

My Health Record Enablement

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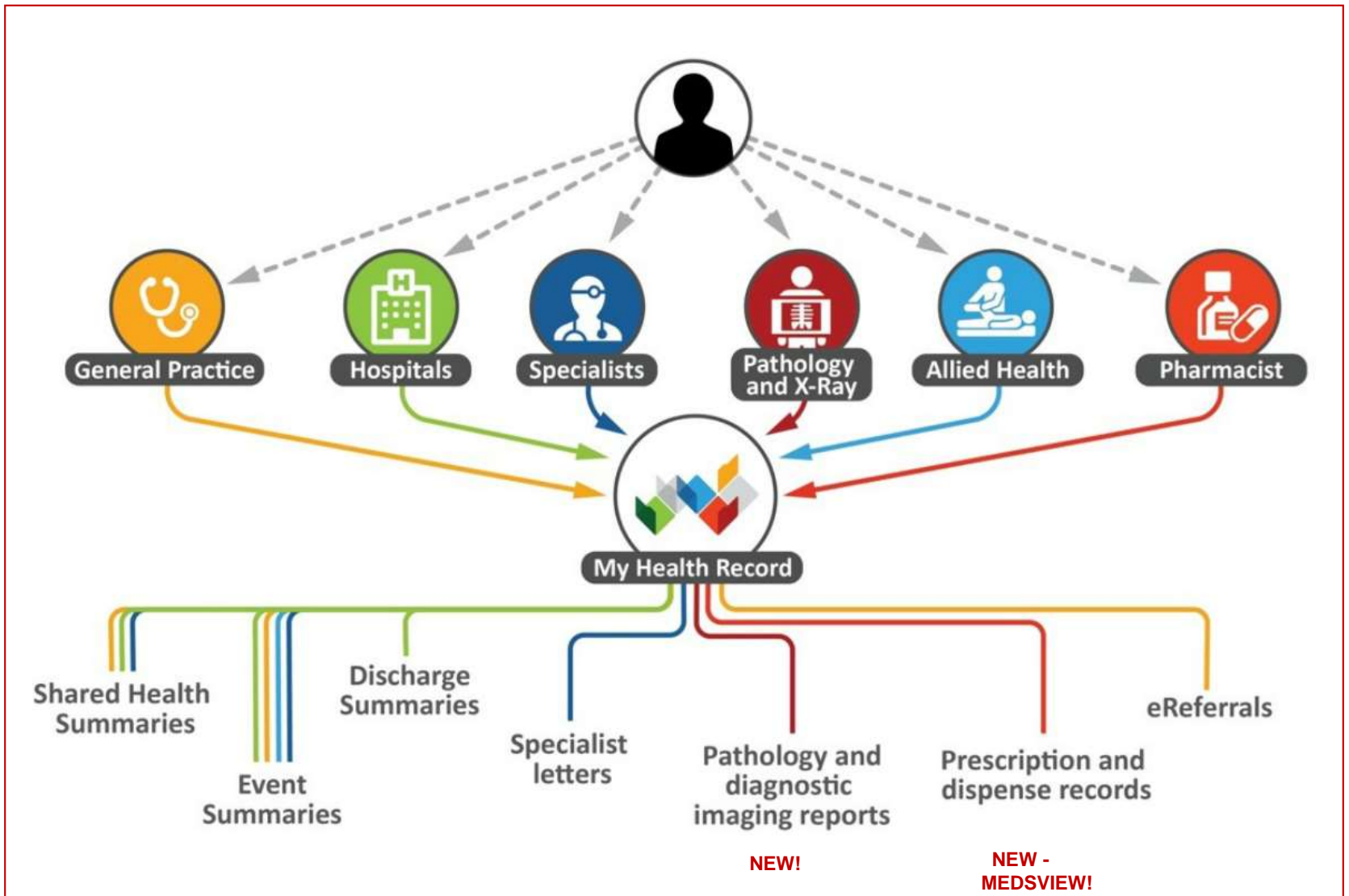
Learning Objectives:

1. Develop an understanding of changes to My Health Record and third party tools available to patients and clinicians for improved sharing of quality clinical data.
2. Use software as a tool for practice improvements and data analytics.
3. Identify ways to ensure compliance with standards for essential demographic and clinical data entry.
4. Design a systematic approach to data quality improvements.

