

MY HEALTH RECORD

Katrina Otto, Senior Educator **Dean Lewin**, Education and Clinical Use

AUSTRALIAN DIGITAL HEALTH AGENCY



Agenda

- 1. Australian Digital Health Agency update
- 2. National Digital Health Strategy update
- 3. My Health Record enhancements and Expansion
- 4. Viewing & uploading to the My Health Record system
- 5. Registering patients for a My Health Record



About the Australian Digital Health Agency



The Agency is a Corporate Commonwealth Entity funded by all Australian Governments. It designs and operates national digital health services and set data standards that:

- o Give consumers more control of their health and care when they wish it
- Connect and empower healthcare professionals
- Promote Australia's global leadership in digital health and innovation

The Agency reports to its Board, appointed by the Minister.

The Agency is the system operator for the My Health Record, and a number of other clinical information systems and standards, and commenced operations on 1 July 2016.





Gloabal Market Insights, Inc 23 Nov 2016





What is the Strategy made up of?

Strategy: The core document setting out the vision and objectives for digital health in Australia.

Economic Cost Benefit Analysis: A detailed analysis of the costs and economic benefits of the initiatives comprising the National Digital Health Strategy.

Agency four year work plan and budget: The costed program of work the Agency will be responsible for implementing over the next four years to deliver on the strategy's priorities and initiatives.

Framework for Action: A description of the activities and initiatives required to deliver on the vision and objectives outlined in the Strategy.





Priority areas for delivery to 2022

MY HEALTH RECORD	Consolidate and accelerate My Health Record to become the data rich, open access platform for health in Australia
SECURE MESSAGING	Enable health and care providers to easily find each other and securely exchange clinical information
INTEROPERABILITY & DATA QUALITY	Exchange of clinical information meaningfully across health and care systems through interoperability
MEDICINES SAFETY	A digitally enabled national medicines program to increase the safety and quality of medicines use
ENHANCE MODELS OF CARE	Enhancing key models of care and allowing evaluation and refinement through test bed projects, e.g. health care homes, childhood record, end of life, mental health and aged care
WORKFORCE EDUCATION	Support education and adoption of digital health initiatives by the broad health and care workforce
DRIVE INNOVATION	Drive and scale innovation through enabling industry to understand, access, design and build services for consumers and those who provide health and care



www.digitalhealth.gov.au





My Health Record

An electronic summary of an individual's health information that **can be shared securely online** between the individual and registered healthcare providers involved in their care to support improved decision making and continuity of care.



Dr Michael Gannon, President, Australian Medical Association

One of the recurring contributory factors identified during health-related coronial investigation and inquests is a failure in communication, particularly in documentation, discharge and handover...lapses in communication can have the potential for serious outcomes for patients. I cannot overstate the importance of effective communication in a health care setting.

Ms Ros Fogliani, State Coroner, Western Australia



- There are 230,000 hospital admissions due to medication adverse events per year, costing up to \$1.2 billion annually. My Health Record will reduce this number.
- Empowering people with health care information to support self-management could save \$1,300 to \$7,515 per patient per year.
- Sharing information electronically about tests could reduce unnecessary duplication by approximately 18% and significantly lower hospital re-admission rates.



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My Health Record Statistics

as at 30 July 2017



My Health Record Usage

Clinical Document Uploads

Medicare/DVA Benefits Report

Pharmaceutical Benefits Report



2,606,83

Consumer Statistics

Provider Registrations

5,052,384 Consumers registered Demographic 54% are female 46% are male Breakdown Aged 20 or less Aged 20-39 Aged 40-64 Aged 65 or higher % of total 14% 36% 25% 25% registrations % of population 24% 21% 19% 21% 22% 16% 28% 17%

