



a healthier world through
sonographer expertise

23 October 2023

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

By email: MHR@health.gov.au

Dear Sir/Madam,

MyHealth record

Thank you for the opportunity to comment on the proposed reforms to the MyHealth record.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. With over 7,000 members, and representing more than 70% of Australasia's sonographers, the ASA's purpose is to foster a sonography profession that delivers high quality ultrasound with a vision to create a healthier world through sonographer expertise.

I **attach** the ASA's submission to the MyHealth record consultation. As outlined in our submission, the proposed reforms have the potential to improve patient outcomes, empower consumers, and enhance the overall efficiency of Australia's health system. Nevertheless, medical ultrasound plays an essential role in a well-functioning health system and the digital health reforms must take a balanced approach that minimises the compliance burden on the sector.

Our submission includes recommendations to clarify roles and responsibilities for diagnostic imaging information sharing, support for education and training, minimise interoperability issues, and involving key stakeholders such as our organisation in the development of eRequesting standards.

If you wish to discuss any aspect of our submission, please contact Rebecca Burdick Davies, General Manager Policy & Advocacy, at rebecca.burdickdavies@sonographers.org or 0401 619 280.

Thankyou for the opportunity to contribute to these important reforms to the MyHealth system.

Yours sincerely,

Tony Coles
Chief Executive Officer

Modernising the MyHealth record: Submission by the Australasian Sonographers Association

Background

Sonographers are highly skilled health professionals who are the experts in ultrasound. Sonographers are strategically involved at the initial diagnostic stages of patient care and perform most comprehensive medical diagnostic ultrasound examinations. There are currently 7,230 accredited medical sonographers and 1,140 student sonographers in Australia. The ASA represents approximately 75% of the entire medical and student sonographer population in Australasia, with 7,500 members.

Ultrasound is the most accessed diagnostic imaging service in Australia, representing 43% of all diagnostic imaging services in the 12 months to June 2022¹. The outcome of an ultrasound examination is 'operator dependent', meaning it relies on the skill of the sonographer to operate the equipment while interpreting the images. This is recognised by Medicare, with only diagnostic ultrasound services provided by doctors and accredited sonographers funded under the Medicare Benefits Scheme.

The Australian Digital Health Agency is proposing two key reforms to Australia's digital health record, the MyHealth Record: 'by default' participation by health practitioners; and removing the current 7-day delay between uploading diagnostic imaging and pathology information to the MyHealth record and consumer access.

In this submission, we address the potential direct and indirect impacts of the proposed reforms on sonographers and the broader diagnostic imaging sector. Our submission highlights the critical role of medical ultrasound in the healthcare system and underscores the need for a well-balanced approach to digital health reforms that safeguards both patient care while minimising the burden on the diagnostic imaging sector.

In preparing this submission, we have consulted with experienced sonographers, employers, and other relevant stakeholders.

Summary of recommendations

1. **Recommendation:** Clarify in the proposed legislation that the health practitioner responsible for uploading and sharing ultrasound information is the supervising radiologist or other relevant medical practitioner
2. **Recommendation:** Provide free, universal access to a CPD program on the MyHealth system to all diagnostic imaging practices and health practitioners
3. **Recommendation:** Invest in a small practice-specific training program, including live support within the first three (3) months of implementation of the reforms
4. **Recommendation:** Improve the speed of MyHealth record upload and information sharing times
5. **Recommendation:** Involve ASA and other stakeholders in the development of eRequesting standards for diagnostic imaging health services
6. **Recommendation:** Invest in a campaign to inform consumers about the MyHealth changes, the potential risks of self-diagnosis, and the need to review health information with a qualified medical practitioner
7. **Recommendation:** Include robust protections for health practitioners in the proposed legislation for real-time information uploaded to the MyHealth record

¹ Australian Government. (2022). *Medicare Group Reports: Diagnostic Imaging Services*, for financial year to June 2022, Services Australia. http://medicarestatistics.humanservices.gov.au/statistics/mbs_group.jsp

Benefits of the reforms

The potential benefits of a comprehensive electronic health record are well established. Timely, comprehensive information assists health practitioners to better address their patients' health concerns, and empowers consumers to make informed decisions about their health. A recent review² found the combination or 'fusion' of diagnostic imaging information with pathology information and clinical reports was likely to lead to more accurate diagnosis, more informed clinical decisions, and better patient health outcomes.

Sharing medical ultrasound reports and images 'by default' may, for example, reduce the likelihood physicians requesting repeat studies due to not having access to information about diagnostic imaging services that have previously been provided to a patient. ASA members advise this issue occurs most frequently in busy multi-GP practices, where a patient may not see the same medical practitioner at every appointment. The same problem occurs, albeit with reduced frequency, at single General Practitioner/specialist sites if the treating doctor does not take sufficient time to familiarise themselves with the patient's history.

