



**Allied Health
Professions
Australia**

Better access – sharing pathology and diagnostic imaging reports to My Health Record by default

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**This submission has been developed in consultation
with AHPA's allied health association members.**

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About Allied Health Professions Australia (AHPA)

Allied Health Professions Australia (AHPA) is the recognised national peak association representing Australia's allied health professions across all disciplines and settings. AHPA's membership collectively represents some 180,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners.

With over 200,000 allied health professionals, including 14,000 working in rural and remote areas, allied health is Australia's second largest health workforce. Allied health professionals work across a diverse range of settings and sectors, including providing diagnostic and first-contact services, and preventive and maintenance-focused interventions for people with chronic and complex physical and mental illnesses.

Allied health practitioners also support pre- and post-surgical rehabilitation and enable participation and independence for people experiencing temporary or long-term functional limitations. Allied health therefore provides an essential bridge between the medical sector and social support systems such as disability and aged care, where it can represent the key formal health support in a person's life.

Working with a wide range of working groups and experts across the individual allied health professions, AHPA advocates to and supports Australian governments in the development of policies and programs relevant to allied health. Digital health initiatives are an AHPA priority area given the need to enhance digital maturity across the sector. AHPA currently works closely with its Digital Health Working Group, the Australian Digital Health Agency (ADHA) and the Department on digital health initiatives. AHPA is developing relationships with software vendors, the CSIRO, the Australasian Institute of Digital Health (AIDH), the Medical Software Industry Association (MSIA) and others to ensure inclusion of the allied health sector into the digital health ecosystem of the future.

Consultation Summary:

Sharing diagnostic imaging reports to My Health Record by default

The breadth and diversity of work undertaken by allied health professionals (Allied health professionals) means they are involved with diagnostic imaging generation, reporting and use via numerous different pathways which include:

- **Generate** imaging at the request of other healthcare professionals, share images with Radiologists who then report on the images
- **Generate** imaging at the request of other healthcare professionals and **report** on the images themselves before sharing both the images and reports with the requestor and others to enable findings to be utilised in the care provision of other healthcare professionals
- **Generate** imaging as indicated during consultations with consumers and **interpret** findings to inform the care they provide; these images and/or findings (reports) may or may not be shared with others dependent upon the perceived need for follow up care by other members of the multidisciplinary care team
- **Request** imaging to be conducted and await outcomes of images and reports to inform care provision

- **View** imaging and reports which have been requested and conducted by other healthcare professionals to inform their care.

This response considers all the above pathways with relevant nuances identified as required.

As outlined in consultation paper Part A, there is a need to "Prioritise making the My Health Record (MHR) sharable and used by all health professionals and in all health settings" for benefits to consumers. AHPA suggest this must ensure the inclusion of allied health professionals working in all settings, including hospitals, primary care (private practice and those co-located with GP's and Specialists), community care and aged care settings and any other location allied health professionals currently practice or may do so in the future as care model's progress.

It is considered there are 4 key actions required to address barriers related to allied health professionals complying with this initiative and the initiative achieving the intended outcomes for consumers. These are:

- The need to clearly define the scope, timeframes and professional responsibilities relevant to each service and care delivery model generating diagnostic imaging and reports
- Lack of availability of MHR conformant fit for purpose allied health practice software
- The diverse range of diagnostic imaging devices associated with proprietary software which does not integrate with an organisations clinical information system and/or MHR
- The need for clarity regarding diagnostic imaging report format, methodology and terminology requirements.

In addition, it is considered the following collaboration between ADHA, the Department and AHPA and its relevant member representatives is required for the following tasks:

- To produce a nuanced education and communication strategy for effective development of education material and compliant implementation by allied health professionals
- Discussion via the Clinical Governance Group being established to support this initiative, to identify relevant clinical scenarios where potential delays of result provision should apply.

AHPA have provided individual question responses within the online survey as well as copied these below. AHPA and our relevant member representatives look forward to discussing the points highlighted to ensure consumers and healthcare professionals can access allied health generated information as intended within this initiative.

