

My Health Record - Meaningful Use

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ACKNOWLEDGEMENT

We would like to acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community.

We pay our respects to them and their cultures, and to Elders both past, present and emerging.





Overview

- My Health Record Use: how and when
- My Health Record Expansion
- Privacy and security
- Legislation and Consent
- Implementation
- Questions?







My Health Record - Use

Future of Health

According to a CSIRO report, titled *Future of Health*, the transition to a more holistic, preventive and consumer - empowered health system presents a challenge.

CSIRO Future of Health

The Future of Health report provides a vision and plan for how Australia can shift focus away from illness treatment and towards the management of health and wellbeing.

"This shift will require a change in the way consumers share their personal data and how they trust next-generation medical platforms. It will also require the modification of existing business models,"

My Health Record

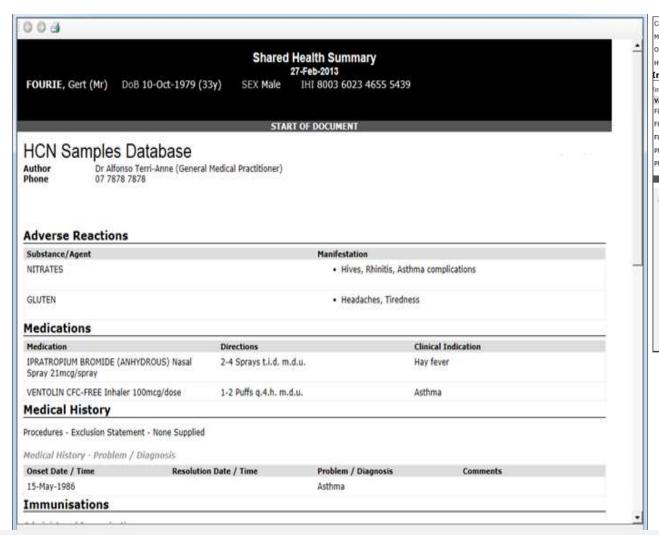
An electronic summary of an individual's health information that can be shared securely online between the individual and registered healthcare providers involved in their care to support improved decision making and continuity of care.

Tiger visits a lot of different specialists – cardiologists, urologists and endocrinologists – so there's complex issues that need to be managed. Often, those specialists don't communicate with each other. By using My Health Record, important information is brought together so there's a coordinated approach to his care.





Shared Health Summaries

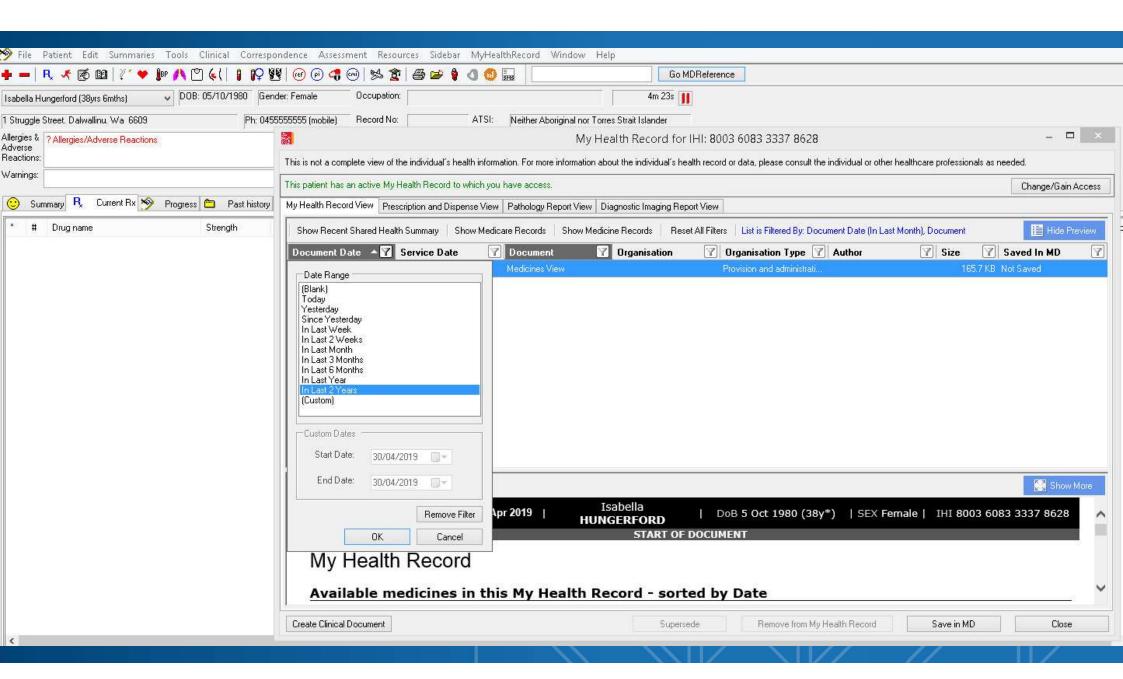


Cataract (Both)	Oct 2010 ->		Bilateral
Memory loss	Mar 2009 ->		Mild short-term
Osteoporosis	Feb 2009 ->		
Hypertension	Oct 2008 ->		
mmunisations			
mmunisations - Admin	istered Immunisations		
Vaccine	Sequence Number		Date
FLUVAX	1		13 May 2014
FLUVAX	1		10 May 2013
FLUVAX	1		20 Mar 2012
PNEUMOVAX 23	2		20 Jul 2009
PNEUMOVAX 23	1		17 Jul 2004
	ADMINISTR	ATIVE DETAILS	
	ADMINISTR	ATIVE DETAILS	
Patient		Author	
Name	Mr Caleb DERRINGTON	Name	Dr Phillip Lang (General Medical Practitioner)
Sex	Male	Organisation	NEHTA
Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin	Work Place	400 George Street, Brisbane, QLD, 4001, Australia
Date of Birth	15 Jun 1933 (84y)	Phone	0730230000 (Workplace)
IHI	8003 6080 0004 5922		
Entitlements	29507907111 (Medicare Benefits)	Clinical Document Det	tails
Home Address	4 Old Tenterfield Rd, Paddys Flat, NSW, 2469,	Document Type	Shared Health Summary
	Australia	Creation Date/Time	7 Nov 2017 14:48+1000
Phone	045555555 (Workplace)	Date/Time Attested	7 Nov 2017 14:48+1000
		Document ID	15dd1e9f-b892-49f1-ad83-f4adc2804da3
		Document Set ID	584f2c02-1165-47bc-a682-3d0d3ce54ebc
		Document Version	1



Completion Code





Quick Reference

The Medicines View can quickly sort and display medicines information held in a patient's MHR in date or alphabetical order.

 Healthcare providers can benefit from the Medicines View by reducing the time usually required to search through recent summaries or relevant documents to find information about a patient's medications.





Available medicines in this My Health Record - sorted by Date

30 Apr 2019

Isabella HUNGERFORD

DoB 5 Oct 1980 (38y*) | SEX Female | IHI 8003 6083 3337 8628

START OF DOCUMENT

My Health Record

Available medicines in this My Health Record - sorted by Date

To assist you to find medicines related information in this patient's My Health Record, previews are provided of medicines related information in documents (where available) with links to the source documents where more detailed information can be obtained.

Important: Some documents do not allow for a preview of medicines or allergies and adverse reactions information, and should be opened by the links provided. This view should not be wholly relied upon as a complete record of medicines or allergies and adverse reactions information.

View generated on 30-Apr-2019 16:22 for medicines, allergy and adverse reactions found in this record.

Allergies and Adverse Reactions Metoclopramide, Phenoxymethylpenicillin

Click here for Medicines Preview 02-Apr-2017 to 03-Apr-2017 (2 years ago)

Click here for Shared Health Summary 03-Apr-2017 (2 years ago) Author: Own Own Organisation mllp:555-3342

* More recent than the Discharge Summary

Click here for Discharge Summary

02-Apr-2017 (2 years ago) Author: Own

Own Organisation tel:5555-6666

[Back to top]

[>>] Next

[>] Last

[Help]

All available Allergies and Adverse Reactions

02-Apr-2017 to 03-Apr-2017 (2 years ago)

Source/Author	Date	Substance/Agent	Manifestation(s
Shared Health Summary by Own Organisation	03-Apr-2017 (2 years ago)	Metoclopramide	Oculogyric crisis

Discharge Summary by Own Organisation 02-Apr-2017 (2 years ago)

Phenoxymethylpenicillin Urticaria

Medicines View

The information in the Medicines View is gathered from the patient's most recent:

- shared health summary, event summary and discharge summary
- prescription and dispense records and other PBS claims information
- specialist letters and e-Referral notes, and
- personal health summary that may include any allergies or adverse reactions and other key information



Australian Digital Health Agency

Medicines Preview – sorted by medicine name

Allergies and Adverse Reactions

TEST, Latex, Morphia, Morphine, Nickel, Not allergic to amoxil - Amoxil 250mg prescribed, Not allergic to penicillin - Dicloxacillin 500mg qid, Panadol, penecillan, Penicillin, Penicillin allergy, Prozac allergy, Seafood, Tramadol

Medicines Preview

05-Mar-2017 to 17-May-2017 (4 weeks ago) Shared Health Summary 05-Mar-2017 (3 months ago)

Author: Own Own organisation tel: (07) 9999 8888 Discharge Summary

17-May-2017 (4 weeks ago)

Author: Own Own organisation

* More recent than the Shared Health Summary

[Back to top]

[<] First

[<<] Previous

[Help]

Medicines Preview - sorted alphabetically by active ingredient. 05-Mar-2017 to 17-May-2017 (4 weeks ago)

Open the date-sorted view to see the latest event summary, specialist letter and e-Referral.

