|  |  |  |
| --- | --- | --- |
| **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 )**  |
|  |