Recommendations

- **A definition relating to the scope of services included in the initiative by December 2024 and any future dates as the initiative is expanded, are provided as soon as possible. This definition needs to consider how clarity regarding the healthcare professional responsible for reporting findings to MHR will be provided where collaborative care models and ways of working are occurring.**

It is unclear which allied health professionals conducting which diagnostic imaging will need to comply with this initiative by December 2024. AHPA have outlined a variety of services we believe should be considered when determining this definition in Section 1: Response 1 and encourage consideration of which services are included immediately and which should be included into the future.

It appears that some reports allied health professionals currently produce will be out of scope at this time, however, AHPA's position is that the inclusion of reports relating to these services would contribute to all the benefits intended by this initiative and planning needs to begin for their inclusion in future.

Once a definition of scope is determined, it will be important for AHPA and its members to understand how and when any important services and tasks listed here, not included within the definition, will be addressed via alternative means to enable key information to be shared to MHR.

- **A nuanced education and communication strategy developed in collaboration with AHPA is required for effective development of education material and compliant implementation by allied health professionals.**

This strategy will need to complement the broader digital health education and communication strategy already being developed by AHPA in conjunction with the ADHA.

- **Communication and education regarding some information related to this initiative will need to be provided to ALL healthcare professionals, not just those responsible for requesting tests.**

It is important to note that ALL allied health professionals will have a use for some of the pathology results and diagnostic imaging reports uploaded to MHR, whether having requested the information or not. Allied health professionals who have NOT requested the information may need to access the information for a variety of reasons in all areas of their work from diagnosis to formulating treatment and management plans and determining additional referrals. In some cases, Allied health professionals requiring this information to inform care are not able to request the required information and/or, it is lower cost for the consumer to have these requests generated via the GP. More specific examples for when this information is required are included in Section 1: Response 3.

Communication and education regarding a variety of aspects related to accessing and using the uploaded information will need to be communicated before this initiative can have the desired impact on consumer outcomes.

- AHPA acknowledge the **ability to access images** in addition to the reports of the images is NOT in scope for this phase of the project but that the Department are aware of the need and are progressing this initiative with States and Territories.

AHPA support the fast tracking of this initiative as Allied health professionals often require both the images and reports to conduct their work at an optimal level and in a timely manner. AHPA have previously provided case study examples which demonstrate such scenarios to

the Australian Digital Health Agency within a report titled 'Allied Health Diagnostic Imaging and Radiology'. This report is attached in addition to this submission.

- **AHPA and its members invite discussion via the Clinical Governance Group being established to support this initiative, to identify relevant clinical scenarios where potential delays of result provision should apply.** It is considered once the scope of this initiative is determined, AHPA and its relevant members can then provide targeted information related to clinical scenarios and risks that will be incorporated into this initiative.

Responses

In responding to the consultation paper, AHPA has limited its responses to questions of the greatest relevance to the allied health workforce and where AHPA can be of greatest assistance to the Department and ADHA with implementation.

SECTION 1

Response 1: What systems, processes or standards exist in the community (or need to be put in place) to ensure that providers can comply with this initiative from December 2024?

Scope

It is currently unclear which allied health professionals conducting which diagnostic imaging will need to comply with this initiative by December 2024. AHPA understands after liaising with the Department that the scope of diagnostic imaging services to be included is still to be confirmed, but generally applies to services funded under [Category 5 of the MBS](#).

Based on this understanding we have broken the potentially relevant digital imaging reports which allied health professionals generate into 3 categories for your consideration regarding the scope of this initiative. AHPA encourage consideration of which services are included in this initiative immediately and which should be included into the future.

