

CONFERENCE ABSTRACT

Privacy and integrated care: Sharing information within Australian interagency multidisciplinary teams.

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Introduction: Health practitioners have long had a tradition of maintaining the privacy of information obtained from patient consultations. Forrester and Griffiths observe that ‘there is an expectation that health professionals will keep confidential all information acquired as part of their role in the healthcare team. With this expectation patients feel confident to confide very confidential information. Without this confidence patients may be reluctant to seek advice from health professionals. But who is the healthcare team and to what extent can information of a personal and private nature be shared, used or disclosed within that team without the patient’s direct consent.

Description of policy context and objective: Modern quality medicine has moved toward utilisation of integrated systems that include multidisciplinary teams, bio-psycho-social interventions, and follow-up care often by other professionals and agencies. Such approaches are considered to be part of an evidence-informed “duty of care”. But an approach that aims to act in the best interest of patients is also in tension with the principle of respect for patient autonomy.

Central to clinical integration is the sharing of clinical information between providers of care to patients. Some of those providers will be known to the patient while others (i.e. clinical supervisors, pathology and imaging services) will not. A further complexity is that some practitioners may not be considered members of the traditional health care team (i.e. school educational psychologists, security staff, religious counsellors, disability support workers, and practitioners working in the criminal justice sector). Thus the provision of excellent integrated clinical care requires the sharing of clinical information with a multidisciplinary health care team of clinicians from across a wide range of sectors and disciplines.

Targeted population: Australian resident population.

Highlights: This study explores Australian legislative provisions in relation to patient privacy in the context of integrated health and social care and the development of multidisciplinary health care teams that include practitioners from private sector and government agencies in the health, education, child protection, family welfare, disability, aged-care, housing, local government and criminal justice sectors. The definition of a multidisciplinary health care team and the extent to which health information can be shared within the team is examined. Australian Commonwealth and State legislation provides for the sharing within a health care team of health information where that is for the primary purpose it was collected, and for a secondary purpose where that is directly related to the primary purpose, or might be reasonably expected by the patient for the provision of their care. For this purpose consent is not required.

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Comments on transferability: The analysis was restricted to Australian legislation. Transferability to other jurisdictions cannot be assessed.

Conclusions: It seems that, in Australia, multidisciplinary interagency health care teams can collect and share health information, without consent, provided the purpose is closely related to the primary purpose it was collected.

Keywords: privacy; multidisciplinary teams; integrated care; legislation

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