



Australian Government
Services Australia

Healthcare Identifiers Service Operator

Healthcare Identifiers Service Annual Report 2018–19



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1. Executive summary

The Healthcare Identifiers Service (the HI Service) is a foundational service for the broader digital health system. The HI Service started on 1 July 2010 and operates under the *Healthcare Identifiers Act 2010* and the *Healthcare Identifiers Regulations 2010*.

The Australian Government, along with state and territory governments, fund the HI Service through the Australian Digital Health Agency (the ADHA). Services Australia (the department) operates the HI Service under an arrangement with the ADHA.

During the 2018–19 financial year, the department worked with the ADHA to improve the HI Service. This included the implementation of an online channel to streamline and automate the registration process for healthcare organisations.

The HI Service continued to grow in 2018–19, with the average daily transactions exceeding 1,015,000, up from more than 605,000 daily transactions in 2017–18.

1.1. Appreciation

I'd like to thank our staff for their hard work during the year on this vital service, improving safety for patients and increasing efficiency for healthcare providers. Communication is essential in healthcare, and the HI Service means health professionals can identify patients and share health information with other providers accurately and efficiently.

I would also like to extend my thanks to the ADHA. Together we took a user-centric approach to set up an online registration channel for healthcare organisations. This makes it easier and quicker for them to register and have their applications processed. What previously took up to 4 weeks now only takes minutes.

We will continue our partnership with the ADHA to further improve services for our customers.



Paul Creech

A/g Chief Executive Medicare

2. Introduction

Services Australia (the department), through the Chief Executive Medicare, is the Service Operator of the Healthcare Identifiers Service (the HI Service). We deliver the HI Service under an agreement with the Australian Digital Health Agency (the ADHA).

The ADHA is responsible for improving health outcomes through the delivery of digital health services and systems in Australia. This includes the HI Service.

Healthcare identifiers were introduced on 1 July 2010 as a foundational service for digital health and as a building block for the My Health Record system.

2.1. What is the HI Service?

The HI Service is a national system that assigns a unique identifier to Australian healthcare recipients, healthcare providers and healthcare organisations. Healthcare identifiers help ensure the right health information is associated with the right person at the point of care.

A healthcare identifier is not a health record. It is a unique 16-digit number that identifies a person, a healthcare provider or a healthcare organisation. The identifying information is limited to demographic details, such as name, date of birth and gender, which are needed to uniquely identify a person or a healthcare provider. The *Healthcare Identifiers Act 2010* (the HI Act) specifies that identifiers can only be used for healthcare and related management purposes. There are penalties for misuse.

The HI Service automatically assigns a healthcare identifier to everyone with an active Medicare enrolment or registered with the Department of Veterans' Affairs (DVA).

People do not need a healthcare identifier to get healthcare or to claim Medicare benefits or rebates from a private health insurance provider. A person cannot be refused treatment if a healthcare provider is unable to obtain the person's healthcare identifier from the HI Service.

Healthcare identifiers are allocated to healthcare providers and healthcare provider organisations in the following ways:

- The Australian Health Practitioner Regulation Agency (AHPRA) allocates healthcare identifiers to healthcare providers.
- Healthcare providers apply directly to the HI Service if they are not registered by one of the national boards supporting AHPRA.
- Healthcare organisations apply directly to the HI Service.

2.2. Our responsibilities as HI Service Operator

As the HI Service Operator, our responsibilities are to:

- assign healthcare identifiers to individuals, healthcare providers and healthcare provider organisations
- work with AHPRA to maintain a single, complete record of all assigned healthcare identifiers
- administer secure processes for sharing healthcare identifiers with healthcare providers, healthcare provider organisations and contracted service providers
- disclose healthcare identifiers to healthcare providers and healthcare provider organisations
- disclose healthcare identifiers to contracted service providers that help manage health information for healthcare provider organisations
- log each time a healthcare identifier is accessed or retrieved
- maintain the Healthcare Provider Directory
- provide information about the HI Service
- provide reports to the ADHA about the finances and operations of the HI Service.

