# Healthcare Identifiers Service Annual Report 2021–22









### **Acknowledgment of Country**

Services Australia acknowledges the Traditional Custodians of the lands we live on. We pay our respects to all Elders, past and present, of all Aboriginal and Torres Strait Islander nations.



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# Chief Executive Officer's Introduction

As the Chief Executive Officer of Services Australia and Chief Executive Medicare, I am pleased to share our achievements and challenges for the Healthcare Identifiers Service (HI Service) in 2021–22.

The HI Service experienced significant demand during the year due to the ongoing COVID-19 pandemic and its associated challenges.

In keeping with our Corporate Plan for 2021–22, we have kept the customer at the centre of our business. We improved the Individual Healthcare Identifier (IHI) service in myGov, making it even easier for people who are not eligible for Medicare to access proof of their COVID-19 vaccinations. With all states and territories in Australia requiring evidence of COVID-19 vaccinations during 2021–22, take up of the IHI service was extraordinary. Nearly 845,000 people in this cohort received an IHI in 2021–22, up from 32,067 in 2020–21.

We collaborated with other agencies to improve and increase the use of healthcare identifiers. This included working with the Department of Health and the Australian Digital Health Agency (ADHA). We also contributed to the development of the ADHA's National Healthcare Interoperability Plan.

We worked with many partners and stakeholders to maintain and improve the HI Service for our customers. I thank them for their ongoing collaboration and contribution.

I especially thank our staff for their work in keeping the HI Service operating as a critical element of digital health during the COVID-19 pandemic and another difficult year. Their efforts are appreciated.

Services Australia is proud to operate the HI Service and it is my privilege to present the HI Service annual report for 2021–22.

Rebecca Skinner PSM

Chief Executive Medicare Chief Executive Officer Services Australia

### Introduction

Services Australia administers the Healthcare Identifiers Service (HI Service) on behalf of the Australian Government and state and territory governments. We deliver it under an agreement with the Australian Digital Health Agency (ADHA).

The *Healthcare Identifiers Act 2010* (HI Act) and Healthcare Identifiers Regulations 2020 (regulations) set the framework and rules for the HI Service.

This annual report captures the details of our activities, finances and operations for the 2021–22 financial year.

### **ABOUT THE HI SERVICE**

The HI Service is a national system for identifying people, healthcare providers and healthcare organisations. The service is the foundation of digital health in Australia and a cornerstone for the My Health Record system. Accurate identification in health systems is a critical requirement to transfer patient care information between providers and organisations. The best health systems in the world use a single patient identifier. The HI Service provides that identifier for people in Australia and ensures health systems associate information with the right patient and provider at the point of care.

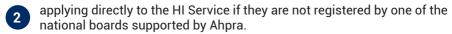
The HI Service assigns people, healthcare providers and healthcare organisations a unique 16-digit number. This allows electronic systems across the national healthcare system to identify them correctly.

Healthcare identifiers are automatically assigned to people when they enrol in Medicare. People who are not eligible for Medicare can register for a healthcare identifier online or submit a paper form.

Information linked to a healthcare identifier is limited to demographic details, such as name, date of birth and gender. The identifier does not contain healthcare information.

Healthcare providers are assigned a healthcare identifier by:





Healthcare organisations can request a healthcare identifier by applying directly to the HI Service.

### **OUR RESPONSIBILITIES AS THE HI SERVICE OPERATOR**

As the HI Service Operator, our responsibilities are to:

- assign healthcare identifiers to people, healthcare providers and healthcare organisations
- work with Ahpra to maintain a single, complete record of provider healthcare identifiers
- administer secure processes for sharing healthcare identifiers with healthcare providers, healthcare organisations and contracted service providers
- disclose healthcare identifiers to contracted service providers that help manage health information for healthcare organisations
- disclose healthcare identifiers to healthcare providers and healthcare organisations
- · keep a log of every time a healthcare identifier is accessed or retrieved
- maintain the Healthcare Provider Directory
- share information with key stakeholders about the HI Service
- provide reports to the ADHA about the finances and operations of the HI Service
- supply data and analytical information to the ADHA to identify areas for service improvement for our users.

