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My Health Record

Penny Taylor and Philippa Ellis Digital Health











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 past, present and emerging



Objectives

- Housekeeping
- My Health Record update
 - My Health Record nationwide
 - My Health Record in the ACT
 - What's new in My Health Record
 - Incorporating My Health Record into practice workflows
- Secure Messaging
 - What is Secure Messaging?
 - Why use Secure Messaging?
 - Implementing Secure Messaging
 - Secure Messaging training and resources





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Australian Government

Australian Digital Health Agency



My Health Record

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

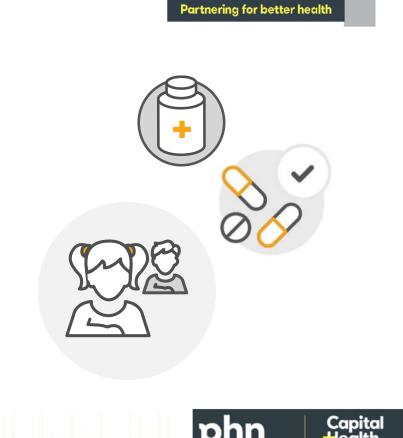
It enhances, not replaces; My Health Record is not meant to replace direct communication between healthcare providers. It is another source of health information that you may not have otherwise been able to access.



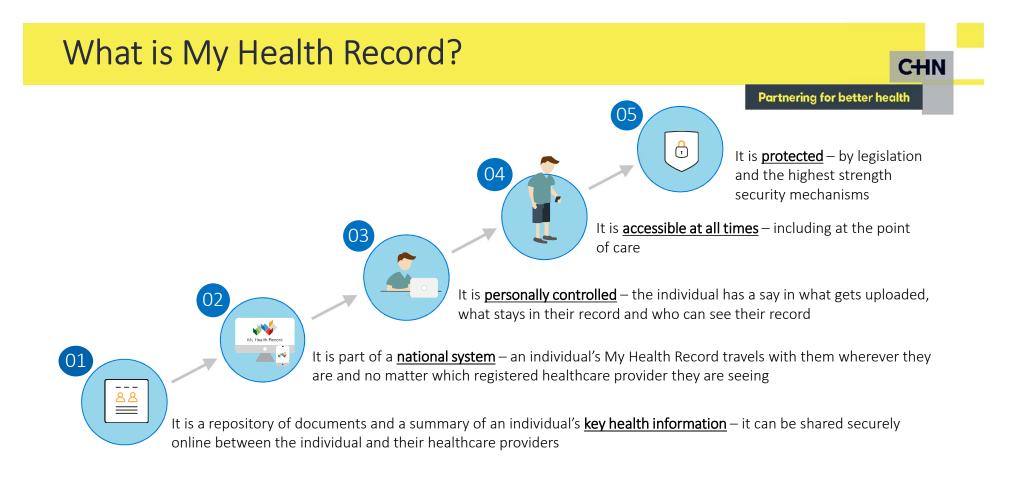
The current state

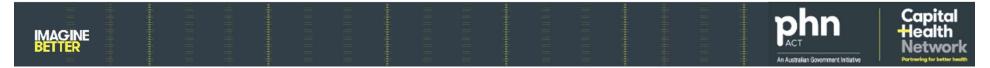
- 250,000 hospital admissions annually from medication errors costing \$1.4 billion
- 400,000 additional presentations to ED are likely due to medication-related problems
- Over 90% of patients have at least one medication-related problem post-discharge from hospital

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





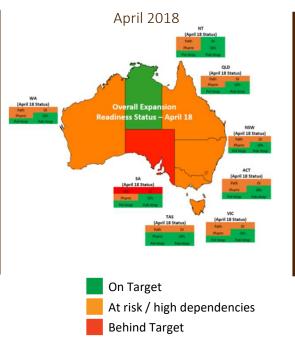


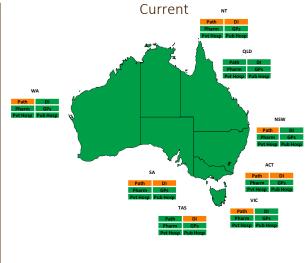


My Health Record: readiness for expansion

Partnering for better health









My Health Record numbers

90.1 %

Eligible consumers have a My Health Record (as at 28 July 2019)

31 million

Clinical documents have been uploaded to patient's My Health Record

64 million

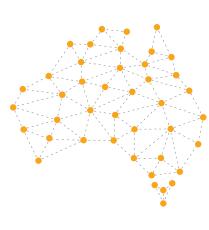
Medication prescription and dispense records have been uploaded

16,499

Healthcare professional organisations are connected, including GP organisations, hospitals, pharmacies and aged care services

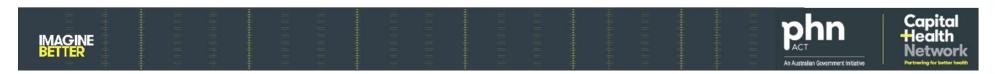
*Australian Digital Health Agency statistics as at 25 August 2019





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My Health Record statistics ACT August 2019

86.7% Consumer participation rate (@ 28 July 19)

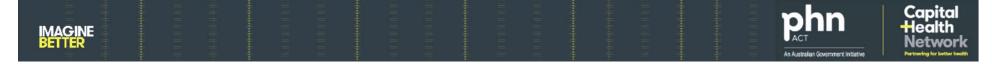
217 Healthcare providers registered (@ 28 August 19)

Organisation type	
General Practices	86
Community Pharmacy	62
Residential Aged Care services	4
Allied Health and other healthcare providers	39
Public hospitals and health services	2
Private hospitals and clinics	3
Specialists	17
Pathology and Diagnostic Imaging services	1



