NORTHERN TERRITORY GOVERNMENT

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Dear Ms Edwards

Re: Independent Review of Health Providers Accessibility to Medicare card numbers

Thank you for your letter dated 18 August 2017 regarding the announcement of the independent review of accessibility by health providers of Medicare card numbers.

The Northern Territory (NT) is pleased to provide a submission in response to the questions raised within the discussion paper (enclosed).

Yours sincerely

Professor Catherine Stoddart
9. September 2017

Independent Review of Health Providers Accessibility to Medicare card numbers – Northern Territory Submission

Following the Australian Government's announcement on 10 July 2017 in relation to an independent review of accessibility by health providers of Medicare numbers, on 18 August 2017, the Northern Territory (NT) Department of Health was invited to make a submission addressing the questions raised within the discussion paper released by the review panel.

The Northern Territory is pleased to provide the following submission, following the same numbering system as the discussion paper.

1. **Patient control and awareness of Medicare details.** While the NT considers that overall, patients generally have sufficient control and awareness of their Medicare card details, it is nonetheless the case that a proportion of patients, and particularly Aboriginal and Torres Strait Islander people living in remote communities, are not aware of these details. Further, there is evidence that it has become more difficult to obtain support for patients to identify their Medicare card details. In the NT, where around 27 per cent of the population identify as Aboriginal and Torres Strait Islander, these twin difficulties are readily observable.

2. **Identity requirements when accessing health services.** The NT health services place significant emphasis on patient confidentiality and information security. It is considered that a Medicare card is a sufficient source of identifying information for patients to access health services. The NT does not support introducing additional identity requirements for this purpose as this has the potential to put added pressure on remote clinics and impact disproportionately on remote (particularly Aboriginal) people.

   If remote Aboriginal residents travel to urban areas either socially or are transferred from a primary health clinic to an acute setting as medically required, they are unlikely to bring their Medicare cards with them. In short, it would be logistically challenging and impractical to require all patients to provide more than one type of identification aligning to their Medicare card. Further, any such requirement must not be able to be used as a reason to deny access to essential health care.

3. **Adequacy of HPOS access controls.** The current arrangement of providing access to individuals rather than to sites has both strengths and weaknesses as a control to assist in protecting Medicare information and prevent fraudulent access. On the one hand, it could be argued that access can be more tightly controlled with individual-based access, but on the other hand, site-based access would be more convenient and could allow greater security when staff change because the onus of security moves from the individual to the organisation.

4. **Moving HPOS authentication from PKI certifications to PRODA.** NT notes the potential for some impact on health professionals if they were required to move from an individual or site level PKI certificate to a PRODA account. This is associated largely with the more elaborate access process and possible slower system speeds.

Notwithstanding this, the NT supports moving to PRODA as it would provide an extra level of security with a three part authentication making user access more difficult to share. We also believe that the three year timeframe is reasonable.

Issues to consider in this move include the following:

- Authentication would need to be via email as there are 'dead zones' for mobile phone communications in certain areas of some NT public hospitals
- each applicable frontline staff member would need to go through the application process to set up their own unique PRODA account as part of their job requirement
- strict protocols would need to be introduced for closing PRODA accounts promptly when a staff member moves out of the relevant role.

The NT supports a review of the HPOS Terms and Conditions in the interim to strengthen security of data.

5. **Action on inactive PRODA accounts and PKI certificates.** The NT supports suspending inactive PRODA accounts particularly as these follow the individual and not the organisation. It is recommended that any suspension of a certificate is notified to the site service provider at the same time as the doctor. Processes for extension or renewal of delegations in HPOS must be simple and time efficient. Given the involvement of temporary Locum staff, a period of up to 6 months of inactivity could be considered before an account is suspended.

6. **Time limits on delegate arrangements.** It is acknowledged that there is a balance to be struck here, as elsewhere, between convenience and security. If a time limit was seen to be necessary, then the setting of such limits should be managed by each state's/territory's health system manager. This will ensure that the duration of a particular delegate arrangement is matched to that doctor's employment status and period

7. **Batch requests for Medicare card details.** As many patients access multi-specialty care and the NT primary health care centres provide or host specialist services (especially in remote communities), batch requests are required to streamline processes. The NT does not support imposing further conditions for batch Find a Patient requests. Operation staff already report on the perceived inefficiency of current limits on requests.

8. **Provider enquiries line.** Where access cannot be gained through online systems, or it provides difficult to find a Medicare card number via that route, the health professional needs an alternative option to obtain the required information, viz. the provider enquiries line. Limiting the availability of the enquiries line could result in storage of Medicare cards and/or information in the clinic location, which in turn presents a higher security risk.

9. **Information about health professional obligations.** The NT considers that the information available to health professionals regarding their obligations to protect Medicare card information (including the terms and conditions for accessing this information online) is sufficiently clear and generally understood.

10. **Medicare cards as evidence of identity.** The NT is supportive of Medicare cards continuing to be used as a form of evidence of identity, particularly for accessing medical services.