25			
Q 10,166 Hea	Ithcare	providers	registered
0 10,100 1100	il ci i cai c	PICVICE	, i cBistci ca

Organisation Type*	Count
General Practices	6,156
Public Hospitals and Health Services	760
Private Hospitals and Clinics	161
Retail Pharmacies	1,380
Aged Care Residential Services	168
Other categories of healthcare providers including Allied Health	1,273
Organisations with a cancelled registration	268
*Organisation type based on Healthcare Provider Organisation (HPI-O) data, except for Hospita based on jurisdictional reported facilities that are connected to the My Health Rec	

980,833
1,103,503
303,095
52,348
29
110,507
56,522
11,531,252
8,995,734
2,535,518
143,118
89,662
38,195
14,049
1,212
528,223,723
1,471,218
497,253





311,331,704

214,923,548

Combined medicines View

Meds VIEW2487	DoB 16 May 1951 (35y)	SEX Male IHI 80	Medicines Ref	erenced in Clinical Documen 1 Feb 2017	ts	
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a acciet you to find mad	icinac valated information on	this patient's Mu Wealth Ro			er to the course day	cuments where more detailed information can be obtain
MPORTANT: Some doc formation.		view of medicines informat	ion, and should be ope			refied upon as a complete record of medicines related
Allergies and Adver Penicillin, tramadol	1	Click here for Medicines 02-Mar-2012 to 12-Jul-2016 (7 months ago)	Preview	Click here for <u>Shared Health St</u> 20-Dec-2013 (3 years ago) Authors own Own organisation	ummary	Click here for <u>Discharge Summary</u> 30-Nay-2015 (20 months ago) Author: 3 Precker Cairns General Hospital * More recent than the Shared Health Summary
Back to top]		[>>] Next		[>] Last		[Help]
All available Allergies ar 12-Jul-2015 to 04-Aug-20						
Source/Author	Date	Substance/Agent	Manifestation(s)			
	n 04-Aug-2015 (18 months ago)		feel sick			
Event Summary by Own organisation	12-Jul-2015 (19 months ago)	Penicillin (Drug reaction)	Itch, Rash			
Allergies and Adver Penicillin, transadol	2	Medicines Preview 02-Nar-2012 to 12-Jul-2016 (7 months ago)	p:	Shared Health Summary 20-Dec-2013 (3 years ago) Author: own Own organisation		Discharge Summary 30-May-2015 (20 months ago) Authors J Brecker Cairns General Hospital More recent than the Shared Health Summary
Back to top)	[<] First	[<<] Pre	<u>vious</u>	[>>] Next	[>] Last	[Help]
Medicines Preview - Lat 12-Mar-2012 to 12-Jul-20	test Documents, PBS Claims,	Prescriptions with no late	r dispenses - sorted b	y descending event date.		
Source/Author	Date	Medicine - Active Ingredient(s)	Medicine - Brand		Directions	
Event Summary by Own organisation	12-Jul-2016 (7 months ago)		Event Summary - 6 me	edcine items		
Event Summary by Own organisation	10-Jul-2016 (7 months ago)		This document does no Click hery to view the s	t allow for a preview of medicines information ource document.		
Patient-entered information	n 04-Aug-2015 (18 months ago)		mariyan		1 for thin blood	
			Seretide		1 for asthma	
Latest dispense	14-Jul-2015 (19 months ago) (11 dispenses in 3 years)	FLUTICASONE + SALMETEROL		250NCG/ACTUATION - 25MCG/ACTUATION RISED, 120 ACTUATIONS	Prior Prescription Rec	ord was SERETIDE MDI 250mcg-25mcg/dose INHALER se mouth after use
Latest dispense	14-Jul-2015 (19 months ago) (61 dispenses in 3 years)	MACROGOL-3350 + SODIUM CHLORIDE + POTASSIUM CHLORIDE + BICARBONATE		350,7MG + 46,6MG (8,63 MMOL G SOLUTION, 30 SACHETS	Prior Prescription Rec SACHET dose 1 noct	cord was MOVECOL 13.125g/350.7mg/178.5mg/46.6mg e for bowel motion
Latest dispense	14-Jul-2015 (19 months ago) (26 dispenses in 3 years at 3 forms/strengths)	MIRTAZAPINE	MIRTAZAPINE 45MG TA	2 months before as MERTAZAPENE-GA	Actual Prescription Ry sleep and mood	ecord was MERTAZAPENE 30mg TABLET dose 1/2 nocte for