“30% of GPs have accessed a patient’s health information through My Health Record that would not have otherwise been available to them.

RACGP, February 2019





www.digitalhealth.gov.au

www.myhealthrecord.gov.au

New Stronger My Health Record Privacy Laws



Watch the youtube your patients may see: <https://youtu.be/BusMRjuHlhk>

My Health Records Amendment (Strengthening Privacy) Bill 2018

These changes:

- Allow people to permanently delete their records.
- Prohibit by law access for insurance or employment purposes.
- Strengthen privacy for teenagers 14 years and over.
- Strengthen protections for people at risk of family and domestic violence.
- Require law enforcement and other government agencies to produce an order from a judicial officer to access information in a My Health Record.

[Read more.](#)



Improve revenue

Improve relationships

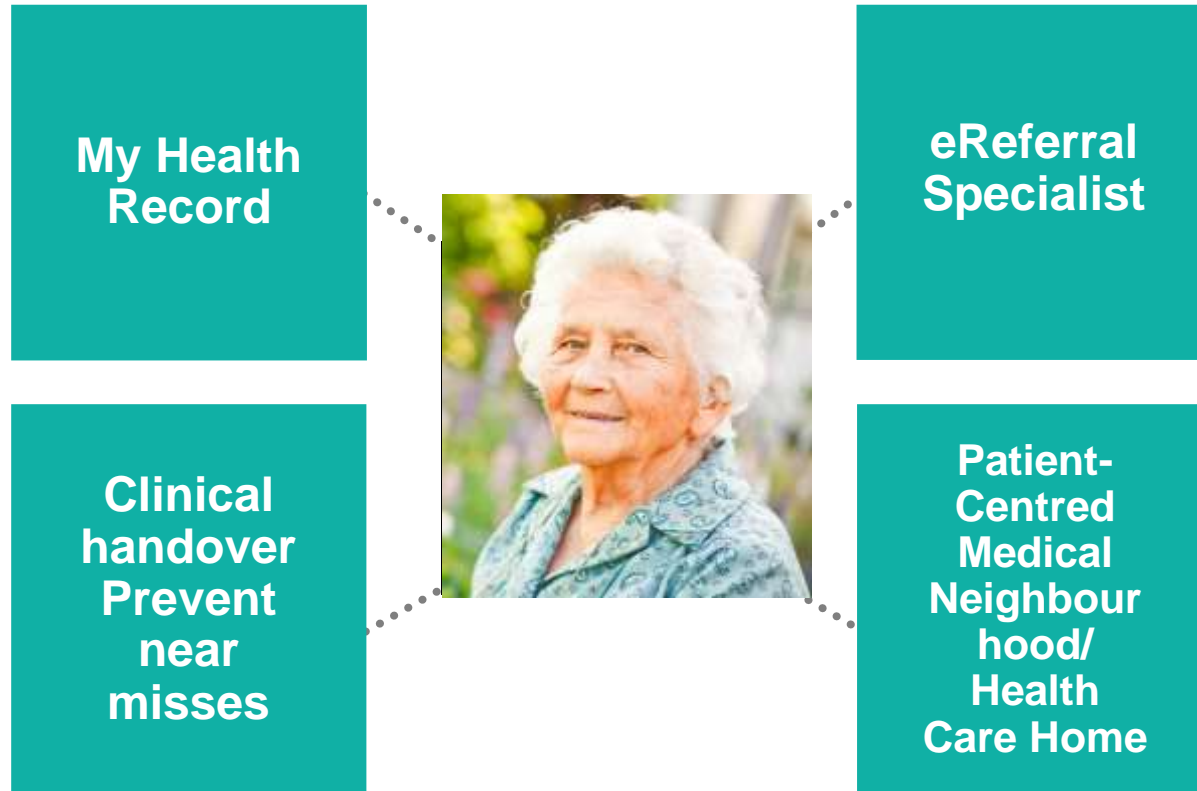
Improve data



“..use consistent **coding** of diagnoses.....so that continuous improvement of clinical care and patient outcomes can be achieved.”