My Health Record use

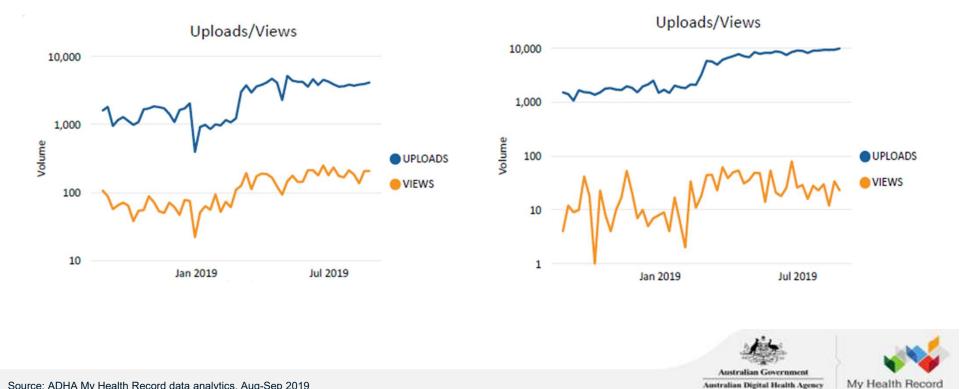
Clinical document uploads for 2019 to 28 August	550,535
Shared Health Summary	8,012
Discharge Summary	13,401
Event Summary	2,402
Specialist letter	0
Diagnostic imaging report	35,909
Pathology report	164,445
Prescriptions	102,277
Dispense documents	224,089



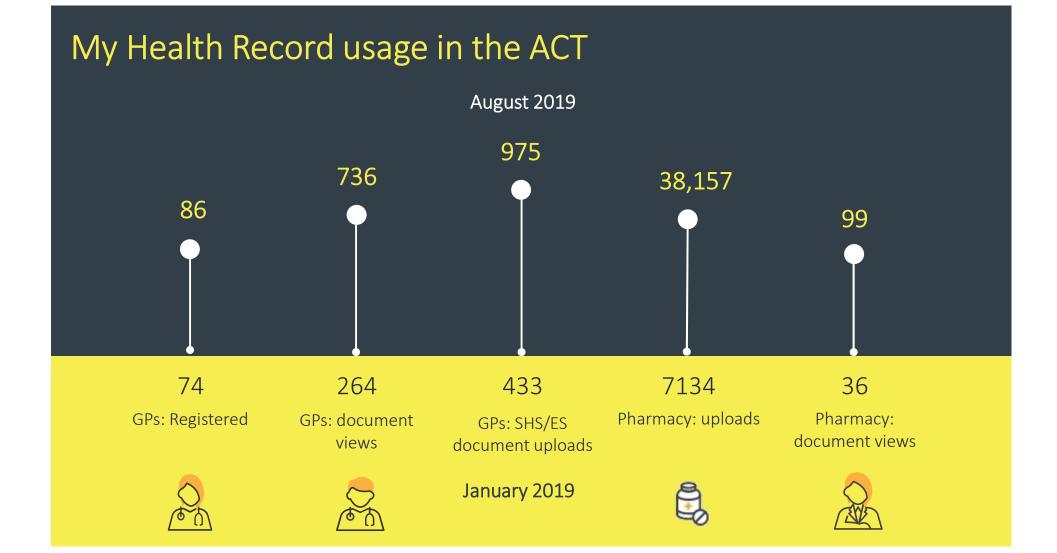
General Practice and Community Pharmacy: ACT

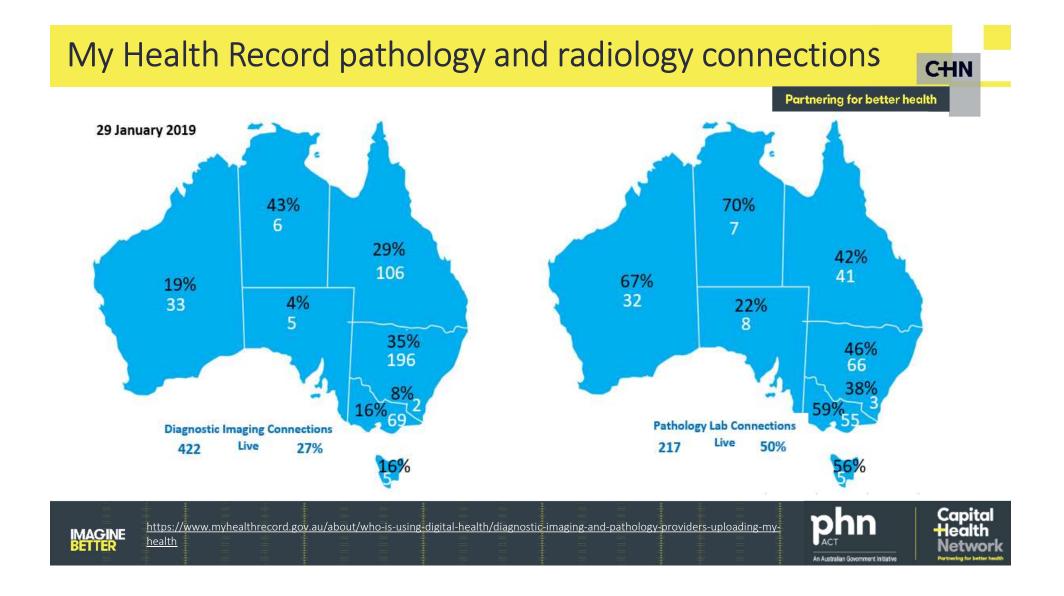
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Source: ADHA My Health Record data analytics. Aug-Sep 2019





Information that may be added to My Health Record

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- Providers
- Clinical Documents



Medicare

- Medicare claims
- PBS information
- Organ Donor decisions
- Immunisations (AIR)



- Individual or their representative
 - Advance Care Plans
 - Advance Care custodian
 - Personal health summary
 - Personal health notes
 - Emergency contact details
 - Allergies & adverse reactions
 - Medicines





