audiology australia

SUBMISSION:

Australia's National Digital Health Strategy

5 NOVEMBER 2021

Audiology Australia (AudA) welcomes the opportunity to provide a submission response to the Australian Digital Health Agency's (the Agency) consultation on the National Digital Health Strategy (the Strategy).

AudA is the peak professional body for the health profession of audiology, representing over 3,000 audiologists across Australia and 95% of all practising audiologists in the country. Audiologists are hearing health practitioners who provide hearing services and supports to their clients in order to help preserve, manage, and improve their clients' hearing and balance, and their ability to process and understand sounds.

Overall, AudA supports the Strategy and its priorities. We have provided comments on the strategic priorities 1, 5 and 6 as outlined in the Strategy which have been informed by our members and which we believe to be important factors for the Agency to take into consideration. Please refer below.

AUSTRALIA'S NATIONAL DIGITAL HEALTH STRATEGY – STRATEGIC PRIORITIES

1. Health information that is available whenever and wherever it is needed

AudA strongly supports the use of the My Health Record (MHR) as a core component of Australia's national digital health service, connecting key parts of the health system. We agree the opportunity now exists to enhance healthcare provider participation and would like to see improved system functionality of the MHR, particularly for allied health providers.

Currently, due to a lack of availability of conformant clinical software products for the allied health profession, many allied health practitioners, including audiologists, are unable to add or edit patient information in the MHR system. Without the necessary conformant clinical software, we note that many allied health providers can only view a patient's MHR, which severely limits the usability of the system for allied health practitioners.

Additionally, in regard to the collection and management of Indigenous identified data, we highlight the importance of Indigenous data sovereignty, defined as the right of Indigenous peoples to govern the collection, ownership and application of data about Indigenous communities, peoples, lands and resources (AIATSIS 2019). We note that the collection and storage of data must be done in a culturally appropriate way, with particular considerations taken to the collection, use, management and control of Indigenous identified data.

5. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency

AudA supports the embedding of telehealth in clinical consultations as one of the health priority reform areas and note that the proposed telehealth test bed will focus on ensuring that telehealth models are harmonised across Australia.

We highlight the importance of ensuring that telehealth systems are accessible to people who are deaf, hard of hearing or hearing impaired. This includes ensuring that telehealth

systems accommodate for sign language and lip reading capabilities, the use of closed captioning abilities across all video platforms, and the accommodation of three-way sharing of information between the patient, health provider and an interpreter/care team if required by the patient.

We also note that a health practitioner's communication skills and digital literacy is key in providing effective telehealth services and delivering successful patient outcomes. There is a current need to strengthen the communication and digital literacy skills of the allied health workforce in order to effectively deliver telehealth services. Previously, AudA members have indicated that not every health practitioner has the non-clinical skills to be able to complete and manage a telehealth appointment.

6. A workforce confidently using digital health technologies to deliver health and care

Lastly, we highlight that the primary health care workforce is heavily credentialed and laden with professional standards, scope-of-practice restrictions, codes of conduct, state-based guidelines, and service expectations. Awareness raising and training of standards or the use of new digital health technologies may be a barrier given that many staff in primary health care services are short-term. Therefore, ensuring that staff have access to training in the standards or use of digital health technologies and time to build them into their practice if required could be difficult. With large numbers of secondary and tertiary services providing outreach/visiting services through primary care facilities, there would also be a need for these services to be made aware of any new standards/digital health technologies as well in order to support their primary care requirements.

We recommend that a strong focus be placed on providing practical guidance and assistance to health providers, and the development of appropriate governance, systems, and structures to support smaller primary care practices in the implementation or use of technology-related standards and new digital health technologies. It is essential that the value of a new standard is recognised by and communicated to primary health care workers, such as through primary care workers' professional associations such as AudA.

References

Audiology Australia (2020) Submission to Australian Digital Health Agency (ADHA) on the Trial of Consultative Process to Recommend Appropriate Technical Standards for Telehealth.

Audiology Australia (2021) Submission to ADHA on the Trial of Consultative Process to Recommend Appropriate Technical Standards for Telehealth.

Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), Delivering Indigenous Data Sovereignty (2019). Available at: https://aiatsis.gov.au/publications/presentations/delivering-indigenous-data-sovereignty