Essential Data for safe handover of care for your patient



Data Quality Checklist for all 'active' patients

- 1 Demographics – are the contact details up-to-date?**
 - Double-click on the patient's telephone number to check and update details
- 2 Medication List – is the Current Meds list accurate?**
 - Right click to delete/cease medications no longer relevant [they can then be found in the Old/Past Scripts thereafter]
 - If none, tick No medications
- 3 Past History List – does it contain only significant conditions that a hospital or specialist would need to know?**
 - Right click to edit, delete or add new
 - If none, tick No significant past history [PMH] box
- 4 Allergies – have you also recorded adverse reactions?**
 - Double-click in allergies box and Add, Edit, Delete
 - If none, tick No Known Allergies/Adverse Reactions/Nil Known
- 5 Immunisations – have immunisations been recorded?**

www.myhealthrecord.gov.au www.digitalhealth.gov.au

[Download the 'Data Quality' Checklist](#)

– GP Consultation Checklist

WORKFLOW & MINIMUM CLINICIAN DATA ENTRY

- Review previous consultation notes
- Review or collect history
- Current Medications
- Recent side effects/allergies
- Check Result/Documents and MARK AS NOTIFIED
- Examination & Management
(enter all observations BP, pulse etc in correct fields)
- Findings/Diagnosis
- Patient Education
- Add/Remove Recall or make next appointment
- Reason for contact
- MBS item/voucher

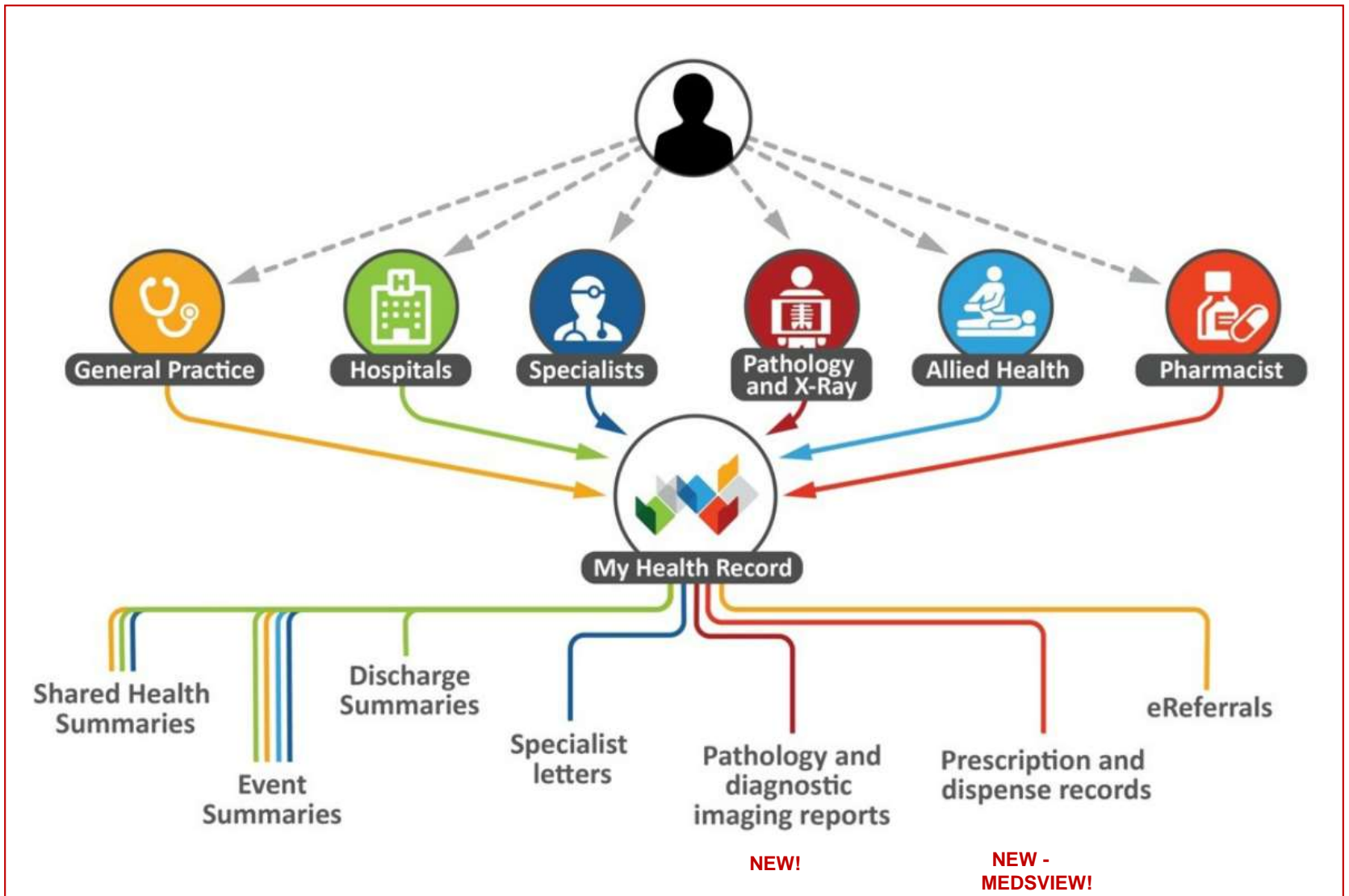
Final step – do I need to update SHS and send to My Health Record?