2.3. Operating framework for the HI Service

The HI Service is designed to support broader digital health system initiatives in Australia.

The HI Act and Healthcare Identifiers Regulations 2010 set the framework and rules for the HI Service. There were no amendments to the HI Act and Regulations in 2018–19.

The Australian Government, along with state and territory governments, fund the HI Service through the ADHA. A service agreement is managed between the department and the ADHA. This agreement outlines the governance arrangements for the operation of the department's digital health functions, including the HI Service.

2.4. Year in review—a summary

The HI Service continued to grow in 2018–19, with the average daily transactions of 1,015,000, up from more than 605,000 daily transactions in 2017–18. The number of healthcare provider organisations accessing the HI Service also increased, largely due to the expansion of the My Health Record system.

We worked with the ADHA to improve the HI Service and established an online registration channel for healthcare organisations. The online registration channel automated what was previously a paper-based registration process for organisations to obtain a unique healthcare identifier. This reduced the 4 week processing timeframe down to minutes.

During 2018–19, we:

- assigned 568,896 healthcare identifiers to individuals
- collected or assigned 61,525 healthcare identifiers from or to healthcare providers
- assigned 3,586 healthcare identifiers to healthcare provider organisations
- assigned 4 registration numbers to contracted service providers
- published 2,220 entries in the Healthcare Provider Directory for consenting healthcare providers
- published 3,304 entries in the Healthcare Provider Directory for healthcare organisations.

In 2018–19, we responded to 19,127 enquiries from individuals and healthcare providers. Enquiries included requests for healthcare identifiers and questions about registering with the HI Service.

We received two complaints about the HI Service during 2018–19. The first was about the availability of after-hours technical support. In response, the department has offered to work with the particular organisation to identify and address any further issues as they arise. The second complaint was about customer service in programme support. In response, follow-up contact was made with the customer to answer their technical questions. We made improvements to service delivery and training guidelines in response to this complaint.

Table 1: Telephone calls answered

	2017–18	2018–19	% change since 2017–18
Total calls answered	14,740	19,127	+29.8%
Telephone Service Levels *	100%	100%	0%

The increase in total calls answered in 2018–19 is due to the increased number of registered healthcare providers and organisations.

*This applies to the new service level of calls answered with an average speed of less than 2 minutes.

3. Operation of the HI Service

3.1. Assignment of healthcare identifiers

The HI Act defines 3 types of healthcare identifiers:

- Individual Healthcare Identifier (IHI) numbers, for people receiving healthcare services
- Healthcare Provider Identifier—Individual (HPI-I) numbers, for healthcare providers
- Healthcare Provider Identifier—Organisation (HPI-O) numbers, for healthcare organisations such as hospitals or general practices.

Individuals

During 2018–19, the HI Service maintained IHIs allocated since 1 July 2010 and assigned IHIs to people enrolling in Medicare or registering with DVA. The total number of IHIs assigned to individuals between 1 July 2010 and 30 June 2019 was 28,803,633.

Table 2: Assigned IHIs

	2017–18	2018–19	% change since 2017–18
Assigned IHIs	565,416	568,896	+0.6%

Individual healthcare providers

Under Section 9 of the HI Act, the HI Service Operator and national registration authorities (as prescribed in the Regulations) are authorised to assign healthcare identifiers to individual healthcare providers. During 2018–19, AHPRA was the only national registration authority authorised to assign HPI-Is.

In 2010, the HI Service allocated 5.1 million HPI-I numbers to AHPRA to assign to its registrants. The HI Service allocated these numbers for AHPRA's use only.

Individual healthcare providers who are not covered by AHPRA can apply directly to us for a healthcare identifier.

The total number of HPI-Is assigned to healthcare providers between 1 July 2010 and 30 June 2019 was 889,891.