My Health Record Expansion

- Council of Australian Governments (COAG) unanimously supported the expansion of My Health Record for every Australian, unless they prefer not to have one
- Fastest way to realise the significant health and economic benefits of My Health Record, including avoided hospital admissions, fewer adverse drug events, reduced duplication of tests and better coordination of care
- By December 2018 all Australians will have a My Health Record unless they have chosen not to



www.digitalhealth.gov.au





Consent

Consent to access



A provider is authorised by law to view a My Health Record without seeking consent each time, if:

- The provider is permitted by the organisation to access the My Health Record
- 2. The provider is accessing in order to provide healthcare to the patient.

Consent to <u>upload</u>



A provider is authorised (by law and through a patient's 'standing consent' given at registration) to upload clinical documents without gaining consent of the patient each time



Privacy & Consent & the My Health Record System

Do I need consent to view a patient's My Health Record?



No, a provider is authorised to view a record when providing healthcare to the patient.

Do I need consent to upload a document to a patient's My Health Record?



A provider is authorised to upload clinical documents without gaining consent of a patient each and every time

*** exception – Category 5 conditions;

HIV/AIDS

Need agreement with patient to upload a Shared Health Summary, this can be verbal



My Health Record & Privacy

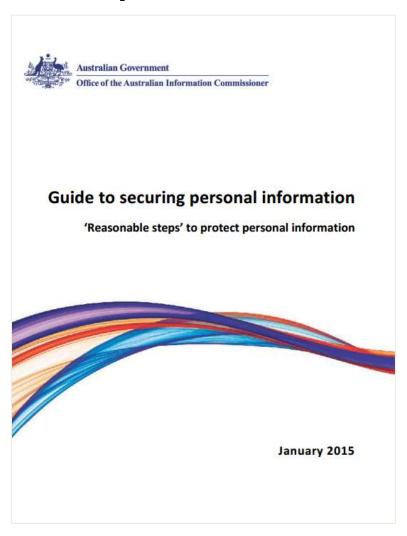
The *My Health Record* system is protected by the *My Health Records Act 2012* (My Health Records Act).

The protections in the My Health Records Act are in addition to those under existing privacy legislation.

Once information is downloaded into a healthcare provider's local records, existing privacy legislation will apply.



Privacy



https://www.oaic.gov.au/resources/agencies-andorganisations/guides/guide-to-securing-personal-information.pdf http://www.racgp.org.au/download/Documents/Standards/201 3ciss.pdf





Expected standards of use of the My Health Record will develop organically over time.

In absence of these standards, the AMA Guide is a helpful tool that demonstrates the medical profession's expectation of use of the My Health Record.

https://ama.com.au/article/ama-guideusing-pcehr



AMA Guide to Medical
Practitioners
on the use of the
Personally Controlled Electronic
Health Record System

Medico-legal concerns

Acting on incorrect information



Information in the My Health Record is to aid clinical decision-making

Providers should rely on their own clinical judgement when using third party information

The My Health Record does not replace existing communication methods with the patient or other healthcare providers

Legal standards around use of the My Health Record system will develop and be accepted by the clinical community, as the My Health Record is embedded in clinical workflow

Providers should rely on their clinical judgement about whether and how they use the My Health Record system

A provider should contact their medical indemnity insurer if they have questions on their liability and coverage for their policies





Medico-legal concerns

Penalties



Providers who have a legitimate reason to access the system (e.g. provide care to a patient) are authorised to do so.