### THE YEAR IN REVIEW

In 2021–22, there was a steady growth in active identifiers and increased connections using the HI Service. During the year we:



assigned 1,284,540 healthcare identifiers to people



collected or assigned 48,011 healthcare identifiers for healthcare providers



assigned 3,023 healthcare identifiers to healthcare organisations



assigned 11 registration numbers to contracted service providers



published 4,197 entries in the Healthcare Provider Directory for consenting healthcare providers



published 609 entries in the Healthcare Provider Directory for healthcare organisations



responded to 223,404 enquiries from people and healthcare providers. Enquiries included requests for healthcare identifiers and questions about registering with the HI Service.

We also implemented a number of system improvements to the HI Service for both customers and healthcare providers. This included updates to the IHI service in myGov and functions in the Health Professional Online Services (HPOS).

### **Delivering HI Service improvements**

As part of ongoing improvement, and in consultation with the ADHA, we enhanced the HI Service during 2021-22.

We did this through:



### Supporting simple online access to proof of COVID-19 vaccinations.

All states and territories in Australia required people to show evidence of COVID-19 vaccinations during 2021-22. It was important to provide people with a simple means of accessing their proof. Prior to this improvement, people not eligible for Medicare could not easily access digital evidence. These people can now both request an IHI and access vaccination proof in the IHI Service through myGov. This includes international students, visitors and workers, and those who are no longer eligible for Medicare.

The response was tremendous and more than 700,000 people used the service to access their proof of COVID-19 vaccinations.



### Automating publishing of organisation details in the Healthcare Provider Directory (HPD).

The HI Service is authorised under the HI Act to publish healthcare provider business and contact details to the HPD. The HPD is a 'white pages' for other listed healthcare providers. We automated the publishing process for non-personal business information, which removes the onus on organisations to publish their details.



We updated the HI Service and My Health Record organisation registration online and paper forms.

The changes ensure applicants are aware of their obligations under the My Health Records Act 2012 and My Health Records Rule 2016. Applicants must now declare they understand their obligations before completing their registration.



✓ We collaborated with the ADHA on a number of projects, including the development of the ADHA's National Healthcare Interoperability Plan.

The plan aims to better connect Australia's digital health environments to improve health outcomes. We provided comprehensive information to the ADHA to offer insights into our customers' experience using the HI Service. This knowledge will help inform future actions to improve services and products as the plan evolves.

### **ASSIGNMENT OF HEALTHCARE IDENTIFIERS**

The HI Act defines 3 types of healthcare identifiers:

- Individual Healthcare Identifier (IHI) for healthcare recipients
- Healthcare Provider Identifier—Individuals (HPI-I)
   for individual healthcare providers
- Healthcare Provider Identifier—Organisations (HPI-O) for healthcare organisations.

Organisations with an HPI-O can create a hierarchy or 'network' of HPI-Os according to the organisation's requirements. For example, to identify important business areas or functions, or for group healthcare organisations such as franchises.

Table 1: Number of identifiers assigned

Identifiers	2020-21	2021-22	% change since 2020-21	Total 1 July 2010 to 30 June 2022
Assigned IHIs	461,265	1,284,540	178.5%	31,070,410
Assigned HPI-Is	45,700	48,011	5.1%	1,030,022
Assigned HPI-Os	2,513	3,023	20.3%	24,450

Refer to Table 2 for the increase in assigned identifiers.

Table 2: Number of IHIs assigned to people who are not eligible for Medicare

IHIs	2020-21	2021-22	% change since 2020-21	Total 1 July 2010 to 30 June 2022
Assigned IHIs	32,067	844,970	2,535.0%	877,065

This is a subset of the number of identifiers assigned in Table 1. The increase resulted from the requirement for people in Australia, including those not eligible for Medicare, to provide evidence of COVID-19 vaccination during 2021–22.