Standard 1.3 “Expect to Share”

“Health Professionals should expect to share their health information with colleagues and with patients to facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare





www.digitalhealth.gov.au

www.myhealthrecord.gov.au

My Health Record



Practise in the 'On Demand' test environment

See what My Health Record looks like from a consumer perspective.




ON DEMAND TRAINING

Our digital health training tool – no booking required.

Learn how to use the My Health Record system in real time using a simulated version of your clinical software.

You can upload a Shared Health Summary, view a My Health Record, and more!



Best Practice ODT

Communicare ODT

Consumer Portal ODT

Fred Dispense ODT

Genie ODT

Medical Director ODT

Zedmed ODT

[Go to On Demand Training Environment](#)

Most of your patients will now have a My Health Record



The screenshot shows the Bp Premier software interface for a patient named Mrs Gert Fourie. The 'My Health Record' menu item is highlighted with a red box. A red arrow points to the 'My Health Record' button in the patient's record summary.

Family members: Mrs Gert Fourie [v] [J] [Open]

Name: Gert Fourie D.O.B.: 10/10/1979 Age: 36 yrs Sex: Male 1h 1m 32s [v] [p] Finalise visit My Health Record

Address: 1 Xanthoehoea Trk Chemsid West 4032 Phone: Mobile: 0425 583 333 Work:

Medicare No: 2950143711 - 1 Record No.: Pension No.: Comment: 5 patients with same name

Occupation: Tobacco: Smokes 10 cigarettes/day. Alcohol: Elite sports: Ethnicity: Australian

Blood Group: Advance Health Directive:

Allergies / Adverse Drug Reactions: Notifications:



View your patient's My Health Record



MedicalDirector

naires Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Go MDRefer

DOB: 15/03/1979 Gender: Male Occupation: On 10s

Ph: Record No: ATSI: Aboriginal

Pension No: Ethnicity: Australian Aboriginal

Smoking Hx: ? Smoker IHI No: 8003 6081 6669 0511

MyHealthRecord: Exists with access permission as of 26/02/2017

- **Exists requires access code as of DD/MM/YYYY:** The patient has a My Health Record record but it requires an access code. The patient has setup the access code for his/her My Health Record.
- **Exists with access permission as of DD/MM/YYYY:** The patient has a My Health Record record and you may access the patient's My Health Record.
- **Does not exist or not disclosed as of DD/MM/YYYY:** The patient either does not have a My Health Record or the My Health Record record is hidden.
- **IHI not recorded as of DD/MM/YYYY:** The patient does not have an IHI recorded.

Access information

eg Discharge Summary or Health Summary

Discharge Summary
23 Dec 2014

Mr Caleb **DERRINGTON** DoB 15 Jun 1933 (81y) SEX Male IHI 8003 6080 0004 5922

START OF DOCUMENT

Hospital

Author Dr. Chris Craig (Specialist Medical Practitioner)
Phone 3553-6666
Discharge To Other/Home
Discharge From Orthopaedic Unit

Health Profile

This section may contain the following subsections Adverse Reactions and Alerts.

Adverse Reactions (Health Profile > Adverse Reactions)

Adverse Reactions

Substance/Agent	Manifestations
Phenoxyethylpenicillin	• Urticaria

Event

This section may contain the following subsections Problems/Diagnoses This Visit, Clinical Interventions Performed This Visit and Clinical Synopsis and Diagnostic Investigations.

Clinical Synopsis (Event > Clinical Synopsis)

Patient was brought in following a fall at home. Upon examination patient found to have mild concussion and a fractured neck of femur (left leg). Admitted for pin and plate surgery and rehabilitation for two weeks before discharge.

