Memorandum of Understanding

Dated: 9 November 2012

Between:

The Commonwealth of Australia ("the Commonwealth")

And

The States and Territories, being

The State of New South Wales

The State of Victoria

The State of Queensland

The State of Western Australia

The State of South Australia

The State of Tasmania

The Australian Capital Territory

The Northern Territory of Australia

(each a "Party")

In relation to

Developing an Effective National EHealth Capability
Signed for and on behalf of the Commonwealth of Australia by

[Signature]

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia

Date 25.6.13

Signed for and on behalf of the State of New South Wales by

[Signature]

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales

Date

Signed for and on behalf of the State of Queensland by

[Signature]

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland

Date

Signed for and on behalf of the State of Western Australia by

[Signature]

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia

Date

Signed for and on behalf of the Northern Territory by

[Signature]

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia

Date

Signed for and on behalf of the State of Victoria by

[Signature]

The Honourable David Davis MLC
Minister for Health of the State of Victoria

Date

Signed for and on behalf of the State of South Australia by

[Signature]

The Honourable John Hill MP
Minister for Health of the State of South Australia

Date

Signed for and on behalf of the State of Tasmania by

[Signature]

The Honourable Michelle O’Byrne MP
Minister for Health of the State of Tasmania

Date

Signed for and on behalf of the Australian Capital Territory by

[Signature]

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory

Date
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia

Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales

Date 15/1/13

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland

Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia

Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia

Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria

Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia

Date

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O’Byrne MP
Minister for Health of the State of Tasmania

Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory

Date
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia

Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales

Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland

Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia

Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia

Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria

Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia

Date

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O'Byrne MP
Minister for Health of the State of Tasmania

Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory

Date
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia

Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales

Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland

Date 18.12.12

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia

Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia

Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria

Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia

Date

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O'Byrne MP
Minister for Health of the State of Tasmania

Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory

Date
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia
Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales
Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria
Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland
Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia
Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia
Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia
Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory
Date
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia

Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales

Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria

Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland

Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia

Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia

Date 3-2-13

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O’Byrne MP
Minister for Health of the State of Tasmania

Date
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia
Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales
Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria
Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland
Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia
Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia
Date

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O'Byrne MP
Minister for Health of the State of Tasmania
Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia
Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory
Date

Memorandum of Understanding in Relation to Developing an Effective National EHealth Capability, 9 November 2012
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia
Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales
Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria
Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland
Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia
Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia
Date

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O’Byrne MP
Minister for Health of the State of Tasmania
Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia
Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory
Date

Memorandum of Understanding in Relation to Developing an Effective National EHealth Capability, 9 November 2012
Signed for and on behalf of the Commonwealth of Australia by

The Honourable Tanya Plibersek MP
Minister for Health of the Commonwealth of Australia
Date

Signed for and on behalf of the State of New South Wales by

The Honourable Jillian Skinner MP
Minister for Health of the State of New South Wales
Date

Signed for and on behalf of the State of Victoria by

The Honourable David Davis MLC
Minister for Health of the State of Victoria
Date

Signed for and on behalf of the State of Queensland by

The Honourable Lawrence Springborg MP
Minister for Health of the State of Queensland
Date

Signed for and on behalf of the State of South Australia by

The Honourable John Hill MP
Minister for Health of the State of South Australia
Date

Signed for and on behalf of the State of Western Australia by

The Honourable Dr Kim Hames MLA
Minister for Health of the State of Western Australia
Date

Signed for and on behalf of the State of Tasmania by

The Honourable Michelle O’Byrne MP
Minister for Health of the State of Tasmania
Date

Signed for and on behalf of the Northern Territory by

The Honourable David Tollner MLA
Minister for Health of the Northern Territory of Australia
Date

Signed for and on behalf of the Australian Capital Territory by

Ms Katy Gallagher MLA
Minister for Health of the Australian Capital Territory
Date 24.12.12

Memorandum of Understanding in Relation to Developing an Effective National EHealth Capability, 9 November 2012
RECITALS

1. In entering this Memorandum of Understanding (MOU), the Commonwealth and the States and Territories (the Parties) recognise they have a mutual interest in developing an effective national eHealth capability that will lead to significant improvements in the quality and delivery of healthcare provided to consumers and the efficiency of the Australian health system. The Parties to this MOU acknowledge the need to work together in a continuous and collaborative way to achieve the potential benefits arising from eHealth.