# DISCLOSURE OF HEALTHCARE IDENTIFIERS FOR AUTHORISED PURPOSES

Under the HI Act, we are authorised to disclose healthcare identifiers to:

- healthcare providers to communicate and manage patient information as part of their healthcare
- people who want to know their own healthcare identifier
- registration authorities to assign healthcare identifiers to their registrants
- entities that issue security credentials to authenticate a provider's identity in electronic transmissions
- · the My Health Record System Operator for the My Health Record system.

### DISCLOSURE OF HEALTHCARE IDENTIFIERS FOR INDIVIDUALS

Registered healthcare providers and healthcare organisations access their patients' IHIs when their health system software interacts with the HI Service using the authorised web service channel. Appropriate software and approved authentication technology is required to use the web service channel.

People can also access their own IHI number:

- · by contacting us
- via their Medicare online account or Express Plus Medicare mobile app (for Medicare-enrolled people)
- via the IHI Service in myGov (for people not eligible for Medicare).

Each time the HI Service discloses an IHI, it counts as a disclosure under the HI Act. The number of disclosures does not represent the number of people who have an IHI. For example, a healthcare provider may search for a patient's IHI each time they have an appointment. Each search is counted as a disclosure.

Table 3: Number of Individual Healthcare Identifiers disclosed

IHI disclosures	2020-21	2021-22	% change since 2020-21
IHIs disclosed by telephone and service centres	3,282	91,779	2696.44%
IHIs disclosed through web services	345,650,256	454,459,036	31.48%

The number of IHIs disclosed by telephone and service centres increased significantly in 2021–22. This was driven by people who are not eligible for Medicare registering for an IHI to access proof of their COVID-19 vaccinations.

# DISCLOSURE OF HEALTHCARE IDENTIFIERS FOR HEALTHCARE PROVIDERS AND ORGANISATIONS

In 2021–22, we disclosed 1,433,028 HPI-Is and HPI-Os in accordance with our obligations under the HI Act. We made the disclosures to entities that authenticate healthcare providers and organisations in digital health transmissions.

Table 4: Number of HPI-Is and HPI-Os disclosed

HPI-I and HPI-O disclosures	2020-21	2021-22	% change since 2020-21
HPI-Is and HPI-Os disclosed via web services	762,351	1,433,028	87.97%

The increase in disclosure of identifiers for healthcare providers and organisations during 2021–22 corresponded with increased use of the HI Service.

### PROVISION OF THE HEALTHCARE PROVIDER DIRECTORY

Healthcare providers and healthcare organisations use the HPD to access information about each other.

During 2021–22, the number of published healthcare provider and organisation details increased by 4,806. This brought the total number of entries published since 1 July 2010 to 41,244.

# POLICIES, PROCESSES AND SYSTEMS USED TO OPERATE THE HI SERVICE

The HI Service operates with well-defined policies, procedures, processes and systems.

#### **POLICIES AND PROCESSES**

HI Service operational policies and procedures are available for staff who manage enquiries from people and healthcare providers. We review these documents every 6 months or when changes are required, whichever occurs first.

### HEALTHCARE IDENTIFIER INFORMATION SYSTEMS

We maintain systems that contain:

- IHI information demographic details and addresses
- HPI-I information demographic details, contact details and field of practice
- HPI-O information organisation names, contact details and services provided.
   We also capture demographic details of the responsible officer and organisation maintenance officer where applicable.

No health information is stored in the HI Service.

### MANAGING BUSINESS CONTINUITY PLANS

As part of our program assurance responsibilities, we undertake annual business continuity and disaster recovery planning. During 2021–22, we reviewed and adapted our plans to prioritise our critical functions. This ensured we remained well placed to be responsive and maintain our essential services during the pandemic.