Reckless or intentional misuse may be subject to penalties up to \$108,000 for individuals; \$540,000 organisations

Uploading inaccurate information



Providers are under an obligation to take reasonable steps to upload accurate and up-to-date information (this is an obligation that exists already when sharing patient information with other providers)

Quality & RACGP Accreditation Standards

4th Standards for General Practices were released in 2010 5th Standards were in consultation phase until 30/9/16 due for release October 2017

http://www.racgp.org.au/your-practice/standards/standardsdevelopment/

Accreditation Bodies:







Accreditation: Quality Improvement (QI) Module





QI	1.3 B	Our practice team implements activities aimed at improving clinical practice.	This Criterion in the 4th edition did not have any Indicators associated with it. Indicators have now been created from the explanatory notes. This Indicator has been included in response to that identified gap in the 4th edition Standards.
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5th Standards for Accreditation - RACGP Third Consultation phase - summary 5th Standards for Accreditation - RACGP Webinar Slides





PIP payment changes:



Q: "How will the new PIP Incentive Payment work?

A: Practices will be paid for focusing on quality.

The quality will be determined by the information (i.e. data) about the care that has been provided.

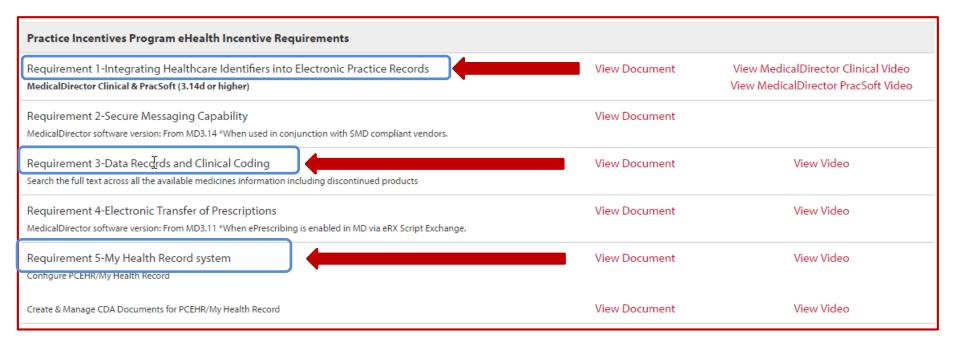
With time, practices will be paid for demonstrating data driven quality improvement."

PIP Redesign FAQs
Webinar recording





Qualify for ePIP payments now



http://medicaldirector.com/gp+cl+ehealth/resources



Past History List – only chronic conditions & significant events



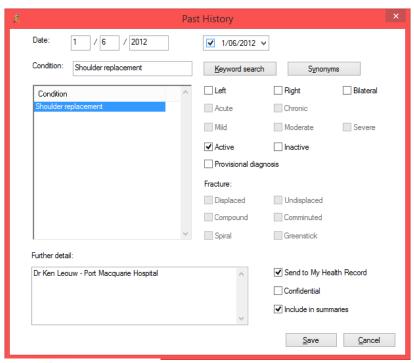
"Consistent data **coding** systems drive meaningful quality improvement activities."

http://www.racgp.org.au/standards/172





Past History - add detail/comment to enhance information sharing







New History Item	
Year: 2007 Condition	Date:
● Pick from list (coded)	Shoulder replacement Shoulder replacement Shoulder replacement, revision of
Free text (uncoded)	
☑ Left	Active problem
Right	☐ Confidential ☑ Summary
Comment: Use this area to add i name of surgeon, hos	mportant details about this condition/operation, Apital etc.
	OK Cancel





