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## Provider Connect Australia Webinar, 29th June 2021

### Questions & Answers

6 July 2021 v1.0  
Approved for external information  
Document ID:

#### **Business Partner**

***Q: As a PHN we tried to work with the NHSD, it was fairly evident that there were duplicates, it was such a hard process to get NHSD to change this ! In the case of duplicates how will they be getting removed etc?***

A: The process of managing duplicates is really best addressed by the business partner, as they will have different processes for managing the quality of their records. However, the PCA enables a business partner to request a 'business partner specific identifier' such as customer number, which can be used in conjunction with other PCA identifiers such as HPI-O and ABN to reconcile records and identify duplicates.

***Q: Will PHNs have access to this database?***

A: Yes, any organisation that maintains a list of customers and uses these details to manage services to their customers can become a business partner and have access to the PCA solution once they accept the participation agreement. This includes funders, directories, booking services, secure messaging providers, pathology laboratories, imaging providers, pharmacists, etc.

***Q: One big challenge for My Health Record has been the directory that practices can access in PRODA/HPOS doesn't really have any data in it, will this data be available to that Healthcare Provider database in HPOS/HPOS?***

A: The Agency is in discussions with Services Australia about coming on board as a business partner. We will include the Healthcare Provider database in HPOS as part of these discussions.

***Q: Can the PCA be used by subscribers to retrieve an HPI-I where the entry is not held in PCA?***

A: No, the subscriber (or business partner) is only able to retrieve the information stored for that publishing organisation including Healthcare Identifiers, where they qualify to receive these.

**Q: Will PCA link with STS [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0021/713541/sts-addressbook-individual.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0021/713541/sts-addressbook-individual.pdf)**

A: While this is a decision for QLD Health, the STS could be a business partner and receive updates from GP practices via the PCA. Alternatively, this could also be obtained from the NHSD which will also be a business partner to the PCA.

**Q: How will PCA help to cleanse the data provided to Business Partners. i.e. many ABR business names get listed as the practice names and vis versa making actual databases (e.g. HPIO) less useful for searching**

A: PCA will provide a validated set of consistent information to all business partners about healthcare organisations, their healthcare services and practitioner details. Details from the PCA including business partner specific identifiers will be used to match and cleanse existing records.

**Q: I get that a practice manager will eventually get return but not until the system becomes comprehensive...how do you get participation enough now to get the system to that tipping point where it does become useful**

A: Our research has shown that a typical practice manager has to complete 15-20 different forms across a range of business partners when circumstances within their practice, such as a new practitioner joining takes place. While on day 1, we won't be able to replace all of these forms with the PCA (that is the eventual goal), we will need to have the substantial few to create value for the practice manager and progressively improve this with the onboarding of business partners.

**Q: If I'm a practice manager and I sign up today, what is my return for my effort tomorrow? ie, what can the system do for me today**

A: On day 1 of go-live, we anticipate having key business partners integrated such as the NHSD, Jurisdictions, PHN's, Secure Messaging vendors. This is a key focus of the program for the next 6 months.

**Q: Who are the current business partners?**

A: As the solution has not been built yet, we don't have any partners formally signed up. We need to spend the next six months continuing our work with stakeholders (both publishing organisations and business partners) so that we onboard key business partners and prepare healthcare provider organisations to incorporate PCA into their practices, from early 2022 when the solution comes online.

**Q: How does this fit into Services Australia broader digital plans? Is it likely to have longevity?**

A: The Agency is in discussions with Services Australia about coming on board as a business partner. The intention is to have the PCA as the 'one stop shop' for healthcare organisations to maintain their details with all their business partners including Services Australia.

**Q: Agree that updating on one place is great but the systems need to trust each-other for that to work, don't they?**

A: Business Partners including directories already utilise healthcare provider organisations as a source of this information, albeit that the processes are not streamlined and error prone. With the PCA, it builds

greater trust by validating the information with systems of record to ensure quality from source, in near real time and includes identifiers for matching and linking.

