AAPM Webinar 23 June 2016; My Health Record, Change Management Strategies- Participant Questions

Topic	Webinar Question	Answer
Change management	Do you have a list of FAQ and answers to help training?	The My Health Record website has FAQs for both patients and healthcare providers. Other helpful information includes a Registration Guide for Healthcare Provider Organisations.
	Most doctors do not trust the reliability, security and therefore benefit of the system. What happens when a new government decides to broaden access to lawyers and insurance companies.	Any future significant changes in legislation that deviate from the policy framework of the My Health Record system (which would include access by insurance companies not providing healthcare) will undergo consultation with stakeholders, including patients, providers, medical indemnity insurers and privacy advocates; they will also require bipartisan support from government for the passage of legislation through parliament.
	How to stop the fear the Drs had with privacy breaches and penalties?	• Misuse of a person's health information is a serious matter. The potential for damage is significant and this is reflected in current professional and legal obligations on persons such as healthcare providers to protect patient information. The My Health Record system contains health and other important information so penalties (both civil and criminal) are used, among other measures, to protect this information. • The penalties for misuse of the My Health Record system are for *reckless or intentional misuse*. If there is a mistaken access to a record by a provider, they will not be subject to the penalties. • The range of enforcement options for the Privacy Commissioner means that, depending on the severity of the breach of privacy, the Commissioner may instead require training, or an apology, as opposed to a penalty.
Assisted Registration and assisting patients to adopt the My Health Record	I was going to have the nurse assist patients register. These are mainly elderly and don't have mobiles or emails. How do we get their code to register them on the spot? We wanted to register and upload there and then.	When an organisation provides Assisted Registration, the organisation has the ability to select if the patient would like to receive their IVC (Identity Verification Code) and by which method (SMS, or email, or via the organisation). The IVC can be used by a patient to access their record online via MyGov. Whether or not the patient wants to receive an IVC, has no impact on the organisation's ability to register the patient and then upload documents to the patient's My Health Record during that consultation.
	Is there any way of getting large quantities of brochures, our supply is almost gone?	The Australian Digital Health Agency is able to provide up to 100 brochures in caretaker mode. Once this time finishes, you will be able to request larger numbers. For more information contact the Agency at help@digitalhealth.gov.au

	Does NEHTA have anything we can add to our face book page?	NEHTA does not have specific collateral for use on your organisation's Facebook page. But organisations can use collateral available from the My Health Record website or your local PHN.
	How to help older patients who are concerned with their personal health info being on the internet? They feel like it will not be kept in confidence.	Consider providing printed information for your older patient. Some key messages that may be helpful when supporting any patient to understand the privacy and security safeguards of the My Health Record system are: • My Health Record data is stored in Australia. The My Health Record system implements high grade security to detect and mitigate against external threats. This is the same level of security as Australia's online banks. • Only healthcare providers involved in a patient's care are authorised to access the patient's record. There are penalties for anyone who intentionally accesses the record where they were not providing the patient care • Healthcare providers and organisations have an existing duty to keep their patients' health information confidential and secure and that continues for use of the My Health Record system
	Do you have to register with MyGov before registering for my Health Record and are they linked?	If a patient wants to access their record online, they will need to link it to their MyGov account. However, there is no need for the patient to have a MyGov account to be able to register for the My Health Record system.
	Just wanting to get confirmation that all NEHTA/DOH/MyHR reference material will still be available post 30 June 2016?	Yes, all material will be available post 30 June, the NEHTA website will redirect to the new Australian Digital Health Agency website. The My Health Record and Department of Human Services websites will remain the same.
Adoption by health sector	When will hospitals be using My Health Record?	There are currently 519 public hospital organisations, and 60 private hospital organisations registered and using the My Health Record system. The NEHTA website lists those public and private hospitals that are registered.
Uploading to My Health Record	I wanted to clarify about Division 1 Registered Nurses author shared health summaries?	A nurse that is registered under the National Law (i.e. registered with AHPRA) that has an HPI-I and is not entered on a student register, is able to upload a Shared Health Summary.
	Can more than one SHS be uploaded for one patient eg at each appointment?	Yes. A new Shared Health Summary is expected to be uploaded whenever anything **significant** changes to the medical history, medications, adverse drug reactions/allergies or immunisations for your patient. The latest Shared Health Summary is likely to be the first document accessed by any provider viewing a patient's record and all previous Shared Health Summaries are also accessible. Many software vendors have built filters to enable easier viewing of relevant summaries.

	At this present moment, are we only required to upload health summaries with an updated medication listing and past history?	Those general practices that want to continue to receive the ePIP (Practice Incentives Program eHealth Incentive) will need to contribute Shared Health Summaries to the My Health Record system for their patients. General practices will be required to upload Shared Health Summaries for a minimum of 0.5% of the practice's standardised whole patient equivalent (SWPE) to be eligible for the payment.
		A Shared Health Summary includes allergies, adverse reactions, medications and medical history.
Using the My Health Record	Can reception have access to see if patients have a MyHR? Any idea if this is going to change?	Depending on your software, reception staff may be able to see if a patient has a My Health Record. For example, with Medical Director this would be done though the Assisted Registration Tool (ART) (usually found on your desktop). Other vendors have built their software so this information will only be easily visible to those with a HPI-I. However, under the policy of the My Health Record system that any authorised employee who is providing care to a patient can view that patient's record, it is not only those providers who have an HPI-I.
		Many practices implement a workaround solution for this for example notating 'My Health Record' in appointment/general notes when a patient has been registered so they know not to register the patient again next time they attend.
		If there is an issue with usability of software, a healthcare organisation should contact their vendor to discuss potential changes or improvements.
	When I look up IHI in Best Practice I often get the code '01439'(Information) No Healthcare individual records have been found' yet the OPV check was fine. Is this a Best Practice problem?	Validating the individual healthcare identifier (the 'IHI') and accessing the My Health Record System is a higher level of security than an OPV (Online Patient Verification) check for Medicare. As such, it is essential that the organisation has the most accurate and up-to-date patient demographic information, because without that information an IHI may not be validated.
		If you receive any error message in your software it is best to contact your vendor directly for support.