6 April 2018

Mr Tim Kelsey  
Chief Executive Officer  
Australian Digital Health Agency

By email: strategy@digitalhealth.gov.au

Dear Mr Kelsey

Consultation draft: Australian Digital Health Agency Framework for Action

The Australian Nursing and Midwifery Federation (ANMF) appreciates the opportunity to provide a response to the Australian Government Australian Digital Health Agency consultation on the draft Australia’s National Digital Health Strategy – Safe, Seamless and Secure: Framework for Action (the Framework).

The Framework is a comprehensive document that takes a holistic view of health. The ANMF commends the Australian Digital Health Agency for providing a structured plan of action for a very complex health environment. The Framework attempts to address a number of underlying issues, broader than the remit of digital health, which must be addressed to fully realise the benefits of digital health. It is important to note, implementation of the Framework will only be achieved with significant funding and all key stakeholders working together.

The ANMF is Australia’s largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF’s eight state and territory branches, we represent the professional, industrial and political interests of more than 268,500 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia’s health and aged care systems, and the health of our national and global communities.

The ANMF is a long-standing supporter for progressing the e-health environment in Australia. As stated in previous submissions, digital technology has the ability to transform and streamline health, maternal and aged care. The digital journey thus far for our country has already proven digital technology can contribute to improved health outcomes. However, our members identify there is still much work to be done for digital health systems to assist them to deliver safe and competent practice.
General Comments on the Strategy

<table>
<thead>
<tr>
<th>Item/ page number</th>
<th>Comments</th>
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<tbody>
<tr>
<td>P7</td>
<td>In the definition on page 7 for peak organisations, it would be preferable that medical colleges is replaced with health professional colleges/associations. Identifying medical in isolation is not inclusive of all other health professionals.</td>
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<tr>
<td>P11 Item 1.1.2</td>
<td>Further focus needs to be added in this section about innovation being a key enabler for the person receiving care.</td>
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<td>P12</td>
<td>The administration of My Health Record data must not be outsourced to a private provider.</td>
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<td>P19</td>
<td>In the sentence – Work with industry and healthcare providers to look at a timeframe for introducing a minimum set of requirements for ‘medical’ software – replace the word ‘medical’ with ‘health’.</td>
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<td>P24</td>
<td>The last sentence in the State and Territory governments section requires editing as it is incomplete.</td>
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<tr>
<td>P27, Item 4.1.9</td>
<td>Nurse practitioners and midwives with scheduled medicines endorsement need to be added to this section or a general term such as authorised prescribers could be used.</td>
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<tr>
<td>P28</td>
<td>A definition of test bed/s would be useful.</td>
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| P31, Item 5.1.5   | This item should state the following:  
Ensure that digital health technologies improve outcomes for Australians in residential aged care facilities. This improvement will enable treating clinicians across health sectors to be confident of the accuracy and timeliness of information they can access when required.  
The last point in this sentence which states ‘and they are not transferred to hospital unnecessarily’ has an important intention however it is unclear how this will be achieved. |
| P36, Item 6.1.3   | Inclusion of access to equipment is essential in this section. Learners need to be able to access and use the IT infrastructure in the learning environment. |
| P37- 42           | The level of digital literacy required of healthcare consumers must not exclude those who are elderly, National Disability Insurance Scheme (NDIS) participants, and those from Culturally and Linguistically Diverse (CALD) and disadvantaged backgrounds. |
| General feedback  | There are a number of points throughout the document where an acronym is used for the first time but is not written in full. This needs to be corrected.  
As the Framework should apply to all health care settings, reference to ‘patient’ throughout the document should be amended to ‘person’ or ‘people’.  
Detail should be provided as to how the goal of delivering digitally enabled healthcare will be measured. |
1. How the Framework for Action aligns with the ANMF’s priorities

Generally, the priority actions outlined in the Framework do align with the ANMF’s essential priority of equipping the nursing and midwifery professions to deliver safe and quality care in all settings in which they practice and to be prepared for future innovations. While the Framework’s package of priority actions represent bold undertakings, all are essential for the success of the My Health Record implementation, from the perspective of the person owning the record and the health professionals contributing data to that record.