**Q: Re Forms. Are we still referring to paper-based forms or will PCA support digital forms?**

A: PCA will support integration into digital forms, enabling the pre-population of business partner forms, while allowing the user to include additional details specific to that business partner.

**Q: How will submitters be made aware of new business partners joining PCA, so that they can authorise them?**

A: Publishers will be notified of new business partners in two ways. The first, via regular updates from the PCA itself which will notify registered users of the new business partners that have come on board. This is likely to be complemented by business partners themselves, who may also contact their customers to notify them of their participation in PCA.

**Q: Can you generate an extract from the PCA for me to then email to business partners not using PCA?**

A: No, PCA does not support this. However, we are looking at an extract capability via the portal for business partners who may not wish to build integration to the PCA.

**Q: what is a business model for the business partner?**

A: For a business partner, there is significant efficiencies in streamlining validated, near real time updates via the PCA. This will not only ensure quality assured information, but also reduce the burden on business partners in maintaining this data, and the downstream benefits in having access to this data and identifiers.

**Q: Will this provision Medicare and prescriber numbers? what Doctor ID requirements are there?**

A: While the Agency has engaged Services Australia to be a business partner, and the long-term vision is for PCA to provision Medicare numbers, this will not be available in the initial release of the solution.

## Directories

**Q: what if a PMS doesn't update that a provider has left their organisation and the new practice registers the same provider. If someone then searches for the provider, they will appear in two organisations**

A: Yes, they will appear in both organisations (this can also be a legitimate scenario where the practitioner works across 2 organisations). However, as organisations do notify some business partners such as their secure messaging provider of practitioners leaving their organisation, effecting this in the PCA for these organisations will mean that all other of their selected business partners will be notified of this change. The Agency change and adoption approach is to make the PCA, the 'one stop shop' for healthcare organisations to maintain their details with business partners.

**Q: Will this replace GP broker service already in place today to send GP letters out from our public hospitals?**

A: The PCA is not a messaging service and will not replace broker services already in place today. The PCA will however help to ensure the organisation details used to address electronic communications is reliable and trustworthy.

**Q: Will PCA allow us to update our internal directories in our Clinical Information System?**

A: No, PCA will not update internal directories in Clinical information system. Instead PCA will update directories such as the National Health Services Directory which could be used to update internal directories.

**Q: Is there any estimate of when a federated directory based on PCA will be ready?**

A: While PCA will provide key identifiers for the matching and linking across a federation of directories, it will be some time before this proliferates across the sector.

## Identifiers

**Q: Broadly speaking will the HPIO/HPII become the keyway of identifying the record?**

A: Broadly speaking, yes.

**Q: A common problem is that providers or practices do not sign up to use an identifier service. What incentives are there for practices to join up and keep their data current? Is there a process where the practice management software can automatically upload its list of providers so that it stays current as providers move between practice? Will the PCA entry include Medicare provider IDs (provider-location specific IDs) that are used for billing verification?**

A: 1) The PCA will make it easy for healthcare organisations to obtain Healthcare Identifiers (HPI-I's).

2) The incentive for a practice to keep their data current via the PCA is simply because it will save them time and ensure the same consistent details are shared with all their business partners.

3) If a healthcare provider organisation is using a CIS that has been integrated to the PCA, they will be able to effect changes to their PCA record (such as their practitioners) via their CIS system.

4) The PCA will support the inclusion of Medicare provider identifiers.

**Q: so, we have another set of "identifiers"? the PCA internal IDs? if HPIIs/Os are optional attributes of providers/orgs**

A: Assuming the healthcare provider organisation has made the PCA their CSP, the solution will validate any entered HPI-O and retrieve HPI-I's for practitioners. However, the PCA also has a set of internal identifiers too.

**Q: will PCA update HPI-Is within practice?**

A: PCA will make it easy for healthcare provider organisations to retrieve the HPI-I's for their AHPRA registered practitioners. The PCA also supports Medicare Provider numbers.

