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National PATHOLOGY ACCREDITATION Advisory Council
GPO Box 9848 (MDP 951)
CANBERRA ACT 2601
http://www.health.gov.au/npaac

# Consultation Phase Response Form for draft NPAAC Documents

*Please complete and return this NPAAC Consultation Phase Response Form to the Secretariat by the requested date.*
*It would be appreciated if you could indicate whether the draft document is acceptable in its current form or not, and any potential regulatory costs associated with compliance to the proposed requirements.*

## FROM:

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|---|---|---|---|---|---|
| | **Ms** | **Date** | 2 September 2015 | | |
| **First Name** | Jenny | **Last Name** | Sikorski | | |
| **Position Title** | CEO | **Organisation** | National Coalition of Public Pathology | | |
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## RESPONSE:

**Draft Document Name:**

*Requirements for Information Communication & Reporting (4th Ed)*

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| **I consider the draft document acceptable in its present form** | ☐ |
| **I consider the draft document acceptable "as is" but I have proposed minor suggestions for improvement*** **Please refer to my suggestion/responses overleaf* | X |
| **I do NOT consider the draft NPAAC document acceptable in its present form, and I have proposed various responses for consideration*** **Please refer to my suggestion/responses overleaf* | ☐ |

**SUGGESTION/RESPONSE OVERLEAF:**

| Page no. | S, G or C* | Issue/Item | Suggestion/Response: |
|---|---|---|---|
| 5 | | Laboratories should require (or at the very least, request) privacy policies/statements from Laboratory Information System (LIS) software vendors and request vendors to maintain an audit log of who has accessed patient data. Otherwise there could potentially be a breach in the privacy chain. | Insert appropriate clause as S1.6. |
| 9 | C 3.3 (iii) | Heading and text do not coincide. | The word "should" to be replaced with the word "must" in the text. |
| 10 | C 4.1(ii) | All patients have an IHI; the intention is that they are to be the "identifier of truth". The Drafting Committee should check the Federal Govt's position on IHI use – is refusal of consent limited to posting information to the PCEHR or also refusal of consent to use the IHI? If it is the latter, the paragraph should stand. If it is not, and a patient cannot refuse a healthcare provider using their IHI, then the sentence that reads "The IHI must not be seen as a replacement of any current health identifiers" should be changed. If pathology providers have to then | Review. |

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| | | verify IHIs, this would be another step and cost to their business. | |
| 11 | 4.2 | There should be specific reference to the existing IHI, HIP-I and HPI-O databases and links to the website of these database in the document where these exist. | Include links to the NeHTA (or its replacement) website that hosts the databases. |
| 16 | 7.2 | It is good to include SNOMED for requesting in the Requirements, so that this document can be given to requesters to justify 'the ask' for SNOMED requesting. However, there should be recognition that enforcement of software requirements from requesters while desirable, is not practicable. | Review. |
| 16 | | The first paragraph reading "Cancer reporting…patient treatment and outcomes" should be the second paragraph, following the broader "Pathology reports….public health management" paragraph. | Paragraph 1 to be paragraph 2. |
| 16 | S7.4 | The sentence that reads "If the donor…and must be recorded" seems out of place. It should be the "patient", not the "donor". | Review. |
| 16 | S 7.5 | The risk of cumulative reports is noted. However, the benefits associated with cumulative reporting, particularly from the same pathology provider (where there would be minimal risk), should also be noted. | Insert appropriate wording. |
| * *Standard or Commentary* ** *Example of how to complete the form* | | | |

## POTENTIAL REGULATORY IMPACT INCLUDING COSTS, ASSOCIATED WITH COMPLYING WITH PROPOSED REQUIREMENTS

**1. Do you expect that additional activities will be required in order for your laboratory to comply with the revised Requirements?**

X Yes ☐ No

**If Yes:**

**(a) What additional time do you estimate will be required to carry out the additional activities?**

It takes considerable time to request and receive additional funding for LIS enhancements and staff to ensure they are implemented, where these are not currently budgeted for. State government health services do not have financial reserves for non-budgeted activity and funding submissions may have to be made to State government (firstly Health and then also Finance/Treasury) without a clear prospect of success, despite the importance of ensuring compliance to NPAAC standards.

For public pathology services who are currently moving to SNOMED, this project will take another two years to complete.

Laboratories could be asked to demonstrate actions taken towards adoption of the standard rather than actually being fully compliant with the standard for a period of time. A more robust assessment of time requirements can be obtained, if required.

**(b) What additional staff to you estimate will be required to carry out the additional activities?**

1 additional FTE per organisation will be required to work with the LIS vendor to ensure existing codes are matched to SNOMED**.**

**(c) What costs to you estimate will be incurred as a result of the additional activities?**

In addition to staffing costs, the costs for LIS upgrades alone are considerable and should not be underestimated. A budget estimate can be obtained, if required. For providers who have not started to transition to SNOMED, such an activity would not have already been budgeted. There would not be available funding this financial year to commence such a large project.

**(d) Will these costs be one-off or ongoing?**

The majority of the costs will be one off to ensure all codes are appropriately mapped. However, as technology changes, new codes will be have to introduced and there would be a cost with this. Pathology services should seek inclusion of new codes in the cost of scheduled LIS upgrades.

2. **Do you expect that changes to existing processes/procedures or infrastructure will be required in order to comply with the revised Requirements?**

X Yes ☐ No

**If Yes:**

**(a) What additional time do you estimate will be required as a result of these changes?**

**(b) What additional staff to you estimate will be required as a result of these changes?**

**(c) What costs to you estimate will be incurred as a result of these changes?**

The cost to moving to SNOMED is considerable.
Cerner is not fully HL7 compliant (re NT segments).
Paying for upgrades to ensure compliance is a major issue. This is even more difficult when vendors do not want to invest in their product to ensure laboratories comply with standards. It is extremely difficult to change LIS vendors.

**(d) Will these costs be one-off or ongoing?**

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| **Any additional general comments including any potential costs associated with compliance to the proposed requirements (please provide specific examples):**<br><br>Ongoing compliance costs would be manageable once organisations have adopted SNOMED, HL7 compliance etc. |

***Please note:***

- ***The NPAAC Consultation Phase Response Form is in Word format to assist you in providing comments on the draft NPAAC document. To assist the Secretariat in collating responses, it would be appreciated if the template was not structurally modified.***
- ***Adding extra table rows or pages is acceptable as required***
- ***Responses can be forwarded to the NPAAC Secretariat via Email – npaac@health.gov.au and by post to NPAAC Secretariat, GPO Box 9848 (MDP 951), CANBERRA ACT 2601***