2. The Parties recognise that implementing eHealth solutions and systems using national specifications, standards, services and infrastructure will minimise duplication and leverage existing and planned investments in serving the overall objective of improving patient care and the efficiency of the Australian health system.

3. The Parties recognise that some components of the national eHealth capability are transitioning from a developmental and early implementation phase and some aspects may move to an operational phase. The Parties reaffirm their commitment to the implementation of national eHealth capabilities and agree to maintain the momentum created from investments to date and to continue a coordinated approach to implementation. This MOU articulates that commitment through:
   a) a long term vision, outcomes and guiding principles which will help to establish an effective eHealth capability in Australia; and
   b) interim priorities and current investment pending the consideration of investment and governance for the longer term.

4. During the continuing roll out of national eHealth Initiatives, the Parties further agree to collaboratively develop a nationally agreed Business Case for funding including long term governance of eHealth to support consideration of long term arrangements for eHealth operations beyond 30 June 2014.

5. In entering into this MOU, the Parties recognise that the Commonwealth, States and Territories are each pursuing eHealth objectives and implementing to differing timelines and levels of funding. The Parties acknowledge that the provisions of this MOU will assist in the efficient and safe integration of patient information at the local (intra-service) level, the State or Territory level (health care services managed by a State or Territory), and the national level (cross-sectoral and cross-jurisdictional).

PART 1 — OPERATIVE PROVISIONS

Parties

6. This MOU is between the Commonwealth and the States and Territories.

Commencement and Term

7. This MOU will commence as soon as the MOU is signed by all Parties and will expire on 30 June 2014, unless terminated earlier or extended as agreed in writing by the Parties.
Enforceability

8. The Parties do not intend any of the provisions of this MOU to be legally enforceable. However, that does not lessen the Parties’ commitment to this MOU.

PART 2 — LONG TERM VISION, OUTCOMES AND PRINCIPLES

Vision

9. The Parties are committed to achieving for Australia an effective eHealth capability underpinned by national specifications, standards, services and infrastructure and providing for eHealth solutions and systems that:

   a) enable a person’s key healthcare information to be accessed electronically by their healthcare providers anywhere in Australia through sharing information securely across geographic and health sector boundaries;

   b) empower and inform healthcare consumers through giving better access to and control over a consumer’s consolidated healthcare information and improving the person’s own improved health literacy;

   c) promote the adoption of safe, effective and efficient clinical practices by the health workforce through the use of eHealth technologies;

   d) use consistent national standards and specifications, and clinical terminology to facilitate the inter-operability and connectivity of health information systems; and

   e) provide effective regulatory and compliance arrangements that ensure the system is trusted by participants as a secure source of health information.

10. Preconditions to the attainment of the vision are that national eHealth:

   a) protects the privacy and security of personal health information;

   b) is governed by effective institutional and administrative arrangements which promote collaboration and coordinated action between governments and health system participants; and

   c) supports the achievement of national, State and Territory local health system reform and the realisation of benefits at the local level.

Outcomes

11. Better information sharing between health consumers and service providers, underpinned by national specifications, standards, services and infrastructure, is expected to deliver the following beneficial outcomes for all Australians in the long-term:

   Improvements to the quality, safety and overall effectiveness of healthcare: by providing adequate availability of clinical information; using electronic decision-support tools to reduce error; and increasing consumer participation in managing their health care;
Improving access to care: by more productive use of the available health workforce and facilities; and increased use of electronic service delivery for patient consultations;

Increasing efficiency: by streamlining clinical processes (such as, access to diagnostic results and ePrescribing); and delivering more consolidated corporate support services (such as, eProcurement); and

Improving the management of the Australian health system: by enhancing information for service and system managers and policy-makers; enabling faster response to health emergencies and crises; providing the foundation information for new funding models; and enabling innovation in service delivery.

Guiding Principles

12. The initiatives outlined in the Schedule will only be progressed at a State and Territory level if they:

   a) prioritise and secure (as deemed appropriate by each jurisdiction) best value for investments within each jurisdiction;

   b) leverage existing and planned investments; and

   c) minimise duplication of investment.

13. The framework outlined in the Schedule to this MOU is to be interpreted within the context of these guiding principles.

