The Council of Ambulance Authorities Inc.
Submission to the Access Card Consumer and Privacy Taskforce

Discussion Paper Number 2:
Voluntary Medical and Emergency Information

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<u>Members of the CAA:</u>	St John New Zealand
	Australian Capital Territory Ambulance Service
	Ambulance Service of New South Wales
	St John Ambulance Australia NT Ambulance Service Inc
	Queensland Ambulance Service
	South Australia SA Ambulance Service
	Tasmanian Ambulance Service
	Rural Ambulance Victoria (RAV)
	Metropolitan Ambulance Service (MAS)
	St John Ambulance Australia WA Ambulance Service Inc
<u>Associate Members:</u>	Ambulance New Zealand
	St John Ambulance Service Papua New Guinea

Executive Summary

The Council of Ambulance Authorities (CAA) is the peak body representing the principle statutory and other providers of ambulance services in Australia, New Zealand, and Papua New Guinea.

The CAA welcomes this opportunity to provide a response to the discussion paper, 'Voluntary Medical and Emergency Information' provided by the Access Card Consumer and Privacy Taskforce.

The ambulance industry is currently implementing an electronic patient record using a software system developed in Australia that is being widely recognised internationally across the ambulance industry and being interfaced with the Emergency Department Information System (EDIS) software system used in 80% of hospital emergency departments in Australia.

The CAA highly recommends that the Access Card Consumer and Privacy Taskforce consider the benefits of linking the Access Card with the electronic ambulance patient care system which will assist in gaining public acceptance of the card and also potentially save lives. This will also ensure that ambulance professionals have access to vital medical information through an existing mechanism currently designed to protect the privacy of patients.

The CAA recommends that the Access Card Consumer and Privacy Taskforce continue its consultation with primary health care providers including ambulance services to provide vital information on 'what information is absolutely necessary to be available from the access card chip to facilitate emergency medical treatment of a person in a crisis situation'.

The CAA also recommends that the taskforce consult with the ambulance industry on all of its recommendations, in particular, addressing information access, verification, privacy and medico-legal issues as ambulance services provide emergency pre-hospital clinical care and will be faced with these fundamental issues as the card is implemented.

As the ambulance industry will be one of the primary users of the voluntary and medical emergency information on the Access Card, our Council believes that direct consultation with our industry at both a national and jurisdictional level is required at this crucial stage of its planning for the introduction of the Access Card.

Introduction

The ambulance services which make up the CAA respond to 2.4 million incidents annually, of which almost 1 million are emergencies (Report on Government Services 2007) so clearly we are one of three major initial points of contact with most Australians in need of emergency or unscheduled clinical care.

There are potential significant patient care benefits in emergency situations if the treating health personnel (ambulance or hospital emergency department staff) can readily be made aware of key issues concerning a patient's medical history (allergies etc) as it can speed up delivery of life saving treatment options.

In addition, the ageing population and the increased number of patients with chronic diseases being managed successfully in the community means that more patients being attended by ambulance officers will already be linked into treatment regimes or care plans. Access to information at the point of initial care will allow early consultation with the care team and the potential for direct referral to the most appropriate treatment which may not always be the local emergency department.

Chart 1: Reported Ambulance Patients across Australia
Source: PC, 2007
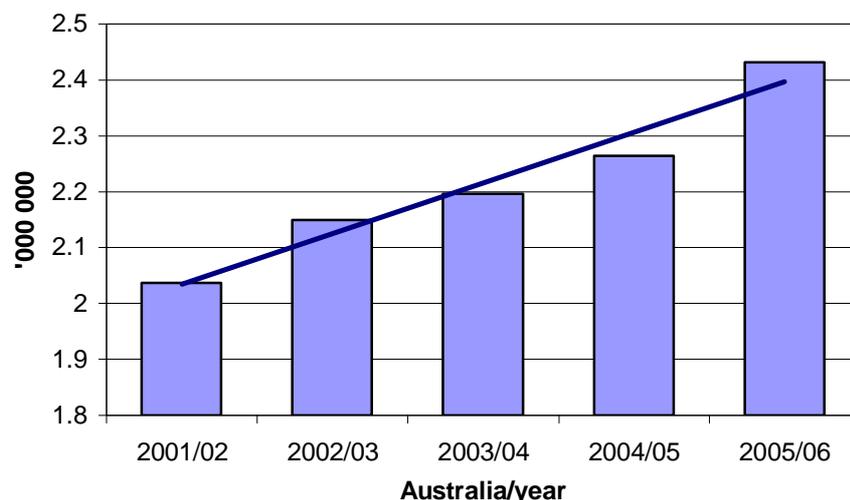
The ambulance industry is a potential 'test bed' nationally for trialling a linkage with key patient health information stored electronically on an access card with 'smart systems' relevant to emergency health service provision. Our industry is already implementing a 'best practice' electronic patient record using a software system developed in Victoria (Metropolitan Ambulance Service) which is attracting international attention from ambulance services overseas because it offers several advantages over commercial products currently available. Already ambulance services in Victoria, Queensland, and Tasmania are implementing this system with New South Wales, Australia Capital Territory, and Northern Territory moving toward implementation. Importantly work is also underway to develop an interface between this electronic ambulance patient care report form and the EDIS software system in use in 80% of hospital emergency departments in Australia.