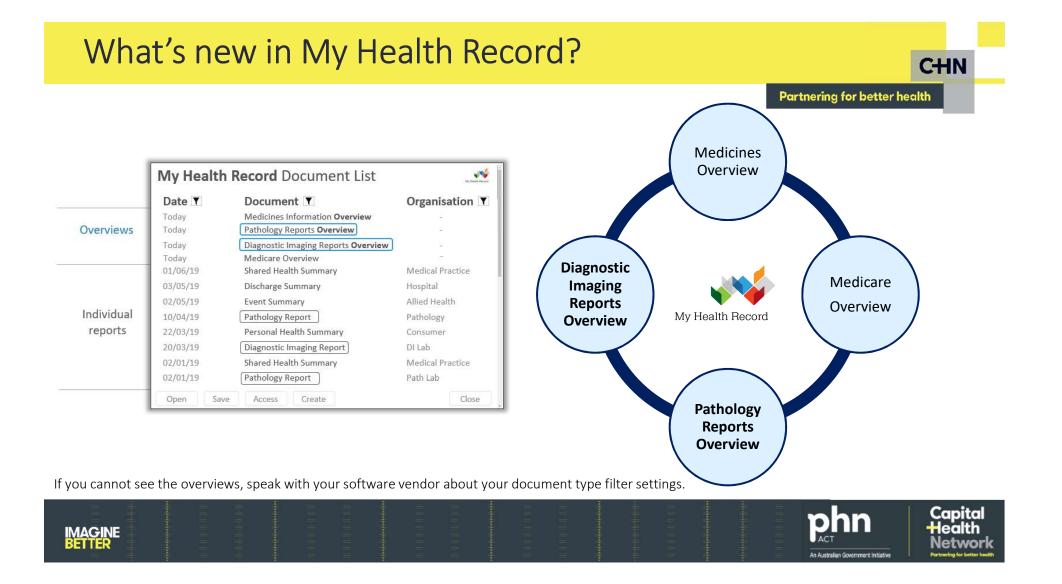
Clinical documents



- Shared Health Summary
- Event Summary
- Discharge Summary
- Specialist Letters
- Pathology and Diagnostic Imaging Reports
 - Pathology and DI Report Overviews
- Pharmacist Shared Medicines List
- Prescribing Records
- Dispense Records
 - Medicines view
- eReferrals

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Diagnostic Imaging Reports overview

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			Diagnostic Imaging Re 4 Jul 2019				
N DOE DoB 22 Apr 1	1989 (30y) SEX Male IHI	8003 608	5 0021 0380				
			START OF DOCU	MENT			
Health Recor	d						
anostic Imaging	Reports Overview (Filter	range	rom 1-Jan-2000 to 31-De	c-2020)			
	ceptite of enview (finter	range		~ 2020)			
ortant view only displays Diagnos	tic Imaging Reports available in this p	ationt's My k	lealth Record and is not a complete histo	ory of all Diagnostic Imaging	Renorts		
view also does not show D	lagnostic Imaging results from other c	linical docun	nents, e.g. a discharge summary or ever	it summary.	Reports.		
se note:							
 Diagnostic Imaging Report 	rts shown are those collected within th	ne date rang	e of your software's document list filter;	a second and a second as			
	ports shown are not displayed, narrow	the date ra	nge of the document list filter to the exa	mination date of the report.			
more information [Help].							
iew generated on 04-Jul-20	119 16:20						
Reports - grouped 27-Jun-2018 to 03-Jul-2018	by Modality and ordered b	y Exami	nation date				
27-301-2018 to 03-301-2018	Examination date	Time	Examination	Modality	Status	Report	Report group
Organisation	03-Jul-2018 (12 months ago)	19:30	Brain- No Contrast	ст	Final	1st report	(View 2 more within 2 months)
Organisation City Health Services	03-10-2016 (12 months ago)					1st report	
AND CONTRACTOR OF CONTRACTOR	03-30-2018 (12 months ago)	19:30	Chest X-Ray	DX	Final	Istreport	(View 1 more within 6 days)
AND A TRANSFORMED AND A DECIMAL AND A DECIMA	27-Jun-2018 (12 months ago)	19:30 21:00	Chest X-Ray Angiography	DX II	Final Final	Report	(View 1 more within 6 days)

If you cannot see the overviews, speak with your software vendor about your document type filter settings.



Shared Health Summary or Event Summary?

Event Summary

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Shared Health Summary Represents a patient's health status at a point in time, and includes known information in four key areas from the clinical Captures key health information about a significant healthcare event relevant to the ongoing care of the information system: • The patient's medical conditions patient, for example a clinical intervention, improvement What? Medicines or deterioration in a condition, or starting/completing • Allergies and adverse reactions treatment • Immunisations Shared Health Summaries are created and uploaded by the Any registered healthcare provider (with an individual patient's Nominated Healthcare Provider, usually the GP but Healthcare Provider identifier, HPI-I) can create and Who? Registered Nurses and ATSI Healthcare Practitioners Cert IV upload an Event Summary. They are primarily intended can also create and upload a Shared Health Summary for providers who are not the patient's regular provider • Completing a patient health assessment (e.g. 715, GPMP, Visits to after-hours medical services 75+ etc) • Significant changes to the patient's health in any of the 4 Patients on holiday or visiting from another area When? key areas (Medical conditions, medicines, allergies and/or Patients receiving an immunisation adverse reactions and immunisations) Documents should be created in consultation with the patient



https://www.myhealthrecord.gov.au/shared-health-summaries-versus-event-summaries

How can My Health Record help you?

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Accessing information that was not sent to the organisation, or accessing information requested by another provider:

- Discharge summary
- Pathology and diagnostic tests

Validating the patient's history:

- Allergies or adverse reaction information
- Clinical conditions

New patients, or patients from out of the area:

- Medicines view / Pharmacist Shared Medicines List
- Conditions, allergies & adverse reactions, and immunisations

Up-to-date information:

• AIR data

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• Advance care plans



My Health Record consumer control

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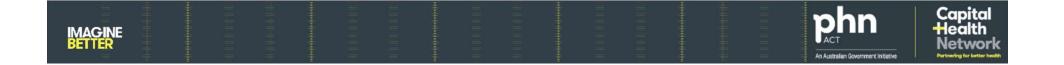
They can choose to
restrict access to
specific documents in
their My Health
Record by establishing
a code (LDAC).
Only organisations
given the code can
access the document.

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.