Problems/Diagnoses This Visit (Event > Problems/Diagnoses This Visit)

Type	Description
Problem Diagnosis	Fractured neck of left femur
Problem Diagnosis	Mild concussion

File:///C:/Users/Administrator/AppData/Local/Genis/Solo_2122187938/TempDocs/CDA_69_2_25_173366225455623862818303389193566077302/DHE_XDM/SUBSET01/CDA_ROOT.html

Stylesheet Version: 1.2.7

Go Back View Stylesheet Update Stylesheet Print XML Cancel **Save**

Access information eg MBS info



Medicare Services - MBS and DVA Items

Date	Number	Description	Service Provider	In Hospital?
26 Oct 2018 11:00+1100	0069333	Urine Examination	IAN CHAMBERS	No
26 Oct 2018 11:00+1100	0000023	CONSULTATION AT CONSULTING ROOMS - LEVEL 'B'.	CAROLINE ROGERS	No
19 Oct 2018 11:00+1100	0055113	M-MODE and 2 DIMENSIONAL real time Echocardiographic examination of the Heart from	GEORGE RUDAN	No
19 Oct 2018 11:00+1100	0010910	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE	COLLEEN SKIFFINGTON	No
18 Oct 2018 11:00+1100	0000036	CONSULTATION AT CONSULTING ROOMS - LEVEL 'C'.	CAROLINE ROGERS	No
18 Oct 2018 11:00+1100	0073070	HPV test for Cervical Screening - liquid based specimen.	IAN CHAMBERS	No

Privacy Controls and Patient View

The screenshot displays the 'My Health Record' patient portal interface. At the top, the Australian Government logo and 'My Health Record' branding are visible on the left, and the user's name 'BRIANNA CURTIN' and birth date 'Born 20-May-1998' are on the right. A navigation bar includes 'RECORD HOME', 'DOCUMENTS' (highlighted), 'PRIVACY & ACCESS', and 'PROFILE & SETTINGS'. Search and help icons are also present. The main content area is titled 'Clinical Records' and includes a sub-header: 'These are documents with clinical information entered by healthcare providers in My Health Record.' Below this, six categories of records are listed in a grid:

- Diagnostic Imaging Reports**: Imaging results, such as scans and x-rays.
- Discharge Summaries**: Records of hospital stays and any follow up treatment required.
- e-Referrals**: Referrals from one treating healthcare provider to another.
- Event Summaries**: Information about healthcare events or consultations.
- Pathology Reports**: Test results, such as blood tests.
- Shared Health Summaries**: Summaries of your health status added by healthcare providers.

My Health Record – Medicines Preview

Available medicines in this My Health Record - sorted by Date
22 Nov 2017

Caleb **DERRINGTON** DoB 15 Jun 1933 (84y) SEX Male IHI 8003 6080 0004 5922

[Allergies and Adverse Reactions](#)
Penicillin, Penicillins

[Medicines Preview](#)
22-Nov-2017 (now)

[Shared Health Summary](#)
22-Nov-2017 (now)
Author: Dr Terrance Walker
[Own Organisation](#)
tel:0455555555

[No Discharge Summary found](#)

[\[Back to top\]](#) [\[<\] First](#) [\[<<\] Previous](#) [\[Help\]](#)

Medicines Preview - Latest Documents - sorted by descending event date.
22-Nov-2017 (now)

Source/Author	Date	Medicine - Active Ingredient(s)	Medicine - Brand	Directions
Event Summary by Own Organisation	22-Nov-2017 (now) changed		Monodur 120mg Tablet	1 Tablet Daily for 0
Shared Health Summary by Own Organisation	22-Nov-2017 (now)		Actonel EC 35mg Tablet	1 Tablet Once a week for 0
			Avanza 30mg Tablet	1 Tablet Before bed for 0
			Avapro HCT 300/12.5 300mg;12.5mg Tablet	1 Tablet Daily for 0
			Crestor 20mg Tablet	1 Tablet Daily for 0
			Madopar 200mg;50mg Tablet	1 Tablet Three times a day for 0
			Monodur 120mg Tablet	1 Tablet Daily for 0

Navigation panel

Provides access to each section within the view and also to the most recent Shared Health Summary and Discharge Summary (if available).