14. The Parties agree to apply the following principles in developing national eHealth capability:

Collaboration: promote collaborative and coordinated action by all participants in developing the intellectual capital, national infrastructure and foundation services to support a national eHealth capability;

National infrastructure: deliver core elements of enabling national eHealth infrastructure to meet participants’ needs efficiently, to reduce the costs of duplication of effort and rework;

Stakeholder engagement: actively engage key healthcare stakeholders in the design and delivery of eHealth solutions;

Incremental approach: build long-term national eHealth capability in an incremental and pragmatic manner, focusing initial investment in those areas that deliver the greatest benefits for consumers, healthcare providers and healthcare managers;

Recognising different starting points: provide active support for healthcare providers with less developed capability, while not constraining the ability for more advanced participants to progress;

Balancing alignment and independence: drive alignment of national eHealth activities while not unnecessarily limiting the ability of healthcare participants and vendors to implement locally relevant solutions;
eHealth workforce capability: consider the number of skilled health informatics practitioners available to support the delivery of the National E-Health Strategy and build the general IT literacy of the health workforce;

Promoting trust: deliver eHealth initiatives that enable all users to trust their health information is stored and used in a way that is secure and consistent with privacy requirements; and

Confidence: healthcare providers and consumers are confident that the national eHealth system provides information and technologies which are safe to use, consistent with the quality standards applied across the healthcare system.

PART 3 — INTERIM PRIORITIES AND CURRENT INVESTMENT

15. Pending consideration of new arrangements to be developed for the long term administration of eHealth, the parties agree the interim priorities and note the current investment identified in this Part.

Interim Priorities

16. The Commonwealth will:

a) provide national leadership in the development of national specifications, standards, services and infrastructure for eHealth as the framework for enabling multiple eHealth solutions and systems;

b) continue to roll out, as appropriate, and to operate, national specifications, standards, services and infrastructure for which it has policy and funding responsibility such as the Personally Controlled Electronic Health Record system; and

c) promote the adoption and take up of national eHealth infrastructure, systems and standards consistent with this MOU in areas for which it has policy and funding responsibility, including in primary healthcare, private medical specialists, allied health services, the Pharmaceutical Benefits Scheme, aged care, veterans' care, and defence health services.

17. The States and Territories, as key health system managers, particularly for public hospital services and public health, will continue to work to advance the national eHealth vision as outlined in this MOU when implementing health systems. Areas which can benefit significantly from electronic and digital investment include:

a) discharge summaries, including the ability for healthcare providers to create, upload to, and view from the PCEHR system;

b) medications management, including the acquisition, prescribing, administration and management of medicines;

c) diagnostic testing through the provision of laboratory and diagnostic imaging, and of imaging requests and reports and related systems;

d) administration of hospitals and scheduling services through patient administration and scheduling systems;

e) maintaining and protecting patient records and related systems in accordance with privacy laws;
f) ensuring the correct identification of individuals through master patient indexes and related systems;

g) reporting and analytical services which support the management of healthcare services and public health; and

h) procurement and supply chain management.

18. The Parties will collaborate in:

a) promoting the adoption of a nationally consistent approach to eHealth throughout the healthcare system through a range of mechanisms including policy setting, funding, and legislation;

b) through existing shared funding commitments to the National E-Health Transition Authority (NEHTA), funding core national eHealth services including the development of specifications and standards, clinical terminology services, the Healthcare Identifiers Service, a national authentication service for health care providers and (where appropriate) use of a National Product Catalogue and eProcurement;

c) participating in the governance of core, enabling eHealth standards, specifications, services and infrastructure;

d) working collaboratively and contributing to the development, implementation and enforcement of agreed national standards for the definition, collection, storage and use of electronic health information, and greater use of eHealth technologies;

e) reviewing the benefits achieved from national and jurisdictional investment in eHealth;

f) developing a legislative timetable and coordinating regulators and complaints mechanisms to support the uniform implementation of health privacy arrangements;

g) providing input into the development of a uniform privacy framework to support national eHealth initiatives;

h) promoting consumer awareness and engagement to improve governance of, access to and use of health services through technology;

i) working together to test and evaluate eHealth initiatives before they are implemented nationally, to ensure that they are fit for purpose and achieve the intended benefits; and

j) any other areas of development in eHealth where Commonwealth and States and Territories agree to cooperate and as set out in a Schedule to this MOU.