Given this current lack of clarity, it is **AHPA's recommendation a definition relating to the scope of services included in the initiative by this date and any future dates as the initiative is extended, are provided as soon as possible. This definition needs to consider how clarity regarding the healthcare professional responsible for reporting findings to MHR will be provided where collaborative care models and ways of working are occurring.**

There are 2 key reasons for the immediate need for this definition:

- To enable professionals, software providers and other relevant parties to begin conducting the work required to comply
- To enable more detailed discussion within each of the additional survey questions asked; detail relating to specific services, professions which provide them and relevant software

and other infrastructure considerations can not be provided until a definition is confirmed.

AHPA and our relevant member representatives are available to provide the details required to assist with determining scope and subsequent additional information.

Please refer to Appendix 1 of this entire response sent to MHR@Health.gov.au for an explanation of some services and tasks listed.

Included

Based on the information currently available it is assumed the following allied health professionals **will need to be compliant** when conducting the services noted:

Service	Allied Health Profession	Relevant standards
X-ray (typically Spine & Pelvis)	Chiropractors	<u>State based</u> and <u>AHPRA legislative</u> licence requirements to practice. NB: Small percentage only conducting and reporting from private rooms.
Ultrasound (lower limb and foot)	Podiatrists	
Doppler waveform (type of Ultrasound)	Podiatrists	

Unsure

AHPA and our members are currently **unsure** whether the following services are included in the current scope for this initiative or may be included in future iterations as the initiative is expanded.

AHPA's position is that the inclusion of reports relating to these services would contribute to all the benefits intended by this initiative.

Service	Allied Health Profession	Comments
Ocular diagnostic imaging (General term for detailed tasks listed in comments)	Optometrists / Orthoptists	This includes Optical Coherence Topography (OCT) (both anterior and posterior) and Sonography
Visual fields	Optometrists / Orthoptists	Mapping of what consumer's vision sees as opposed to of consumer's anatomy and therefore results heavily impact functional care provision; results also utilised for disease diagnosis
Retinal photography (General term for detailed tasks listed in comments)	Orthoptists for all tasks Optometrists for some	This includes: <ul style="list-style-type: none"> • Fundus Fluorescein Angiography • Fundus photographs

		<ul style="list-style-type: none"> • Autofluorescence • Anterior eye photographs
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For Consideration

AHPA also raise the below service and collaborative care delivery model examples which require clarity in relation to which healthcare professional will be responsible for reporting imaging findings to MHR.

Service / Task	Allied Health Profession	Comments
Ultrasound work reports provided to Specialists to inform their reports	Sonographers	
Responsibility to highlight significant imaging findings where immediate attention required	Sonographers	Requirements are based on previous Coronial Inquest findings; further details can be provided if relevant.
Teeth images	Dental technicians	
Photographic wound measurements	Podiatrists	
Photos of dermatological conditions	Podiatrists	
Audiograms	Audiologists	See Appendix 1 for detail
Real ear measurements	Audiologists	See Appendix 1 for detail
Auditory Brainstem Response testing	Audiologists	See Appendix 1 for detail
Vestibular testing	Audiologists	See Appendix 1 for detail
Video otoscopy	Audiologists	See Appendix 1 for detail

Once the scope, timeframes and healthcare professional responsibilities are defined, AHPA and its members would appreciate discussion regarding how and when any important services and tasks listed here which are not included, will be addressed via alternative initiatives. Without the inclusion of this information via this initiative or an alternative one, key information will be missing from MHR.

Reporting requirements

Reporting of information is not currently standardised. AHPA therefore invite discussion regarding whether standard reporting templates will be made available, specific clinical terminology will be mandatory to utilise or, if not, how the reports provided will be ensured to meet need and incorporated into current workflows.

Response 2. What change and adoption strategies are needed to enable sharing to My Health Record by default?