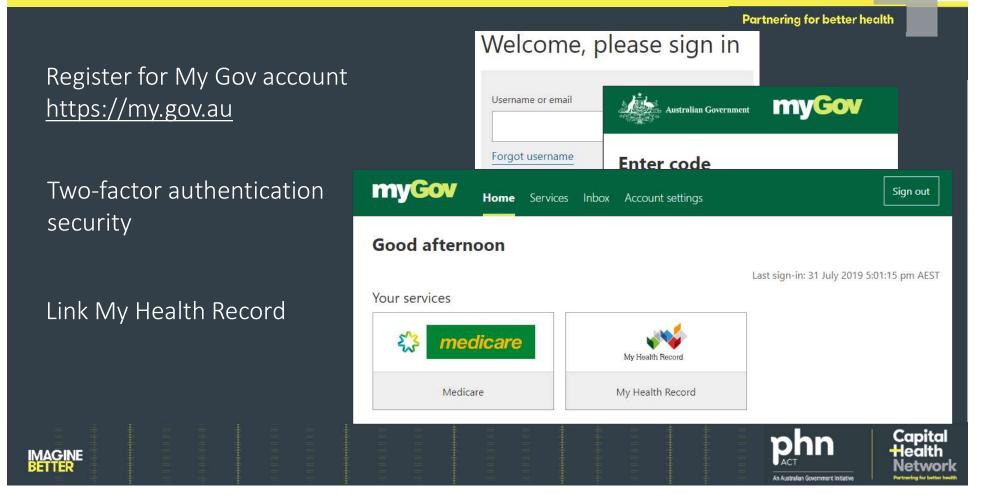


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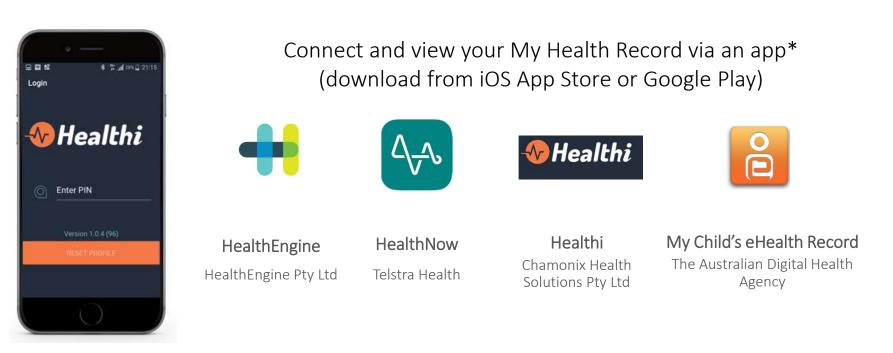
In an emergency, a clinician can exercise a **'break** glass' function: all instances are monitored and logged.



How do consumers access My Health Record?



Viewing My Health Record



*'View Only' functionality. These apps are not developed, owned or maintained by the Australian Government

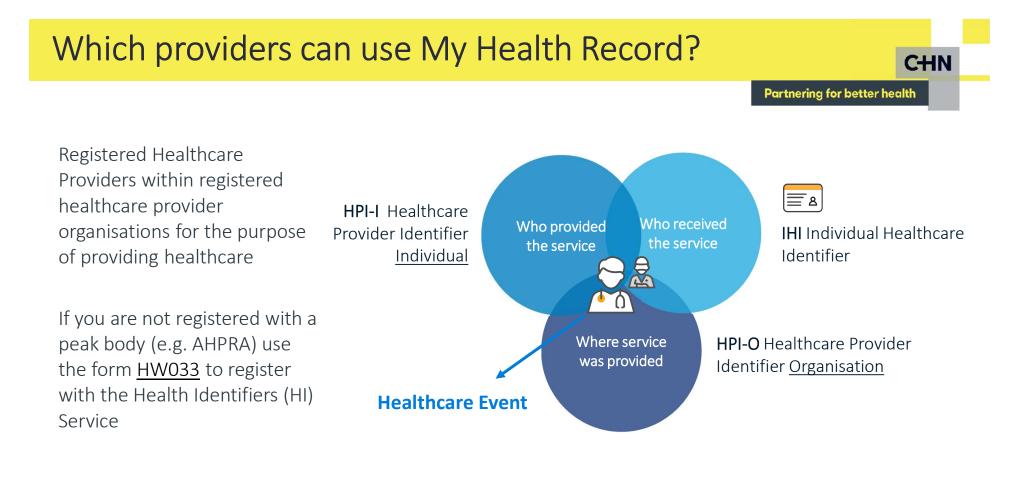
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My Health Record consent model



Consent to Access	 A healthcare provider is authorised by law to view a My Health Record without seeking explicit consent each time <u>if</u>: 1. The provider is permitted by the organisation to access the My Health Record, <u>and</u> 2. The provider is accessing in order to provide healthcare to the patient.
Consent to Upload	A healthcare provider is authorised (by law and through a patient's ' <u>standing consent</u> ' given at registration) to upload clinical documents without gaining explicit consent of the patient each time.
	By law, if a patient requests a document is <u>not</u> uploaded, the provider must not upload the document.
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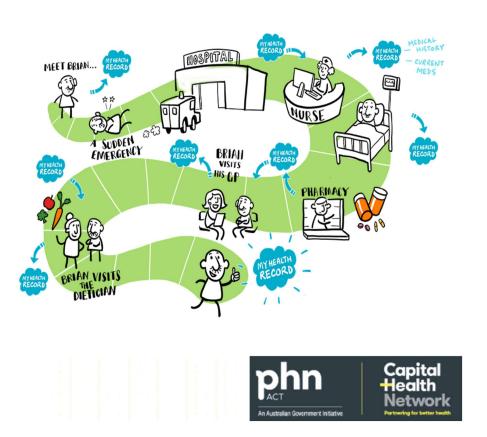
How do I use the My Health Record system?