Table 3: Assigned HPI-Is

	2017–18	2018–19	% change since 2017–18
Assigned HPI-Is	37,723	61,525	+63.1%

The increase in HPI-Is assigned is largely due to the regulation of paramedicine under the National Registration and Accreditation scheme in December 2018. This allowed AHPRA to assign HPI-Is to all registered paramedics in 2018–19.

Healthcare provider organisations

Healthcare provider organisations apply directly to us for a HPI-O.

When an organisation is assigned a HPI-O (referred to as a ‘seed HPI-O’), nominated staff in the organisation can create a hierarchy of HPI-Os (referred to as ‘network HPI-Os’). A hierarchy structure is flexible and set up according to the organisation’s requirements. For example, a hierarchy can identify important business areas or functions in an organisation’s structure, or to group healthcare organisations—such as franchises—under the one hierarchy. The total number of HPI-Os assigned to healthcare provider organisations between 1 July 2010 and 30 June 2019 was 16,926.

Table 4: Assigned HPI-Os

	2017–18	2018–19	% change since 2017–18
Assigned HPI-Os	2,500	3,586	+43.4%

The increase in assigned HPI-Os in 2018–19 is due to the ADHA working with healthcare provider organisations across the country, including general practices and pharmacies, to help connect them to the My Health Record system. Healthcare providers and healthcare provider organisations must be registered with the HI Service before they can use the My Health Record system.

3.2. 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 a patient’s health information as part of their healthcare
- people who ask for their own healthcare identifier
- registration authorities—to assign healthcare identifiers to their registrants
- entities that issue security credentials—to authenticate a healthcare provider’s identity in electronic transmissions
- the My Health Record System Operator for the My Health Record system.

Disclosure of healthcare identifiers for individuals

We give IHIs to people and healthcare providers through a number of channels:

- People can get their IHI once they pass a security check by telephone or in person at one of our service centres.
- People can also access their IHI number from their Medicare online account.
- Registered healthcare providers and organisations can search for healthcare identifiers using the web service channel. They must have the appropriate software and approved authentication technology to use the web service channel.

Each time the HI Service discloses an IHI it is counted as a disclosure under the HI Act. The number of disclosures does not represent the number of individuals who have an IHI or the number of times a person has seen a healthcare provider. A healthcare provider may search for an IHI each time a patient has an appointment, resulting in multiple disclosures for one person.

Table 5: Disclosed IHIs

	2017–18	2018–19	% change since 2017–18
IHIs disclosed by telephone and service centres	1,156	274	-76.3%
IHIs disclosed through web services	220,971,955	370,805,053	+67.8%

The significant decrease in the number of IHIs disclosed by telephone and service centres is due to healthcare providers conducting their business online. We have encouraged healthcare providers, through letters and website content, to update their details and manage their business online.

The increase in disclosed IHIs is due to the increase in the number of healthcare providers registered in the HI Service to access the My Health Record system.

Disclosure of healthcare identifiers for healthcare providers and healthcare provider organisations

In 2018–19, we disclosed 518,662 HPI-Is and HPI-Os. In line with legislative requirements, the disclosures were made to entities that authenticate healthcare providers and organisations in digital health transmissions.

Table 6: Disclosed HPI-Is and HPI-Os

	2017–18	2018–19	% change since 2017–18
Disclosed HPI-Is and HPI-Os	97,825	518,662	+430.2%

The significant increase in disclosed HPI-Is and HPI-Os in 2018–19 is due to the increased uptake of the My Health Record system by individual healthcare providers and organisations. Disclosure of HPI-Is and HPI-Os assists in the operation of the My Health Record and is used for the purpose of authenticating a healthcare provider’s identity in electronic transmissions.

3.3. Healthcare Provider Directory

We maintain the Healthcare Provider Directory. This is a requirement under Section 31 of the HI Act. Healthcare providers and healthcare provider organisations use this directory to access information about each other.

Healthcare providers must give consent for their contact details to be published in the directory. We automatically publish the business details of healthcare organisations in the directory—consent is not required by the organisations.

The number of healthcare providers who consented to have their details published in the directory increased in 2018–19. A total of 5,524 new entries were published. This brings the total number of entries published between 1 July 2010 and 30 June 2019 to 31,723.