There may be some medicines older than the Shared Health Summary. These medicines do NOT appear in the ingredient sorted Medicines Preview.

Source/Author	Medicine - Active Ingredient(s)	Medicine - Brand	Directions	<u>Date</u>
Dispense Record by <u>POWER2</u>	Amlodipine	Norvasc 10mg Tablet 10 mg	One tablet daily	05-May-2017 (6 weeks ago) (5 dispenses in 11 months)
Shared Health Summary by Own organisation	Ā	Norvasc 10mg	One tablet daily	05-Mar-2017 (3 months ago)
Dispense Record by <u>POWER2</u>	Atenolol	Tenormin 50mg Tablet 50mg	One tablet daily 1 hr before breakfast	05-May-2017 (6 weeks ago) (5 dispenses in 11 months)
Shared Health Summary by Own organisation	<u> Y</u>	Tenormin 50mg	One tablet daily for IHD	05-Mar-2017 (3 months ago)
Dispense Record by <u>POWER2</u>	Atorvastatin	Atorvastatin 40mg Tablet 40 mg	One tablet daily	05-May-2017 (6 weeks ago) (6 dispenses in 11 months)
Dispense Record by <u>POWER2</u>	Clopidogrel and Aspirin	CoPlavix 75 mg/100 mg Tablet 75mg/100mg	One tablet daily	05-May-2017 (6 weeks ago) (6 dispenses in 11 months)

Pathology & diagnostic imaging reports

Diagnostic Imaging Report 27 Mar 2017

Caleb DERRINGTON DoB 15 Jun 1933 (83y)

SEX Male IHI 8003 6080 0004 5922

Imaging Queensland

Doctor ROSS JOHN (Medical Laboratory Scientist) 0345754566 Author

Phone Accession ID

10523475

Diagnostic Imaging

Report Date	Report	Reporting Radiologist	Status
27 Mar 2017 16:00+1000	Report Description	Doctor Good RADIOLOGIST (Imaging Queensland)	Final Results

Imaging Examination Result (Diagnostic Imaging > Imaging Examination Result)

Imaging Examination Result

Image Date	Observation Date	Authoring Organisation Name	Modality	Exam Procedure	Anatomical Region	Anatomical Location	Laterality	Status
27 Mar 2017 16:00+1000	27 Mar 2017 16:00+1000	Imaging Queensland	Chest X-Ray	Chest X-Ray was carried out using the particular procedure	Chest	Chest/Thorax	Bi-Lateral	Final Results

Imaging Examination Result (Diagnostic Imaging > Imaging Examination Result)

Imaging Examination Result

Image Date	Observation Date	Authoring Organisation Name	Modality	Exam Procedure	Anatomical Region	Anatomical Location	Laterality	Status
27 Mar 2017 16:00+1000	27 Mar 2017 16:00+1000	Imaging Queensland	Pelvis X-Ray	Pelvis X-Ray was carried out using the particular procedure	Pelvis	Entire thorax	Right and left	Final Results

Administrative Observations

Demographic Data		
Field	Value	
Date of Birth is Calculated From Age	True	
Date of Birth Accuracy Indicator	AAA	
Age Accuracy Indicator	True	
Birth Plurality	3	

Pathology Report 27 Mar 2017

Caleb DERRINGTON DoB 15 Jun 1933 (83y*) SEX Male IHI 8003 6080 0004 5922 MRN 7125

START OF DOCUMENT

Sullivan Nicolaides Pathology

Mr PHIL TOUSANT (Medical Laboratory Scientist)

Pathology

Report DateTime	Report Name	Reporting Pathologist	Report Status
27 Mar 2017 21:03:00+0800	Pathology Report	PHIL TOUSANT (Sullivan Nicolaides Pathology)	Final results; results stored and verified. Can only be changed with a corrected result.

Pathology Test Result (Pathology > Pathology Test Result)

Pathology Test Result

Collection Date	Observation Date	Test Result Name	Service	Status
27 Mar 2017 19:04+0930	27 Mar 2017 19:04+0930	Electrolytes Urea Creatinine	Laboratory	Final results; results stored and verified. Can only be changed with a corrected result.

Pathology Test Result (Pathology > Pathology Test Result)

Pathology Test Result

Collection Date	Observation Date	Name	Service	Status
27 Mar 2017 19:04+0930	27 Mar 2017 19:04+0930	CA MG PHOS	Chemistry	Final results; results stored and verified. Can only be changed with a corrected result.

Pathology Test Result (Pathology > Pathology Test Result)

Pathology Test Result

Collection Date	Observation Date	Test Result Name	Diagnostic Service	Status
27 Mar 2017 19:04+0930	27 Mar 2017 19:04+0930	C-Reactive protein	Laboratory	Final results; results stored and verified. Can only be changed with a corrected result.

Pathology Test Result (Pathology > Pathology Test Result)

Pathology Test Result

Collection Date	Observation Date	Test Result Name	Diagnostic Service	Status
27 Mar 2017 19:04+0930	27 Mar 2017 19:04+0930	Full blood count	Laboratory	Final results; results stored and verified. Can only be changed with a corrected result.





Discharge Summary 3 Apr 2017

Mr Isabella HUNGERFORD DoB 5 Oct 1980 (36v)

SEX Female IHI 8003 6083 3337 8628

Discharge Summary

START OF DOCUMENT

Medical Center

5555-6666 Phone Discharge To Other/Home Discharge From Ward

Health Profile

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

Adverse Reactions (Health Profile > Adverse Reactions)

Adverse Reactions

Substance/Agent Manifestations Phenoxymethylpenicillin Urticaria

Event

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

Clinical Synopsis (Evert > Clinical Synopsis)

Patient presented with acute right upper quadrant pain and epigastric pain as well as nausea and vomiting. Initially referred by GP with acute biliary colic is September, Ultrasound scan showed cholelithiasis, Laparoscopic cholecystectomy performed. No associated or post-operative complications, Patient

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

Туре	Description	
Cholelithiasis	Laparoscopic cholecystectomy	

Medications

This section may contain the following subsections Current Medications On Discharge and Ceased Medications.

Current Medications On Discharge (Medications > Current Medications On Discharge)

Current Medications On Discharge

Medication	Directions	Dispensed	Clinical Indication	Duration	Change Status	Change Descriptio
Diabex XR-1000 1 g tablet: modified release, 60	One Daily			3 Apr 2017 15:12+1000	Current	No Changes made
Somac 40 mg tablet: enteric, 28	One Daily			3 Apr 2017 15:09+1000	Current	No Changes made
Tritace 10 mg capsule: hard, 30	One Daily			3 Apr 2017 15:09+1000	Current	No Changes made
Hytrin 10 mg tablet: uncoated, 28	One Daily			3 Apr 2017 15:07+1000	Current	No Changes made
Panadol Osteo 665 mg tablet; modified release, 96	One Twice a day			3 Apr 2017 15:07+1000	Current	No Changes made

Ceased Medications (Medications > Ceased Medications)

This section was contain the following subsections Amenged Services and Record Of Recommendations And Information Provided.

Record of Recommendations and Information Provided (to a tour of the control tour or t

Recommendation Nate GP to review in 7 to 10 days

Recommendation

Dr Jole Becker Medical Center

Encounter Details Feofity Admission Date

Discharge Date 3 Apr 2017 Other/Home Discharge To Discharge From

Specialties Accident and Emergency Department

Responsible Health Professional At Time Of Discharge

Dr. Christine Band Work Place 64 Arafura, Brisbana, QLD, 4122, Australia

Organication **Hotoital**

Platfent

Mr Isabella HUNGERFORD Indigenous Status Neither Aboriginal nor Torres Strait Islander

Date of Birth 3 Oct 1980 (36v) 8003 6083 3337 8626

Entitlements 29307996211 (Medicare Benefits) 66 Amiero Rd. Aerono Peso, NSW. 2850. Home Address

07 8000 8000 (Home)

Author

Work Place

Department

Seed

Name Or Terrance Walker **Fledical Center** Department

Work Place 64 Arafura, Brisbane, QLD, 4122, Australia Phone

64 Arafura, Brisbana, OLD, 4122, Australia

hospitalithersall.com (Warkplace)

5555-6666 [Norkplace]

Clinical Document Details

Discharge Suramary Document Type 2 Apr 2017 07:23+1000 Countion Date/Time Date/Time Attested 3 Apr 2017 07:23+1000 2.25.0403626080767925164797114761592921 Document ID

Decament Version Completion Code





Specialist Letter

2/18/2019

HELEN G FLYNN | DOB: 26-Jan-1969 | IHI: 8003 6083 3345 3652

Specialist Letter

Mr Test **TEAM DoB** 25-Aug-1980 (37y) **SEX** Male **11-Oct-2017 IHI** 8003 6083 3345 3652

START OF DOCUMENT

RIP Clinic

Author Dr. Good Environment (Intensive Care Specialist)

Phone (07) 9999 8888

Response Details

Response Narrative

Specialist Review on 6-Nov-2008 - Pre CAGS I once again had the pleasure in reviewing , Eric in the Cardiology Outpatients. He is known to me for his ischaemic heart disease and is currently awaiting bypass surgery by the Bay Hill Hospital Team.