Through conformant software:

- <u>View</u> and <u>download</u> information through clinical software you are already using
- <u>Upload</u> information from your software

Using the National Provider Portal:

<u>View</u> and <u>download</u> information

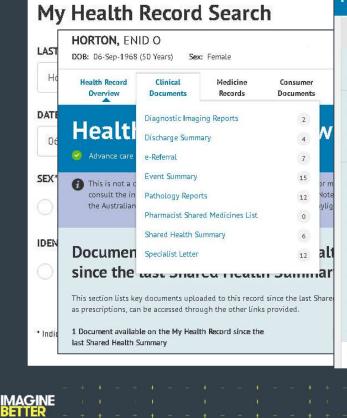


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Using My Health Record: national provider portal

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PRESCRIBED	MEDICINE DETAILS	FIRST DISPENSE LAST DISPENSE DISPENSED
12-Jan-2019	Dispensed	golimumab - SIMPONI SMARTJECT 50 MG/0.5 ML INJECTION SOLUTION, 0.5 ML INJECTION DEVICE - As directed - Original dispense
10-Oct-2018	Lanzopran	10-0ct-2018 10-0ct-2018 1 of 2
10-Oct-2018	Dispensed	Lansoprazole - LANZOPRAN CAPSULE 30MG - 30 mg - Capsule - Original dispense
10-Oct-2018	Prescribed	<code>Lansoprazole</code> - <code>LANZOPRAN</code> - 30 mg - <code>Capsule</code> - $Supply$ 28 Dispense original and 1 repeat
10-lun-2018	Betaloc	10-Jun-2018 10-Dct-2018 5 of 6
10-Oct-2018	Dispensed	Metoprolol Tartrate - BETALOC TABLET 50 MG - 50 mg - One tablet twice daily - Tablet - Repeat 4
10-Sep-2018	Dispensed	Metoprolol Tartrate - METROL 50 TABLET 50 MG - 50 mg - One tablet twice daily - Tablet - Repeat 3
10-Aug-2018	Dispensed	Metoprolol Tartrate - TERRY WHITE CHEMISTS METOPROLOL TABLET 50 MG - 50 mg - One tablet twice daily - Tablet - Repeat 2
10-Jul-2018	Dispensed	Metoprolol Tartrate - CHEM MART METOPROLOL TABLET 50 MG - 50 mg - One tablet twice daily - Tablet - Repeat 1
10-Jun-2018	Dispensed	Metoprolol Tartrate - MINAX 50 TABLET 50 MG - 50 mg - One tablet twice daily - Tablet - Original dispense
10-Jun-2018	Prescribed	Metoprolol Tartrate - BETALOC - 50 mg - One tablet twice daily - Tablet - <i>Supply 100</i> , - Dispense original and 5 repeats
10-Jun-2018	Champix	10-Jun-2018 10-Oct-2018 5 of 6

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Using My Health Record: conformant software*

Partnering for better health Shared Health Summary - Mr Caleb Derrington Please review the data displayed below before sending the Summary! Changes can be made using the '...' buttons. Medications: Adverse Reactions: This is not a complet heeded. Strength Drug name Directions Long term Item Reaction Severitu ✓ Actonel 30mg Tablet 30mg 1 Tablet Once a week Yes Penicillin Urticaria Moderate ✓ Avanza 45mg Tablet 45mg 1 Tablet In the evening Yes ▼ prrington 22 Document Lis Avapro HCT 300/12.5 300mg;... 300mg;12... 1 Tablet Daily Yes File Open Crestor 20mg Tablet 20ma 1 Tablet Daily Yes Filters ✓ Madopar 200mg;50mg Tablet 200mg;50... 1 Tablet Three times a day Yes Reset Filt Monodur 120mg Tablet 120mg 1 Tablet Daily Yes 3 Jump Open From: Name: th Record ✓ 09-Aug-2018 Address: To: Medicare No: ✓ 09-Aug-2019 📃 None known None supplied None known None supplied Occupation: n Aboriginal/Torres Strait Islander Document Type: Blood Group: Medical History: Select all Deselect all Immunisations: All Allergies / Adver Saved Status: Date Item Status Date Vaccine Sequence Batch N Severity ✓ 12/2013 ✔ 17/07/2004 Pneumovax 23 All Depression Active 1 Item 20/07/2009 ▼ 03/2013 Ischaemic heart disease Active Pneumovax 23 2 Penicillin ✔ 03/2013 Hyperlipidaemia 20/03/2012 Active Fluvax 1 ✓ Exclude Medicare ✓ 05/2012 Parkinson's disease Active 10/05/2013 Fluvax ▼ 10/2010 **Bilateral Cataract** Active Fluvax 1 Exclude prescript ✓ 03/2009 Memory loss Active dispense records ✔ 02/2009 Osteoporosis Active Exclude supersed ✓ 10/2008 Hypertension Active removed docum > < > Update None known None supplied Show all inactive items Show all confidential items 📃 None known None supplied *example using B Show all non-summary items Refresh Preview Save to file Cancel Close Practice Capital phn Health IMAGINE Network BETTER An Australian Government Initiative Portnering for better

My Health Record training resources

My Health Record <u>training</u>:

- Self-paced online learning developed for
 - General Practice
 - Nursing
 - Community Pharmacy
 - Allied Health
 - Hospital setting information

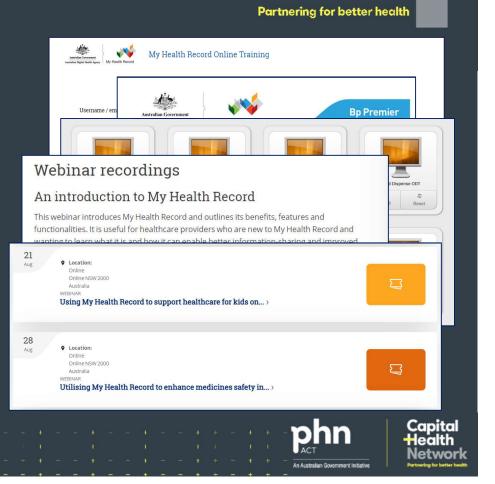
Education resources for <u>Healthcare Professionals</u> and <u>Consumers</u>