- For allied health professionals to be able to share to MHR by default, software systems which are fit for purpose to their clinical practice need to become MHR conformant. Overwhelmingly clinical information systems (CIS) targeted for use by allied health professionals are not currently MHR conformant.
- Education resources co-designed with AHPA and relevant peak bodies to ensure relevance and required nuance relevant to service, profession type, regulation type, workplace setting, digital maturity level etc. are required across many different topic areas
 - Topic areas likely need to include:
 - Clear understanding of consent from both a professional and consumer perspective as inevitably professionals will be asked to help consumers clarify this type of information
 - Connection / infrastructure requirements and step-by-step guidance
 - Legislative requirements
 - Software step-by-step guidance
- A nuanced communication strategy co-designed with AHPA which complements the broader digital health communication strategy already in place with the ADHA; this will be needed to ensure allied health professionals have all the underlying information related to HPI-I and HPI-O connection etc. which they will require to address first.

Response 3. How can we most effectively provide or communicate change and adoption resources for:

Consumers:

AHPA are not best placed to comment on the types of resources and methods of provision for consumers. However, AHPA can assist with implementation in two key ways:

- Circulate and promote consumer facing resources prepared
- Ensure allied health professionals are aware of, understand and utilise the resources when providing care provision and assisting consumers to access this information. Social Workers are a key profession to ensure are included in this initiative as a core aspect of their role relates to explaining rights, responsibilities and ensuring provision of support resources.

Organisations delivering diagnostic imaging and pathology services:

Communication and education regarding this initiative will need to be provided to allied health professionals via AHPA and our relevant members (individual professional associations) for distribution. Experience and evidence indicate that unless professional association communication channels are utilised the reach to professionals will be significantly reduced.

It is also highly likely that a help line similar to that for MHR connection may be required for 1:1 support dependent upon the connection, infrastructure and policy requirements put in place as this initiative is implemented.

The allied health sector would have an increased ability to comply with this initiative if the Department and ADHA work collaboratively with software providers to ensure differences between systems are captured within nuanced step-by-step guides.

Staff in organisations delivering diagnostic imaging and pathology services:

As per above via AHPA and its member associations to allied health professionals who will then pass onto relevant staff within their organisations where possible. This method is required as many allied health professionals work in small business situations where they do not have the resources to delegate policy, procedural, infrastructure and other implementation activities related to such an initiative.

Information will need to be delivered succinctly and facilitate the ability to easily conduct tasks required. This likely requires the development of resources such as:

- Template policy and procedures which can be easily customised for fast implementation
- Summary fact sheets for education of staff and quick reference during practice.

Treating healthcare providers who may request tests and/or use test results:

It is important to note that ALL allied health professionals will have a use for some of the results, whether having requested the information or not. Allied health professionals who have NOT requested the information may need to access the information for a variety of reasons in all areas of their work from diagnosis to formulating treatment and management plans and determining additional referrals.

More specific examples for when this information is required include:

- Comparison of past results with current and future requests received and reporting on
- Ensuring requests are not duplicated
- Improving safety for consumers, e.g., preventing unnecessary exposure to radiation
- Accessing key health information to support clinical decision-making at the point of care
- Accessing results requested by the GP when the GP was prompted by the allied health professional to generate the request
- Identifying the need (or not) for further investigations.

AHPA also highlight the need for BOTH the images and the reports to be available to achieve these benefits.

AHPA have previously provided case study examples which demonstrate such scenarios to the Australian Digital Health Agency within a report titled 'Allied Health Diagnostic Imaging and Radiology'. This report is attached in addition to this submission.

It is therefore **recommended communication regarding the following is provided to all healthcare professionals, not just those responsible for requesting tests:**

- Which information will be available
- The reasons for making this available, highlighting consumer expectations of healthcare providers
- How to access MHR via both conformant software and the National Provider Portal
- How to know the information is available and MHR should be checked
- Where and in what format the relevant information will be available (can be discovered) via both conformant software and the National Provider Portal
- How to access the image if this is required in addition to the report
- How to note exemptions if allied health professionals are either not required to upload reports and/or have extended timeframes to comply whilst awaiting fit for purpose MHR conformant software.