Since I last reviewed Eric some 6 weeks ago, he states that he has had much better control over his angina with the introduction of the nitrate patch. He does continue to get angina if he forgets his patch but otherwise has a very low manageable level of angina which has resulted in him rarely needing to resort to sublingual nitrates now. In my last review, I wrote to the Bay Hill Hospital Team to advise them of his ongoing symptomatic status and as a result of which he is expected to undergo cardiac surgery next week. This is likely to be under an arranged plan where the Bay Hill Hospital Team performs work at the Carey Memorial Hospital on public patients given the difficulties with accessing ICU beds at the Bay Hill Hospital. Unfortunately Eric continues to smoke although remains interested in quitting.

His current medications are Amiodipine 10mg per day, Metoprolol 50mg bd, Atorvastatin 40mg daily, Nitro-dur patch 25mg daily as well as some Alfred Hospital trial drugs. I understand from Eric that his Aspirin has been replaced by Aspirin equivalents and that in addition he has commenced on some anti-oxidants in the form of Mega B, Vitamin C and CoQ10 under the auspices of a trial.

On examination today, his blood pressure was 124/70 and his chest was clear.

At this stage I have talked to him about some aspects of the cardiac surgery and the importance of ongoing lung exercises. In the immediate post operative period, particularly in view of his ongoing smoking. I have again emphasized the importance of smoking cessation and the opportunity that being in hospital for a week provides in getting a head start for that.

I look forward to reviewing him on 18 Dec which hopefully will be some 5 or 6 weeks after his cardiac surgery.

Dr Good Environment Cardiologist

Response Details

Date Time Interval	Item Description	Item Comment	
	No problems recorded		

Recommendations

No recommendations recorded.

o recommendations reco	rded.				
Medications					
Medication	Directions	Clinical Indication	Change Status	Change Reason	Comment
Norvasc (amlodipine (as besylate) 10 mg) tablet: uncoated, 30 tablets, blister pack (containered trade product pack)	One tablet daily	Angina	Unchanged		
Betaloc (metoprolol tartrate 50 mg) tablet: uncoated, 100 tablets, blister pack (containered trade product pack)	One tablet twice daily		Unchanged		
Lipitor (atorvastatin (as calcium) 40 mg) tablet: film-coated, 30 tablets, blister pack (containered trade product pack)	One tablet daily	Hypercholesterolaemia	Unchanged		

Field	ResultValue	
Date of Birth is Calculated From Age	False	
Date of Birth Accuracy Indicator	AAA	
Age Accuracy Indicator	True	
Age	37 years	

https://provider.ehealthvendortest.health.gov.au/portal/more/document_search/Get_Document

Dr. Good Environment

RIP Clinic

Organisation

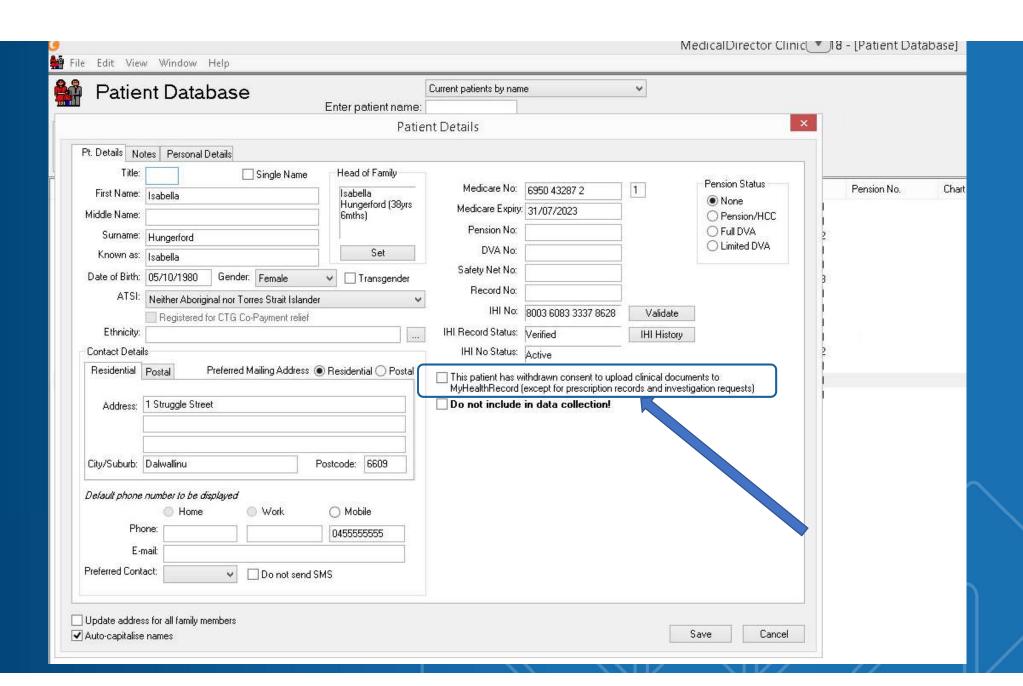
Work Place: 123 Combe St, MAWSON, ACT, 2607, Australia

HELEN G FLYNN | DOB: 26-Jan-1969 | IHI: 8003 6083 3345 3652 2/18/2019 ADMINISTRATIVE DETAILS Patient Name Mr Test TEAM Dr. Good Environment (Intensive Care RIP Clinic Date of Birth 25-Aug-1980 (37v) Department RIP Clinic 8003 6083 3345 3652 Work Place 123 Combe St, MAWSON, ACT, 2607, Australia 4950150841 (Medicare Benefits) Entitlements (07) 9999 8888 (Workplace) Phone Home Address L4, 130 Pitt Street, Sydney, NSW, 2000, (07) 9999 8888 (Workplace) 0499999999 (Workplace) Clinical Document Details Phone 0499999999 (Home) Document Type Specialist Letter Test.Team@domain.com (Workplace) Creation Date/Time 11-Oct-2017 16:16+1100 11-Oct-2017 16:16+1100 Date/Time Attested 1.3.16.1.38818.18446744071980967545.20171 e312c0b3-5f62-43b7-a24b-15cf1a90c59c Document Version Completion Code

END OF DOCUMENT







My Health Record System National Provider Portal Login

Log in with PRODA

OR

Log in with NASH

Use the PRODA login if you have a PRODA account and do not have a NASH token.

Use this option if you have a valid individual NASH token.*

Before you can log in, you need to be acting on behalf of a Healthcare Organisation registered with the My Health Record System.

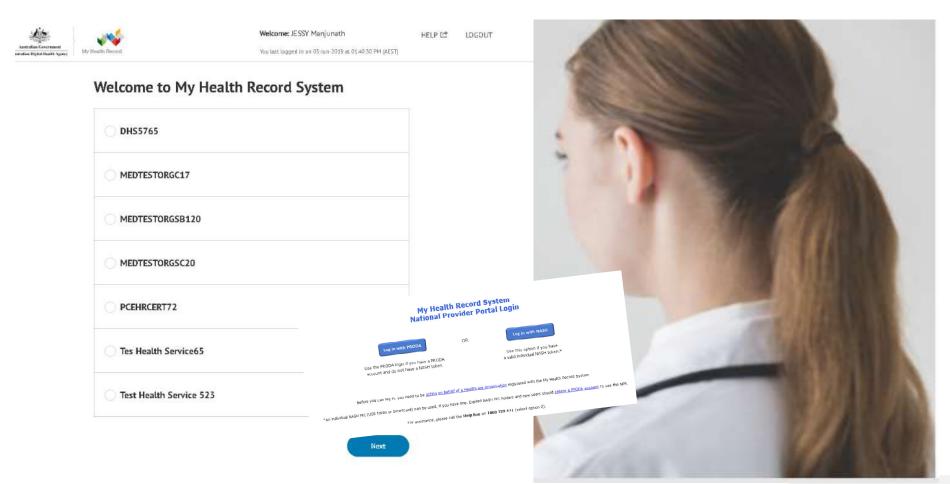
*An individual NASH PKI (USB token or Smartcard) can be used, if you have one. Expired NASH PKI holders and new users should create a PRODA account to use the NPP.

For assistance, please call the Help line on 1800 723 471 (select option 2).