**Q: Are the endpoint locations for SMD included?**

A: No, they are not, as the PCA only provides information that the healthcare provider organisation is the source of truth, such as healthcare services they provide and the practitioners who work there. The SM vendor is the source of truth for SMD endpoint information.

**Q: Does PCA ensure uniqueness of a practitioner?**

A: PCA ensures uniqueness by retrieving practitioner details from AHPRA, and also retrieves their HPI-I's from the Health Identifier service.

**Q: Also, keen to know about mapping between HPI-O and HPI-I if that can be supported.**

A: The mapping between an HPI-O and HPI-I's is exactly what the PCA supports. When an organisation registers and sets up their healthcare services and their practitioners, this effectively creates this link. This is fundamentally what the PCA is addressing and will be the source of truth.

**Q: What about Admin staff/practice managers - will they need identifiers in the system in a similar way to the HI Service?**

A: No, they won't. PCA supports a hierarchical user access model, where different users have different levels of access to support maintaining the organisations information.

**Q: Will the NHSD hold HPI-I information? ...and will the HPI-I be visible to those accessing the NHSD or is it still sensitive information?**

A: The PCA will be able to pass on HPI-I's to business partners that meet certain criteria specified in the HI ACT. It will be a HealthDirect (NHSD) decision as to whether it meets these criteria and wishes to store this information.

## **Implementation**

**Q: Is access to the PCA Web Portal available now?**

A: No, PCA is being developed and is expected to become available in early 2022.

**Q: Good morning. Is there a list of specific data fields captured in the PCA forms?**

A: Yes, we have a fact sheet which provides a summary of the types of data that is stored in the PCA as well as what is made available to business partners.

**Q: Will it be mandatory for healthcare providers to use PCA?**

A: Initially it will not be mandatory for healthcare providers to use the PCA, although it may become mandatory in the future, as a single means to update all business partners. Having said that, the vision behind this solution is to have a strong value proposition for user, so that healthcare organisations choose to use it.

**Q: Do you have a peak body (AMA, RACGP, etc...) PCA championing strategy?**

A: Yes, the change and adoption approach for PCA is a multi-pronged approach including PHN's for on-the-ground support, Clinical peak bodies to champion the solution, key business partners driving their customers to adopt as well as Agency Comms and education programs.

***Q: I'm still unclear, for hospitals, how will PCA be able to help on updating their local copy of the GPs and VMO's ?***

A: For hospitals, they can either update their local address book by utilising the National Health Services Directory (the NHSD will be a PCA business partner) or where they have a clinical program where local GP's register, they can be a PCA business partner to receive these updates directly.

## **Integration**

***Q: Is the connection to PCA automatically established through the GP software enabling automatic update of information or does the update have to be approved/triggered before information distributed to PCA?***

A: In general, the suggested approach to integrating a GP CIS with the PCA is to utilise existing workflows related to the management of healthcare service and practitioner details. For example, the workflow to onboard a practitioner into the GP CIS can be integrated with the PCA, such that the updates made by the user is reflected in their PCA record and published to business partners.

***Q: What does PCA look like for example in Best Practice software. Is there an update button for details or anything like that?***

A: Different vendor products will have different approaches to integrate with the PCA. The Agency is also developing some guidance from a minimum integration model to more complex ones.

***Q: How does the information get sent to the providers?***

A: PCA utilises a FHIR publish / subscribe interface for business partners. Whenever information for a publishing organisation is updated, their nominated business partners are notified of this update, and are able to retrieve the information through the FHIR interface.

***Q: Do you have any software vendors integrated?***

A: A number of software vendors were integrated as publishing systems for the PoC. As we are still building the PCA solution including the interfaces, no software is currently integrated. We will engage vendors later in the year once we have the finalised specifications, stood up our vendor integration environment and associated tooling.

***Q: Have conformance requirements for internal provider registries been released***

A: Conformance requirements and associated process to support integration by both publishing systems as well as business partner systems will be established later in the year.