As per above this communication is recommended to occur via AHPA and its member associations to allied health professionals. Targeted communications relevant to professionals working in different settings will also be required with differences envisaged between those working in hospitals, private practice, community care and aged care.

Response: 4. What current laws or organisation policies prevent diagnostic imaging and pathology providers from sharing reports to My Health Record?

Given there are situations where parenting and/or court orders which prevent a parent from accessing health information about their child based on health, safety and/or privacy concerns are sometimes put in place; it is assumed the necessary relationship between these orders and access to MHR will be addressed to ensure each individual healthcare provider does not need to know whether any such orders affect their ability to share results with a consumers MHR.

Response 5. What barriers, if any, do you foresee to your organisation sharing by default from December 2024?

The key barriers to allied health professionals participating in this initiative are:

- A lack of fit for purpose MHR conformant Clinical Information Systems
 - As per response 2: Overwhelmingly clinical information systems (CIS) targeted for use by allied health professionals are not currently MHR conformant.
- The use of diagnostic imaging devices associated with proprietary software which does not integrate with an organisations clinical information system and/or MHR

- There are many different devices used across eye care and hearing care in particular, which do not necessarily integrate with the clinical information systems in use
- Therefore, an ability to efficiently move the required reporting information from the diagnostic device to MHR needs careful consideration. Solutions are likely dependent upon which CIS become MHR conformant as well as the reporting requirements.
- A lack of consistent reporting format, methodology and terminology
 - As per response 1: Clinical reporting methodology (what is reported and when), format (structure of reports for easy location by the reader of required information) and clinical terminology utilised (e.g., SNOMED) are not consistent nor defined within most of the work being considered within this initiative where it pertains to allied health professionals. For the information uploaded to be fit for purpose to the audience it is considered this requires addressing.
- Lack of clarity regarding which diagnostic imaging reports this initiative relates to; as per response 1: Scope
- Lack of clarity regarding which health professional is responsible for report upload where allied health professionals are providing reports directly to other health professionals who are responsible for finalising reports
 - For example, Sonographers provide work reports to Specialists who may or may not include all the Sonographers information in any reports they produce.
- Lack of clarity regarding who is responsible for the upload of reports where one professional conducts the imaging and another uses the imaging for diagnosis and implementation of ongoing care management plans
 - For example, Orthoptists conduct a wide range of Ocular diagnostic imaging, interpret these images and may make notes in a consumer's file, write a letter stating any findings the image suggests and/or report on the image on an Ophthalmologist's behalf. However, the Ophthalmologist utilises the images for diagnosis and formulating an ongoing management plan.
- Lack of clarity regarding which health professional is responsible for report upload where health professionals (typically Radiologists) located overseas are involved in the reporting aspect of service provision via online digital hubs
- Time, cost, and administrative burden resulting from poor interoperability between MHR, clinical information systems and diagnostic imaging devices. The ability to efficiently incorporate the required ways of working into a professional's current workflow will be critical to ensuring compliance
- Misunderstanding of consent requirements by both consumers and professionals.

Response 6. What would prevent or overcome the barriers identified in the previous question?

It is considered the following is required as soon as possible to address the above barriers for allied health professionals to comply with this initiative and the initiative to achieve the intended outcomes for consumers when engaging with all healthcare professionals:

- MHR conformant fit for purpose allied health practice software
- Clearly defined scope, timeframes and responsibilities for each type of service and scenario incorporated to this initiative
- Clarity regarding reporting methodology format and terminology requirements.

SECTION 2:

Response 1. What improvements to existing software for diagnostic imaging and pathology services would help them upload diagnostic imaging and pathology reports by default? This includes the ability to keep a record of reasons why they have not uploaded a report.

Response 2. What barriers are there to better interoperability of My Health Record with existing software for diagnostic imaging and pathology customers?