The blue underlined hyperlinks can be used to navigate between the sections

Prepare for patients seeing their own results

Now might be a good time to start to explain to your patients:

- doctors will still receive results first. Detail your practice process for follow-up.
- just because a result is marked red/‘abnormal’/outside the value range doesn’t mean the result is not normal for them.
- just because a result is marked ‘normal’ doesn’t mean further discussion or investigations are not necessary.
- patients can let the doctor know if they do not want a specific result uploaded to their My Health Record.

▶ D. Our practice team can describe how patients are advised of the process for the follow up of results.

▶ E. Our practice team can describe how we follow up and recall patients with clinically significant tests and results.

[Factsheet: Pathology Reports for Clinicians](#)

www.racgp.org.au

Quality patient information



Lab Tests Online^{AU}
EXPLAINING PATHOLOGY

<https://www.labtestsonline.org.au>



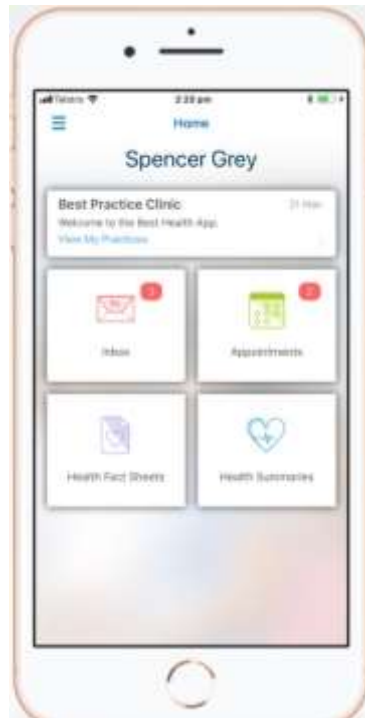
<https://www.insideradiology.com.au/>

Apps that connect to My Health Record:

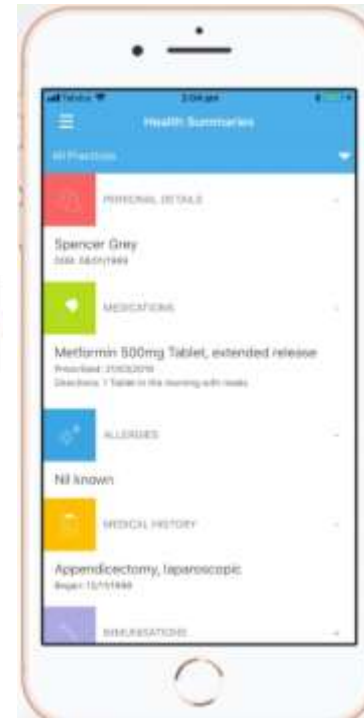
	HealthEngine HealthEngine Pty Ltd	More information about HealthEngine
	Healthi Chemonix Health Solutions Pty Ltd	More information about Healthi
	HealthNow HealthNow	More information about HealthNow
	My Child's eHealth Record The Australian Digital Health Agency	More information about My Child's eHealth Record
	Tyde Tyde Australia Pty Ltd	More information about Tyde

<https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/appconnect>

Sharing, timesaving NEW technology – BEST HEALTH APP



Bp Premier



*Evidence has shown
that quality
improvement activities
lead to positive change
in practices,
particularly when a
whole practice team
approach is adopted.*



Accreditation: Quality Improvement (QI) Module



Criterion QI1.1 – Quality improvement activities

Indicators

QI1.1▶A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

QI1.1▶B Our practice team internally shares information about quality improvement and patient safety.

QI1.1▶C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1▶D Our practice team can describe areas of our practice that we have improved in the past three years.

<https://www.racgp.org.au/download/Documents/Standards/5th%20Edition/racgp-standards-for-general-practices-5th-edition.pdf>

My Health Record Report



Clinic Summary Demo - POLAR x +

https://polarexplorer.org.au/Reports/ShowQap/4121?reload=1#

POLAR Clinic Summary - MHR Reports Dashboard Patients Clinical MBS Practice Help Patient List Bookmarks

No selections applied

Double click to view list

Patient Count
12,869 5,996 active

Uploaded SHS
105

UPLOADED SHARED HEALTH SUMMARIES

PIP Year	PIP Quarter	Uploaded SHS
Totals		105
2018	2018 - Q3	7
2018	2018 - Q2	12
2018	2018 - Q1	18
2017	2017 - Q4	16
2017	2017 - Q3	11
2017	2017 - Q2	9