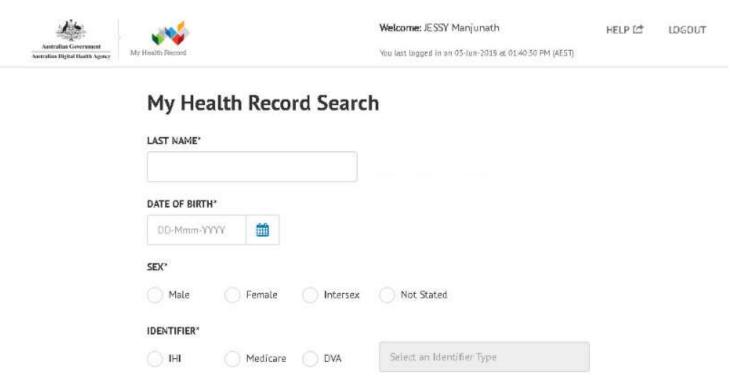


Access via tablet









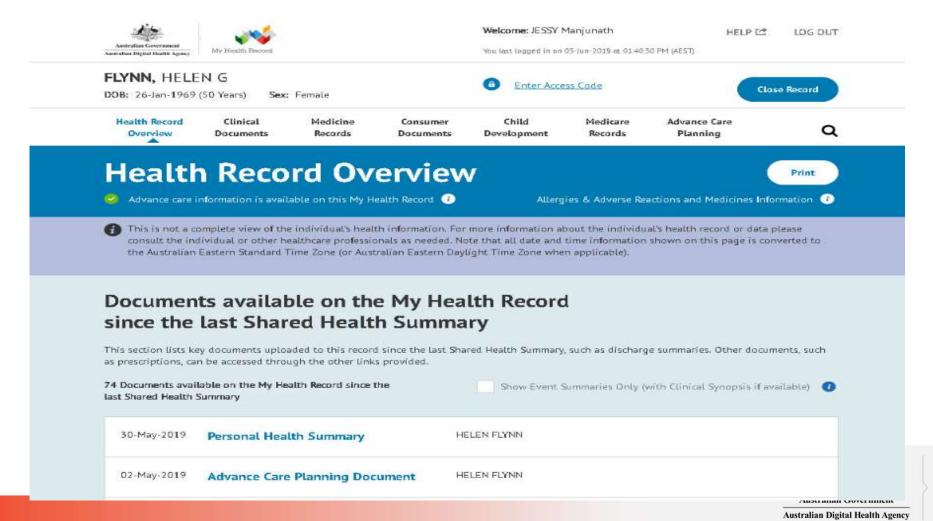
Search

Reset

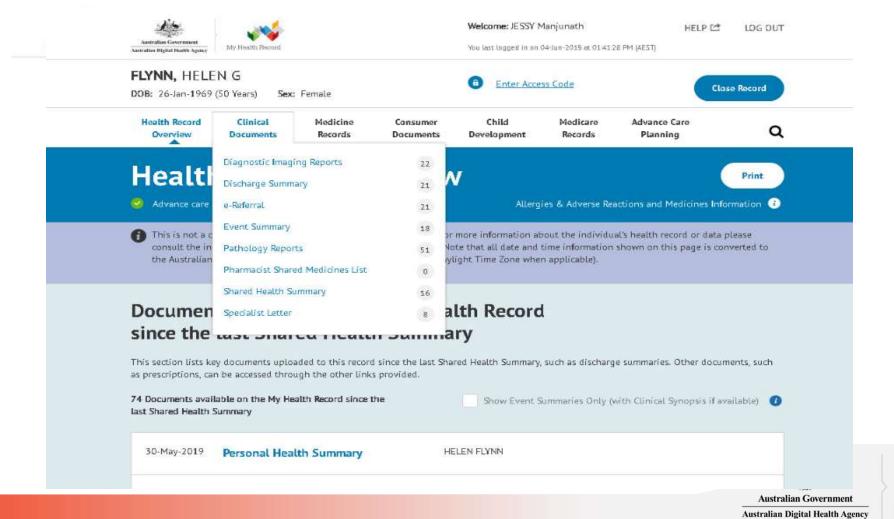
* Indicates a mandatory field













Benefits of accessing a Patient's My Health Record via the Provider Portal

Improved access to information

- Reduced time chasing latest list of aged care consumers' comorbidities
- Reduced time determining last scripts filled by resident whilst in the community
- Ability for Pharmacist to conduct a medicine reconciliation within the facility (RMMR) or in the home (HMR)
- Ability for community care staff, allied health or nursing staff to easily determine treatment required post specialist appointments
- Timely access to hospital discharge summaries





Who is using the My Health Regard in the ACT? General Practices Community Pharmacies ACT Health Private Hospital and Bealth Services

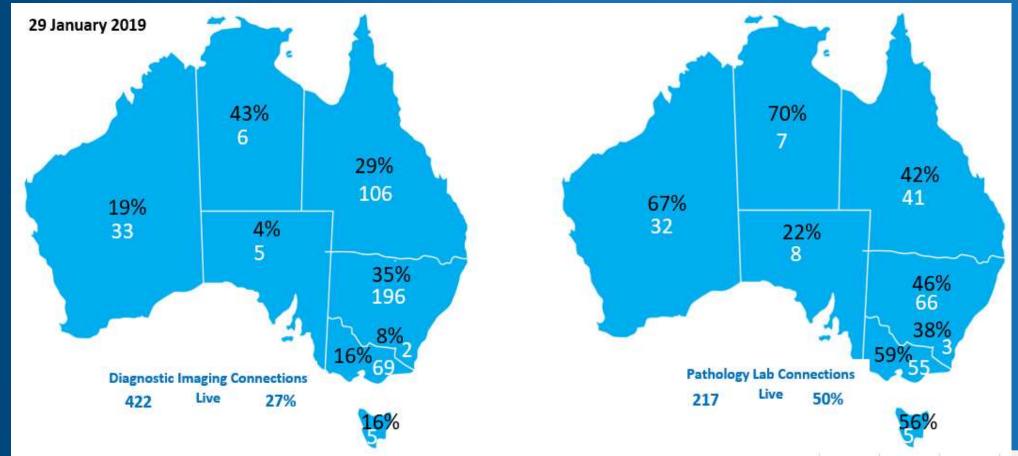
National Capital Private Hospitant And Care
A small number of medical specialists and allied health practitioners

V Health Record





Diagnostic sector 'connections'



Not all 'connected' labs are uploading at this stage.





ACT Diagnostic sector connections

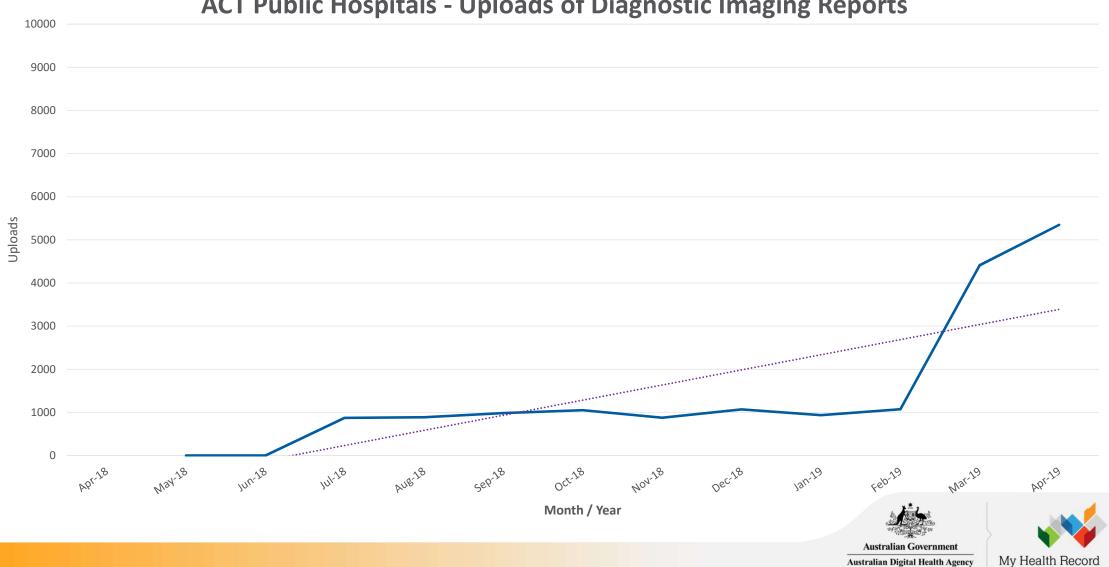
	ACT
Diagnostic Imaging	
Public	The Canberra Hospital and University of Canberra Hospital are uploading diagnostic reports.
Private	0/21 Connected
Pathology	
Public	The Canberra Hospital and University of Canberra Hospital are uploading diagnostic reports.
Private	1/5 labs connected but not uploading at this stage.

Where possible GP and specialist practices are encouraged to adopt electronic ordering of diagnostic tests. Note a paper request will be printed to enable the patient to select provider of choice.