The interim priorities listed above give rise to specific initiatives and interim goals listed in Table 1 (joint funded NEHTA program) and Table 2 (other initiatives) presented in the Schedule to this Memorandum.
19. The significant investment and collaboration between governments, primarily through funding for NEHTA, has laid a strong foundation of national eHealth infrastructure, services and standards on which to build, operate and connect eHealth systems, including the Healthcare Identifiers Service and the Personally Controlled Electronic Health Record (PCEHR) System.

20. This MOU recognises the current joint investment by the Commonwealth and States and Territories in NEHTA to operate the services identified in Table 1 of the Schedule to this Memorandum, with costs shared between the Commonwealth and all States and Territories according to the Australian Health Ministers’ Advisory Council (AHMAC) cost-shared formula, as per the table below:

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Contribution for 2012-13 and 2013-14 combined ($million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth</td>
<td>67.5</td>
</tr>
<tr>
<td>New South Wales</td>
<td>22.3</td>
</tr>
<tr>
<td>Victoria</td>
<td>16.6</td>
</tr>
<tr>
<td>Queensland</td>
<td>13.6*</td>
</tr>
<tr>
<td>Western Australia</td>
<td>6.8</td>
</tr>
<tr>
<td>South Australia</td>
<td>4.93</td>
</tr>
<tr>
<td>Tasmania</td>
<td>1.54</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>1.08</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>0.7</td>
</tr>
</tbody>
</table>

*The Queensland contribution is subject to Queensland Government approval of the Memorandum of Understanding for eHealth. Confirmation of this contribution will be provided through the Queensland Minister for Health signing the Memorandum of Understanding.

21. This MOU also recognises that joint investment in the National Health Service Directory will be required, with costs shared between the Commonwealth and States and Territories according to the Australian Health Ministers’ Advisory Council (AHMAC) cost-shared formula. A business case and migration plan for the transition of each jurisdiction to the National Health Service Directory is to be initiated by the National Health Call Centre Network. The outcome of these local business cases will determine when States and Territories will contribute funding.

22. This MOU further recognises the Commonwealth’s investment from 2012-13 to 2013-14 of:

a) $161.6 million for the operation and maintenance of the PCEHR System; and

b) $4.5 million for the regulatory oversight of national eHealth services in relation to privacy matters.
23. This MOU also recognises the significant ongoing investment by all States and Territories in implementing core patient management and clinical information systems and upgrading them to incorporate agreed national standards.

PART 4- DEVELOPMENT OF FUTURE ARRANGEMENTS

EHealth Business Case

24. The Parties agree to collaborate in the development of a nationally agreed eHealth business Case focussed on improving health outcomes through national collaboration in priority areas beyond mid - 2014. The nationally agreed eHealth Business Case will be developed for consideration by the Ministerial Council in 2013 for possible referral to the Council of Australian Governments (COAG).

25. The development of the eHealth Business Case will be led by the EHealth Working Group, (EHWG) which reports to the Standing Council on Health (Ministerial Council) through the Australian Health Ministers’ Advisory Council (AHMAC), working in consultation with Commonwealth and State and Territory First Ministers and Treasury Departments.

26. The Ministers responsible for implementation of communications infrastructure relevant to broadband delivery will be consulted on the development of the Business Case, as the infrastructure is an important enabler of eHealth.

27. The progression of the eHealth Business Case will be based on the objectives, guiding principles, scope, vision, content, governance arrangements, development process and timeframes agreed by EHWG in consultation with Commonwealth and State and Territory First Ministers and Treasury Departments.

Legislative Reviews

28. Independent reviews of the following national eHealth services and legislation will be commissioned, as required by the legislation; the Commonwealth Government Minister for Health must, after consulting the Ministerial Council, appoint an individual:

a) to review the operation of the Healthcare Identifiers (HI) Act 2010 and regulations, and to prepare a report on the review before 30 June 2013; and

b) to review the operation of the Personally Controlled Electronic Health Record (PCEHR) Act 2012 and regulations, and to prepare a report on the review after 29 June 2014 to be completed by 29 December 2014.

29. The outcomes of the independent reviews will complement the nationally agreed eHealth Business Case to inform governments’ consideration of long term governance arrangements for the national eHealth system.

