



Amendments to the Healthcare Identifiers Act 2010 under the Aged Care and Other Legislation Amendments Bill 2025

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Overview

The objective of the *Healthcare Identifiers Act 2010* (Cth) (HI Act) is to provide the foundations for safe and reliable healthcare-related communication and exchange of health information between providers and patients, and to pave the way for an interoperable, digitally connected national health system.

To safely and securely share health information electronically, there must first be confidence that the information is attached to the right patient and provider. Healthcare identifiers (HIs) are critical to achieving this objective.

The proposed changes to the HI Act are designed to maximise the benefits HIs bring and promote greater use and adoption of HIs by:

- expanding the types of providers who can be assigned an HI, and
- broadening the purposes for which HIs can be used.

The amendments currently being proposed are consequential to the *Aged Care Act 2024* (Cth). They will extend authorisations for HIs to be used by providers delivering aged and disability care and support services which complement healthcare, including in-home supports and community-based care services. They will also enable HIs to be assigned to a broader range of allied health professional, as well as enabling HI use for health-related administration purposes.

1. Why are Healthcare Identifiers important?

Healthcare Identifiers are unique 16-digit numbers assigned to patients, healthcare providers, and healthcare provider organisations, enabling seamless connections across various healthcare settings to make sure that the right information is linked to the right people, wherever they provide or receive healthcare.

This gives healthcare providers and patients confidence that they are using correctly matched information, reducing risks of incorrect treatment, diagnostic testing duplication, medication errors and poor clinical handover that compromises quality and safety of care.

HIs are purpose-built for healthcare settings, persist throughout an individual's entire life and can consistently and uniquely identify and connect patients to providers and provider organisations.

HIs play a vital role in supporting the delivery of national digital health initiatives, such as My Health Record, electronic prescribing, and the recording of vaccinations through the Australian Immunisation Register (AIR).

2. What types of Healthcare Identifiers currently exist?

There are currently three types of Healthcare Identifiers:

- **Individual Healthcare Identifier (IHI):** An IHI is used to identify an individual healthcare recipient. This identifier is automatically assigned to individuals who are eligible for Medicare and Department of Veterans Affairs (DVA) benefits. It can also be obtained upon request by other individuals, such as visitors and new migrants.
- **Healthcare Provider Identifier – Individual (HPI-I):** An HPI-I is used to identify an individual healthcare provider, such as a general practitioner, specialist, or allied health practitioner.
- **Healthcare Provider Identifier – Organisation (HPI-O):** An HPI-O is used to identify a healthcare provider organisation, such as a hospital or general practice.

3. Why are changes being made?

Promoting wider HI use: For HIs to be able to deliver maximum benefit, they need to be used widely and consistently across multiple care settings. However, HIs are currently only able to be assigned to healthcare providers (for example, GPs, nurses, specialists, some allied health providers, and pharmacists) and healthcare organisations (such as hospitals and general practices). This creates gaps for patients receiving other support from disability and aged care organisations that are not currently eligible for an HI or to handle HIs. It also impedes the ability of GPs and specialists to have visibility of the full range of support and care patients receive.

Better joined-up experience for patients: Change is needed to recognise the importance of those ancillary care and support services in contributing to the care and wellbeing of Australians, and to provide a more joined-up experience particular for those patients receiving care and support across multiple settings.

Broaden and clarify the purposes for which HIs can be used: HIs are also limited in the purposes for which they can be used. For example, they cannot be used for health administration purposes, which causes inefficiencies for providers because they cannot integrate their clinical and administration systems and need to maintain separate identifiers for each. The HI Act is also unclear in its authorisations to support research and analysis of health data for policy and planning purposes, despite this being one of the original intentions of the HI Act when first introduced.

4. What are the main changes?

The changes in the Bill include:

- **New healthcare identifier for healthcare support service provider organisations (HSP-O):** The changes introduce a new type of identifier (HSP-O) for healthcare support service providers that provide services and support for older Australians and people with disability, such as in-home care and personal care services. These types of services are not currently eligible for an HPI-O because they typically do not employ providers with an HPI-I.
- **Create new health administration entities (HAE):** The reforms enable broader use of HIs for health-related administrative purposes. They also create a new category of Health Administration Entities (HAE) that provide administrative support for the delivery and monitoring of health services and programs but do not directly provide clinical or health-related care.