Practice workflows for maintaining data quality

Update health summary when actioning incoming correspondence

Birthdate: 19/0 Your Reference:	NORTH RYDE. 2113 6416 2/1960 Sex: F 1 Lab Reference:	Medicare Number: 06-2788154-FBS-0		
Laboratory: SDS Addressee: HELL	O COMPUTER DEPARTMENT	Referred by:	HELLO COMPUTER DEPAR	RTMENT
Name of Test: Requested: 01/0	FBE 9/2006 Collected:	01/09/2006 Repor	ted: 01/09/2006	13:27
FULL BLOOD COUNT	01/09/06 23/08/06 2788154 1283	23/08/06 Range 1282		
pe	153 pending 5.18 * pending 0.481 * pending 92.9 pending 29.5 pending 13.5 pending 5.0 pending 3.0 1.5 0.2 0.3 0.1 234 pending ood count essentially noing	31.1 (28.0 - 323 (310 - 3 13.0 (10.0 - 4.9 (4.0 - 1 2.7 1.8 (1.0 - 4 0.3 (0.2 - 1 0.1 (< 0.6) 0.0 (< 0.2) 305 (150 - 4 0.2)	5.16) x10 12/L 0.470) 100.0) fL 34.0) pg 60) g/L 15.0) % 1.0) x10 9/L .5) " .0) "	
This result is:	Action to be taken:	Store result in:	Store for location:	Main surgery
Nomal	○ No action	Investigations	✓ Include header	2 7
Abnomal	Reception to advise	Correspondence i	n Details	
○ Stable	Nurse to advise	Clinical Images		
○ Acceptable	O Doctor to advise			
 Unacceptable 	Send routine reminde	Add Reminder	Add Past History	
 Being treated 	Non-urgent appointm	ent Add Action	Add Smear	Add INR
Under specialist ca	are Urgent appointment	< Previous	Next > Skip	Finish



A team approach to progress

- Practice Managers write the policy
 & train staff
- 2. Receptionists can register patients
- 3. Registrars & nurses may be able to help clean up data
- 4. Nurses, Registrars, GPs & Aboriginal Health Practitioners can upload



Assisted Registration Guide

Download and read:

The Assisted Registration: A guide for Healthcare Provider Organisations

An outline of the registration process

- Steps for getting ready
- More information on the registration process
- Audit and compliance

For more information...

Assisted Registration Healthcare Providers FAQs

https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/provider-resources





Update your practice policies

Participating healthcare organisations must have a My Health Record system policy that covers certain security practices of the organisation. More information available: https://www.digitalhealth.gov.au/using-the-my-health-record-system/maintaining-digital-health-in-your-practice/privacy-and-security

This policy must be updated to cover:

- 1. How your organisation will authorise its employees to provide Assisted Registration
- What training will be provided before an employee is authorised to provide Assisted Registration
- 3. How your organisation will confirm consent of an individual
- 4. How authorised employees will identify an individual for the purposes of Assisted Registration

Template My Health Record system policy:

http://www.nehta.gov.au/get-started-with-digital-health/registration/register-with-the-healthcare-identifiers-hi-service-and-the-my-health-record-system





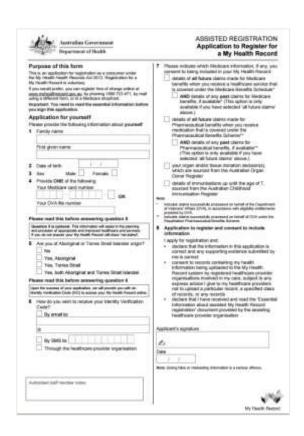
Obtain patient consent

#1: Consent to Register for the My Health Record

#2: Consent to healthcare providers uploading documents to their record

- ✓Verbal consent (note this in your local records)
- ✓ Application form (optional)
 - Do not send completed form to System Operator
 - Securely destroy form when no longer needed

https://myhealthrecord.gov.au/i nternet/mhr/publishing.nsf/Cont ent/provider-resources









