

# SUBMISSION

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## 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 consultation

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#### 1. **PART A Better access – sharing pathology and diagnostic imaging reports to My Health Record by default**

The AMA is generally supportive of making pathology and diagnostic imaging reports more accessible for patients. This is in line with the Federal Government's plan to increase the health information available to individuals and their health care professionals, as per the recommendations made by the Strengthening Medicare Taskforce Report.<sup>1</sup> The welcomed outcome of this will be the creation of a more integrated, seamless and efficient method of accessing a patients' health information.

There are a range of obstacles to this and clinicians and services will require support, and appropriate funding, to facilitate this change. The AMA strongly encourages the Department to engage with pathology and imaging stakeholders to understand the challenges to achieving this.

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<sup>1</sup> [https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report\\_0.pdf](https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf)

## 2. PART B Faster access – removing delays to accessing pathology and diagnostic imaging reports in My Health Record

The AMA understands that the intention is to remove the default seven-day delay to uploading of pathology and diagnostic imaging reports to MyHR. There is a planned Clinical Reference Group to review these settings. While this has effectively been piloted with respect to COVID-19 test results and appears to have worked well, broader application of this approach needs to be carefully designed with strong clinical guidance. Done well, it can provide patients with more information about their health status and contribute to informed discussions with their doctor. However, it also has the potential to cause unnecessary worry for patients or see patients fail to access care for their broader health needs.

To inform our submission to this consultation, the AMA surveyed its members. The majority of responses received were negative towards the proposed change. The reasons doctors listed for opposing immediate upload included:

- Potential adverse consequences for patients who may experience stress due to misunderstanding or misinterpretation of results without appropriate medical guidance.
- Patients missing follow up appointments after assuming they are not needed if tests are negative, when further investigation or treatment may be required.
- Patients initiating contact with their GP practice with a sense of urgency due to abnormal results, when urgency may not be required. This may significantly impact already stretched general practice workforce (GPs, admin and nursing staff), particularly if the referring doctor has not yet reviewed the result themselves.
- Patients interpreting their own results and choosing alternative care pathways that are not medically informed.
- Fragmentation of care as patients seek urgent review of abnormal results with a new doctor if they can't see their referring doctor immediately.
- Patients may receive results they find life changing or devastating, and make life altering decisions without support or consultation.

There were specific reasons in the responses by specialty groups for not supporting the abolition of the seven-day delay which are paraphrased below:

- **Anatomical pathologist:** For urgent or unexpected or malignant results, after the report is issued, I need time to contact the treating clinician to discuss and recommend next steps. If it is an unusual pathological diagnosis, sometimes the treating clinician will also need time to research or consult colleagues before talking to the patient.
- **General practitioner:** Reports are difficult to interpret and often the radiologist or pathologist can make conclusions which require interpretation in the context of the patient's broader healthcare issues and history. Having access to a report which is specifically written doctor to doctor could generate anxiety and erroneous beliefs about one's health. Spine imaging would be a particularly strong example, where imaging findings often correlate poorly with clinical presentation and experienced interpretation in the clinical context, matched with patient education is required.
- **Oncologist:** Distress may be caused by immediate patient access to scans which demonstrate unexpected findings without prior opportunity for concurrent medical input to provide context. I refer here to not only evidence of new or progressive cancer diagnoses, but also incidental findings which may ultimately prove benign but without context can cause

a lot of angst for a patient reading an unfiltered report. In an ideal world a medical professional would be available to speak to patients about their results as soon as they became available, but service restrictions simply do not make that feasible, especially in public outpatient settings.

- **Clinical genetics and general paediatric specialist:** Patients struggle to understand genetic results or the implications of incidentalomas as these findings require specialist knowledge. As a result, they may experience needless anxiety, put pressure on their GP to have an appointment or unnecessarily present to emergency departments.
- **Otolaryngology Head & Neck Surgeon:** The main purpose of the electronic record is for critical information to be available for the patient's medical advisors at the next contact. Immediate uploading will, in some cases, not be in the patient's best interest. I strongly support a short gap between result completion and uploading to electronic record in the interest of best patient care. Seven days seems reasonable. Earlier appraisal of patients of their results is the responsibility of the doctor ordering the investigation and will not be hampered by a routine time gap.
- **Radiologist:** A "no abnormality seen" finding may be interpreted by a patient as "I don't need to go back and see my doctor" when it may mean more tests are required.
- **Obstetrics and gynaecology specialist:** Consumers may be able to see risky or damaging results before the doctor has had time to contact the patient, for example a new cancer diagnosis could be viewed by a patient before it has been seen by the doctor or before the doctor can break the news to the patient.
- **Breast surgeon:** Patients finding out about cancer diagnoses without the support available to guide them through the next steps and what it does and does not mean.
- **Paediatrician:** Significant concerns regarding patients seeing results that could lead to: increased anxiety and seeking unnecessary second opinions or seeing multiple other doctors (increased burden on patient and Medicare); will lead to checking the results on the internet, getting misleading information and hence not returning to the referrer. This is likely to lead to serious consequences.
- **Emergency physician:** Patients may panic and end up in emergency departments unnecessarily. Results should be discussed with them by the ordering doctor first before they have access to them.

The AMA understands that the intention is to remove the seven-day delay as the default setting and not for all results and records. Noting this objective, the AMA recommends that strict protocols are established and where there is uncertainty the default should be to delay patient access to the results by seven-days.

While we recognise the planned clinical advisory approach to exploring which results will and will not be appropriate for immediate upload, we fear the complexity of such an approach may make it unworkable for service providers, referring clinicians and patients as well as software providers. There is a risk the process will become increasingly manual and burdensome.

In an attempt to balance the need for clinical review of results with patients having timely access to these, the question has been raised as to whether upload could be linked to referring clinician review of results and sign-off to upload (where this occurs before 7 days). AMA members have also suggested potentially allowing for immediate clinician access via My Health Record, enabling a clinician - other than the referring clinician - to review it, but delay patient access for 7 days

where required. That helps ensure the information is where it needs to be, but that patients have a short delay.

To some extent, diagnostic imaging providers are making results/reports available to patients through portals and apps and the criteria used to determine the timing of the upload of these and how they work in practice may help inform the Clinical Reference Group's deliberations. The AMA encourages the Department to ensure the Group is able to explore a full suite of practical options with respect to how best to implement the Government's proposed changes without leading to complexity or unintended outcomes.

The AMA will continue to engage with the Clinical Reference Group established by the Department of Health and Aged Care and the Australian Digital Health Agency to further discuss situations and approaches where a delay should remain.

The AMA does not see this work as time-sensitive, so it is imperative the Department continues to work with clinicians and consumers to ensure the outcome of removing the seven-day delay as the default setting does not result in worse outcomes for patients or more stressful work environments for clinicians and their teams.

## Contact

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