

25 January 2017

# **The Royal College of Pathologists of Australasia (RCPA) Response to Call for Comment on Strategy by ADHA**

## **Introduction – pathology and digital health**

Pathology has a long and involved history in the digital health area and the College considers it may be useful to summarise this in the first instance:

- Pathology has been digital for 50 years
- Pathology reports have been delivered electronically for more than 20 years
- Most pathology reports are delivered electronically
- Most pathology requests are produced by computers
- A growing number of requests are made electronically
- All the major clinical information systems have a pathology ordering facility
- Pathology and RCPA has a long history of cooperating with government programs and contributing to standards development
  - Pathology Units and Terminology Standardisation (PITUS)
  - AS/HL7NEHTA/AHDA
  - HealthConnect/PCEHR/myHR
- Diagnosis is a very important aspect to healthcare and when it goes wrong significant harm follows
- Poor diagnosis is underappreciated and doing great harm according to the US Institute of Medicine
- An opportunity exists to increase the rate of improvement in healthcare by a focus on diagnostics for example;

A recent US Institute of Medicine Review 2015 stated

“the increasingly important role of radiologists and pathologists as integral members of the diagnostic team should be recognised” and “diagnostic error it is not always human error but health system related”.

It then goes on to say that to address the issue “there needs to be an improvement in health information technology in the diagnostic process specifically and the clinical process more generally”.

- Most pathology related errors relate to requesting and reporting that is in the pre-laboratory and post-laboratory phases
- Improved diagnostics can save money by improving outcomes and eliminating risk.
- RCPA recognises this role and has moved to establish educational offerings in the field

## Recommendations

The College Informatics Advisory Committee has provided the follow recommendations for the strategic direction for ADHA.

1. While my Health Record may in due course deliver benefit it is the College’s opinion that more benefit would derive from a focus on existing high-value communications around diagnostics.
2. Health informatics and pathology informatics are knowledge domains in their own right and history and evidence should be drawn on in progressing any strategy
  - Real engagement can’t be done by survey and short interview it has to be co-development
  - Based on evidence
3. Interoperability remains a foundational requirement and more work does need to be done toward standardisation to achieve the reduction in diagnostic harm
4. Openness and transparency of the secondary use of pathology data to improve the uptake and confidence from consumers and clinicians
5. The general consent rule is in conflict with the specific test consent rule for use of pathology data other than in clinical care
6. Privacy laws must cover children, adolescents, those who have an intellectual disability or guardianship for dementia and other impairment, etc
7. Experts from each area of health (including both private and public organisation representation) must be included when discussing strategy and involved in decision making impacting their area of health

8. The application of data at high levels to provide guidance for management of patients and education support is needed.
  - Consumers need access to information and guidance to assist with the interpretation of pathology reports
  - An increase in healthcare worker/researcher intelligence and utilization of data to ensure better outcomes for the healthcare system is also required
  
9. Safety and quality of reporting including atomised data needs to be assured. The work being done by RCPA and the PITUS project is moving towards this if adopted appropriately.

The College attaches a copy of our submission to the Review of the PCEHR in November 2013. Many issues raised in this submission are still relevant today.

Yours sincerely



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**Chief Executive Officer**