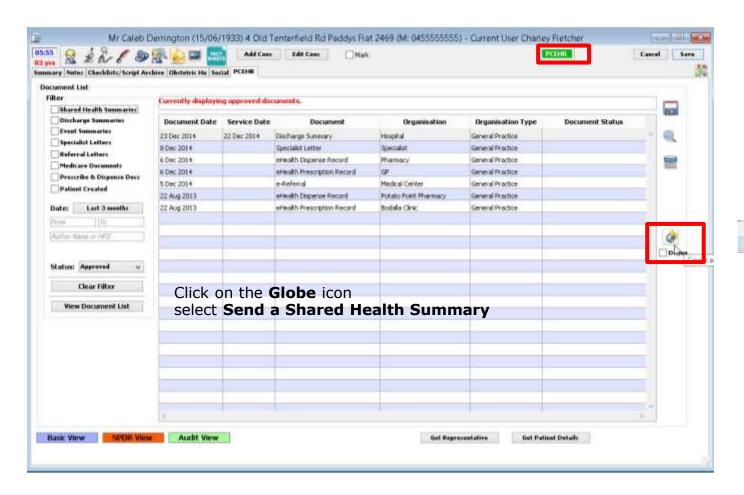
		Genie			CDA
Iden	tification				
	Title	Mr	•	0	Mr
	Surname	Derrington	•	0	Derrington
	First Name	Caleb	•	0	Caleb
	Gender	M	•	0	М
	Date of Birth	15/06/1933	•	0	15/06/1933
Addr	ess				
	Country	Australia	•	0	Australia
	State	NSW	•	0	NSW
	Suburb	Paddys Flat	•	0	Paddys Flat
	Postal Code	2469	•	0	2469
	Street Address	4 Old Tenterfield Rd	•	0	
Cont	act Information				
	Home Phone		•	0	070000000
	Mobile Phone	045555555	•	0	1, 27 45, 26 4 4 W. Tool F. W. W. Tool F. W. Tool F. W. Tool F. W. Tool F. W.
	Work Phone		•	0	
	Email	patient@testemail.com	•	0	





Upload your patient's Shared Health Summary 👺 Genie Solutions





Send a Shared Health Summary Send an Event Summary





Upload your patient's Shared Health Summary



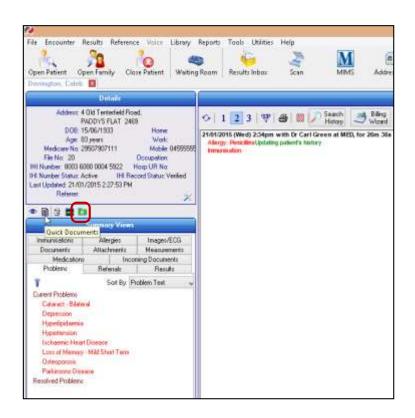
	Shared Hea	Ith Summary Review	v Window			
lease confirm the items to be uploaded to the Po ocument Name: <u>SHS_20160626</u>	Items in rec	d are not being automatical ions categorised as Single marked as confidential				
edications: None Supplied None Known	Section 2			We we		
Medicatio	ns	13		Catego	ory	
Actonel EC 35 mg Once-a-Week Tablets 35mg Tablets Avanza 30mg Tablets Avanza 30mg Tablets Avapro HCT 300/12.5 Tablets 300mg/12.5mg Tablets Crestor 20mg Tablets Madopar 250 Tablets 200mg/50mg Tablets Monodur Durules 120mg Sustained Release Tablets			0 0 0 0 0			S
						4
edical History: None Supplied None Known						
Date Diagnosis/Procedure	Table	Proc.	Notes		ID	
25/03/2013 Hyperlipidemia 25/03/2013 Ischaemic heart disease 12/12/2013 Depression 12/05/2012 Parkinson's disease 10/10/2010 Bilateral Cataracts 17/03/2009 Mild short term memory loss 27/02/2009 Osteoporosis Osteoporosis	CP CP CP CP CP CP			1 2 3 10 11 12 13		,
nmunisations: None Supplied None Known	No	ne Known				
Date Immunisation		Adverse Reactions				
17/07/2004 Pneumovax 23 20/07/2009 Pneumovax 23 20/03/2012 Fluvax 10/05/2013 Fluvax 13/05/2014 Fluvax	lam <i>Per</i> lam	the patient's nominate sonally Controlled providing ongoing car e prepared this Share	Electronic Health e to this patient.	Records Act 2012.		