30. Before regulations are made under the HI Act or the PCEHR Act the Commonwealth will consult with the appropriate jurisdictional representatives as indicated in the relevant legislation.
31. The Parties recognise that failure to consult on regulations made under either Act may affect the validity of those regulations.

32. Before Rules are made under the PCEHR Act, the Commonwealth will consult the appropriate jurisdictional representatives, consistent with the requirements of the PCEHR Act.

33. The Commonwealth will not amend the HI Act without first consulting with, and obtaining the agreement of, the Ministerial Council to legislative proposals.

34. The Commonwealth will not amend the PCEHR Act without consulting with the Ministerial Council on the legislative proposals and giving close regard to the Council’s views.

PART 5- ADMINISTRATIVE ARRANGEMENTS

35. The Standing Council on Health (the Ministerial Council) which reports to the Council of Australian Governments (COAG), has principal responsibility for endorsing this MOU, and for promoting and monitoring the implementation of this MOU.

36. The Australian Health Ministers’ Advisory Council (AHMAC) has responsibility for providing strategic and operational support to the Ministerial Council.

37. The Australian Health Ministers’ Advisory Council (AHMAC), in conjunction with the Heads of Treasuries (HoTs) and COAG Senior Officials, have responsibility for oversight of the development of the nationally agreed eHealth Business Case.

38. The Standing Council on Law and Justice has responsibility for the oversight of the development of national privacy laws, which are an important enabler for eHealth to operate effectively across jurisdictions.

39. The Ministers for Health in each jurisdiction have overarching accountability for the eHealth initiatives implemented in their jurisdictions as described in this MOU and its Schedule.

Delegations

40. It will be the responsibility of the Ministerial Council to consider and agree any amendments to this MOU and its schedule before they are adopted.

Dispute Resolution

41. Any Party may give notice to other Parties of a dispute under this MOU.

42. Officials of relevant Parties will attempt to resolve any dispute in the first instance.

43. If a dispute cannot be resolved by officials, it may be escalated to the relevant Ministers and if necessary, the Ministerial Council.

Variation of the MOU

44. The MOU may be amended at any time by agreement in writing by all the Parties.
45. A Party to the MOU may terminate their participation in the MOU at any time by notifying all the other Parties in writing.

Definitions

46. The following definitions apply in this MOU:

**AHMAC** means the Australian Health Ministers’ Advisory Council which provides strategic and operational support to the COAG Standing Council on Health.

**AMT** means the Australian Medicines Terminology, which is the national terminology to identify medicines used in Australia, using unique codes to deliver unambiguous, accurate and standardised names for both branded (trade) and *generic* (medicinal) products.

**authentication** is the process of determining whether the user of a system is, in fact, who they claim to be. Robust authentication is an important component of the National Electronic Security Access Framework (NeSAF), which provides guidance around access control to organisations implementing eHealth technology.

**Clinical Terminology** is a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Clinical Terminology covers complex concepts such as diseases, operations, treatments and medicines. Examples of Clinical Terminologies include SNOMED-CT, and the AMT (Australian Medicine Terminology).

**COAG** means the Council of Australian Governments.

**consumer** means healthcare recipient within the meaning given by the Healthcare Identifiers Act 2010.

**contracted service provider**, of a healthcare provider, means an entity that provides:

a) information technology services relating to the communication of health information; or

b) health information management services;

to the healthcare provider under a contract with the healthcare provider.

**digital credentials** are an electronic proof of identity, qualifications or competence attached to a person or organisation and include secure log-on codes and electronic signatures.

**EHWG** means the EHealth Working Group.

**eHealth capability** means the set of policies, standards, services and infrastructure necessary to ensure the effective delivery of eHealth.

**healthcare** means health service within the meaning given by the *Privacy Act 1988*. 
**Healthcare Identifier(s)** means the Individual Healthcare Identifier (IHI), Healthcare Provider Identifier – Individual (HPI-I) and Healthcare Provider Identifier – Organisation (HPI-O) identifiers. Each of the three types of identifiers is a unique 16-digit number that complies with International Organization for Standardization requirements and Australian Standards for healthcare identifiers.

**Healthcare Provider Directory** is a directory in the HI service. It is a repository of the professional and business details of consenting individual healthcare providers and healthcare provider organisations.

