

## Feedback on the Consultation Paper Diagnostic Imaging and the PCEHR System

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### About the APA

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 16,000 physiotherapists and their patients. APA members are registered with the Physiotherapy Board of Australia, have undertaken to meet the APA Code of Conduct, are expected to use the latest research in practice and often have further and/or specialist qualifications.

The APA sets a high standard for professional competence and behaviour and advocates best practice care for clients. It is our belief that all Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

### Vision

To be a focus of excellence for the global physiotherapy community.

### Belief

All Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

### Mission

To evolve into a more member-centric organisation that gives value to members and to support our belief.

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## Diagnostic Imaging and the PCEHR System

Referring patients for diagnostic imaging is an important part of physiotherapists' day to day practice. That is why access to quality diagnostic imaging information is important to reduce duplication of services, improve the patient experience of the health system, reduce patient exposure to radiation and reduce costs.

The APA appreciates the opportunity to comment on the inclusion of diagnostic imaging and the PCEHR system, and encourages the Department of Health to consider the role of physiotherapists in the PCEHR.

It is important that physiotherapists have access to modify the PCEHR, and the APA would like to emphasize that work should be done to provide physiotherapists with this access so that patients can benefit from their input.

## Consultation Questions

### ***Do you have any other specific concerns in relation to the potential impact on clinical workflow?***

The APA is concerned that the implementation of the Authority to Post (ATP) protocol as proposed in the consultation paper will have negative impact on the workflow of physiotherapists. Physiotherapy patients would benefit significantly if their physiotherapist could view reports that had been posted directly without the need for intervention by another health professional.

The APA is deeply concerned with any proposal that requires another health professional, such as a GP to authorise the posting of a diagnostic imaging report that was ordered by a physiotherapist. This would have significant and detrimental effect on the accuracy of the PCEHR, and could impact on patient care by creating significant delays in the posting of imaging reports.

The patients of physiotherapists often arrive with copies of their images and reports, with requests for the physiotherapist to provide them with information on how the results will impact their treatment. In some cases the imaging may have been ordered by the physiotherapist, and in others, another health professional. This occurs for a variety of reasons. In some cases it can be quicker to gain an appointment to see a physiotherapist than a GP, in others the patient may realise that their physiotherapist is an expert in musculoskeletal health, and is well within scope of practice to discuss imaging results.

The APA firmly believes that patients should not be forced to unnecessarily incur appointment delays, out of pocket expenses and Medicare expenses in order for them to gain access to diagnostic imaging reports.

### **The APA supports the removal of the ATP protocol for diagnostic imaging procedures**

### ***Do you have any recommendations on how the clinical workflow issues could be addressed?***

#### **ATP**

The APA notes that there are some concerns about patients misinterpreting sensitive results if they are posted on the PCEHR prior to discussion with a health professional. The APA believes that the vast majority of diagnostic imaging procedures are not of a sufficiently sensitive nature to warrant these concerns, but concedes that there would be a small number of such cases.

The APA suggests that there be an option for referrers to mark the results as sensitive, and where test results are not favourable for these patients, an authority to post be required prior to the diagnostic imaging provider posting the results onto the PCEHR. This could take the form of a tick box that allows health providers to indicate that unfavourable results should not be posted until the treating health practitioner provides an ATP.

**The APA supports an option for health providers, including physiotherapists, to have the option to mark diagnostic imaging requests as sensitive**

### **Opportunities to increase physiotherapy participation in the PCEHR**

On many occasions, the APA has voiced its concern about the level of computerization of physiotherapy practices, and the impact that this will have on the cohesion and operability of the PCEHR for the patients of physiotherapists. This presents both challenges and opportunities in relation to incorporating diagnostic imaging processes.

The APA believes that physiotherapists need to be incentivised to upgrade or establish systems to utilise the PCEHR, this includes both financial and workflow incentives.

The APA has submitted its position on financial incentives numerous times to the Department of Health and to NEHTA, however diagnostic imaging reports present an incentive that could provide a day to day workflow benefit to physiotherapists. Being able to view and search for reports from diagnostic imaging providers and to access information on previous imaging would be clinically valuable for physiotherapists and their patients. This presents an opportunity for the Department of Health and NEHTA to increase the awareness of the PCEHR, and encourage physiotherapists to use and benefit from the records held there.

In order to allow physiotherapists to properly interface with the PCEHR, they should be able to access the health record through their clinical records systems. To facilitate this, the APA recommends that NEHTA and/or the Department of Health make contact with the vendors of physiotherapy software packages to discuss implementation of the protocols into the physiotherapy software. Some of the main software packages used in physiotherapy practice are FrontDesk, TM2, PPMP and eNotefile. The APA maintains that these and other relevant vendors should be supported in the same way as medical vendors, to develop their products to the necessary specifications to allow physiotherapists to interact with the PCEHR.

**The APA believes that the integration of diagnostic imaging reports is an opportunity for the engagement of physiotherapists to integrate the PCEHR into their practice.**

#### ***Do you have any other specific concerns in relation to medico legal responsibilities?***

The APA does not have any particular medical legal concerns in relation to the consultation paper.

#### ***Do you have any feedback on the type of technical support that software vendors might require?***

The APA urges NEHTA and the department to take the opportunity to advocate and support software vendors to lead the way in adopting their products the integration of PCEHR.

#### ***Do you have any feedback from a technical perspective on the following:***

- *Proposed metadata for diagnostic imaging reports and ATP messages (Appendix C)?*

The APA supports the proposed metadata for diagnostic imaging reports.

- *Proposal to use the PCEHR Document ID as the unique report identifier across the integrated solution (described in Appendix C)?*

The APA does not have concerns around the use of the document ID.

- *Proposal that a diagnostic imaging report may include details of one or more tests?*

The APA has some concerns around more than one test may be included in one report on the PCEHR. This could lead to confusion around how standardised data is presented, and thus the ordering and search-ability of the reports included in the PCEHR.

- *Proposal that the IHI is verified by the healthcare provider and passed onto the diagnostic imaging provider in the ATP message?*

It is important that the Department of Health recognise that physiotherapists are a healthcare provider that is appropriate to authorise the posting of sensitive diagnostic imaging on the PCEHR as proposed earlier in the document.

- *During consultation it was proposed that the metadata associated with a diagnostic imaging report could optionally include a link to the actual image. Do you have any recommendations as to the best approach for supporting this feature taking into account potential security risks (malicious content etc.) and the user experience for the healthcare provider, i.e. logging-on to the diagnostic imaging provider site?*

The APA feels that this feature has the potential to be extremely beneficial to physiotherapy clinical treatment. Many physiotherapy patients are referred by other providers such as GPs and medical specialists, and the ability to view diagnostic reports and images would be useful in a clinical context.

The APA would however like clarification on the nature of the risks around the security, given the safeguards built into the PCEHR.

***Do you have any feedback or concerns on the proposed approach whereby the PCEHR supports diagnostic imaging event information being made available in the PCEHR (without an ATP from a healthcare provider)?***

The APA supports the approach that imaging reports be made available by diagnostic imaging providers, unless they are marked as sensitive by the referring health provider. In the case of sensitive report, the APA supports the publication of event information in the PCEHR.

## Conclusion

Physiotherapists are an important part of the health community, and utilisation of imaging as a diagnostic tool is an essential part of their practice.

The incorporation of diagnostic imaging into the PCEHR is a significant step in the implementation agenda. The APA looks forward to the enhancement of physiotherapy clinical practice through better access to imaging reports in the PCEHR.