Reducing repeat scans has the broader potential benefit of reducing pressure on the sonographer workforce. Demand for ultrasound services continues to outstrip the supply of accredited sonographers, particularly in rural and remote Australia. 80% of respondents to ASA's late 2022 employer survey indicated they expected the shortfall of sonographers to increase.

Sonographers are currently listed on the Skills Priority List as being in shortage. Fewer unnecessary scans may free up the existing sonographer workforce, reduce pressure on the diagnostic imaging sector, and improve patient access to timely ultrasound services.

Part A – Health practitioners to share 'by default'

Currently, approximately one in five (20%) practitioners have 'opted in' to share health consumers' diagnostic imaging or pathology information with the MyHealth system. This has implications for the utility of the MyHealth record for consumers, health practitioners, timely diagnosis, and treatment design.

There are multiple factors influencing the low level of health practitioner take-up of the MyHealth Record and which must be addressed if the proposed reforms are to be adopted. ASA members advise the following are the most significant for the medical ultrasound sector:

- The roles of different health professionals (sonographers, radiologists, and other reporting medical practitioners) in the flow of diagnostic imaging information;
- The need for education and training for radiologists and other medical practitioners responsible for reporting on medical ultrasound findings;
- Additional administrative burden, linked to potential changes in the workflow for medical ultrasound; and
- Interoperability issues affecting some practices.

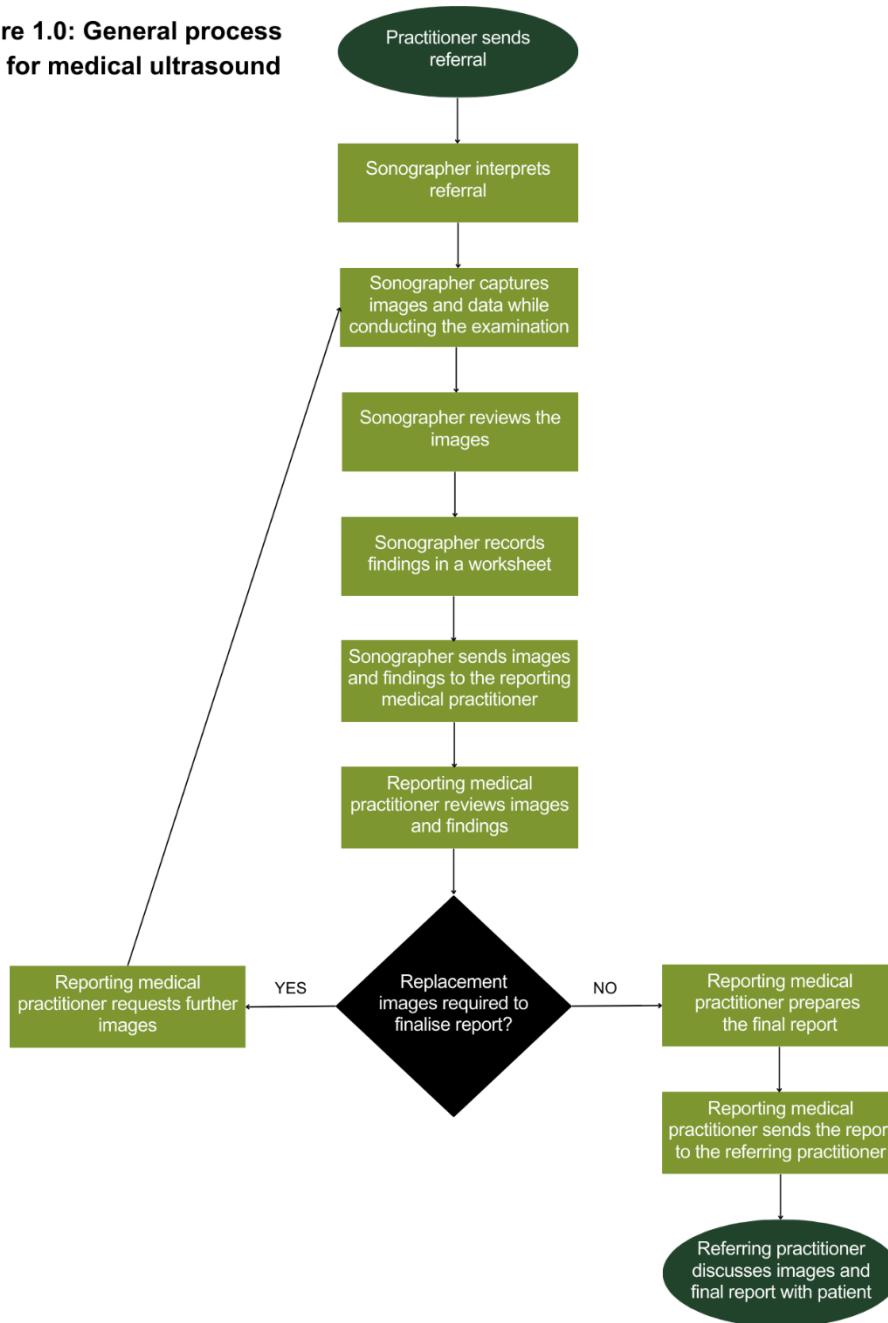
The roles of health professionals in medical ultrasound workflow and the need for clarity