**healthcare provider** means:

a) an individual healthcare provider; or

b) a healthcare provider organisation.

**healthcare provider organisation** means an entity, or a part of an entity, that has conducted, conducts, or will conduct, an enterprise that provides healthcare (including healthcare provided free of charge). Examples: A public hospital, or a corporation that runs a medical centre.

**health information** means:

a) information or an opinion about:
   
i. the health or a disability (at any time) of an individual; or

ii. an individual’s expressed wishes about the future provision of healthcare; or

iii. healthcare provided, or to be provided, to an individual;

   that is also personal information; or

b) other personal information collected to provide, or in providing, healthcare; or

c) other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or

d) genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

**HI Service** means the services of:

a) assigning, issuing and maintaining Healthcare Identifiers; and

b) establishing and operating the Healthcare Identifiers Directory Service, and undertaking incidental tasks.

**HPI-O (Healthcare Provider Identifier - Organisation)** means the unique identifier assigned to organisations that provide healthcare services in Australia.
IHI (Individual Healthcare Identifier) means the unique identifier that is assigned to each individual consumer of healthcare services in Australia.

HoTS means Heads of Treasuries.

Independent Advisory Council means the council established under the Personally Controlled Electronic Health Records Act 2012.

Jurisdictions means the Commonwealth, States and Territories.

Jurisdictional Advisory Committee means the committee established under the Personally Controlled Electronic Health Records Act.

law includes:

a) an Act or legislative instrument; or

b) an Act or legislative instrument of a State or Territory.

Ministerial Council means the COAG Standing Council on Health.

Minister for Health means the Commonwealth Government Minister for Health unless otherwise noted as a State/Territory Health Minister.

National means pertaining to all jurisdictions.

National authentication service for health is a national digital credential management service for healthcare providers, healthcare organisations and other system participants.

National Health Services Directory (NHSD) means the healthcare services directory service managed by the National Health Call Centre Network. The Service will enable healthcare consumers to search for and locate healthcare providers, and help them research, plan and choose the right health services for their needs at the right time. The Service will also facilitate communication and information exchange between healthcare providers.

National Clinical Terminology and Information Service (NCTIS) means the service established by NEHTA to develop Clinical Terminology and clinical information standards across the Australian healthcare sector.

NEHTA means the National E-Health Transition Authority Ltd.

PCEHR system means a system that involves the System Operator and that is for:

a) the collection, use and disclosure of information from many sources using telecommunications services and by other means, and the holding of that information, in accordance with consumers’ wishes or in circumstances specified in the Personally Controlled Electronic Health Records Act 2012; and
b) the assembly of that information using telecommunications services and by other means so far as it is relevant to a particular consumer, so that it can be made available, in accordance with the consumer’s wishes or in circumstances specified in the Personally Controlled Electronic Health Records Act 2012, to facilitate the provision of healthcare to the consumer or for purposes specified in the Personally Controlled Electronic Health Records Act 2012.

PCEHR System Operator has the meaning defined in the Personally Controlled Electronic Health Records Act 2012: the PCEHR System Operator will be responsible for the operation of the PCEHR system, and its advisory bodies will provide expert advice and ensure state, territory, consumer and stakeholder input on the operation of the system.

personally controlled electronic health record (PCEHR) of a consumer means the record of information that is created and maintained by the System Operator in relation to the consumer, and information that can be obtained by means of that record, including the following:

a) information included in the entry in the Register that relates to the consumer;

b) health information connected in the PCEHR system to the consumer (including information included in a record accessible through the index service);

c) other information connected in the PCEHR system to the consumer, such as information relating to auditing access to the record; or

d) back-up records of such information.

SNOMED-CT means the Systematized Nomenclature of Medicine, Clinical Terms which is an example of a clinical terminology.

SNOMED-CT AU means the Australian Release of SNOMED CT, which includes the international resources plus Australian developed terminology, and documentation for implementation in Australian clinical IT systems.

SOM means COAG Senior Officials’ meeting.

specification is a set of requirements to be satisfied by a material, product or service, which may be developed by a range of public or private organisations and may include established standards. NEHTA develops specifications, which may become standards if they are developed under the governance of Standards Australia.

standard means an established norm or requirement about information systems. It is a formal document agreed through a consensus process by an accredited standards development organisation, such as Standards Australia. A standard establishes uniform criteria, methods, processes and practices.

