keep the seven-day access delay to support patient safety. If the seven-day access delay is removed, then proper measures are needed to ensure patient safety.

1. **NACCHO recommends** compelling radiology and pathology providers to upload results to My Health Record.
2. **NACCHO supports**, in principle, immediate release of radiology and pathology results to patients with provision for the ordering clinician to request delayed release, and a pop-up notification with the release, to remind the patient to contact their medical practitioner to discuss results.
3. Noting improvements to My Health Record are underway, **NACCHO recommends** improving My Health Record, so clinicians have better access to high-quality patient data. This includes ability to review images and see trends over time so they can optimise clinical diagnosis and care for their patients and minimise cost and inconvenience of re-testing.

Feedback from the ACCHO sector

Better access to diagnostic imaging and pathology reports

Sharing pathology and diagnostic imaging reports to My Health Record by default

There was broad support to compel pathology and diagnostic imaging providers to upload results to My Health Record.

- Access to records is important for practitioners to enable prompt diagnoses and to avoid overservicing and the adverse impacts of unnecessary patient testing (practitioners ordering repeat tests)
- Better access to records is important for patients who are seeing multiple providers, where a lag in access can have a negative impact on their care. This is especially important for optimising care for those patients who see several providers, are transient, and who seek health care across different jurisdictions.

My Health Record functionality

Practitioners noted that improvements to the functionality of My Health Record, would support more effective use, specifically:

- Currently, even when results have been posted, it is faster to order another blood test than to search the system looking for results
- Progress has been slow to improve access to radiology images, which had been flagged as a priority during PCeHR days
- There are some issues with the Medicare overview tab whereby rejected claims look as though they have been paid, and they never disappear even though rejected
- To support more efficient clinical diagnosis and sharing of information across medical teams and clinics, My Health Record should integrate with related systems, have standardised records, atomised data, and ability to export data to other systems.

Faster access to diagnostic imaging and pathology reports

Removing delays to accessing pathology and diagnostic imaging reports

- Several practitioners noted that the current seven-day delay provides opportunity for them to analyse results and seek specialist advice before discussing with the patient; they expressed strong desire to keep the delay. It was noted that results can still be uploaded for patient access, after practitioner/patient discussion.
- Some practitioners cited existing examples of patient harm/distress upon receiving difficult results including cancer diagnosis from My Health Record. It was noted that there is a local NT protocol in place for diagnoses such as HIV, whereby results are not uploaded until the requesting practitioner has been contacted by phone.
- Some practitioners said they had not met problems with patients accessing results under the current regime but believed that was because most people are not checking their My Health Record.
- Several practitioners supported removing the delay, to support patients having faster access to results and having more agency over their own healthcare decisions
- The absence of any filtering of results to patients can present a dangerous situation for patients who may incorrectly interpret results.

Scenarios of concern include:

- the patient gaining an impression that things are worse than they are, noting that results are rarely binary
- potential associated mental health impacts for the patient and/or carers, if, for example, they are at risk, or alone, and without clinical supports/reassurance
- patients incorrectly interpret results due to the way they are presented/reported.
- Faster access would likely increase number of calls to GP practices from patients concerned about results which they read as outside 'normal' limits but are not clinically significant for that patient – i.e., don't require follow-up.
- Faster access may increase presentations and pressures at Emergency Departments due to patients being concerned about results – e.g., on weekends, or because of wait times to visit their medical practitioner to receive clarification and/or reassurance.

Safety measures

Measures to mitigate clinical safety issues that might arise due to removing the delay were suggested, noting that practitioners who write radiology and pathology reports do not have access to the clinical information needed to assess whether it would be safe to release reports to patients.

Suggested measures included:

- Having a choice at the point of ordering tests to lock the uploaded test results from the patient
- Having a pop-up notification sent to the patient that the results have been released, with a reminder to follow up with medical practitioner to discuss, or to seek clinical advice before accessing results – to avert patients from accessing potentially distressing results before seeing their doctor
- Enabling the practitioner to optionally authorise release of results to the patient after discussion with the patient. This would support those patients who want to receive their results, as well as those who do not, or for whom in the medical practitioner's opinion, releasing results may result in adverse outcomes.