Upload your patient's Shared Health Summary





Select Quick Documents icon

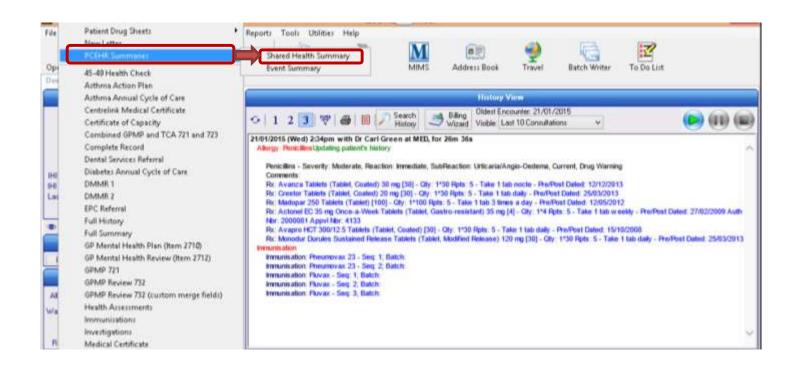






Upload your patient's Shared Health Summary









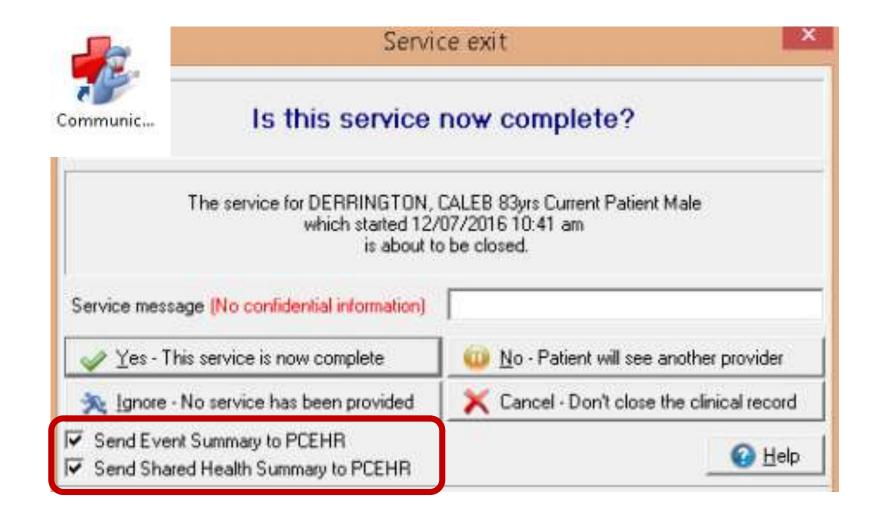








Make My Health Record part of your routine workflow







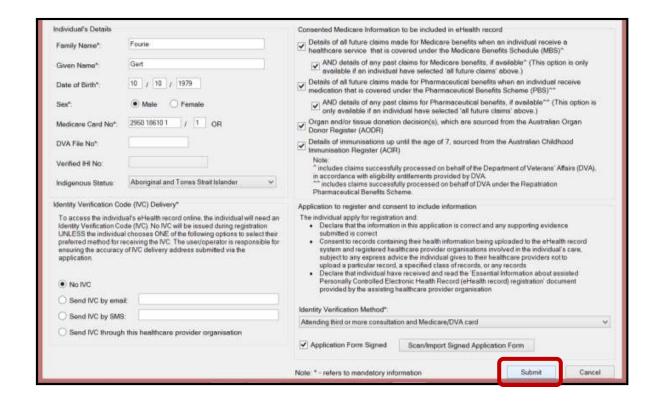
Register patients



Non-clinical staff can register patients using ART tool (on desktop)