***Q: How do users know if their software systems utilise PCA? Is there a list of already onboarded systems?***

A: Users will be aware of their software being PCA compliant through either checking the Agency conformance register which will indicate compliant systems and their versions. Software vendors may also provide communication to users when their PCA compliant products are released to the market.

**Q: PCA will use FHIR to standardise integration. Will there be the potential to extend the scope of information included as the system evolves, e.g. types of services provided?**

A: While we have done extensive research to determine the current baseline information requirements, as the PCA is used and other requirements arise, we anticipate reviewing and incorporating other data items to support these wider use cases.

**Q: Are PMS system vendors being paid to develop the integration on their end?**

A: Not at this stage. We are early in the process and are talking to vendors about different levels and approaches to integration with the PCA.

**Q: Just checking GP PMS system also includes any cloud vendors?**

A: Yes, this includes cloud-based systems too. PCA is a cloud-based solution.

**Q: Are there any functional differences (additional features) between the PCA portal and direct integration?**

A: The majority of functions in the PCA portal can also be accessed via the FHIR API.

**Q: can a software developer connect with it through API?**

A: Yes, both to publish via the PCA and receive data from the PCA - they are FHIR API's

**Q: how can a software company apply for this API connection**

A: Contact the Agency team on [pca@digitalhealth.gov.au](mailto:pca@digitalhealth.gov.au).

**Q: do you have an SDK?**

A: We will be producing an SDK (Developer guide, test kit, etc) and also provide a software vendor testig environment to support vendors integrating with the PCA.

## **PCA Functionality**

**Q: Can you track who has access to your information? Can you withdraw access?**

A: The PCA operates a model where the publisher chooses the business partners to whom they wish to share their information with. At any time, the user is able to see which business partners have been selected and can also withdraw this access.

**Q: How does the PCA differ from Health direct which was developed for the same reason (I thought) some years ago**

A: The key difference is that the PCA is not a directory - it is a tool that enables healthcare provider organisations to maintain their healthcare service information and practitioner details with business partners they choose to share their information with including directories such as the NHSD.

**Q: Hi Kieron (Paul Gladwell / Mercy Health) - 'dumb question' for the morning... so PCA will reference AHPRA to validate data? And, for hospitals, do you see groups such as Allied Health using the PCA?**

A: Yes, PCA has been designed to be used by healthcare and related organisations. Initially it will be limited to AHPRA registered practitioners but will be expanded to include non-AHPRA practitioners in the future.

**Q: For private insurers, payment details are also important, are bank account details included?**

A: Bank account details are not included in the information set, at this stage. However, this could be included in a future release if deemed a core requirement.

**Q: What account / authentication is expected to be used by practitioners to login to PCA portal?**

A: PRODA is used as the authentication mechanism in the PCA.

**Q: Is there any synchronicity with PRODA?**

A: No, the PCA simply utilises PRODA to authenticate users

**Q: Is it possible for practitioners to list and use multiple ABN numbers?**

A: A rule in the PCA is that each organisation has a unique ABN. Where a user owns or manages more than one organisation, they will be able to set these up with their respective unique ABN's.

**Q: Where the Practice Manager is authorised as an OMO within PRODA, can they arrange all the PCA activity on behalf of the organisation? Or, is there an extra step (e.g. from the RO within PRODA)?**

A: Any authorised individual can maintain the details in the PCA for their healthcare organisation. They do not need to be an OMO or RO.

## **Publishers**

**Q: One challenge we have found is often the name of the practice might be something very abstract, e.g. they use the ABN name versus the trading name. This might be a Trust name or something, how will issues like that get resolved?**

A: The PCA allows for the inclusion of both the business name sourced from the ABR, but also the Healthcare service name which is the normally the trading name identifiable by their customers.

**Q: Will individual GP Providers have to enable configure and provide consent for information to be distributed via PCA**

A: The PCA participation agreement is at an organisation level. A requirement under this agreement is that the organisation representative is required to collect consent from their practitioners before publishing in the PCA.



