



Private Healthcare Australia
Better Cover. Better Access. Better Care.



Modernising My Health Record – Sharing pathology and diagnostic imaging reports by default and removing consumer access delays

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About Private Healthcare Australia (PHA)

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 24 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for 14.6 million Australians.

Introduction

Health funds assist their members to manage their own health care. Predominantly this is done by providing rebates for health care, but increasingly consumers are demanding their health funds assist them to manage their own health. This is good for the consumer, a good business decision for the health fund, and provides benefits across the Australian community.

Consumer self-care is compromised when consumers lack information about their health. With My Health Record being available to consumers, there is no excuse for consumers not receiving the information they need to manage their health.

PHA supports the proposals to increase consumer access to results from pathology and diagnostic imaging tests.

Data – private health insurance

Of the 204 million diagnostic imaging and pathology tests conducted annually, only a small proportion are covered by private health insurance, predominantly in private hospitals.

Diagnostic imaging

In 2021-22, health funds supported 674,501 episodes of care including diagnostic imaging, with 1,527,016 services billed to Medicare. The Australian Government provided \$206,912,000 in Medicare Benefits, and health funds contributed an additional \$104,414,000 in medical rebates.

Pathology

In 2021-22, health funds supported 13,835,122 pathology services billed to Medicare. The Australian Government provided \$280,498,00 in Medicare Benefits, and health funds contributed an additional \$168,673,000 in medical rebates.

Response – Part A

PHA supports the proposal to ensure all diagnostic imaging and pathology reports are shared to My Health Record, unless the patient makes a specific request that this not occur.

PHA is disturbed that only around half of pathology reports and one in five diagnostic imaging reports are being shared to My Health Record. PHA notes the arguments made in the discussion paper that failure to share records contributes to duplicate tests, unnecessary treatments, and poorer health outcomes.

Further, better information for consumers and their clinicians will drive better health decisions, and improved outcomes. For example, the lack of access to test results is cited as one of the reasons that

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Australians have so many repeat colonoscopies – access to test results should reduce unnecessary procedures.

The arguments are simple and compelling. There is no reason consumers should not have access to their own health information.

Repeat tests – reducing cost and reducing burden of treatment

PHA has been unable to locate comprehensive Australian data on repeat testing in a general population that provides a clear proportion of unnecessary, repeated tests. However, the available evidence demonstrates repeat testing is a significant problem. For example:

- For Australians over 80 years old, proportions of repeat tests performed outside recommended minimum repeat intervals were 10.3% electrolytes urea and creatinine, 8.9% complete blood count, 41.5% C-reactive protein, 68.2% calcium magnesium phosphate, and 65.2% liver function test tests. An exponential increase in repeat testing for all five tests was observed around 24 hours after a previous test (Sezgin et al 2019).¹
- In Hong Kong, repeat requests for tests for immunoglobulin measurement, common autoantibodies, and tumour markers within 12 weeks of a previous request made up 16.78% of the total workload (Kwok and Jones 2005).²
- In a before-after quality improvement study conducted in the internal medicine departments of 4 large teaching hospitals in the Netherlands, the volume of laboratory tests ordered per patient contact was reduced in all 4 departments by 11.4% overall (Bidraban et al 2019).³

Estimates of unnecessary repeat testing are commonly between 7-20%, but PHA is unable to verify these estimates; we recommend the government consider the advice of clinical and academic experts to determine the rates of unnecessary repeat tests if required.

However, it is clear a significant proportion of testing is unnecessary; being a simple repeat of an existing test without clinical need. It is very likely that the lack of access to previous test results through My Health Record is a contributing factor to these repeated tests being conducted.

Even if only one per cent of tests can be avoided, this would save private health fund members over \$2.7 million per annum for diagnostic imaging and pathology testing, in addition to saving the Commonwealth over \$4.8 million, in private hospitals alone.

More importantly, it would reduce the burden of treatment for thousands of Australians – for example, Australians in private hospitals alone would receive at least 10,000 fewer venepuncture needles to collect pathology tests.

Across the community sector, Australians will save thousands of hours waiting for pathology and diagnostic imaging. This will increase productivity and reduce burden of treatment.

¹ <https://doi.org/10.1373/jalm.2019.029025>

² <https://jcp.bmj.com/content/58/5/457.short>

³ <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2738624>

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Response – Part B

PHA supports the proposal to ensure all diagnostic imaging and pathology reports are immediately made available to the consumer.

The arguments are again simple, and compelling. There is no reason consumers should not have access to their own health information as quickly as possible.

The examples of patients being able to moderate their own behaviour with access to their test results show clear benefits to the consumer, to their health providers, and to the community as a whole. However, earlier access to these data may have simpler positive effects, such as a patient seeing higher cholesterol results avoiding a bacon sandwich on their way to visit their general practitioner.

Arguments that patients should be kept ignorant of their test results are lacking – better information results in more comprehensive discussions between patients and their health providers, more ownership of health decisions (where patients are co-designers of their own health care) and will reduce the stresses of receiving health information without preparation.

This proposal is a significant win for consumers and for the Australian community.