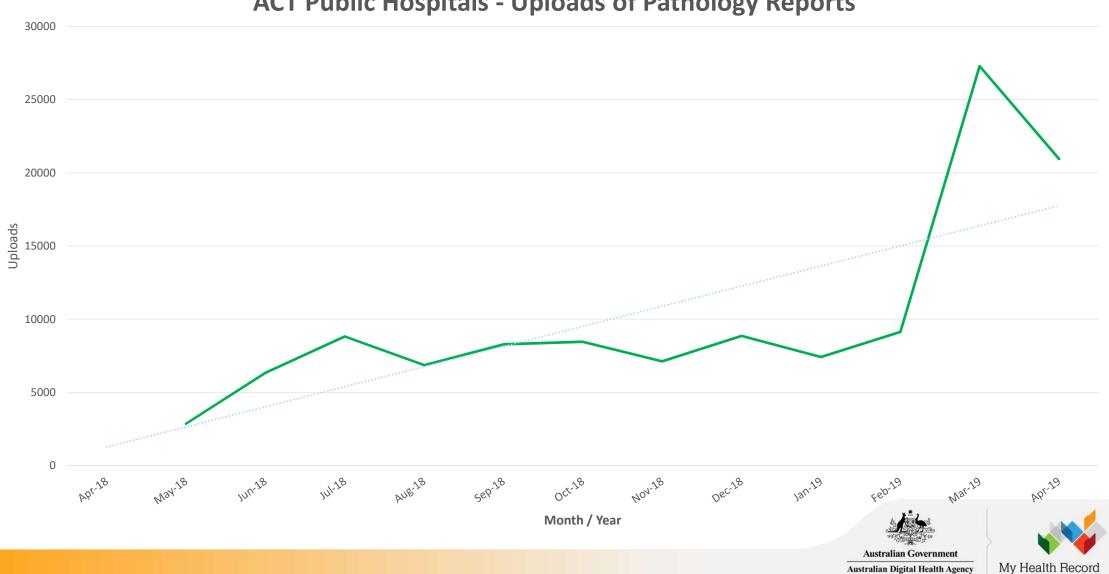








ACT Public Hospitals - Uploads of Pathology Reports



Pathology and Diagnostic Imaging reports: view and consent

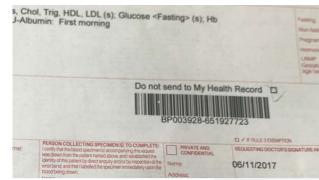
Pathology and diagnostic imaging reports requested by you or copied to you will still be sent directly to you via usual process

 Now, consumers and any healthcare professional involved in their care will be also able to access the reports via their My Health Record, wherever and whenever they need it

Healthcare professionals will be available to view reports immediately as

uploaded to My Health Record

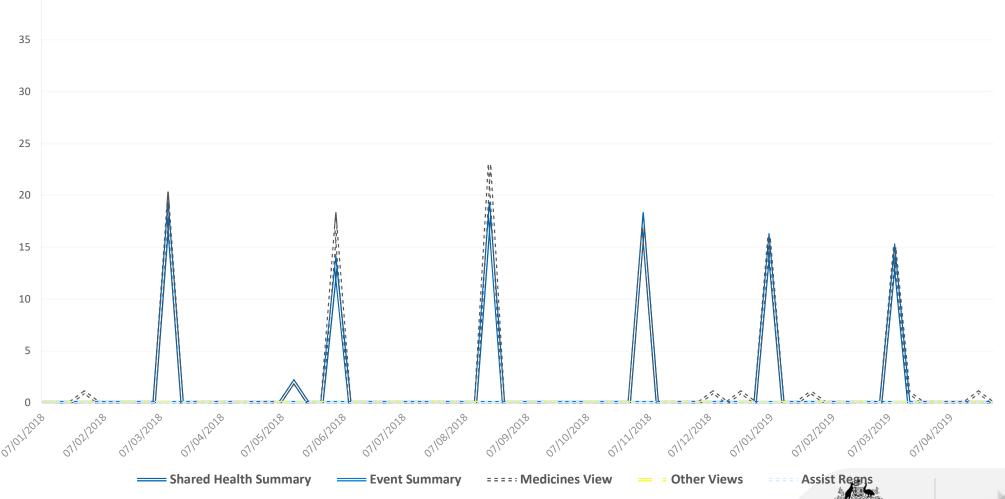
Reports will not be made visible to consumers
via their My Health Record for seven days.
 This delay allows clinicians time to interpret
the results and action follow up with the patient.





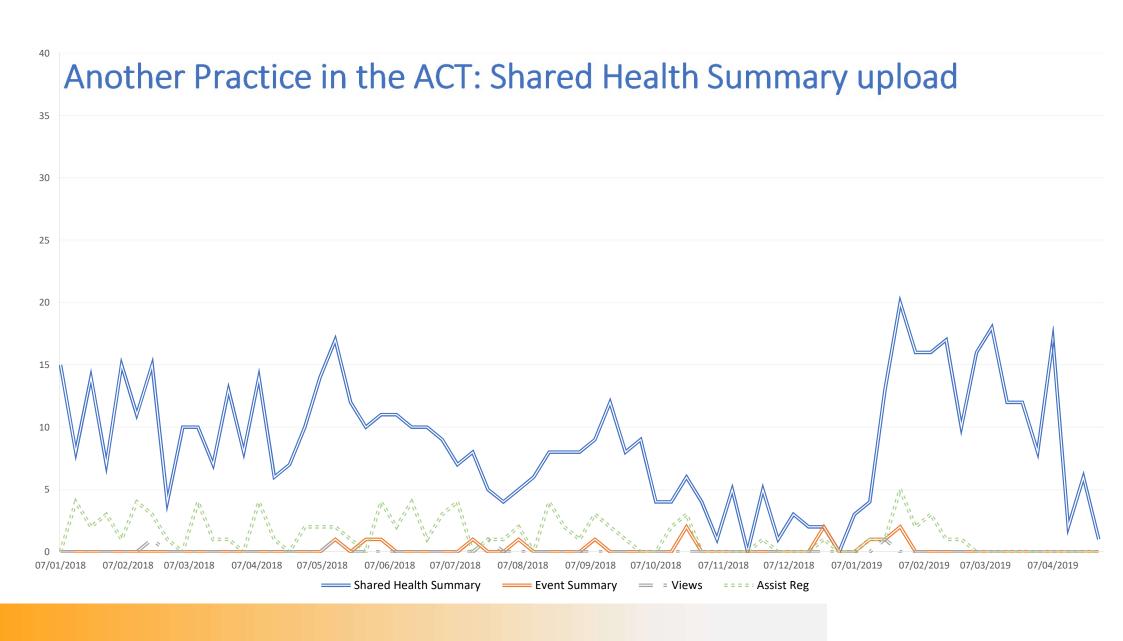


A General Practice in the ACT: Shared Health Summary upload

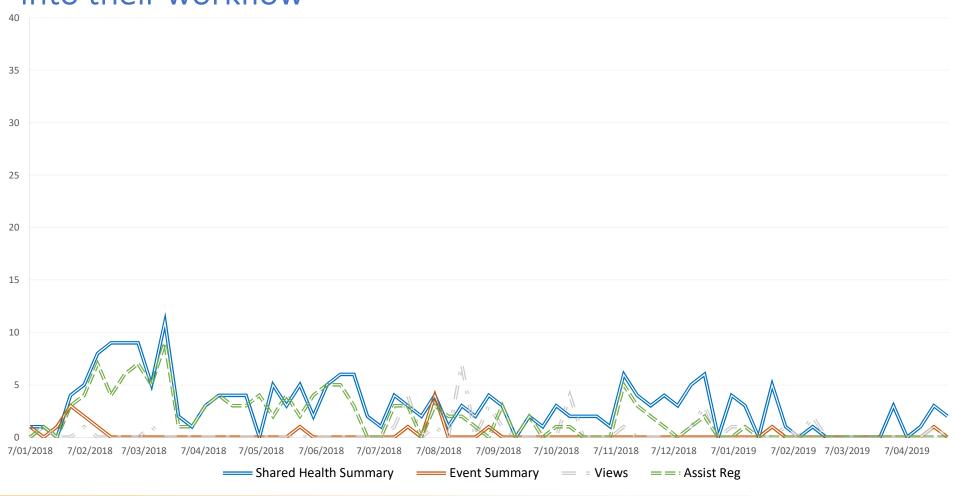








This Practice has built their Shared Health Summary upload into their workflow



Agency Initiatives to foster Meaningful Use

New My Health Record education and adoption activity to educate healthcare providers and consumers.

- General Practices have received packs over the last few weeks with the latest information about My Health Record. The packs are part of a new education and adoption activity by the Agency and include consumer brochures, posters, privacy and other fact sheets to display within their practice.
- These materials were researched and created in consultation with healthcare providers and include the benefits of My Health Record and how consumers can access and set access controls in their record.





