



Welcome

Welcome to the fourth digital bulletin for *My Health Record*, bringing you the latest news and updates.

In this issue...

[The Health Care Home](#)

[My Health Record and the allied health community](#)

[FAQ – Emergency access, why would you use it and what does it mean when you do?](#)

[FAQ – What do I need to know about preparing and uploading documents to a My Health Record?](#)

[Update for providers with patients in the opt-out regions](#)

[Why “I encourage pharmacists, vendors and pharmacy owners to get ready and contribute to the My Health Record...” - an interview with pharmacist Shane Jackson](#)

[Latest statistics on the My Health Record](#)





The Health Care Home

The introduction of 'Health Care Homes'

The Australian Government recently announced that as part of its 'Healthier Medicare' package, there will be a staged roll-out of a nationally supported Health Care Home model. This will provide Australians with improved co-ordination, management and support for their chronic conditions. The Health Care Home is a concept driven out of the USA (often referred to the 'Medical Home' or 'Patient Centred Medical Home') as a high quality and cost efficient new approach to patient care.

Health Care Homes will initially be rolled out in seven trial regions across Australia, based on Primary Health Network (PHN) boundaries. Starting 1 July 2017, Health Care Homes will be trialled in up to 200 medical practices consisting of general practices and Aboriginal Medical Services. Trial PHN areas are being considered right now, and an Expression of Interest process will occur in late 2016, asking practices in the trial regions to nominate their interest in becoming a Health Care Home.

Health Care Homes will allow patients to nominate a GP practice as their 'home base', where they will have an opportunity to tailor care packages, allowing them to take better control of their future care – simplifying the overall management. Up to 65,000 Australians will participate in the initial two-year trial of Health Care Homes, and will be limited to Medicare-eligible patients with two or more complex or chronic conditions. The aim of a successful Health Care Home model is to keep patients healthy at home and out of hospital by providing continuity of care, coordinated services and a team approach based on the needs of the patient.

As part of the Health Care Home trial, Minister for Health, Sport and Aged Care, Sussan Ley said the "My Health Record will be an essential element of these reforms that will support all members of a patient's health care team to work in constant consultation with each other, through the seamless sharing of information such as medications, treatments, allergies and care plans. This will also help keep patients engaged in their own care planning by cutting down on frustrating duplication of tests and treatments

for them, whilst also delivering efficiencies to the system.”

If implemented effectively, the Health Care Home model will enhance patient experiences, reduce healthcare costs (especially if unnecessary hospital admissions can be reduced) and support innovation and provide flexibility for healthcare providers.

Digital innovation enabling better healthcare

The Australian healthcare landscape is continuing to evolve with the introduction of new initiatives, technologies and digital services. Digital innovations and services such as remote health monitoring, telehealth options, medication management technologies and electronic sharing of health records are at the forefront of the evolving landscape and complement and support the Health Care Home model.

An example of the benefits that can be achieved through this synergy is the integration of Health

Care Homes with My Health Record. My Health Record provides convenient and secure access to important health information such as allergies, medical conditions, treatments and medicine details which are stored in one place, online. Likewise the purpose of Health Care Homes is to track, monitor and review patients to ensure the care they are receiving is well coordinated and meeting their needs. Accessing and updating individuals' key health information online via My Health Record will strengthen the Health Care Home model and support GPs and other healthcare providers involved in a Health Care Home.

Managing an individual's health can be complex, especially when it involves multiple and chronic health conditions. Being able to see the clinical decisions of other healthcare providers will mean better diagnosis and treatment decisions, better care for patients, and will support patients to take greater control of their own health. Embracing the Health Care Home model in conjunction with digital technology will put Australia on the path to an even better healthcare system.

My Health Record and the allied health community

The value of My Health Record to consumers and healthcare providers is at its greatest when used and contributed to by all healthcare providers. Allied health professionals and their representative associations, like Allied Health Professions Australia (AHPA) have been advocating for an increased focus on allied health and enabling allied health professionals to view and contribute to My Health Record.

While there is a broad consensus of the benefits of My Health Record in the allied health community and eagerness to get involved, many allied health professionals do not use clinical information systems through which they can upload information to the My Health Record system.

Allied health professionals who do not currently use practice software that is connected to My Health Record can still participate and view My Health Records through a web-based Provider Portal. The portal allows you to search and view individual My Health Records.



To access the Provider Portal you must register and obtain the appropriate online credentials - [more information on how to do this is available here](#). If you are an existing user of the My Health Record system, you can login to the [Provider Portal here](#).

To further assist participation by allied health professionals in the My Health Record system,

AHPA will be progressing a number of initiatives with the support of the Commonwealth to learn about the various professions encompassed by the term “allied health.” The aim is to understand their business, ways of working, technology needs, and information needs, in order to ensure that the allied health participation in the My Health Record system is complementary to their business. