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## Draft National Healthcare Interoperability Plan

### AMA submission to Australian Digital Health Agency

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The AMA considers healthcare interoperability a future key transformational policy that should lead to improved data exchange and collection, improved accessibility of patient data by both patients and providers, with simplified storage and analysis. This will result in improved health outcomes for Australians.

At the moment, as the Australian Digital Health Agency (the Agency) is aware, patient information collected in one health setting is not easily made available to others involved in their care. This has contributed to the siloing of healthcare, putting the onus on patients and their carers to provide their health information to multiple providers. At the same time, healthcare providers report they often spend too long searching for relevant clinical information – time better spent focusing on the needs of their patients.

The AMA appreciates the National Plan's focus on all care settings and the aim for seamless transition between acute care, primary care, allied health, community care, aged and disability services, and health and human services. With a population that is ageing and increasingly living with multiple co-morbidities, the AMA has repeatedly called for clear communication pathways between all care providers including medical professionals and aged care service providers, improved through interoperability between the My Health Record, My Aged Care, GP and hospital clinical software, and aged care provider software.<sup>1,2</sup>

The AMA therefore welcomes this consultation and the Agency progressing towards developing and implementing the National Healthcare Interoperability Plan.

#### Interoperability principles

The AMA is broadly supportive of the interoperability principles outlined in the Draft National Plan. Implementation of the proposed principles should fully enable digital models of care, something that the AMA has long called for.

The AMA would however like to draw the Agency's attention to the fact that interoperability should also lead to reduced unnecessary administrative burden on doctors/clinicians and others

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<sup>1</sup> Australian Medical Association (2017) [AMA submission to the Department of Health: Future reform – an integrated care at home program to support older Australians](#)

<sup>2</sup> Australian Medical Association (2018) [AMA Position Statement: Resourcing Aged Care](#)

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involved in clinical care of older people. The AMA often hears from members that the evolving e-health landscape has not led to a simplified workload but has instead created a more complicated and burdensome one for clinicians.

Therefore, the AMA would invite the Agency to consider adding a principle that pertains to reduced/simplified administrative workload for clinicians. In the AMA view, interoperability should extend beyond accessibility and discoverability of information, to the ambition of creating more efficient and effective ways of providing healthcare and supporting the clinicians who are at the forefront of care. The AMA suggests terming this *usability*, which is an internationally recognised term pertaining to this characteristic of digital applications.

While we agree that the majority of principles are aimed at this direction, we also think that an emphasis on clinicians and their workload is needed. The AMA believes this is important as we are aware that poorly designed, inefficient and ineffective electronic health records can increase workload. When combined with already high workload in busy clinical settings this can contribute to physician burnout.<sup>3,4</sup>

Furthermore, Principle 4, requiring that National digital health standards and specifications are agreed and adopted, should put more emphasis on the compliance by software vendors. There should be clear requirements put in place and clear timelines that will put onus on software vendors to comply with an interoperable system.

For example, the AMA is aware of a major software vendor in Australia that became interoperable or conformant with My Health Record in 2012, but only enabled specialist report uploading to My Health Record in September 2021. More recently it has failed to enable e-prescribing for its users a month from the deadline provided by the Federal Department of Health for cessation of image-based prescribing - December 31, 2021.

The Australian health digital landscape has numerous providers/vendors. While putting standards in place will go some way to ensure unification of information across the sector, there should also be more stringent requirements put on vendors to comply and implement the standards linked to specific timelines. The AMA argues that this important area of healthcare cannot be left up to the market to regulate itself.