**Q: Can a jurisdiction with only one HPI-O publish a range of services at a range of hospitals that GPs can refer into?**

A: Yes, while the single HPI-O will be included in the information, the PCA does not constrain the number of locations and healthcare services that can be created under the organisation structure.

**Q: Can sensitive services opt out and what is the timeframe for delivery of Provider connect**

A: Healthcare provider organisations choose which services they wish to publish and to which business partners this information is published. As such sensitive services can either be not published or only published to selected business partners.

**Q: Is it intended that hospitals will be using the PCA to update details for their doctors, etc?**

A: PCA is intended to be used by healthcare and related organisations. It can certainly be used by hospitals to update the details of their healthcare services (Clinics) and practitioner details where it makes sense to do so.

**Q: Including doctors and specialists ?**

A: PCA has been designed for healthcare and related organisations across Australia to be able to maintain their details with their business partners.

**Q: In terms of sufficiency of detail in the data, is that automated, or is there a human back-and-forth to ensure that the detail in a submission is sufficient (w.r.t the requirements of whatever set of business partners are involved)?**

A: The PCA has a standardised information model with mandatory fields, and majority of data validated against systems of record such as HI Service, AHPRA, ABR, etc. Through this process, only a quality assured, complete record is able to be stored in the PCA and subsequently shared with business partners.

**Q: If our software vendor (Best Practice) isn't integrating in the short term, what are the benefits of onboarding without them?**

A: The PCA can be utilised either through the web portal or via an integrated CIS. While an integrated CIS will mean that data in the CIS can be used without having to rekey, there is still considerable administrative efficiencies to practice managers in using the portal solution to update all their business partners. It should also be noted that once an organisation has been setup, only changes to that baseline record is required to be done ie., the PCA retains the current state of an organisations record.

## **Validation (System of Record)**

**Q: Will AHPRA be sharing their data with the directory?**

A: The PCA will enable validated practitioner details to be retrieved from AHPRA.

***Q: is the messaging real-time, is there a validation mechanism and correction mechanism***

A: The information entered into the PCA is validated against 'system of records' such as AHPRA (for practitioner details), Healthcare Identifier service (Healthcare Identifiers), etc, to ensure quality of information is maintained. Once published, selected business partners are notified of this and are able to access this in near real time.

***Q: Would AHPRA push out updates for say de-registered providers***

A: This will not be possible in the initial release, but we are talking to AHPRA about the possibility of this in future releases of the PCA

## **Other**

***Q: Can we see a draft participation agreement?***

A: Participation agreements for both publishing users and business partners are being developed and will be made available when ready.

***Q: When will Services Australia Publish HPI-Is with the Medicare Provider Number extracts?***

A: This question is best directed to Services Australia.

***Q: What do you define as secure messaging?***

A: Secure Message Delivery (SMD) is a set of specifications that defines an approach to digital health communication using widely supported IT industry standards. The SMD specifications support the secure delivery of messages containing clinical documents and/or other information between healthcare organisations, either directly or through one or more messaging service providers (eg. Telstra Argus, Healthlink, Medical Objects, ReferralNet). Refer to the Agency's website for more details:

<https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/secure-messaging>

***Q: Where is the funding coming from the develop / operate this. Is this going to be ultimately funded by the healthcare providers?***

A: The PCA will be provided as a free service to healthcare providers and business partners. Other than the costs to integrate publishing systems and business partner systems, there is no additional cost.

***Q: Are you involving the PHN's to Launch and adoption?***

A: Yes, the PHN's will be providing on the ground support to organisations registering and utilising the service, for the first 2 years of the solution and are part of the Agency change and adoption strategy.

***Q: How do we get to be an early adopter test site?***

A: Contact the Agency team on [pca@digitalhealth.gov.au](mailto:pca@digitalhealth.gov.au).

**Q: Will PCA replace NASH and Site certificate, or they are irrelevant?**

A: NASH and site certificates are somewhat irrelevant to PCA.

**Publication date:** 6 July 2021

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**Acknowledgements**

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.