On Demand training <u>clinical software demonstrators</u>

Australian Digital Health Agency <u>webinars</u> (recorded and <u>live</u> My Health Record webinars)

Capital Health Network Digital Health team

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My Health Record implementing meaningful use

When to view My Health Record documents

- Patients with chronic conditions
- Recent hospitalisations
- Transient or interstate patients

When to upload My Health Record documents

- Annual chronic disease management reviews
- Medication reviews

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• Significant clinical events/changes to conditions

Adopting My Health Record into practice workflows



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My Health Record practice roles

Practice Manager roles	Receptionist roles	Practice Nurse /Aboriginal Health Worker roles	GP roles			
MHR staff training	IHI validation	Viewing clinical information in MHR	Viewing clinical information in MHR			
Development and adherence to MHR	Patient demographic details check	Uploading Shared Health Summaries* and Event Summaries to MHR	Uploading Shared Health Summaries, Event Summaries and Prescribing			
policies and procedures	Assisted registration (where required)		records to MHR			
Registering the practice for MHR via PRODA and HPOS	MHR information resource	Ensuring quality data is entered in the clinical information system	Downloading information from MHR			
Ensuring clinical software version is current	Ensuring privacy and security is maintained	Ensuring patient privacy and security is	into clinical software			
Ensuring security updates are current	in the practice e.g. clinical software passwords are regularly changed and	maintained e.g. clinical software password is regularly changed and	Ensuring quality data is ientered n the clinical information system			
Meeting ePIP and PIP QI requirements (accredited practices)	sufficiently complex, screensavers are used and deactivated using a username and password	sufficiently complex, screensaver is used and deactivated by entering their username and password	Obtaining patient consent to upload to MHR [#]			
Monitoring certificate expiry dates via PRODA and HPOS		* RNs and Aboriginal & TSI Health	Secure messaging			
Maintaining healthcare provider HPI-Is in clinical software and retiring users from the clinical software upon leaving the practice		Practitioners with a Certificate IV only	Ensuring patient privacy and security is maintained e.g. clinical software password is regularly changed and sufficiently complex, screensaver is			
Ensuring privacy and security is maintained in the practice e.g. clinical software passwords			used and deactivated by entering their username and password			
are regularly changed and sufficiently complex, screensavers are used and deactivated using a username and password			# obtaining patient consent is considered best practice			
(May, 2019)			Australian Government Australian Digital Health Agency My Health Rec			

Practice Workflow Scenario

Primary care scenario: Trish, existing client, female 49 years old, overweight



Receptionist roles

Greets patient

Informs patient this is a MHR clinic

Checks IHI and personal details

Provides MHR resources to patient (e.g. setting privacy controls)



Practice Nurse/Aboriginal Health Worker roles

Prolonged health assessment

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 MHR Dispense record: Amoxicillin 250mg capsules dispensed



Background: previously ill two weeks ago, prescribed antibiotics from an afterhours doctor



GP roles

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Reviews practice nurse information

Recommends exercise and diet plan

Reviews pathology in MHR

Updates medications

Updates clinical history

Uploads SHS as requested by patient







Additional links and resources

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1800 723 471 My Health Record helpline (available 24/7)

https://www.myhealthrecord.gov.au/for-healthcare-professionals



https://myhealthrecord.gov.au/support/contact-us



https://my.gov.au/LoginServices/main/login?execution=e1s1





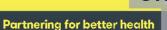
Objectives

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- What is Secure Messaging?
 - How does Secure Messaging work?
- Why use Secure Messaging?
- Implementing Secure Messaging:
 - Message carriers
 - Clinical information systems
- Secure Messaging training and resources



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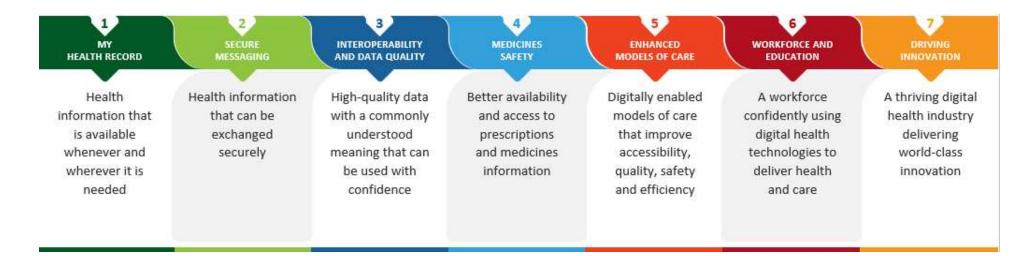
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National Digital Health Strategy

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Co-designed with all states and territories and agreed by COAG Health Council





Source: ADHA My Health Record data analytics. Aug-Sep 2019

Secure Messaging overview



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A safe, seamless, secure exchange of clinical information and documents, for example Discharge Summaries and eReferrals, between health and care providers.

Provides the capability foundation to securely exchange clinical information in real time, ending the need for paper-based methods.

Enables health and care providers to easily find each other online.



Secure Messaging

HealthcareIT 11 May 2018

In May 2018, a coroner's report revealed that Hodgkin's lymphoma patient Mettaloka Halwala died alone following chemotherapy complications.

His medical test results were faxed to the wrong number, which meant his treating haematologist did not receive information that could have saved his life.

https://www.healthcareit.com.au/article/victorian-man-dies-alone-after-test-results-faxed-wrong-number-%E2%80%93-coroner-slams-use-









Secure Messaging

The Age 18 September 2019

"A Melbourne medical clinic has been inadvertently faxing highly sensitive patient details including mental health and family medical histories to a Greenvale man for at least two years.

The man said he has been sporadically faxed at least 10 medical referrals for specialist consultations from the Harding Street Medical Centre in Coburg.

The medical documents include mental health plans for patients diagnosed with severe anxiety, depression and sleep disorders, the bulk of which are women experiencing postnatal depression.

Faxed documents seen by The Age include patients' highly detailed and sensitive medical histories along with the medical backgrounds of their family members, including their children.