3.4. Policies, processes and systems used to operate the HI Service

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

Policies and processes

HI Service operational policies and procedures are available for staff who manage general public and healthcare provider enquiries.

We review our policies and procedures every 6 months or when a change needs to be made, whichever occurs first.

During 2018–19, we updated our policies and procedures about the new online organisation registration channel, which was implemented in July 2018.

HI Service information is available from our website, **humanservices.gov.au**, which includes:

- what a healthcare identifier is and how it is used
- an overview of the HI Service, including the HI Service roles and responsibilities
- how healthcare providers and healthcare provider organisations can register for and access healthcare identifiers
- how to register and update details and links to related information.

Healthcare identifier information systems

We maintain systems that contain:

- IHI information (demographic details and addresses)
- HPI-I information (demographic details, addresses and field of practice)
- HPI-O information (organisation names, addresses, services provided and 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

We are also responsible for managing disaster recovery and business continuity for the HI Service. The HI Service is included in the department's Business Continuity Plan. We review and update this plan as part of our business planning cycle.

3.5. Collaboration to deliver digital health initiatives

In 2018–19, we continued to work with the ADHA to progress the national digital health agenda.

This year, we delivered parts of the Australian Government's 2017–18 Budget measure, *My Health Record—continuation and expansion*. This included an online registration service to replace a paper-based one, significantly reducing processing times.

In our role as HI Service Operator we also continued to work with, and securely exchange data with AHPRA.

3.6. Interactions with software vendors and contracted service providers

As a foundational service for digital health, we provide efficient and secure management of patient health information for healthcare providers. We partner with software vendors and IT service providers to operate an effective HI Service.

Software vendors

In 2018–19 we continued to engage with software vendors to develop their products for the HI Service.

We publish updates to software specifications in the HI Service—Change Guide. This guide is available from our website **humanservices.gov.au**

To connect with the HI Service, software vendors must accept the HI Service licence agreement before they develop and test their software products. They need to:

- Complete and pass all mandatory conformance requirements of the compliance, conformance and accreditation (CCA) process and sign a Declaration of Conformity. The CCA process is a set of mandatory, conditional and optional requirements on how software products store, use and share healthcare identifiers for clinical use.
- Complete a testing process to get their HI Service Notice of Connection (NOC). The HI Service NOC testing process validates the software's ability to interact successfully with the HI Service without adverse effects on the department's systems.

In 2018–19, there were 78 registrations by software vendors to develop compatible software for the HI Service.

Contracted service providers

Contracted service providers are engaged by healthcare organisations to provide ICT services for the communication or management of health information.

A contracted service provider applies to us for a unique HI Service registration number. Once they are registered, a healthcare provider organisation can link the contracted service provider in the HI Service. When linked, the contracted service provider can access the HI Service on behalf of the healthcare provider organisation.

4. Service levels

During 2018–19, we agreed to 11 new service levels with the ADHA for operating the HI Service. The new service levels monitor performance on:

- platform (system) availability
- platform (system) responsiveness
- call centre responsiveness
- call abandonment
- online service requests (measuring success of online registrations)
- manual processing of registrations
- complaints management
- system incident management
- security policy compliance
- data source integration (eBusiness Gateway)
- batch file processing.

We worked closely with the ADHA on the new service levels. Until we fully transition to the new service levels, we will report to the ADHA against a combination of new and previous service levels.

Manual processing of registrations

The service level requirement for manually processed registrations is:

- 80% of paper-based and online forms processed within 20 business days.

We met this service level requirement over the course of the year with an overall result of 96%.

However, due to a significant increase in pharmacy registrations, this performance measure was not met for the month of October 2018. To address this we streamlined our processes and increased staffing levels.

System incident management

The service level requirements for system incident management are:

- Severity 1 incidents: 80% resolved within 4 hours
- Severity 2 incidents: 80% resolved within 12 hours
- Severity 3 incidents: 80% resolved within 48 hours.