# INTERACTIONS WITH SOFTWARE DEVELOPERS AND CONTRACTED SERVICE PROVIDERS

Throughout 2021–22, we continued to interact with software developers and contracted service providers.

### SOFTWARE DEVELOPERS

Software developers build practice management software and patient administration systems for healthcare providers. We support them in developing software that is also compatible with the HI Service.

In 2021–22, 74 software developers registered to build software that is compatible with the HI Service.

Software developers can find information on connecting with the HI Service at servicesaustralia.gov.au/hiservicedev

### CONTRACTED SERVICE PROVIDERS

Healthcare organisations can engage ICT services to communicate and manage health information.

These ICT services register with us as contracted service providers (CSP).

Once registered, a healthcare organisation can link to the CSP in the HI Service.

This allows them to access the HI Service on behalf of the healthcare organisation.

In 2021–22, 11 contracted service providers were registered.

### Service level results

The performance of the HI Service is measured against service levels agreed between Services Australia and the ADHA.

Table 5: Service levels and results 2021-22

Service level description	Target	Result
Platform availability	≥ 99.5%	99.98%
Platform responsiveness (within Services Australia's environment is < 4 seconds)	≥ 99.0%	99.98%
Call centre responsiveness (average speed of answer)	≤ 2 minutes	2 minutes 46 seconds
Call abandonment rate	< 10%	9.44%
Online service request (successful validation requests processed within < 5 minutes)	≥ 95%	100.00%
Online service request – staff intervention (request resolved within 5 business days from submission)	≥ 95%	60.85%
Paper form and mail-out fulfilment (processed within 10 business days of completed application)	≥ 95%	96.98%
Complaints (acknowledged within 2 business days)	≥ 98.0%	100.00%
Complaints (responded to within 15 business days)	100%	100.00%
System incident management (resolved within timeframe applicable to the severity level)	≥ 80.0%	100.00%
Security policy compliance (breach of)	= 0	0
Data source integration – eBusiness Gateway (submissions integrated within 2 business days)	≥ 80%	100.00%

During 2021–22, we met and exceeded most targets. However, factors contributed to us not meeting 2 service levels during the year. The combination of these affected the Call centre responsiveness and the Online service request – staff intervention service levels.

### HI SERVICE APPLICATIONS

There was an extraordinary increase in HI Service applications (see Table 2) and related enquiries.

A significant number of people who were not eligible for Medicare applied for an IHI so they could access proof of their COVID-19 vaccinations online. This was an increase of 2,535 per cent compared to 2020–21, and generated more than 91,000 requests for IHI disclosure over the phone and in Service Centres. Enquiries from Medicare-enrolled people also increased as they updated their personal details held in the HI Service. Medicare-enrolled people could get their vaccination proof using their Medicare online account through myGov or the Express Plus Medicare mobile app.

# NATIONAL AUTHENTICATION SERVICE FOR HEALTH (NASH) PUBLIC KEY INFRASTRUCTURE (PKI) CERTIFICATES

Services Australia's PKI Organisation Certification Authority certificate was renewed in March 2022. Every organisation using a NASH PKI to connect with the HI Service and the My Health Record system was required to also renew their NASH PKI certificate. Many organisations took the opportunity to update their information. This resulted in an increased number of enquiries to the HI Service.

In response to the increase in the demands on both HI Service and NASH PKI, we:

- deployed additional staff when possible to answer calls and process requests
- investigated where improvements could be made to existing processes to make sure that similar factors, if occurring again, would not result in the same outcomes.

These actions improved the service level results for the remainder of the financial year.

# Communication activities to support the HI Service

We continued communication activities throughout 2021–22 to support the HI Service. This included a complete re-evaluation of the HI Service healthcare provider content on the Services Australia website.

We made changes to enhance the user experience. We simplified the content to make it more relevant for our providers, and improved navigation so that information was easier to find.