The medical ultrasound sector requires clarity concerning proposed responsibilities for sharing diagnostic imaging information to the MyHealth record 'by default'. This clarity is particularly important in view of the intention to waive the seven (7) day period for patient access to diagnostic imaging information.

Figure 1.0 overleaf depicts the general process presently followed for medical ultrasound.

² Huang, SC., Pareek, A., Seyyedi, S. (2020). Fusion of medical imaging and electronic health records using deep learning: a systematic review and implementation guidelines. *NPJ Digital Medicine*, 1-9. 3(136).

Figure 1.0: General process flow for medical ultrasound



In summary, currently:

- The patient's practitioner sends a referral to the diagnostic imaging practice
- An accredited sonographer (the sonographer) interprets the referral
- The sonographer conducts the examination, capturing images and data while completing the scan.
- The sonographer reviews the images and records their findings in a summary document or 'worksheet' for interpretation by the reporting practitioner (a radiologist or similar specialist).
- The relevant (reporting) medical practitioner reviews the images and findings, and prepares the final report.
- The referring practitioner is provided with the images and final report, who may either discuss and/or share these with the patient.

The diagnostic imaging sector requires clarity concerning the workflow underpinning the proposed changes: for example, whether it is intended that initial images captured by a sonographer would be uploaded to the MyHealth record, or whether this responsibility would continue to rest with the reporting medical practitioner.

ASA strongly recommends the draft legislation reflect the existing medical ultrasound workflow by designating responsibility to the medical practitioner for uploading diagnostic imaging information and reports to the MyHealth record. This recommendation is particularly important in view of the intention to waive the current seven (7) day waiting period for consumers.

The review by the reporting medical practitioner is a critical checkpoint and ensures the information shared with the referring practitioner and patient is clinically sound. Without this review, there is an increased risk of incorrect or missed patient diagnosis or treatment plans, repeat scans, and inaccurate advice to health consumers.

Retaining the current roles in the diagnostic imaging sector appears to be the intent of Government when proposing the 'by default' reforms. The Minister for Health, when signalling the changes, said:

“One of the constant areas of concern is the low rate of uploading of...results into My Health Record. So, when a patient goes to a doctor, there's no guarantee that doctor can look up their results³.”

The use of the term 'results', indicates the desired outcome is the patient gaining timely access to the outcome of their diagnostic imaging consultation. In the case of medical ultrasound 'results' encompass the images and report prepared by the reporting medical practitioner, not the draft notes recorded by the sonographer performing the ultrasound examination.

1. **Recommendation:** Legislation should clarify the health practitioner responsible for uploading and sharing ultrasound information is the supervising radiologist or other relevant medical practitioner

Education and administrative burden

The perceived or actual administrative impost of compliance has been another barrier to health practitioners opting into the MyHealth system. ASA members have raised concerns regarding the impost on smaller practices to train staff, as well as the potential significant impact of any changes to the current workflow for medical ultrasound services (see Part A above).

The medical ultrasound sector is under significant pressure, with utilisation of diagnostic imaging services outstripping the available workforce. As outlined earlier in this submission, demand for ultrasound services outstrips the supply of accredited sonographers. Analysis of data from the Medicare Benefits Schedule (MBS) between 2000 and 2021 also demonstrates the number of imaging services per radiologist increased on average by 74 additional services per 100,000 for each imaging modality⁴. The My Health Record reforms are likely to add to the workload and administrative burden of the medical ultrasound sector, further intensifying these existing pressures.

Lack of adequate training and information for health practitioner users may also lead to an increased risk of data integrity issues: for example, errors in diagnostic image uploads or mislabelling images within MyHealth records.