Uploading reports:

- As per above the sheer diversity of different diagnostic imaging devices associated with proprietary software which does not integrate with an organisations clinical information system and/or MHR which are in use by allied health professionals, particularly those in the eye and hearing care sectors.
- AHPA are not best placed to assist with the detailed barriers on behalf of the device and software providers, however, can identify a list of relevant imaging devices and their providers if required once the scope of this initiative has been clearly defined.

Accessing uploaded reports:

Currently allied health providers receive a fax notification that an image and report are ready for access. The provider then logs into one of many different diagnostic imaging portals, downloads the information and enters into the consumers file within their Clinical Information System. This is clearly an onerous process and doesn't facilitate efficient use nor use of information by professionals who have not requested the service.

Ideally allied health professionals want:

- fit for purpose MHR conformant clinical information systems which enable automatic incorporation of imaging reports and links to portals for image access within consumer files and
- notification that new information has been included to a consumers file.

Response 3. What opportunities are there for more automated management of reports? This includes sharing to My Health Record and documenting exceptions to reporting requirements.

Work with AHPA and relevant member representatives in collaboration with software providers to ensure reporting format, methodology & terminology requirements which are fit for purpose to practice and workflow are available for use.

Response 4. What barriers are there to more automated management of reports? This includes sharing to My Health Record and documenting exceptions to reporting requirements.

- A lack of consistent reporting format, methodology and terminology
 - As per response 1: Clinical reporting methodology (what is reported and when), format (structure of reports for easy location by the reader of required information) and clinical terminology utilised (e.g., SNOMED) are not consistent nor defined within most of the work being considered within this initiative where it pertains to allied health professionals. For the information uploaded to be fit for purpose to the audience it is considered this requires addressing.
- A lack of fit for purpose MHR conformant Clinical Information Systems
 - As per response 2: Overwhelmingly clinical information systems (CIS) targeted for use by allied health professionals are not currently MHR conformant.
- A lack of interoperability between diagnostic imaging devices associated with proprietary software and an organisations clinical information system and/or MHR.

Response 5: List the barriers that exist to more automated management of reports?

SECTION 3:

Response 1: What do you think will be the impact of diagnostic imaging and pathology providers having to share reports to My Health Record by default? This includes the impact on:

Consumers and/or carers:

- Empowerment via increased access to their health information, noting that some consumers will inevitably require more assistance than others to be able to utilise and engage with these new systems and technologies and benefit from them. This assistance needs to be provided via accessible methods for greatest impact. Accessibility includes ensuring consideration as to how those who do not have access to smart technology, internet and other required infrastructure and technology to participate can still benefit from these initiatives

- Decreased healthcare provider visits because of:
 - decreased duplication of imaging
 - not needing to collect and be responsible for information for sharing
- Faster access to more informed care provision via the optimal healthcare professional
- Convenience of central document storage.

Healthcare providers:

- Highlight the need for allied health professionals to be integrated into the Governments digital health initiatives where results are withheld due to infrastructure / software capability limitations
- Highlight the need for allied health professionals to be integrated to the multidisciplinary care team given the high value of the information shared
- Broader and faster access to information to inform care once software enables efficient access
- Greater clarity regarding which professionals are conducting which services and roles
- Greater clarity regarding a consumer's care team and recent investigation history
- Highlight the need and benefits of increased communication and information sharing
- The ability to provide more holistic, timely, high-quality care
- Heighten the need for healthcare professionals to engage with digital health initiatives and infrastructure upgrades.

The broader healthcare system:

- Reduced duplication and associated costs relating to both imaging and appointments with healthcare professionals with subsequent increased availability of appointments
- Improved access to healthcare professionals who can provide higher-quality care and achieve improved outcomes with consumers
- Commercial entities will be forced to share information generated within their facility with competitors as the ownership of health information shifts from the provider to the consumer which may disrupt some workflows and business models, processes and outcomes.