Ensure permissions/options settings have been ticked to allow staff









Registering patients in MedicalDirector



ndividual's Details		Consented Medicare Information	n to be included in eHealth record			
Family Name*	Fourie	Details of all future claims made for Medicare benefits when an individual receive a healthcare service that is covered under the Medicare Benefits Schedule (MBS)*				
Given Name*:	Gert	AND details of any past claims for Medicare benefits, if available* (This option is only available if an individual have selected 'all future claims' above.)				
Date of Birth*	10 / 10 / 1979	Details of all future claims made for Pharmaceutical benefits when an individual receive medication that is covered under the Pharmaceutical Benefits Scheme (PBS)**				
Sex*:	Male	AND details of any past only available if an indiv	claims for Pharmaceutical benefits, if available** (This option is indual have selected 'all future claims' above.)			
Medicare Card No*:	2950 18610 1 / 1 OR	Organ and/or tissue donation Donor Register (AODR)	in decision(s), which are sourced from the Australian Organ			
DVA File No*:		Details of immunisations up Immunisation Register (ACIF	until the age of 7, sourced from the Australian Childhood)			
Verified IHI No:		Note: "includes claims successfully processed on behalf of the Department of Veterans' Affairs (
Indigenous Status:	Aboriginal and Torres Strait Islander		entiflements provided by DVA. ully processed on behalf of DVA under the Repatriation name.			
dentity Verification Co	de (IVC) Delivery*	Application to register and cons	sent to include information			
Identity Verification Co UNLESS the individual preferred method for n	ual's eHealth record online, the individual will need an ide (IVC). No IVC will be issued during registration Il chooses ONE of the following options to select their eceiving the IVC. The user/operator is responsible for of IVC delivery address submitted via the	submitted is correct Consent to records contain system and registered her subject to any express adjupted a particular record Declare that individual has Personally Controlled Elect	in in this application is correct and any supporting evidence ning their health information being uploaded to the eHealth record althorie provider organisations involved in the individual's care, vice the individual gives to their healthcare providers not to , a specified class of records, or any records re received and read the 'Essential Information about assisted choice Health Record (eHealth record) registration' document			
			healthcare provider organisation			
Send IVC by ema		Identity Verification Method*				
Send IVC by SMS	i:	Attending third or more consultati	ion and Medicare/DVA card			
Send IVC through	this healthcare provider organisation					
		Application Form Signed	Scan/Import Signed Application Form			





Registering patients in Bp Premier



My Health Record Assisted Registration - Mrs Gert Fourie							
Patient Det	ails:						
Name:	Mrs Gert Fourie	Medicare Card:	2950143711	Pat			
Date of Birth:	10/10/1979 Sex: Male	DVA Card:					
ATSI:	Aboriginal	Health Identifier:	8003602346555439				
Identity Ve	erification Method:						
Please sele	ct one of the following:						
◯ Attending	third or more consultation and Medicare/DV	'A card	Attending third or more co	onsulta			
⊖ Attending card	g hospital with their clinical referral and Medic	are/DVA	Oldentity verified by reference requirements	e con:			
	Attending emergency department with PHOTO ID with Medicare/DVA card Resident of Aged Care facility						
○ Having th	○ Having third or more prescription filled and Medicare/DVA card 100pts of documentary evid Record Consumer Identity						
	and attending Aboriginal Medical Service and e/DVA card	Other criteria approved by	y the s				
	< <u>D</u> ack	jvext>	<u>C</u> ancer				



Next Steps (for your whole practice team):

- 1. Complete the (free) eLearning module on the My Health Record system: https://training.digitalhealth.gov.au
- 2. Download the 'cheatsheets for your software'
 https://www.digitalhealth.gov.au/using-the-my-health-record-system/digital-health-training-resources/guides
- 3. Watch the software demonstration for your software https://www.digitalhealth.gov.au/using-the-my-health-record-system/digital-health-training-resources/software-demonstrations
- 4. Practise in the 'On-Demand' Training Environment https://www.digitalhealth.gov.au/using-the-my-health-record-system/digital-health-training-resources/on-demand
- 5. Register your patients.
- 6. View and upload health summaries.





Contact us

Help Centre **1300 901 001**

8am-6pm Monday to Friday AEDT

Email <u>help@digitalhealth.gov.au</u>

heather.mcdonald@digitalhealth.gov.au

katrina.otto@digitalhealth.gov.au

Website <u>www.digitalhealth.gov.au</u>