The documents also include detailed doctors' notes and medications the patient is taking."

https://www.theage.com.au/national/victoria/detailed-and-graphic-clinic-faxes-patients-highly-sensitive-medical-histories-to-wrong-number-20190916-p52rsy.html

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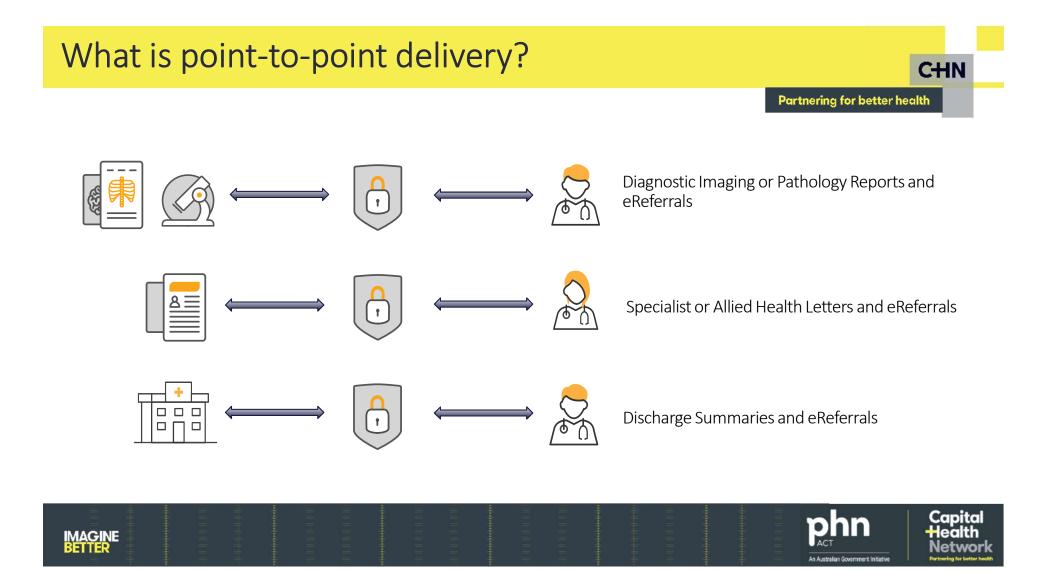
Secure Messaging: the current landscape

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CURRENT STATUS	NEED	ACTION
 Established use of secure messaging in Australia, however, a range of systems are currently used. With a lack of compatibility between systems. This means systems, potentially, are not able to communicate with each other reducing clinical co-ordination, operational and administrative efficiencies. Faxing and emailing continue to be used to exchange clinical information in a non-secure way. 	 Seamlessly integrate standards-based secure messaging capability. Enable health and care providers to easily find each other online and securely exchange clinical information. 	 The Australian National Digital Health Strategy aims to eliminate clinicians' dependence on all paper-based messaging by 2022. The Australian Digital Health Agency's Secure Messaging Program is working collaboratively with industry, state and territory governments, suppliers of secure messaging solutions and clinical software suppliers to reduce existing barriers to adoption and provide pragmatic and implementable solutions.
The Privacy Act 1988 (Privacy Act) regulates the ha	Indling of personal information about individuals	https://www.oaic.gov.au/privacy-law/
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Current and	d future state		CHN
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Prov	vider Addressing	> >>	Federated provider directory
Trust frameworks	and certificates) ju	Secure messaging framework
	Standardisation	R	Defined standards for the exchange of documents
Sof	tware upgrades	C C	Healthcare providers to upgrade Clinical Information Systems (CIS)
Lack o	f understanding	3	Education for healthcare providers
Chan	ge management		Building capacity to enable change management
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Secure Messaging flow



Secure exchange of clinical information

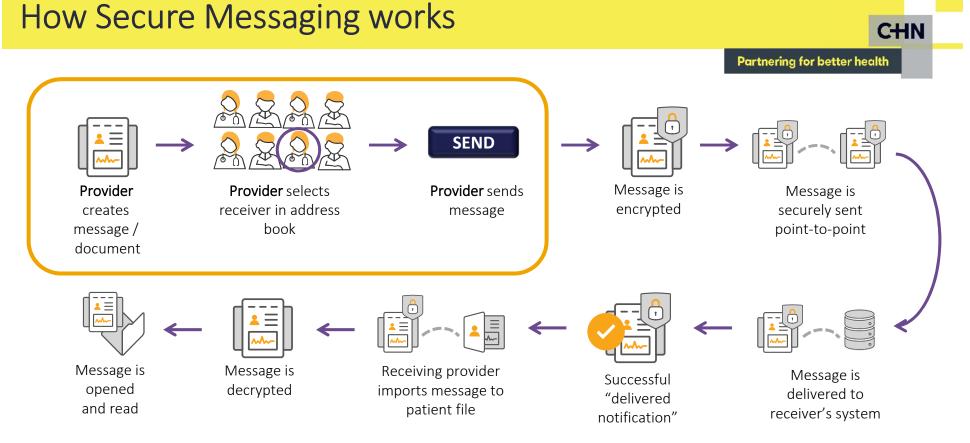


Information managed securely in transit preventing interception

Improved privacy of patient information







*Example may or may not be 100% specific to each Clinical Information System or each Secure Message Delivery System



Benefits of Secure Messaging C+HN **Partnering for better health** Improved clinical care: Facilitates access to clinical information to improve patient care • Improved coordination of care: Improved communication between health and care providers as • part of an end-to-end clinical workflow Streamline administrative processes: Reduced time managing paper-based correspondence • Enhanced security and privacy: Improved privacy and security of patient information •



How Secure Messaging can benefit healthcare organisations

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Send eReferrals to public or private hospitals, and receive Discharge Summaries

Send eReferrals to public or private **specialists**, and to receive Specialist Letters

Use Secure Messaging to securely communicate with **other healthcare organisations** or healthcare providers



Use Secure Messaging to access localised shared care planning projects or to send / receive **Chronic Disease Management** referrals and reports

Receive pathology reports and send pathology eRequests

Receive diagnostic imaging reports



How do I implement Secure Messaging?