We met all service level requirements for severity 2 and 3 incidents over the course of the year. However, the service level for a severity 1 incident that occurred in April 2019 was not met. This incident was a result of intermittent degradation of the HI Service from 8 pm. We were able to restore the service for users by 2 am. A major incident review is being prepared (at the time of writing this report) to identify strategies to mitigate future risks.

While the HI Service was operating as required in March, we do acknowledge that some users were unable to connect to the HI Service for a period following a certificate update (required to access the system). The underlying cause of the incident was a security certificate change that was not communicated to end users. We have taken steps to improve how we communicate to end users and we will continue to work with the ADHA on this.

5. Communication activities to support the HI Service

We publish information about healthcare identifiers for the general public, healthcare providers and organisations on our website **humanservices.gov.au**

People can learn what a healthcare identifier is, how it relates to My Health Record and the privacy protections in place.

Healthcare providers and software vendors can find out how to access a patient's identifier and how to apply for an organisational or individual provider identifier. They can also learn about the various software licence requirements.

The webpages include guides, contact details and HI Service licensed material for software vendors.

In 2018–19, we reviewed web content about healthcare identifiers as part of a large review of Medicare-related information on our website. We re-wrote web content to meet our Plain English standards and optimised user-friendly access to the website via a mobile device. We also published information for health professionals about the new online registration process.

6. Financial statements

During 2018–19, the HI Service Operator was funded through the ADHA. The operational expenditure for 2018–19 was \$10.6 million—an increase of \$1.5 million on 2017–18 expenses of \$9.1 million. There were no additional expenses for system enhancements this year.

Table 7: Financial statement 2018–19

Healthcare Identifiers Service Financial Statement for the year ending 30 June 2019.

	Qtr 1 Jul–Sep \$'000	Qtr 2 Oct–Dec \$'000	Qtr 3 Jan–Mar \$'000	Qtr 4 Apr–Jun \$'000	2018–19 Total \$'000
Income					
Operational Revenue	1,752	2,759	2,314	3,811	10,636
Total Income	1,752	2,759	2,314	3,811	10,636
Expenses					
HI Service Program Management					
Staff Costs	158	971	422	466	2,017
Contractors	71	31	71	43	216
Staff-Related Costs	–	–	1	–	1
Travel	–	–	–	–	–
Other Operational Costs	–	–	–	–	–
	229	1,002	494	509	2,234
HI Service Help Desk					
Staff Costs	280	416	214	222	1,132
Contractors	–	–	–	–	–
Staff-Related Costs	–	–	–	–	–
Other Operational Costs	8	7	7	7	29
	288	423	221	229	1,161
Privacy, Legal & SLA Reporting					
Staff Costs	11	60	42	82	195
Contractors	–	114	135	119	368
Travel	–	–	–	–	–
	11	174	177	201	563
Information Technology					
Staff Costs	166	167	218	584	1,135
Contractors	419	353	566	1,649	2,987
Staff-Related Costs	–	–	–	–	–
Travel	–	–	–	–	–
Computer Hardware & Software	638	638	638	638	2,552
	1,223	1,158	1,422	2,871	6,674
Total Expenses	1,751	2,757	2,314	3,810	10,632
Operating Surplus/(Deficit)	1	2	–	1	4

7. Security, privacy and confidentiality

The Privacy Act 1988 (the Privacy Act) regulates the way the department collects, handles and discloses personal information. We must also comply with a range of secrecy provisions in the legislation governing the programs we deliver.