The ANMF has strongly advocated that the My Health Record needed to go beyond primary health care so that it could be accessed and used as a national health record across all sectors. It is therefore pleasing that this expansion of the system to the hospital setting including both public and private organisations, the aged care sector – residential and community, as well as community and primary health care settings, will be occurring. It is essential that all areas of health and aged care are considered to be of equal importance with the change to the digital health platform.

A high priority of the ANMF is that the focus of health and aged care is the person receiving care and not the health professional. While the Framework positions the ‘Healthcare consumers’ at the top of the stakeholder list under each priority area, the language of the document does not give the impression that the person has ownership of their record. For example, words used for the healthcare consumer are ‘engaging with and contributing to their My Health Record’ and as a ‘participant’ to the record. It is essential there be a shift in thinking such that the My Health Record acknowledges the person at the centre, with the information belonging to the individual and not the health professionals. Different health professionals will contribute to the record from time to time; but the one constant in the My Health Record is the person to whom the information belongs. While that person will have episodes of receiving care, they are not a ‘patient’ throughout the life of the record and shouldn’t be referred to as such.

In reviewing the Framework, the ANMF notes that some of the areas of concern we have previously highlightedavior, appear to have been incorporated within a number of the priority activities. These include:

- Expansion of the e-health program to an opt-out participant arrangement nationally for the My Health Record system.
- Formal processes for security of the My Health Record data (through our members, the ANMF will maintain a watching brief on the implementation of the system, to monitor the rigour of security measures and access protocols).
- Enhancement of national infrastructure services – it isn’t stated but this must include attention to implementation of the National Broadband Network to improve internet services in some metropolitan areas, rural towns and outlying areas, and remote locations.
- A National Interoperability Strategy including technology interoperability specifications, as well as clinical terminology and standards. Our members have identified it is critical for digital technologies to be compatible across tertiary and primary health and aged care settings. ANMF notes clinical terminology must be inclusive of globally accepted nursing clinical

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2 Ibid.
terminology such as the International Classification for Nursing Practice (ICNP®) 

- Increasing digital maturity – our members have reported inadequate infrastructure, software and IT support in their health or aged care setting which must be addressed to avoid compromising the benefits of the My Health Record system.
- Supporting adoption by the workforce – measures to ensure the health professional workforce is confident in using the digital technologies, through collaboration, education, training, support and manageable workloads to allow for technology adoption.

2. What contribution the ANMF will make to delivering on the outcomes of the Strategy?

Given the extensive reach of the ANMF into the nursing and midwifery professions, we are able to make a significant contribution to delivering on the outcomes of the National Digital Health Strategy. Our print-based publications, social media outlets and direct contact with members enable us to comprehensively communicate with our large membership, as well as to the broader nursing and midwifery community, through our Secretariat role of the Coalition of National Nursing and Midwifery Organisations.

We would appreciate being able to meet with Australian Digital Health Agency staff in order to discuss contribution strategies.

Our preliminary suggestions are as follows:

- The development of a short questionnaire, as a pre-test prior to the roll-out of the My Health Record, to gauge awareness of the system.
- Promotional activities in the lead up to the implementation could include educative articles and advertisements, such as ANMF undertook previously for the National E-Health Authority, via print and social media avenues.
- The delivery of a post-test at an agreed follow-up period, to ascertain post-implementation knowledge of the My Health Record system.
- These surveys would provide valuable intelligence for both short, sharp education tools, and also, for informing curriculum components and other education materials for nurses and midwives.
- The opportunity to use the ANMF Federal Office on-line learning platform to provide further digital health education for the nursing and midwifery professions.
- With the benefit of prior experience, the ANMF could lead on an Australian Government funded collaborative project with nursing and midwifery stakeholders, to develop digital health national educational curricula for undergraduate nurses and midwives and diploma level programs for nurses; other education materials, as per Priority action 6.1.2 (p.35); and, the integration of digital health in national standards and accreditation requirements as per Priority action 6.1.3.
- The ANMF would like to work with the Australian Digital Health Agency to develop minimum standards and guidelines for digital healthcare in relation to the My Health Record.
We appreciate the opportunity to participate in this consultation process on behalf of our membership. Should you require further information on this matter, please contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 9602 8500 or julianne@anmf.org.au.

Yours sincerely

Annie Butler
A/Federal Secretary