Practice Manager Roles



MHR staff training

Development and adherence to MHR policies and procedures

Risk assessment

Ensuring clinical software version is current

Ensuring security updates are current

Meeting ePIP requirements (accredited practices)

Monitoring certificate expiry dates

Registering the practice for MHR

Maintaining healthcare provider HPI-Is in clinical software and retiring users from the clinical software upon leaving the practice

Ensuring privacy and security is maintained in the practice e.g. clinical software passwords are regularly changed and sufficiently complex, screensavers are used and deactivated using a username and password

If holding position of OMO, and leaving the practice, ensure that you have nominated a new OMO prior to leaving

Practice Workflow

Receptionist Roles



IHI validation

Patient demographic details check

Assisted registration (where required)

MHR information resource

RO (Responsible Officer)



Existing definition

OMO (Organisational Maintenance Officer)



Existing definition

Practice Nurse Roles



Viewing clinical information in MHR

Uploading Shared Health Summaries* and Event Summaries to MHR

Ensuring a high quality of data in clinical software

Ensuring patient privacy and security is maintained e.g. clinical software password is regularly changed and sufficiently complex, screensaver is used and deactivated by entering their username and password

* RNs only

Aboriginal Health Worker



Same as Practice Nurse

GP Roles



Viewing clinical information in MHR

Uploading Shared Health Summaries, Event Summaries and Prescribing records to MHR

Downloading information from MHR into clinical software

Ensuring a high quality of data in clinical software

Obtaining patient consent to upload to MHR#

Secure messaging

Ensuring patient privacy and security is maintained e.g. clinical software password is regularly changed and sufficiently complex, screensaver is used and deactivated by entering their username and password

obtaining patient consent is considered best practice





(May, 2019)

Practice Workflow Scenario Adult, Primary Care

Today:

Trish to have a 49yo health check on 2nd March 2019



Background:

Previously ill two weeks ago, got Antibiotics from an Afterhours Dr



Plans:

Moving to a warmer climate



Receptionist Roles



Informs patient this is a MHR clinic

Checks IHI and personal details

Provides MHR resources to patient (eg setting privacy controls)



Prolonged health assessment (707 – approx \$268.80)

Established initial assessment

Looks up MBS data to determine if existing care plan

Identified seen by another healthcare provider for infection. Previous practice didn't upload an Event Summary (ES)

Patient unable to recall medication

Checks medicine view in MHR Dispense record – found Oxacillin





Reviews practice nurse information

Recommends exercise and diet plan

Reviews pathology in MHR

Update medications

Updates clinical history

Uploads SHS as requested by patient

Scenario: Patient "Trish" existing client, female 49yo, overweight





Upcoming webinar events

Connecting your practice to My Health Record

This interactive webinar for healthcare providers will provide you with the necessary tools and knowledge for how you and your practice can connect to the My Health Record.

- Presenter: Australian Digital Health Agency
- Date & Time: 1.00 2.00pm (AEST time) on Wednesday 5th June 2019
- Where: Online (join via your computer register beforehand)
- Registration

link: https://login.redbackconferencing.com.au/landers/page/da66b2





Anecdote from a Dentist



Dr Murray Thomas, Dentist

Chisholm ACT, Member Australian Dental Association NSW



"I found using portal straight forward and easy. I find the up-to-date medicines information particularly useful when treating patients who are taking several medicines for chronic disease management." Improvements in patient outcomes







Upcoming webinar events

Enabling the clinical use of My Health Record in Pharmacy

This interactive national accredited webinar for pharmacists is designed to improve understanding of My Health Record benefits, features and functionality, describe the processes involved in implementing and adopting My Health Record as part of clinical workflow, and describe how to utilise My Health Record to benefit patient care

- Date & Time: 7.00 9.00pm (AEST time) on Wednesday 19th June 2019
- Presenter: Australian Digital Health Agency
- Where: Online (join via your computer register beforehand. Registrations close
 24 hours prior to the event)
- Registration

link: https://login.redbackconferencing.com.au/landers/page/972508





Upcoming webinar events

My Health Record for Practice Nurses - Improving continuity of care for your patients

This interactive webinar for healthcare providers will provide you with the necessary tools and knowledge to use the My Health Record.

- Date & Time: 1.00 2.00pm (AEST) on Wednesday 26th June 2019
- Presenter: Australian Digital Health Agency
- Where: Online (join via your computer register beforehand. Registrations close 24 hours prior to the event)
- Registration

link: https://login.redbackconferencing.com.au/landers/page/31e2ae





My Health Record Education and Adoption (next phase)

The advertising encourages Australians to have conversations with their doctors and other healthcare providers to start using and viewing their My Health Record within the clinical setting. The advertising also promotes training and resources for healthcare providers in using My Health Record.

- Some of the advertising includes 30-second videos and posters in 2,858 healthcare locations –
 GP waiting rooms, hospital, pathology, radiology and pharmacy locations.
 This activity will run across regional radio, digital advertising (social media and Google),
 Aboriginal and Torres Strait Islander radio and press, and will be translated in up to 7 languages
 (Arabic, Italian, Greek, Mandarin, Cantonese, Vietnamese, Korean) across press and digital.
- The Agency will also promote the My Health Record through digital posters and self-service terminal screensavers at all Medicare and Centrelink locations from June 2019 onwards.







My Health Record Expansion

Dr Amandeep Hansra Senior Clinical Reference Lead





Australian Government

Australian Digital Health Agency







The current state

- 250,000 hospital admissions annually from medication errors costing \$1.4 billion
- 400,000 additional presentations to ED are likely due to medication-related problems
- 50% of this harm is preventable
- Over 90% of patients have at least one medication related problem post-discharge from hospital

Medicine Safety: Take Care 2019, Page 4, Pharmaceutical Society of Australia https://www.psa.org.au/wp-content/uploads/2019/01/PSA-Medicine-Safety-Report.pdf











It is **protected** – by legislation and the highest strength security mechanisms

It is <u>accessible at all times</u> – including at point of care

It is **personally controlled** – the individual has a say in what gets uploaded, what stays in their record and who can see their record

It is part of a <u>national system</u> – an individual's My Health Record travels with them wherever they are and no matter which registered healthcare provider they are seeing

It is a repository of documents and a summary of an individual's **key health information** – it can be shared securely online between the individual and their healthcare providers





Provider Documents

Shared Health Summaries

Discharge Summaries

Pathology reports

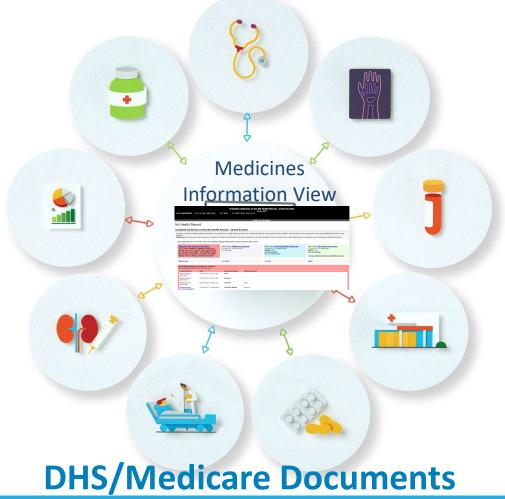
Diagnostic Imaging

Event Summaries

Prescription & Dispense reports

Specialist Letters & eReferrals





MBS & PBS information

Organ Donor & Immunisation Register

Consumer Documents

Personal Health Summary

Personal Health Notes

Advance Care Planning
Documents &
Custodian Details

Emergency Contacts

Childhood development

My Health Record Statistics

as at 28 April 2019



My Health Record Usage

Australian Government

Australian Digital Health Agency



1.0 billion

3.8 million

580 million

410 million

870,000

123

90.1% National Participation Rate

State	Participation Rate*
ACT	86.7%
NSW	90.2%
NT	93.6%
QLD	91.2%
SA	89.3%
TAS	90.3%
VIC	89.3%
WA	90.4%

^{*}Participation rate is the number of people who chose not to opt out as a percentage of the number of people eligible for Medicare as at 31 January 2019

15,700 Healthcare provider organisations registered

Organisation Type*	
General Practice Organisations	7,060
Public Hospitals and Health Services	832
Private Hospitals and Clinics	187
Pharmacies	4,700
Aged Care Residential Services	232
Pathology and Diagnostic Imaging Services	97
Other categories of healthcare providers including Allied Health	2,630

^{*}Organisation type based on Healthcare Provider Organisation (HPI-O) data, except that Public Hospital and Health Service registrations are reported by jurisdictions. Number of organisations with a cancelled registration are no longer reported, as they cannot interact with the MHR system.

All organisation registration counts are rounded to three significant figures; therefore, some totals may not correspond with the sum of the separate counts.

Clinical Documents	17 million
Shared Health Summary	2.6 million
Discharge Summary	3 million
Event Summary	920,000
Specialist Letter	120,000
eReferral Note	130
Pathology Reports	8.6 million
Diagnostic Imaging Report	1.7 million
Prescription and Dispense Documents	43 million
Prescription Documents	24 million
Dispense Documents	18 million
Consumer Documents	220,000
Consumer Entered Health Summary	140,000
Consumer Entered Notes	50,000
Advance Care Directive Custodian Report	21,000
Advance Care Planning Document	4,300

All document counts are rounded to two significant figures; therefore, some totals may not correspond with the sum of the separate counts.