In combination these two systems, the ambulance electronic patient care record and the hospital emergency department EDIS system, are the two key linkage components to gain the most value for the Australian public in the event of a medical emergency in cases where patients have essential health information (allergies, drug reactions, etc) stored on an access card which can aid treating ambulance or hospital staff in the event of a medical emergency.

Data Quality and Verification

An open standards based approach should be adopted for data structure. The CAA agrees with the Taskforce's comment that PIN protection is impractical. Medical information should be stored in an open standard internationally recognised format such as HL7. The CAA should be consulted about the standard to be used. Significant capital and recurrent funding would be required to enable ambulance services to be able to use the information in electronic format.

Addressing the Specific Taskforce Recommendations

Recommendation 1: That the Taskforce's preferred two-tier model be considered as a standard should the inclusion of voluntary emergency and health information be available to the individual for inclusion on their access card chip.

The CAA would advocate that information pertaining to the health of an individual should be a vital component of the proposed access card. The inclusion of this information would have important safety benefits for individuals, as well as providing vital information to health professionals when treating members of the public with these cards.

Recommendation 2: That consultations be undertaken with the relevant medical and emergency service authorities to draw up an agreed definition of what should be regarded as "absolutely necessary" medical data to be included in the first tier of the proposed model.

The CAA would strongly support this recommendation and would request appropriate representation and input into defining the "absolutely necessary" first tier, as well as the information to be included in the second tier to ensure a holistic health response to individuals. It should also be recognised that this definition may change over time and a formal governance structure for change management is required.

Recommendation 3 : That no voluntary medical information be entered into any part of the access card without verification of the accuracy of that information by an approved medical or other practitioner.

The CAA supports this recommendation.

Any data must have a complete audit trail as a part of its clinical review process.

Recommendation 4: That the medico-legal issues arising from persons acting in good faith on the medical data contained in an access card be addressed and clarified in future legislation related to the operation of the access card chip.

The CAA would advocate strongly for legislative protection for health professionals acting in good faith on the information contained within the Access Card. The legislation should also ensure that there is no legal recourse against a health professional who fails to take reasonable steps to obtain information from a card.

Recommendation 5: The Australian Government, in its information campaign, restate its policy that the access card will not be used to store electronic health records or link to existing electronic health records.

The CAA would advocate that the card, when storing medical information, may be viewed by the public as storing an electronic health record for that individual. Any publicity campaign will need to clearly distinguish between the health/medical information to be stored on the card and that which is not intended to be stored on the Access Card.

Recommendation 6 : At the point of registration, card applicants could be given the chance to give informed consent to some flagging in either or both of the customer controlled section of the chip, or the register itself to any record which is be held in relation to their organ donor status by Medicare Australia.

The CAA has no specific view on this recommendation.

Recommendation 7 : That direct linkages between the access card customer controlled part of the chip and services which provide direct assistance or instruction about the provision of emergency medical services (such as advanced directives or Medic Alert-type schemes) be accepted as the customer's choice and control, in terms of usage of the access card.

The CAA supports this recommendation.

Recommendation 8 : That the Office of the Privacy Commissioner be actively engaged in any development of policy in relation to the voluntary medical and emergency information.

The CAA supports this recommendation.

Recommendation 9: Once decisions about the inclusion of medical and health data have been made, the Australian Government must consider the question of whether such a scheme should be administered in the public sector or by some private sector operator chosen in an open tender process.

The CAA would view this recommendation as a question for the Australian Government. It is important that the governance framework for the management of the scheme and the formal ongoing change management processes include consultation with the CAA.

In Conclusion

The ambulance industry is well placed to explore with the Australian government how it can achieve successful implementation of an Access Card which has the potential to save lives through the development of an interface (card reader) with the electronic ambulance patient care system which in turn interfaces with the electronic system used in 80% of hospital emergency departments.

The CAA believe this potential linkage to our nation's emergency medical system (ambulance and hospital emergency departments) would greatly assist government in gaining public acceptance of this important federal initiative.

The Access Card Consumer and Privacy Taskforce is encouraged to further explore linkages between the Access Card, ambulance services, and the emergency medical system by meeting with representatives of our industry to gain a better understanding of the possibilities of working with the CAA and the potential benefits to the public to increase acceptance of the Access Card initiative.

The CAA recommends that the Access Card Consumer and Privacy Taskforce continue its consultation with health care providers to ensure that verification and information available on the card can be used by ambulance services and that medico-legal legislation protects ambulance and other health professionals as they strive to improve the health outcomes of the Australian public.

The CAA looks forward to exploring this exciting opportunity further for the benefit of the Australian public and the overall health system in Australia.

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