|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** |  | | |  |
| **PRACTICE NAME** |  | | |  |
|  |  | | |  |
|  | |  |  | **For EMPHN Use only** |
| **Are you currently registered for the eHealth Incentive?** | | Yes | No |  |
| **If Yes, please indicate your practice’s current position with the 5 requirements:** | | | | |
| 1. **Integrating Health Identifiers into electronic practice records – clinical software** | | | | |
| 1. Which **compliant** clinical software do you use? | |  |  |  |
| 1. HPI-O stored on your compliant software | | Yes | No |  |
| 1. HPI-I’s stored on your compliant software | | Yes | No |  |
| 1. Are you retrieving and storing patient IHIs | | Yes | No |  |
| 1. **Secure messaging** | | | | |
| 1. What secure messaging software do you have at your practice? | |  | |  |
| 1. Do you have evidence of SMD Commissioning completion (i.e. certificate from Healthlink or Argus) | | Yes | No |  |
| 1. Policy written to encourage use *(can provide template)* | | Yes | No |  |
| 1. **Using data records and clinical coding of diagnoses**   *Where clinically appropriate:* | | | | |
| 1. Is your practice working towards recording the majority of diagnoses for active patients electronically? | | Yes | No |  |
| 1. Is your practice using a nationally recognised disease classification or medical terminology system? | | Yes | No |  |
| 1. Has your practice provided a written policy to this effect to all GPs in the practice? (*can provide template*) | | Yes | No |  |
|  | |  |  |  |
|  | |  |  | **For EMPHN Use only** |
| 1. **Sending prescriptions electronically to a prescription exchange service** | | | | |
| 1. Do barcodes appear on scripts when printed | | Yes | No |  |
| 1. Policy written to encourage use *(can provide template)* | | Yes | No |  |
| 1. Have you ensured that the majority of prescriptions are sent to a Prescription Exchange Service? | | Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **My Health Record** | | | |
| 1. Is your practice using compliant software for accessing the My Health Record system? | Yes | No |  |
| 1. Has your practice registered for and received a HPI-O and applied to participate in the My Health Record system? | Yes | No |  |
| 1. Do you have a current NASH installed in your clinical software? | Yes | No |  |
| 1. Is your practice actively creating and uploading shared health summaries and event summaries to the My Health Record system? | Yes | No |  |
| 1. Has your practice uploaded the number of shared health summaries equivalent to at least 0.5% of your standardised whole patient equivalent (SWPE) per quarter? | Yes | No |  |
| 1. Have you notified your SMD Provider when new NASH has been issued and installed? | Yes | No |  |
| 1. Policy written to encourage use of the **My Health Record** *(can provide template)* | Yes | No |  |

**Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Are you interested in learning more about **Assisted Registration** tool available in your clinical software (to register a patient for a My Health Record) | Yes | No |  |

**Training**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Has your practice staff undertaken the **My Health Record online training** | Yes | No |  |
| 1. Has your practice staff undertaken the **Australian Digital Health Agency ‘On Demand Training’** (sandpit) | Yes | No |  |

**Which requirement would you like assistance with and why?**

|  |  |
| --- | --- |
|  | 1. Integrating Health Identifiers into electronic practice records – clinical software |
|  | 1. Secure messaging |
|  | 1. Using data records and clinical coding of diagnoses |
|  | 1. Sending prescriptions electronically to a prescription exchange service |
|  | 1. My Health Record |

**Who is your IT support provided by?**

|  |  |
| --- | --- |
| Company (if external): |  |
| Contact Name: |  |
| Contact Phone: |  |

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| --- |
| **Other Comments** |
|  |
| **Notes (EMPHN Staff Use Only )** |
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