Response 2. What does the government need to consider when developing requirements to share diagnostic imaging and pathology results to My Health Record? Particularly consider:

clinical safety

- Ensuring responsibility, need, scope and requirements are clearly defined

- Enable a framework where clinical expertise and judgement can be utilised to ensure clinical safety

consumers' control of their health information

- Ensure all consumers understand how they can control the sharing of their health information via accessible education for all members of the community, particularly those with complex communication needs and those from the culturally and linguistically diverse community.

privacy

- Streamlined methods of ensuring healthcare professionals can manage exemptions, consumer consent etc. which result in differences to the 'norm' of mandatory upload.

quality of information available in records

For the information uploaded to be fit for purpose to the audience it is considered reporting format, methodology and clinical terminology aspects need to be addressed with healthcare providers, software developers and consumers.

- Achieving the sharing of quality information will require standards to be set which enable:
 - Interoperable sharing of information between software systems, including those associated with diagnostic devices
 - Use of terminology which is fit for all audiences, including between healthcare professionals and with consumers and their carers
- The location, naming convention and general ease of discoverability of the information for use will be vital to ensure busy health professionals can easily incorporate the information into their care provision.

Response 3. Please share any advice or comments not covered by previous questions.

SECTION 4:

Response 1. What do you think would be the impact of consumers having immediate access to diagnostic imaging and pathology reports in their My Health Record? This includes the impact on:

Consumers and/or carers:

AHPA understand the Department are conducting an in-depth literature search in this area.

From an allied health professional perspective it makes sense this initiative will be helpful in many circumstances such as:

- emergency/ urgent situations
- specific disease management where consumers are educated in understanding reports and utilising results to self-manage care.

AHPA and its members raise for consideration these general concerns which we assume will be highlighted by, considered and addressed post completion of the literature review:

- The potential for reports and results to be difficult for consumers to understand, accurately interpret and consequently appropriately act upon. For example, normal age-related changes that are not necessarily clinically relevant may be present on an X-ray with the report employing language such as “degenerative” or “arthritic” changes. Consumers may misinterpret this information as being of concern, which can impact their understanding of their condition and result in poorer clinical outcomes due to pain catastrophising and fear-avoidance behaviour, which are known psychosocial barriers to recovery for some conditions.
- There will clearly be times when results and reports indicate outcomes and next steps which may result in significant distress for the consumer once known. It is considered in these circumstances results should be withheld until the consumer and relevant healthcare professional can discuss them together and/or the appropriate resources are available to assist the consumer when receiving the results.

There are many different situations where this may be the case dependent upon the clinical finding, the consumers health literacy and cognition levels, as well as their mental health condition more generally. Consequently, it is not feasible to provide all clinical examples and subsequent risks to consumers of receiving this information without the support of a healthcare professional and/or relevant resources within this consultation.

AHPA and its members invite discussion via the Clinical Governance Group being established to support this initiative, to identify relevant clinical scenarios where potential delays of result provision should apply. It is considered once the scope of this initiative is determined, AHPA and its relevant members can then provide targeted information related to clinical scenarios and risks that will be incorporated into this initiative.

Healthcare providers:

- It is possible that consumers will have growing expectations that their health care providers will communicate with them as soon as the results are available. In situations where this is not possible and/or desirable, this may lead to dissatisfaction with the service and/or damage the care relationship. Alternatively, increased consumer expectations may drive innovative and positive changes to practice in attempts to address these wants.
- Broader and faster access to information to inform care once software enables efficient access

- Highlight the need for allied health professionals to be integrated into the Governments digital health initiatives where results are withheld because of infrastructure / software capability limitations
- Highlight the need for allied health professionals to be integrated to the multidisciplinary care team given the high value of the information shared
- Greater clarity regarding which professionals are conducting which services and roles
- Greater clarity regarding a consumer's care team and recent investigation history
- Highlight the need and benefits of increased communication and information sharing
- The ability to provide more holistic, timely, high-quality care
- Heighten the need for healthcare professionals to engage with digital health initiatives and infrastructure upgrades.