State or Territory authority has the meaning given by the Privacy Act 1988.
## Schedule

### WORK STREAMS AND INTERIM GOALS FOR THE PERIOD OF THE MOU

**Table 1: Joint funded NeHTA program**

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>INTERIM TWO YEAR GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specifications and Standards</strong></td>
<td><strong>Commonwealth, States and Territories</strong></td>
</tr>
<tr>
<td>A standard establishes uniform criteria, methods, processes and practices, while a specification is a set of requirements to be satisfied by a material, product or service. Specifications and standards enable the meaningful and secure exchange of information, ensure a common approach to accessing the information generated by different health care providers, and allow both local and internationally developed systems to be used in Australia.</td>
<td>Incremental adoption of standards by public and private healthcare providers in the following priority areas requiring a common approach:</td>
</tr>
<tr>
<td></td>
<td>- critical infrastructure:</td>
</tr>
<tr>
<td></td>
<td>- secure messaging;</td>
</tr>
<tr>
<td></td>
<td>- information security;</td>
</tr>
<tr>
<td></td>
<td>- priority systems and communications:</td>
</tr>
<tr>
<td></td>
<td>- medication management;</td>
</tr>
<tr>
<td></td>
<td>- discharge summaries;</td>
</tr>
<tr>
<td></td>
<td>- specialist letters;</td>
</tr>
<tr>
<td></td>
<td>- electronic referrals;</td>
</tr>
<tr>
<td></td>
<td>- event summaries;</td>
</tr>
<tr>
<td></td>
<td>- shared health summaries;</td>
</tr>
<tr>
<td></td>
<td>- radiology;</td>
</tr>
<tr>
<td></td>
<td>- pathology;</td>
</tr>
<tr>
<td></td>
<td>- telehealth.</td>
</tr>
<tr>
<td></td>
<td>Compliance with standards and specifications when investing in new information systems.</td>
</tr>
<tr>
<td><strong>Clinical Terminology</strong></td>
<td>Work towards implementing a national approach to Clinical Terminology, including:</td>
</tr>
<tr>
<td>Clinical Terminology is a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Clinical Terminology improves confidence that information that is recorded, sent and retrieved supports continuity of care for patients across different times, settings and care providers.</td>
<td>- migration of AMT into SNOMED-CT AU;</td>
</tr>
<tr>
<td></td>
<td>- SNOMED CT-AU / AMT (Australian Medicine Terminology) integrated into priority specifications and services; and</td>
</tr>
<tr>
<td></td>
<td>- Taking steps towards incorporating SNOMED CT-AU / AMT into new clinical systems and upgrades.</td>
</tr>
<tr>
<td></td>
<td>Work towards integrating Clinical Terminologies into priority areas.</td>
</tr>
<tr>
<td></td>
<td>Specify the inclusion of standard terminology functions when procuring new systems or replacing existing systems.</td>
</tr>
<tr>
<td>Authentication for Service Providers</td>
<td>Commonwealth, States and Territories</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>An appropriate authentication service is the means by which healthcare providers are authenticated to access the national eHealth system. It provides confidence around the security and authentication of access to eHealth systems, and around the secure delivery of messages (information) between systems.</td>
<td>Plan for the implementation of an appropriate authentication service over the next three years. Take steps towards adoption of an appropriate authentication service when investing in new information technology systems. All organisations which are using PCEHR are to obtain an appropriate authentication certificate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Identifiers</th>
<th>Commonwealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Healthcare Identifiers service is a national system for consistently identifying consumers and healthcare providers. It provides a way of ensuring that an entity that provides, or an individual who receives, healthcare is correctly matched to health information that is created when the healthcare is provided.</td>
<td>The universal provision of identifiers to all consumers of health services in Australia. Encouraging the incremental adoption of Healthcare Identifiers by service providers in areas of the health system where the Commonwealth Government has policy and funding responsibility, such as primary healthcare, private medical specialists, and the Pharmaceutical Benefits Scheme.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>States and Territories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The incremental adoption of Healthcare Identifiers for patients (IHIs) into electronic record systems of public healthcare services, such as when:</td>
<td></td>
</tr>
<tr>
<td>- new patients are added to electronic record systems (including new births);</td>
<td></td>
</tr>
<tr>
<td>- Investments in new or replacement systems are made, such as new patient administration systems; and</td>