Medicare Documents

Australian Immunisation Register

Australian Organ Donor Register

Medicare/DVA Benefits Report

Pharmaceutical Benefits Report



Enhancing not replacing

My Health Record is not meant to replace direct communication between healthcare providers. It is another source of health information that you may not have otherwise been able to access.



How can I use the My Health Record?

1. Through conformant software

- view and download information through clinical software you are already using
- upload information from your software

2. National Provider Portal

view and download information









When do you view the My Health Record?

When do you upload to the My Health Record?

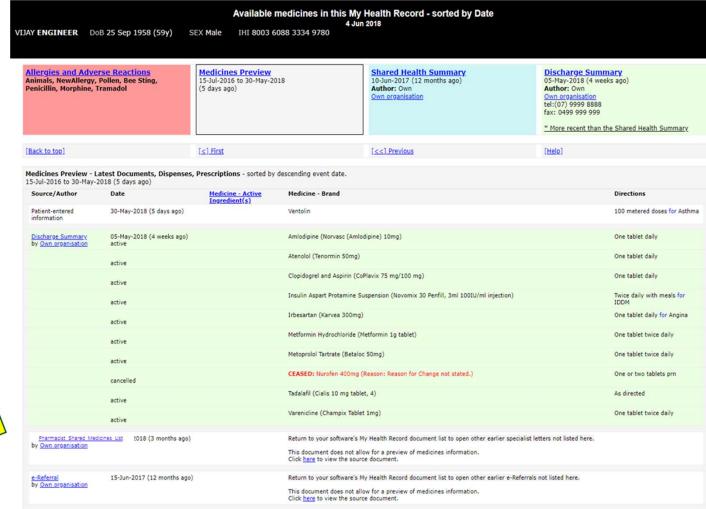


Use Pharmacists Shared Medicines List PSML

David Traylen
ACT PHN Digital Health Engagement and Training



Clinical Information Systems – PSML in Meds View









National Provider Portal – PSML in Meds View

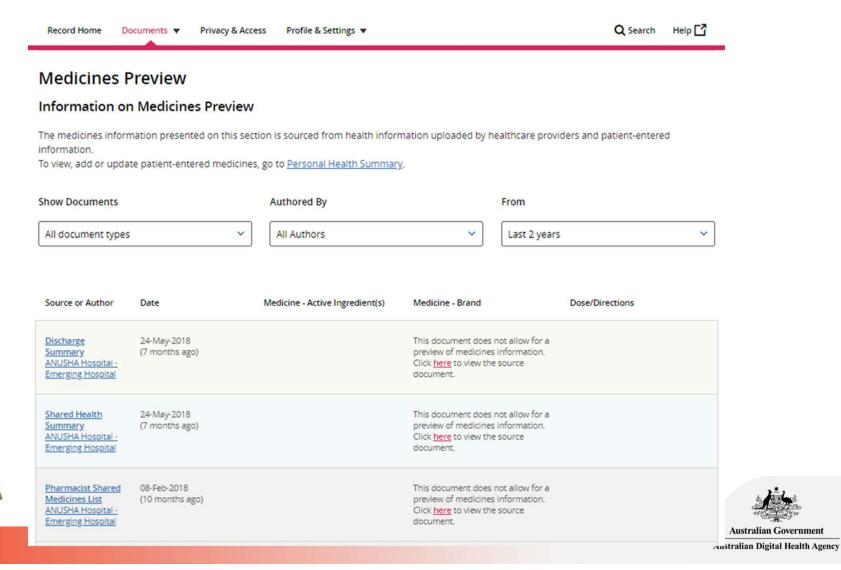
Allergies & Adverse R 8 items found			Latest Shared Health Summary 29-Jan-2018 (7 months ago)	Latest Discharge Summary 05-May-2018 (4 months ago)
OURCE/AUTHOR	DATE ^	MEDICINE - ACTIVE INGREDIENT(S) \$	MEDICINE – BRAND	DIRECTIONS
Discharge Summary accessing Hospital	05-May-2018 (4 months ago) active		AMetformin hydrochloride 500mg tablet	One tablet twice daily for insulin dependent diabetes mellitus-NIL
Discharge Summary accessing Hospital	05-May-2018 (4 months ago) active		Frusemide (Lasix 40mg)	One tablet twice daily for CCF
discharge Summary accesing Hospital	05-May-2018 (4 months ago) active		Perindopril with Indapamide Hemihydrate (Coversyl Plus)	One tablet daily for Hypertension, CCF
-Referral ccesing Hospital	04-May-2018 (4 months ago)		This document does not allow for a preview of medicines information. Click here to view the source document.	
tharmacist Shared Medicines List Accesing Hospital	05-May-2018 (4 months ago)		This document does not allow for a preview of medicines information. Click here to view the source document.	