Under Principle 6, The interoperability system design is informed by national digital health system maturity, the AMA would like to draw the Agency's attention to the important sector of Aged Care, where the digital system maturity is still low. A report commissioned by the Royal Commission into Aged Care Quality and Safety showed that use of paper-based records and manual processes are still common in aged care, and that there was lack of incentives for providers to adopt and implement technology solutions.<sup>5</sup> While the AMA is aware of the commendable work the Agency is undertaking in implementing My Health Record in aged care, the AMA warns the whole aged care sector will need additional supports if it is to be brought to the level where it can operate on par with the rest of the health sector. The success of implementing the My Health Record in RACFs will depend on factors including:

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<sup>3</sup> Tajirian, Stergiopoulos and Strudwick et al. (2020) "[The Influence of Electronic Health Record Use on Physician Burnout: Cross-Sectional Survey](#)", *J Med Internet Res.* 22(7)

<sup>4</sup> American Medical Association (2019) "[Spending too much time typing in the EHR? You can change that](#)"

<sup>5</sup> The Architecture Practice (2020) [ICT Strategy and Architecture Review Report for the Royal Commission into Aged Care Quality and Safety](#)

- Applying the standards of conformance set by the Australian Digital Health Agency for the residential aged care clinical information system;
- The timeliness of achieving full conformance with the standards, and the ease of My Health Record use via the clinical information system (CIS);
- The level of resourcing to train aged care staff in My Health Record use.

Finally, with regards to Principle 8 Investment to support interoperability, the AMA would like to see the investment plan attached to the interoperability plan. E-health will have to be an area of significant investment into the future if we are to achieve the efficiencies that are required for a modern 21<sup>st</sup> century health system. The AMA notes that while the investments will be high in the initial stages, new technologies will have the potential to achieve great cost savings into the future.

### **Implementation actions**

The AMA is broadly supportive of the implementation actions proposed in the Draft Plan and the timelines/horizons for interoperability actions.

The AMA notes that the implementation of some actions, like the ones pertaining to the harmonisation of interoperability requirements between the jurisdictions, will require broader Federal coordination and should be complemented by the implementation of the National Digital Health Blueprint. The AMA believes that this activity should go hand in hand with the development of common agreements for organisations to use for information sharing. In the Draft Plan, development of agreements is left to be done in the medium term, 3-5 years from plan adoption.

Finally, with regards to innovation actions, the AMA believes that the innovation aspect of the plan should be broadened to incorporate interoperability with assistive technologies, artificial intelligence and use of big data for investment planning and health planning. Even if this cannot be achieved over the Draft Plan's proposed 5-year period, a forward looking plan could be incorporated to ensure innovation stays a priority into the future.

### **Interoperability initiatives**

The AMA is fully supportive of the interoperability initiatives listed in the Draft Plan. AMA members have previously expressed frustration over manual uploads and downloads from shared electronic records, such as My Health Record. Initiatives listed under the plan provide clear pathways where these manual time-consuming activities will be eliminated with everything that a clinician requires available to them in almost real time. AMA members want to see the seamless replication of data from and to different care settings.

### **Obstacles to implementing interoperability**

An important obstacle which will be faced repeatedly is legislative requirements across jurisdictions. This has been demonstrated recently in Victoria where new legislation has been required to enable sharing of healthcare information between public hospitals.<sup>6</sup> This will require strong engagement from jurisdictional stakeholders to identify potential issues and manage them accordingly.

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<sup>6</sup> Gorton, Tomlinson and Braitberg (2021) "[Victorian information sharing legislation aids patient quality and safety](#)", *MJA Insight+*. 44

An additional issue is the concerns about privacy and cybersecurity often raised during changes to data sharing, particularly related to sensitive healthcare information. These concerns may create a barrier to passing such legislation. There is also a risk that measures introduced to address privacy concerns will undermine the utility of information sharing from a clinicians perspective. Interoperability Principle 2 should therefore include a statement which ensures the protection of data, provides security and privacy, and ensures patient consent while not affecting utility.

### **Conclusion**

The AMA again thanks the Agency for the important work it is undertaking to enable interoperability in the health system. As noted above, the AMA expects that a successfully implemented interoperable system will improve the workflow of the clinicians and ensure improved health outcomes for patients. In that sense, the AMA submission outlines the areas that will require particular attention by the Agency to ensure a successful rollout in Australia, including reduced workloads for clinicians, improved compliance requirements for clinical software vendors, special attention to the parts of the sector where digital maturity is still low (such as the aged care sector) and a greater focus on innovation. The AMA remains open to working with the Agency to achieve successful rollout of interoperability across the healthcare system.

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