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

7.1. Privacy management procedures

We adhere to the following procedures to protect all personal information:

- maintain a Privacy Management Plan that identifies specific and measurable privacy goals and targets
- all new staff attend induction privacy training, sign a declaration for handling personal information and abide by the undertaking in the document
- all staff attend annual privacy refresher training, acknowledge the declaration for handling personal information and abide by the undertaking in the document
- undertake privacy impact assessments for any project or activity that involves a significant change to the department's management of personal information or that might have a significant impact on an individual's privacy
- undertake proactive audits of access to personal information to identify any unauthorised access by departmental staff
- provide high-quality, up-to-date privacy advice to business units to encourage staff to identify and resolve any privacy issues that arise
- investigate complaints and staff reports of possible privacy breaches to make sure action is taken to address any ongoing risks
- use specific processes for releasing personal information to agencies or individuals (personal information is only disclosed in line with legislative requirements)
- inform all staff about their obligations to uphold privacy standards.

We collect all personal information in accordance with the Privacy Act. 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 (the OAIC) may investigate.

7.2. Dealing with breaches

If a person thinks 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 log of all their interactions, which is used in investigations.

There have been no privacy or confidentiality breaches by staff in relation to the HI Service since the service started on 1 July 2010.

On 22 February 2018, the Notifiable Data Breaches Scheme under the Privacy Act came into effect. Under the scheme, the department must notify affected individuals and the OAIC if there is unauthorised access, unauthorised disclosure or loss of personal information likely to result in harm to the person.

The department has had no notifiable data breaches reported for the HI Service since the Notifiable Data Breaches Scheme started.

7.3. Online authentication

The HI Service uses both Provider Digital Access (PRODA) and Public Key Infrastructure (PKI) to protect the security and privacy of information transmitted between the HI Service, healthcare providers and the My Health Record system.

PRODA is a two-step online authentication system used by providers to securely access government online services.

PKI is a set of procedures and technology that provides security and confidentiality for electronic business.

The Digital Transformation Agency has a framework in place (Gatekeeper PKI Framework 3.1) with requirements for issuing PKI certificates. The Gatekeeper PKI Framework governs the use of PKI in Government for the authentication of individuals and organisations. The HI Service complies with this framework.

8. Audits and reviews

The HI Service was audited and reviewed during 2018–19:

8.1. Internal audit—Healthcare Identifiers Service—Risk Management of Provider Registrations

The *Healthcare Identifiers Service—Risk Management of Provider Registrations* audit reviewed a project that established an online registration process for organisations delivering healthcare, such as hospitals and general practices. The online process enables an organisation to register for a HPI-O number online rather than via a paper-based process.

This audit reviewed the adequacy and effectiveness of controls implemented as part of these changes to ensure accurate, timely and managed registrations as well as privacy and security compliance.

The audit concluded that the project “*adhered to the key elements of the department’s Project Management Framework*”.

8.2. External review—Healthcare Identifiers Act and Service Review Nov 2018

Under Section 35 of the *Healthcare Identifiers Act 2010* (the HI Act), an independent review of the Healthcare Identifiers legislation and the Service must occur within 3 years of the start of Schedule 1 of the *Health Legislation Amendment (eHealth) Act 2015*.

The review ensures that the HI Act provides the regulatory support for the HI Service to operate efficiently and effectively. It also identifies any barriers to the identification of individuals, providers and organisations, to support the secure exchange of clinical information for healthcare.

The *Healthcare Identifiers Act and Service Review* was tabled in both Houses of Parliament on 3 April 2019. The Government is considering the latest review of the HI Act and Service in conjunction with state and territory governments in order to deliver a whole of government response.

Appendix A—HI Service information available at humanservices.gov.au

Our internet page offers:

- general HI Service information
- reference guides
- licensed material for software vendors
- HI Service forms for individuals, healthcare providers, contracted service providers and healthcare organisations.

Selected key information is outlined below.

General HI Service information for: Individuals Healthcare providers Healthcare organisations	About the HI Service
	Contact information
	Licence agreement
Reference guides	Healthcare organisation type for HI Service
	HI Service for health professionals
	HI Service user guide
Licensed material for Software vendors	Developers guide
	Services catalogue
	Change guide
	IHI searching guide
	Create newborn guide
	WSDL artefacts
	System Interface Specifications (SIS)
HI Service forms for:	Individuals
	Healthcare providers
	Contracted service providers
	Healthcare organisations

humanservices.gov.au