2017

UPLOADED SHARED HEALTH SUMMARIES

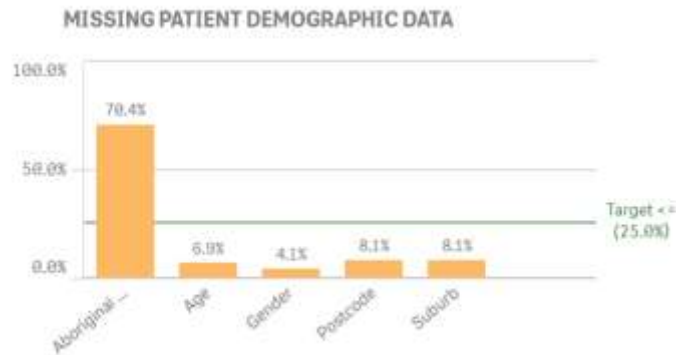
Year	Quarter	Count
2013	Q3	2
2014	Q3	1
2015	Q1	1
2016	Q2	2
2016	Q3	5
2016	Q4	8
2017	Q1	13
2017	Q2	9
2017	Q3	11
2017	Q4	16
2018	Q1	18
2018	Q2	12
2018	Q3	7

SHARED HEALTH SUMMARY PATIENT ACTIVITY

Patient ID	Full Name	Last SHS Access Date	SHS Accou Cou
Totals		27/06/2018	14
1573	Adrio, Amantina	27/06/2018	
1368	Amoraga, Christof	19/06/2018	
2877	Adamsen, Alexey	1/06/2018	
24958	Astor, Florita	1/06/2018	

