

News / Pulse+IT Blog

Blog: QR codes at the pointy end of care

28 July 2023 | 3 comments

By Kate McDonald

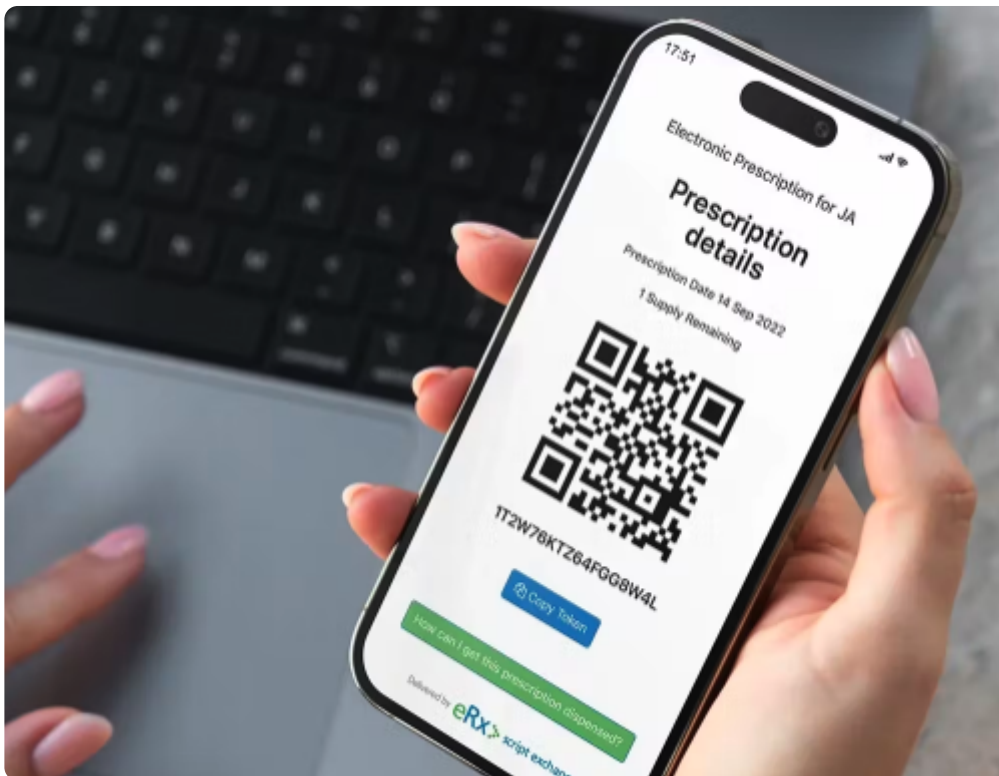


Image courtesy HealthyLife

Pulse+IT has been around the traps for so long that we remember when QR codes in healthcare were a [novelty](#) and GS1 Australia was hyping them as the next best thing after barcodes. GS1 was right and they have now become ubiquitous, whether it's for registering to report vaccine side effects during the pandemic, scanning in a menu or signing up for weekly deals at your local bottle-o.

They are the centrepiece of Australia's electronic prescriptions token system and are increasingly being used to replace old-fashioned barcodes on medical devices, equipment and pharmaceuticals. Now, they are being rolled out to give [instant access to medical records](#) to paramedics and other health professionals in the event of an emergency.

MedicAlert this week revealed it was working with ambulance services around the country to allow paramedics to scan in a QR code from a patient's medical jewellery to quickly bring up that person's medical history, allergies and conditions. The system gives access to certain information held on the patient's medical record, which is developed, curated and verified by MedicAlert and is otherwise available to authorised people through a hotline number.

This sort of system is currently [available in Queensland through the SafeMate emergency card](#), which has been backed in the past by health insurers but has not expanded beyond that one state since its launch in Australia over four years ago. MedicAlert, which has its headquarters in South Australia and launched the new functionality there this week, says it is in discussions with ambulance services around the country and looks more likely to get the system up.

We think it sounds pretty good. It's not just paramedics who can use it but other health professionals as well. The app has a user authorisation screen and records the scanner's IP address, and sends an SMS to the patient informing them someone has accessed their record. While MedicAlert hosts a full record for the patient, including care plans and advance care directives, for first responders the information is limited to just an extract of the information that a paramedic will need.

The codes can be added to the MedicAlert wallet card but also engraved on the traditional MedicAlert IDs, such as bracelets and wristbands, which is recommended. No special technology beyond a smartphone camera is needed to begin the scanning process. We think this is a great step forward and security worries aside, it could have real application for easier, simpler

access to people's own health information in the future.