Administrative purposes include ensuring health information is associated with the correct patient, managing data quality, claims and payment processes, incidents, complaints, and undertaking analysis of health programs and health outcomes for population-health purposes.

The Minister for Health and Ageing will determine which entities, or classes of entities, are authorised as HAEs, and may also delegate the power to the Secretary of the Department of Health, Disability and Ageing, or a Senior Executive Officer of the Department. Examples of entities that may be HAEs include but would not be limited to: National Disability Insurance Agency, Australian Institute for Health and Welfare and Primary Health Networks.

- **Broader range of allied health professionals will be eligible for HPI-Is:** Allied health professionals are important contributors to positive health and wellbeing outcomes for patients, particularly for those needing multi-disciplinary care. Amendments will enable greater uptake of HPI-Is by allied health professionals by changing the eligibility for an HPI-I to include allied health practitioners who hold the minimum tertiary-level qualification set by their relevant professional/credentialing body and they must be subject to governance and oversight by that professional body.

This change is in response to concerns from allied health professionals that the current eligibility requirements are not fit for purpose to ensure the right professionals could be assigned an HPI-I. Examples of health professionals who would become eligible for HPI-Is under these changes include speech pathologists, ophthalmologists, dietitians and sonographers.

- **Streamlined process for assigning HPI-Is for non-Ahpra registered allied health professionals:** Allied health professionals who are registered with Ahpra are automatically assigned an HPI-I upon registration. However, other allied health professionals must individually apply to the HI Service and be manually assigned an HPI-I. Changes in the Bill will enable professional bodies to arrange with the HI Service Operator to apply for HPI-Is on behalf of the practitioners they represent with the consent of those practitioners.

5. Do these changes affect who can access patients' health information?

No. These changes do not give anyone access to additional health information. They only allow healthcare support providers and healthcare administration entities to add healthcare identifiers to the information they already have.

The HI Act includes severe penalties for unauthorised use of HIs, which will be maintained. A breach of the Act is also an interference with privacy for the purposes of the *Privacy Act 1988*.

There are also requirements for entities that hold HIs, including people in those entities with particular responsibility for handling HIs, to take reasonable steps to protect HIs from misuse or loss, or unauthorised access, modification or disclosure. This requirement will also continue to apply after the changes.

6. What will Healthcare Support Service Providers be able to do?

HSPs do not get access to health information because of these changes. Instead, the change allows them to add healthcare identifiers (like an IHI) to the health information they already possess. This means they can link existing records with a standardised identifier, which can help with data matching, accuracy, and administrative efficiency for the information they already lawfully hold. It's about enhancing the existing data, not acquiring new data.

HSPs will not be able to access the My Health Record system, or the health information contained within it.

Initially, only government-funded aged care providers and disability service providers eligible to provide services under the National Disability Insurance Scheme (NDIS), will be eligible to obtain an HSP-O identifier.

The HI Act will include provision for additional support services to be included, over time, via regulations. Further consultation would be undertaken in the future inform the addition of any potential new categories of support service to be included.

7. What will Health Administration Entities be able to do?

HAEs play a crucial role in supporting, improving, and facilitating healthcare through their administrative functions. They focus on ensuring health information is accurately associated with the correct patient, managing data quality, handling claims and payment processes, managing incidents and complaints, and undertaking analysis of health programs for population-health purposes.

Unlike HSPs, HAEs will not be eligible for an HI, but will be authorised to handle them on behalf of providers and patients.

Enabling HIs to be used for health administration purposes will achieve the following benefits:

- **Improved care coordination:** By using HIs, HAEs can ensure that health information follows individuals across different services, reducing the need for repeated identification and enhancing communication among care providers.
- **Streamlined processes:** The reforms will allow HAEs to manage HIs to support activities such as data quality, claims, payment processes, incident and complaint handling, and to undertake analysis of health programs more efficiently. The changes will facilitate more efficiency within the health system, as HIs should be able to replace some bespoke identifiers going forward.
- **More connected services:** The use of consistent identifiers will help better connections and data flows across the health and care ecosystem. This will improve existing disjointed processes associated with using different identifiers to connect clinical workflows in clinical systems and administration systems that support the delivery of healthcare.
- **Example of HAE benefits:** Where a Primary Health Network (PHN) provides funding for clinical or preventative services throughout their region. When these services report information back to the PHN, having the capability to handle healthcare identifiers allows the PHN to ensure the accuracy of the data received. This means that the information reported accurately reflects the care needs of patients who use the services.