Australian Digital Health Agency

National Consumer Portal – PSML in Meds View



My Health Record

PSML (pdf rendered) in View







Training Accessing the Training on Demand Portal





On Demand Software Environment











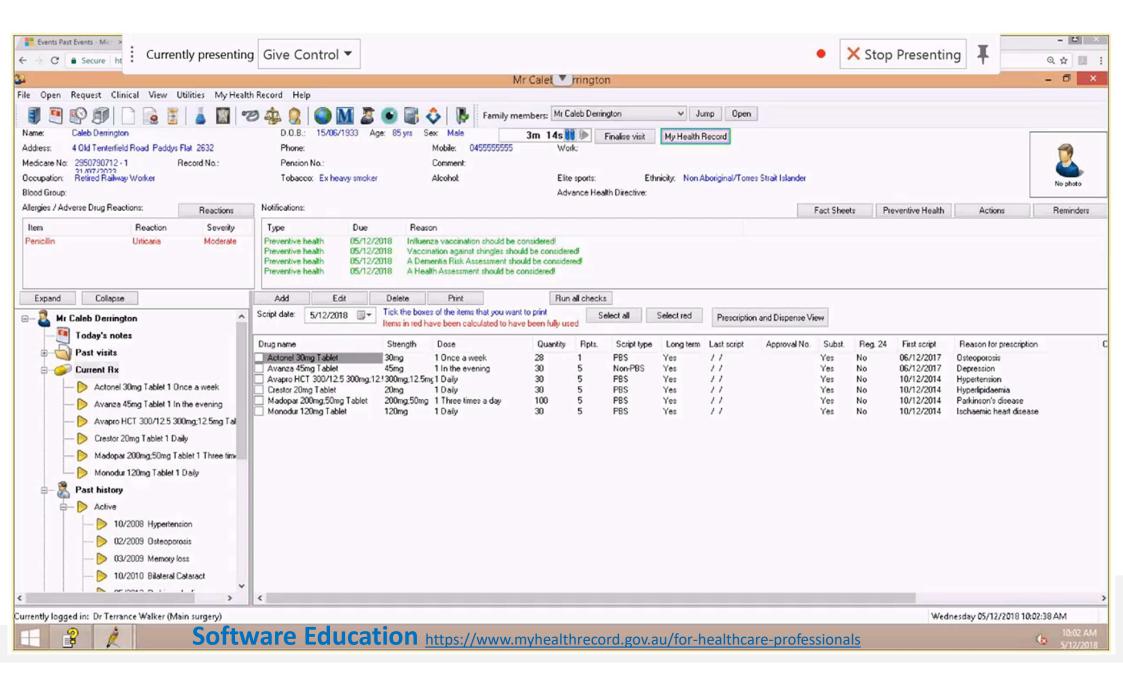


















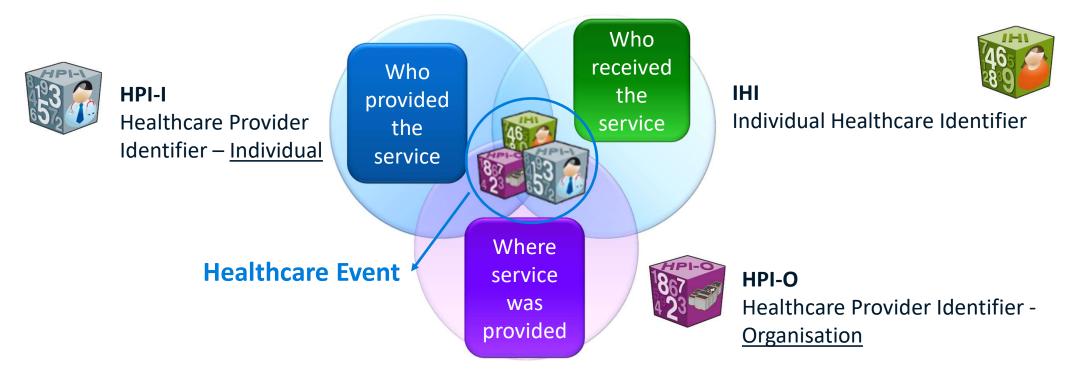




Privacy and security of My Health Record

Digital Health Foundations

The right health information for the right individual at the point of care



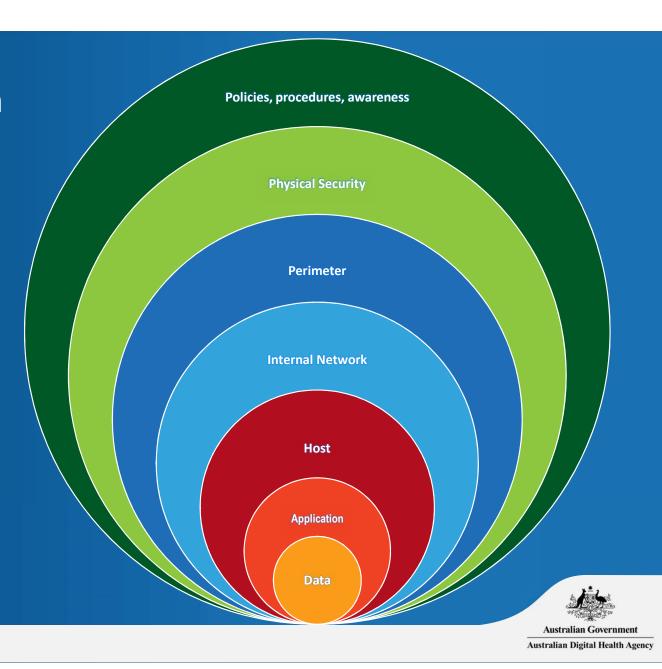
A record can only be accessed by authorised employees within registered healthcare provider organisations





Defence in Depth

A layered approach to security provides robust protection for our sensitive health data

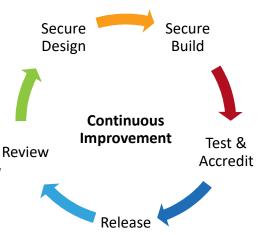




Security Assurance

Security assurance activities are undertaken to ensure the security of the My Health Record system is adequately maintained, including:

- Accreditation in accordance with the Australian Government Information Security Manual (ISM) and Protective Security Policy Framework (PSPF). Including assessment by an independent IRAP* assessor.
- Threat and risk assessments to independently audit the effectiveness of security controls.
- Regular penetration testing, to understand and monitor security threats, risks and vulnerabilities.
- Pre-release testing and technical reviews to identify and rectify any security vulnerabilities, prior to release of new My Health Record system functionality.
- Security clearances ensuring personnel involved with management of the My Health Record system have a baseline security clearance, granted by the Australian Government Security Vetting Agency.
- Information Security Policy and associated security procedures and plans.







Security Operations

The Digital Health Cyber Security Centre

- ✓ continually monitors the system for evidence of unauthorised access.
- ✓ utilises specialist security real-time monitoring tools, configured and tuned to automatically detect events of interest or 'notable events'.
- ✓ regularly reviews and updates the defined events of interest,
 based on its knowledge of the likely threats to the My Health Record.

Examples of 'notable events'

Overseas access by consumers and healthcare providers

Multiple failed logins from the same computer

Multiple logins within a short period of time

Logins to
the same record
from multiple
computers at the
same time

High transaction rate for a given healthcare provider

Certain instances of after hours access and all instances of emergency access

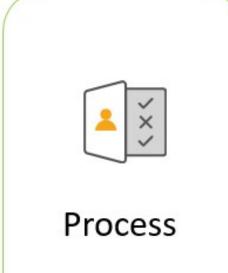




Digital Health Security in your Organisation



People

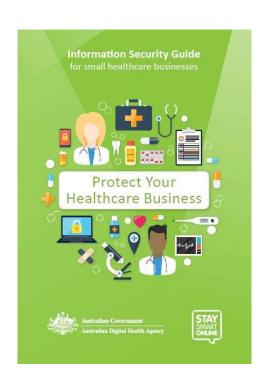








Simple Steps for Healthcare Businesses



The Australian Digital Health Agency has released the 'Information Security Guide for Small Healthcare Businesses'.

The guide provides simple guidance for non-technical health professionals regarding:

- privacy
- passwords
- software updates

- back-ups
- staff security awareness.





Manage your certificates

Did you know that your NASH PKI certificate expires 2 years from the date of issue? Do you know how to renew your NASH PKI certificate?

For further information and to learn how to renew your NASH PKI certificate, please visit Medicare - Manage your certificates web page.





The My Health Record system operates under the My Health Records Act 2012 and The Privacy Act 1988.

The Acts establish:

- The role and functions of the system
 - A registration framework
 - A privacy framework





How patient consent works in My Health Record

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

Authority to access

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

- 1. 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
- 3. The patient has not restricted access

Authority to upload

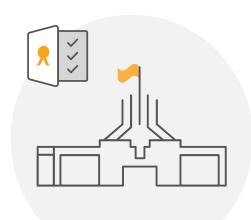
A provider is authorised by law to upload clinical documents without gaining consent of the patient each time.

A patient may instruct you that a particular clinical document not be uploaded. If they do it can not be uploaded





My Health Record legislation highlights



- 1. A person's record will be deleted when they opt out
- 2. Access by insurers and employers is prohibited
- 3. Increased penalties for misuse of information
- 4. Law enforcement agencies will need a court or similar order to access a record
- 5. Parents will be removed as authorised representatives when a child turns 14
- 6. Strengthened protections for people at risk of family and domestic violence
- 7. Government agencies involved in managing the My Health Record system
- 8. Use of My Health Record data for research purposes





Consumer control of the My Health Record

✓ Individuals control who has access to their My Health Record:



They can restrict
access to their record
by establishing a code
(RAC) that will mean
only organisations
given the code can
access any part of
their My Health
Record



They can choose to restrict access to specific documents in their My Health Record by establishing a code (LDAC).



All instances of access to My Health Record are monitored and logged



They can subscribe
to SMS or email
alerts that report in
real time when a
new health provider
organisation
accesses their My
Health Record



In an emergency, a clinician can exercise a 'break glass' facility – but instances are monitored and logged.







Apps that are authorised to connect to My Health Record

Individuals can interact with their My Health Record using a number of mobile apps:









HealthEngine

HealthEngine Pty Ltd

HealthNow

Telstra Health

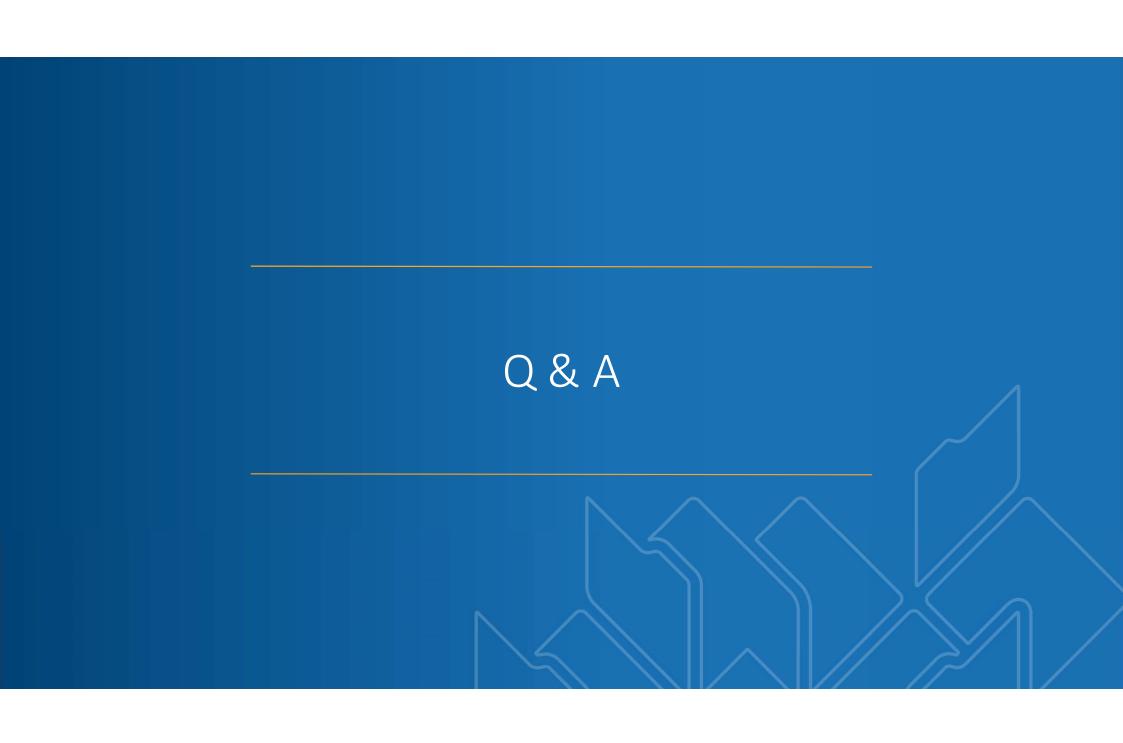
Healthi

Chamonix Health Solutions Pty Ltd My Child's eHealth Record

The Australian Digital Health Agency







Contact us

Help Centre 6287 8031 or 6287 8028

Email digitalhealth@chnact.org.au

Website www.chnact.org.au