## **Operating statement**

The operating statement for the 2021–22 financial year details the amounts invoiced to the ADHA to fund the operation of the HI Service.

Table 6: HI Service operating statement 2021-22

	Qtr 1 Jul-Sep \$'000	Qtr 2 Oct-Dec \$'000	Qtr 3 Jan-Mar \$'000	Qtr 4 Apr-Jun \$'000	2021-22 Total \$'000
Income					
Operational revenue	2,281	1,929	2,024	7,412	13,646
Total income	2,281	1,929	2,024	7,412	13,646
Expenditure					
HI Service Program Management					
Staff costs	554	329	582	542	2,007
Contractors	20	18	15	1	54
Staff related costs	26	54	22	35	137
Travel	_	_	_	_	_
Other operational costs	55	39	54	20	168
	655	440	673	598	2,366
HI Service Delivery					
Staff costs	138	251	114	5,361	5,864
Contractors	_	_	_	_	_
Staff related costs	_	_	_	_	_
Travel	_	_	_	_	_
Other operational costs	6	3	6		15
	144	254	120	5,361	5,879
Information Technology					
Staff costs	166	122	222	186	696
Contractors	633	430	326	584	1,973
Staff related costs	_	_	_	_	_
Travel	_	_	_	_	_
Computer hardware and software	683	683	683	683	2,732
	1,482	1,235	1,231	1,453	5,401
Total expenditure	2,281	1,929	2,024	7,412	13,646

Fourth quarter figures were significantly higher than the previous quarters due to deferred staff costs of \$5.361 million. Deferred costs related to expanded telephony services to support the increase in calls to the HI Service and NASH PKI, and processing IHI registration forms for people not eligible for Medicare.

### Security, privacy and confidentiality

The *Privacy Act 1988* (the Privacy Act) regulates the way Services Australia collects, handles and discloses personal information. We comply with the secrecy provisions in the legislation governing the programs we deliver.

We have strict controls and policies in place for the access and disclosure of personal information for all programs. We apply appropriate penalties for unauthorised access.

### **ONLINE SECURITY**

The HI Service uses online authentication systems to protect the security and privacy of customer information. This includes information transmitted between the HI Service, healthcare providers and the My Health Record system. The HI Service uses the following authentication systems:

- PRODA a 2 step online authentication system used by providers to securely access government online services
- PKI a set of procedures and technology that provides security and confidentiality for electronic business.

#### PRIVACY MANAGEMENT PROCEDURES

We adhere to policies and procedures to protect all personal information. This includes:

- collecting all personal information in accordance with the Privacy Act
- all staff completing privacy training
- · maintaining a Privacy Management Plan
- undertaking privacy impact assessments and audits where required
- providing up-to-date privacy advice
- complying with specific processes and legislation when disclosing information
- investigating complaints and suspected breaches.

The HI Act also imposes restrictions on the collection, use or disclosure of healthcare identifiers and identifying information. It is an offence for a person or organisation to collect, use or disclose certain healthcare identifiers or identifying information unless authorised by the HI Act or another law.

A breach of the HI Act relating to a person is a breach of the Privacy Act, and the Office of the Australian Information Commissioner (OAIC) may investigate.

### **DEALING WITH BREACHES**

If a person suspects their healthcare identifier or identifying information has been inappropriately accessed, they can contact us for help. They can also contact their healthcare provider or ask the OAIC to investigate. The HI Service keeps a full audit of all system interactions for use in investigations if required.

On 22 February 2018, the Notifiable Data Breaches Scheme under the Privacy Act came into effect. Under the scheme, Services Australia must notify the OAIC of affected people if there is unauthorised:

- access to personal information
- disclosure or loss of personal information likely to result in serious harm to the person whose personal information is involved.

The HI Service had no notifiable data breaches in 2021–22.

### **Audits and reviews**

There were no audits or reviews of the HI Service during 2021–22.