<td></td>
</tr>
<tr>
<td>- the reliability of matching legacy healthcare identifiers to the new national Healthcare Identifiers is improved.</td>
<td></td>
</tr>
<tr>
<td>Take steps towards Healthcare Identifiers being used in public hospitals so that:</td>
<td></td>
</tr>
<tr>
<td>- inter-provider communications of health information can use Healthcare Identifiers; and</td>
<td></td>
</tr>
<tr>
<td>- Healthcare Identifiers for healthcare provider organisations are more broadly adopted across health sectors (HPI-Os).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Product Catalogue and e-Procurement</th>
<th>Commonwealth, States and Territories</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NPC is a central repository of data for the accurate identification of healthcare products in both supply chain and clinical applications within health departments in each State and Territory. The e-Procurement solution specifies the best practice in the electronic generation of business to</td>
<td>The NPC will be utilised by States and Territories as appropriate in each jurisdiction. Integrated processes implemented for acceptance of a medicine or medical device on to the Australian Register of Therapeutic Goods (ARTG) that are aligned with the National Product Catalogue. Integrated processes implemented for listing of prostheses onto the national DoHA Prosthetic Rebate List that are</td>
</tr>
<tr>
<td>business transactions.</td>
<td>aligned with the National Product Catalogue.</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>The NPC has benefits including increasing supply chain efficiency and supporting</td>
<td></td>
</tr>
<tr>
<td>electronic trading, while the e-Procurement system will reduce order errors,</td>
<td></td>
</tr>
<tr>
<td>improve compliance, and improve payment processes.</td>
<td></td>
</tr>
<tr>
<td><strong>States and Territories</strong></td>
<td></td>
</tr>
<tr>
<td>All State and Territory health departments will use the NEHTA eProcurement solution</td>
<td></td>
</tr>
<tr>
<td>as is appropriate in their jurisdiction.</td>
<td></td>
</tr>
<tr>
<td>All states and territories consider the use of improved medical product and device</td>
<td></td>
</tr>
<tr>
<td>recall systems.</td>
<td></td>
</tr>
<tr>
<td>INITIATIVE</td>
<td>INTERIM GOALS</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
| **PCEHR** | **Commonwealth**  
Progressive implementation of the national infrastructure associated with the establishment of the PCEHR system.  
Encouraging progressive uptake of the PCEHR by consumers and its use by clinicians.  
Take steps towards enhancing functionality of PCEHR to support pathology and diagnostic imaging.  
**States and Territories**  
Supporting the incremental connection of the health information, within the services they manage and fund, to the information held in the PCEHR system, including progressive uploading of clinical documents, subject to the approval of the Rapid Integration Project by the NEHTA Board.  
Public hospitals progressively adapt software and adopt e-discharge summaries.  
**Commonwealth, States and Territories**  
Focus best endeavours on supporting connection with providers in the PCEHR lead sites and support evaluation of their benefits.  
Encourage vendor community to enhance their products to interface to the PCEHR. |
| **NHSD** | **Commonwealth, States and Territories**  
Subject to the finalisation of migration plans, incremental implementation of the NHSD, initially including:  
- GPs, pharmacies, hospitals and emergency departments, and evolving to include allied health, specialists and related human services.  
- Progressive replacement of existing directories with new datasets, including:  
  - simple service information (such as location, contact details, opening hours), and evolving to support Endpoint Location Services, HI Service Integration and Telehealth.  
Progressive enhancement of functionality. |
| **Telehealth** | **Commonwealth, States and Territories**  
Public specialists increasingly participating in delivering telehealth consultations to remote patients.  
Agreeing and adopting the Telehealth Technical Standards.  
Developing the National Telehealth Connection Service and Strategy for achieving national interconnectivity and |
<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>INTERIM GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>and clinical advice, and supports new models of service delivery. Telehealth is able to facilitate the involvement of multidisciplinary teams, and allow potential for early intervention in the prevention of the onset or escalation of disease with appropriate clinical networks and support, and better self-management by consumers of their own health will be possible.</td>
<td>interoperability of telehealth. Review and enhance best practice implementation guidelines for privacy in telehealth.</td>
</tr>
</tbody>
</table>