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- 1. Choose a Secure Messaging provider (if necessary), for example:
 - HealthLink
 - Argus (Telstra Health)
 - Medical Objects
 - ReferralNet
- 2. Arrange the software installation with the provider
- 3. Ensure your organisation is registered with HPOS through your PRODA account.
 - Request a NASH PKI certificate (if necessary)
- 4. Train staff

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- 5. Update referral templates and address book
- 6. Talk to referring doctors to see if they use Secure Messaging
- 7. Start receiving and sending



Sending from Genie

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Primary recipient After writing a letter you intend to send via Healthlink, tick the Send via 3rd Party tickbox. Select the carrier from the drop-down menu (if it isn't already set in the recipient's Address Book record) and click Save to save and close the letter. Template: Default Letter V Send via 3rd party Reviewed Send Cancel Prefers: Healthlink \sim Printed Date: 24/07/2018 View CDA CDA Dx Healthlink Flag for Followup From: Dr J Smith V Make Text Edit Template Ready To Send Reply Received To: Dr B Demo Can't Delete Sent from Genie Type: LETTER V Delivery Acknowledged Spellchecking (\mathbf{i}) 1c80e983-b5f7-45de-aecd-42775c88b41a

The provider can now go into **Open > Outgoing Letters** and review the letter. Once the letter has been reviewed, tick the *Ready to Send* tickbox and save the letter. This will export the letter in HL7 format into the 'Outgoing' folder that's configured in the hms_config.xml file.



Incoming reports in Best Practice



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Image: Show unallocated only								
the parts at								
Date	Patient name on report	Test	Addressed to	Allocated to patient	Allocate '			
30/10/2015	Test PATIENT	GP Referral	ANDREA MAHAFFEY					
17/01/2012	ANASTASIA ABBOTT	U-URINE M,C&S	DR IVOR CURE	Anastasia Abbott	Dr. I. Cur			
17/01/2012	ANASTASIA ABBOTT	U-URINE M,C&S2	DR IVOR CURE	Anastasia Abbott	Dr. I. Cut			
17/01/2012	ANASTASIA ABBOTT	SALMONELLA ID	DR IVOR CURE	Anastasia Abbott	Dr. I. Cur			
17/01/2012	ANASTASIA ABBOTT	HE-TROPONIN T.	DR IVOR CURE	Anastasia Abbott	Dr. I. Cur			
17/01/2012	MAREE ACKERMANN	SEROUTINE CHEMISTRY	DR IVOR CURE	Maree Ackermann	Dr. I. Cur			
17/01/2012	MAREE ACKERMANN	CICOAG	DR IVOR CURE	Maree Ackermann	Dr. I. Cur			
17/01/2012	MAREE ACKERMANN	EDFBE	DR IVOR CURE	Maree Ackermann	Dr. I. Cur			
17/01/2012	MAREE ACKERMANN	_ROUTINE CHEMISTRY	DR IVOR CURE	Maree Ackermann	Dr. I. Cur			
17/01/2012	MAREE ACKERMANN	SEROUTINE CHEMISTRY	DR IVOR CURE	Maree Ackermann	Dr. I. Cur			
26/08/2011	FELIX ADAMS	ED-GLYCOSYLATED HB A1C	DR FREDERICK FINDACURE	Felix Adams	Dr. F. Fin			
26/08/2011	JASON AHERN	SEROUTINE CHEMISTRY	DR FREDERICK FINDACURE	Jason Ahem	Dr. F. Fir			
26/08/2011	DAVID ALLEN	SEROUTINE CHEMISTRY	DR FREDERICK FINDACURE	David Allen	Dr. F. Fin			
26/08/2011	DAVID ALLEN	SEPSA	DR FREDERICK FINDACURE	David Allen	Dr. F. Fin			
26/08/2011	DAVID ALLEN	_THYROID FUNCT. TEST	DR FREDERICK FINDACURE	David Allen	Dr. F. Fir			
09/11/2003	FAY ALLEN	MODIFIED RAST	DR FINDACURE	Fay Allen	Dr. F. Fir			
26/08/2011	JANELLE ALLEN	CICOAG	DR FREDERICK FINDACURE	Janelle Allen	Dr. F. Fir			
26/08/2011	JANELLE ALLEN	CI-COAG	DR FREDERICK FINDACURE	Janelle Allen	Dr. F. Fir			
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Allocated to I	Dr.:	Allocate to Doctor	Auto-allocate					
Patient details:		Allocate to Patient	Allocate to Patient					





Additional links and resources



<u>HealthLink</u>



Medical Objects



<u>ReferralNet</u>



Telstra Health Argus



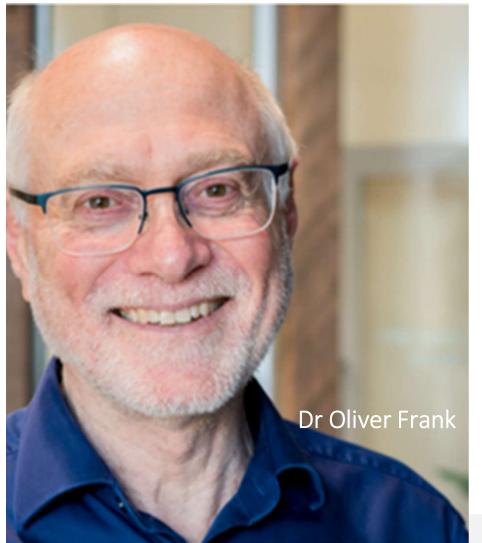
Contact your Clinical Information System vendor







CHN



'It's not as if this is theoretical or happening in the future. GPs can stop most of their faxing right now with software they already have on their computers. It's just a matter if getting on with it'

Dr Oliver Frank

Dr Oliver Frank's office letterhead includes the line 'in the interests of providing quality care safety and efficiency, we have no paper records. Please do not send letters, documents or messaging via fax'

https://www.digitalhealth.gov.au/about-the-agency/digital-healthspace/please-do-not-send-letters-documents-or-messages-via-fax-droliver-frank





Contact details



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digitalhealth@chnact.org.au