In other news this week, Accenture has won a contract with New Zealand's new health authority Te Whatu Ora to build a [national data platform](#) to give access to health data for analysis and reporting. This sort of data was previously held by multitudes of different organisations, specifically district health boards, in multitudes of different formats, most inaccessible to other organisations or the Ministry of Health. While regional bodies will continue to own and host their own data, the new federated system will be built using common language and data structures to allow for national access.

The national data platform is one of the foundational infrastructure projects that will support Te Whatu Ora and the new national health system. While there is no news yet on how much the contract to build it is worth, it is part of the \$400 million the NZ government allocated over four years in the 2021 to [data and digital infrastructure for health](#) in what was a massive investment for the country. Along with other foundational elements such as Hira, the NZ Terminology Service and existing systems such as the NZ ePrescribing Service, New Zealand's strategy is looking increasingly coherent.

And in even better news for Accenture, Te Whatu Ora has also managed to land [former Accenture ANZ managing director Leigh Donoghue](#) as its new chief data and digital officer. As [reported by NZ Doctor](#), Mr Donoghue told a conference in Auckland recently that NZ had seen 20 years of underinvestment in health IT, causing an infrastructure deficit. This is something that now needs to be addressed, he said.

The week wrapped up with late breaking news that [Louise Schaper](#), the long-term CEO of HISA/AIDH and pretty much the face of health informatics in Australia, has left the organisation. While we understand this was not a planned decision on Dr Schaper's part and the details are still murky, Dr Schaper goes out as an incredibly popular and effective leader of what we still like to call HISA. She was in the role for almost 14 years (and does not appear to have aged at all in that time), and she goes out after a hugely successful MedInfo conference in Sydney that was attended by over 2500 people, more than 30 per cent from overseas.

In her time she oversaw the merger of HISA with ACHI to form the AIDH – the only thing she didn't master was a good acronym for the institute – and maintained a focus on developing the digital health workforce and promoting digital health as a profession. She is also a supreme promoter of the industry and one of the best networkers in the business, so we expect her to pop up

doing something interesting in the near future.

On a personal level, not only has Pulse+IT maintained a long, strong relationship with HISA and AIDH, but your correspondent remembers interviewing Louise for another magazine back in 2010 when she was new to the job at the fusty, musty old HISA and thinking, this woman is going to shake things up a bit. That she did.

Here's our poll question for the week:

Is QR code access to medical records a good idea?

[Vote here](#) or leave your comments below.

Last week we asked: can the specialist digital health workforce be clearly defined? A small majority said yes: 56 to 44 per cent saying no. [Here's what you said](#).

3 comments on "Blog: QR codes at the pointy end of care"

31 July 2023 at 4:21 pm

- Roma Dicker

While I will probably add this to my medic alert bracelet. I do want to make a comment about the expectation that everyone has a QR reader and a smart phone with the memory to hold all the apps required for living today. Not everyone has room on their phone for a QR reader or even a smart phone or the technical skills to use one. They should not be denied access to bookings etc because they cannot afford or cannot use technology

Reply

31 July 2023 at 5:24 pm

You don't need to have a QR code reader. The phone's camera can scan it in. And it is paramedics who will do the scanning.

4 August 2023 at 4:16 pm

- **Pulse+IT**

So, is QR code access to medical records a good idea?

60 per cent said yes, 40 per cent said no. The main issue in the no camp is security. Here's what you said:

- Security
- Security would definitely be a major problem
- Access to records in a seamless manner
- Universally accessible, with adequate security, and notifications to patient whenever record is accessed
- Accessible, ability to tailor access controls
- Ease of user interface and hopefully less repetition of filling in information.
- Yes, qr code can easily be manipulated.
- Ease of access anywhere
- Quick access to critical patient information
- Ease and certainty of access to the right records. Presume there would be security to ensure the person scanning is appropriate to access
- Instant access to healthcare professional at point of care enables non english speakers to convey their health matters, and a wide range of healthcare documents including Medical Power of Attorney and Care plans to be immediately available from across jurisdictions and both public, nfp, and private healthcare providers.
- Understood by most people
- Simple access for clinicians to what has become over engineered EMR's and others with poor user interfaces and too many clicks looking for the data that is needed.

Provides a transitory step to voice activated access.

Reduces admin overheads.

Minimises mistakes in selecting the right records, particularly for long stay and

patients with multiple encounters.

Minimises the time spent on DOE and or activation of orders.

- The opaqueness of QR codes means that humans cannot discern unsafe target URLs.

- People are too lazy to fill out URLs

- security is my main concern

- No, definitely a massive security issue.

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