The broader healthcare system:

- Reduced duplication and associated costs relating to both imaging and appointments with healthcare professionals with subsequent increased availability of appointments
- Improved access to healthcare professionals who have the ability to provide higher-quality care and achieve improved outcomes with consumers

2. What resources should consumers have access to when they view a result in My Health Record? This question is about how to support consumers in a model of care where they have near real time access to their pathology and diagnostic imaging results.

Again acknowledging that AHPA are not best placed to represent the needs of consumers, our allied health professional members tell us important general considerations include:

- Any relevant definitions and assistance with interpretation of wording used in the reports consumers are accessing
- General advice regarding anxiety that can be generated by results and how to deal with it or who to reach out to in case of distress (including if health practitioner is not immediately available); potentially a helpline where consumers can talk through the changes
- Accessible resources which clearly outline a consumer's rights and choices regarding MHR
- Education material within the pathology results (such as is available on <https://pathologytestsexplained.org.au/> and Health Direct, for example) with instructions on what to do in the case of certain results.

3. What safety features could ensure follow-up clinical care happens promptly?

List the safety features that could ensure follow-up clinical care happens promptly

It is considered there may be the potential for the following to assist with ensuring healthcare providers conduct prompt follow-up to results relevant to their area of care

- Results are locked for viewing by the test/image requestor prior to release to the consumer in some circumstances, however this feature is limited to a short period of time only to prompt the requestor to prioritise action where this may be required
- Use artificial intelligence to flag outliers and results which clearly require urgent follow up with any relevant healthcare professional listed as a part of the consumers care team.

4. Please share any advice or comments not covered by previous questions.

Appendix 1:

Eye Care

1. Optical Coherence Topography (OCT)

OCT is a non-invasive imaging technique that uses light waves to take cross-sectional pictures of the patient's retina. This allows the professional to view the retina's distinctive layers and perform measurement and mapping of the arrangement and thickness of the layers. This helps with the diagnosis of many diseases and can explain vision loss. OCT is commonly used to detect, monitor, and inform the management of glaucoma, AMD and diabetic retinopathy.

2. Visual Fields

Visual field testing is a method of determining the functional visual capacity of an individual. Visual field loss may occur due to many diseases or disorders of the eye, brain or optic nerve (the equivalent of the cable that transmits information from the eye to the brain for processing). Visual fields are commonly performed for glaucoma monitoring, detection of lesions or interruptions to the visual pathways and fitness to drive, often in stroke patients.

3. Fundus Photographs

Fundus photographs involve taking an image of the retina. It is important for diagnosis, monitoring, and treatment of various diseases of the posterior segment of the eye, in particular the retina.

Hearing Care

Audiologists routinely conduct the following tasks in practice but do not formally report on the results other than to document within their own clinical notes for their own reference. Results may be communicated externally if a need is indicated based on the audiologists findings and subsequent care plan implemented.

4. Audiograms

All audiologists perform audiograms using software and hardware that automatically saves the results. An audiogram takes the form of a graph showing the results of a pure tone hearing test, showing how loud sounds need to be at different frequencies for a person to be able to perceive them. The audiogram shows the type, degree, and configuration of hearing loss.

5. Real ear measurements

To aid in the fitting of hearing aids, audiologists take real ear measurements using a software application that measures the behaviour of sound within the ear canal and without the hearing device. This too is presented in the form of a graph showing sound pressure levels at different frequencies and the amplification effect of the ear canal.

6. **Auditory Brainstem Response testing**

For paediatric tests and hospital diagnostics audiologists will do Auditory Brainstem Response testing by performing an EEG and reading the impact of sound on the trace to look for a response.

7. **Vestibular testing**

Vestibular testing is undertaken in response to balance and dizziness issues and focuses on the functionality of the vestibular system. It involves the use of a range of tests that record eye movements that are recorded and saved electronically and then saved into the software along with the audiologists interpretation of the results.

8. **Video otoscopy**

The use of a video to record an image of the eardrum, which could potentially be viewed and interpreted by other professionals.