Windows taskbar: ENG 9:46 AM

Data Quality Reports

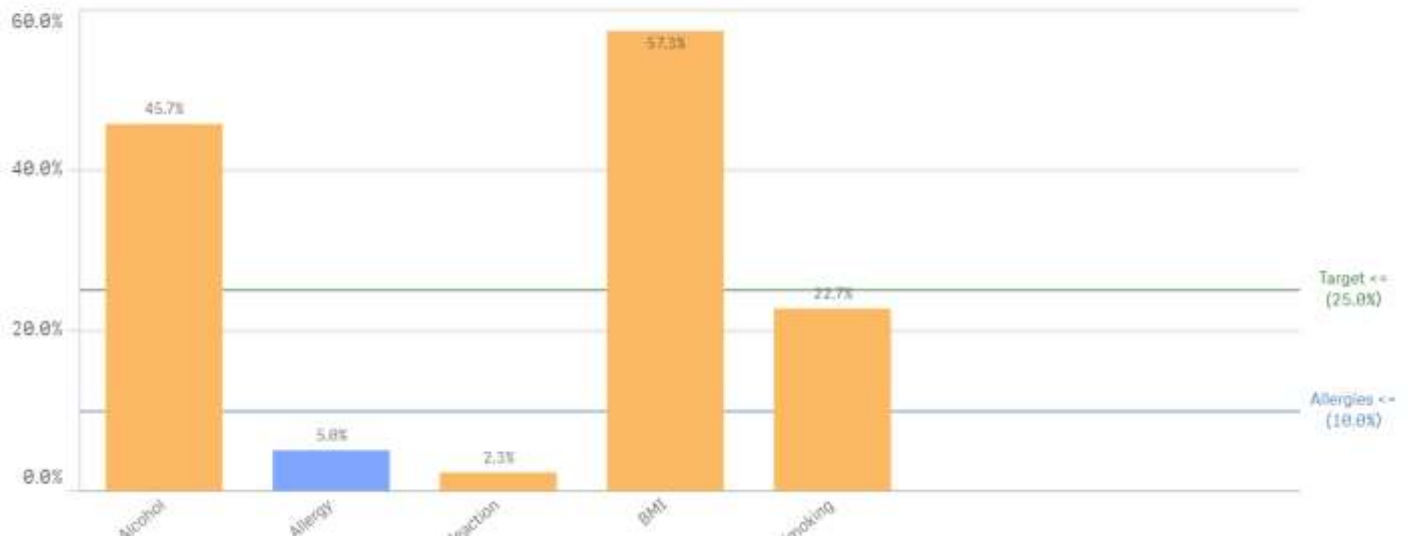


Missing Demographic and Clinical data

Accreditation compliance



MISSING PATIENT CLINICAL DATA



	Whole Practice	GP 1	GP 2	GP 3	GP 4	GP 5	GP 6	GP 7	GP 8	GP 9
1. Allergy Recorded										
<u>Total population</u>	13697	2488	1996	921	1718	1839	936	604	686	43
Nothing recorded	28.8%	16.4	36.5	28.1	51.2	9.4	21.5	24.3	4.1	30.2
<u>Active population</u>	9576	1866	1628	684	1192	1445	795	397	514	30
Nothing recorded	17.7	29.5	28.5	19.7	39.9	4.2	13.8	14.9	01.0	10.0
2. Gender not recorded										
<u>Total population</u>	141	28	11	13	21	6	12	5	6	0
<u>Active population</u>	35	5	2	3	11	2	7	0	3	0
3. Smoking – nothing recorded										
<u>Active population over 16</u> (Active (3x > 2 years))	27%	15.7	63.9	60.4	76.4	11.5	44.6	41.0	21.2	39.7
4. Recording of ATSI patients										
<u>Total population</u>	0	0	0	1	0	0	0	0	0	0
<u>Active population</u> (Active (3x > 2 years))	1	0	0	1	0	0	0	0	0	0
5. Diabetes Prevalence										
<u>Total population</u>	3.5%	2.9	2.8	1.4	8.8	5.1	2.5	1.2	4.2	4.7
<u>Active population</u> (Active (3x > 2 years))	4.6%	3.8	3.2	1.9	11.7	6.2	2.9	1.8	5.5	6.7
<u>Diabetics 65+, 8+ medications</u>	60.9 %	61.4	74.2%	50%	77.8%	63.6%	81.3%	60%	62.5%	100%
<u>Diabetics 65+, 5+ medications</u>	90.9%	88.7	93.6%	83.4%	92.9%	90.8%	100%	80%	75%	100%
6. Diabetes “at risk” *										
<u>40-49 year olds</u>	94	5	2	3	0	12	2	1	2	0
<u>50+ year olds</u>	288	29	55	6	8	131	10	6	17	1

PDSA/QI sample related to clinical coding

What is our GOAL (what are we trying to accomplish)		Raise Awareness of Clinical Coding <ul style="list-style-type: none"> ▪ Code diagnoses ▪ Enter reason for visit ▪ Enter for reason for medication ▪ Maintain updated allergy detail 		
What measures will we use? (i.e. data)		Data Extradition Tools e.g. Pen CAT		
What ideas can we use? (how are we going to achieve our goal)		<i>List ideas here to work on in table below</i> Start a Quality improvement folder Team meeting Attend education e.g. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit		
IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

Brainstorm ideas as a team



IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

MANAGING COMPLEX CHANGE



VISION



SKILLS



INCENTIVES



RESOURCES



= False Starts



VISION



SKILLS



INCENTIVES



RESOURCES



ACTION PLAN

= CHANGE!

Extra Resources

RACGP

[RACGP Standards for General Practices 5th edition](#)
[Using Data for Better Health Outcomes](#)

[PIP eHealth Incentive](#)

Australian Digital Health Agency & My Health Record

[New legislation](#)

[My Health Record: Frequently Asked Questions](#)

[Importance of Data Quality](#)

[Data Cleansing & Clinical Coding](#)

[Data Quality Checklist](#)

[My Health Record Opt-out](#)

Train IT Medical

[Data Aggregation using Pen Clinical Audit Tools](#) (blog)

[Cancer Screening & Prevention – Free Resources](#) (blog)

[5 Steps to Data Quality Success](#) (blog)

[Pen CAT4 summary sheet](#)

Other

[CAT4 Recipes](#)

[‘A quality improvement tool for primary health care’ Crossland, Upham, Janamian and Jackson](#)

Learning Resources

PRODA/HPOS

[EMPHN – PRODA Login and Linking to Services](#)

[EMPHN – Online NASH Certificate Request Process](#)

[DHS – Link your PRODA Account to HPOS](#)

[PRODA E-Learning](#)

[PRODA Registration](#)

POLAR

[Confluence - Resources for POLAR \(Login Required\)](#)



IT ALWAYS SEEMS
IMPOSSIBLE UNTIL
IT'S DONE.

Nelson Mandela

Thank you for inviting me

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Keep in touch! With best wishes, Katrina Otto