The proposed reforms' success relies on alleviating potential administrative and staff education impacts. Support should encompass:

- Expanding the existing continuing professional development (CPD) program for the radiology sector, providing free universal access to all diagnostic imaging practices and health practitioners;

³ Butler, Mark. (2022). In: 'MyHealth record struggles to be useful for patients', *Australian Financial Review*, November, accessed at <<https://www.afr.com/policy/health-and-education/my-health-record-struggles-to-be-useful-for-patients-20221129-p5c218>>.

⁴ Halaska C, Sachs P, Sanfilippo K, Lin C. (2019). Patient Attitudes About Viewing Their Radiology Images Online: Preintervention Survey. *Journal of Medical Internet Research*. 21(7).

- A small practice-specific training program, including live support for affected employees within the first three (3) months of implementation of the reforms; and
- Upgrades to the MyHealth record to speed up upload times and reduce the time impost of information sharing.

- 2. Recommendation:** Provide free, universal access to a CPD program on the MyHealth system to all diagnostic imaging practices and health practitioners
- 3. Recommendation:** Invest in a small practice-specific training program, including live support within the first three (3) months of implementation of the reforms
- 4. Recommendation:** Improve the speed of MyHealth record upload and information sharing times

Interoperability burden

ASA notes the significant work of the Digital Health Agency in improving the MyHealth record's interoperability with multiple platforms, although issues remain for some practices. For small diagnostic imaging practices who lack an interoperable clinical software system, the proposed 'sharing by default' changes will have significant cost implications.

ASA recommends a subsidy for small diagnostic imaging practices with fewer than 20 employees to offset clinical software upgrades and other associated administrative costs.

eRequesting capability

The Agency has indicated it will collaborate with key stakeholders to design standards to implement a national eRequesting capability for pathology and diagnostic imaging health services.

ASA, as the peak body for the sonography profession, is a key stakeholder for development of the standards and should be consulted in their development. We also recommend involving other professional associations and peak bodies in the diagnostic imaging sector.

- 5. Recommendation:** Involve ASA and other stakeholders in the development of eRequesting standards for diagnostic imaging health services

Better access for consumers: relaxing the 7-day requirement

The proposed reforms to the MyHealth record will ensure patients have faster access to diagnostic imaging information, and that diagnostic information could potentially be accessed by a health practitioner anywhere, any time when diagnosing and treating a patient. Both reforms may have a positive impact on patient outcomes, with the availability of diagnostic imaging information critical to timely treatment and patient care as well as empowering consumers to make decisions about their health.

Consumers consistently report a desire to access their own diagnostic imaging information. A recent study found consumers felt access to diagnostic imaging information – including ultrasound – helped them better understand their health, gave them more control over their health care, and increased their trust in their medical practitioners⁵.

The ASA supports the potential of digital technology to promote better outcomes for patients, health practitioners and the health system. The relaxation of the seven-day wait period will mean consumers can access timely information that may help guide their decisions about their healthcare.

⁵ Halaska C, Sachs P, Sanfilippo K, Lin C. (2019). Patient Attitudes About Viewing Their Radiology Images Online: Preintervention Survey. *Journal of Medical Internet Research*. 21(7).

As experts in diagnostic ultrasound examinations, sonographers play a key role in the detection, diagnosis and management of health issues. Timely access to medical ultrasound – which is the gold standard for many health conditions – is vital to ensuring better health outcomes for patients.

In practical terms, however, there are risks associated with this requirement:

- **Misinterpretation:** Consumers lack the relevant medical expertise to understand diagnostic imaging results, which are complex even for health practitioners without specialist expertise to interpret. Real-time consumer access may lead to potential misinterpretation of results and unnecessary anxiety for consumers.
- **Lack of medical context:** Diagnostic images can be complex, and without proper medical context provided by a healthcare professional, consumers may misinterpret or overreact to the findings. This risk would be ameliorated if the existing workflow for medical ultrasound imaging services is adopted (see Part A of this paper).
- **Increased demand for consultations:** Instant access to concerning results may lead to a surge in appointments with healthcare providers, potentially delaying care for those with urgent needs.
- **Medico-legal impacts:** Allowing consumers instant access to diagnostic imaging data might create legal and ethical challenges, particularly in cases where information should be communicated by a qualified medical professional.

ASA proposes investment in an effective consumer education campaign, and robust protections for health practitioners concerning information uploaded to the MyHealth record.

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| <p>6. Recommendation: Invest in a campaign to inform consumers about the MyHealth changes, the potential risks of self-diagnosis, and the need to review health information with a qualified medical practitioner</p> <p>7. Recommendation: Include robust protections for health practitioners in the proposed legislation for real-time information uploaded to the MyHealth record</p> |
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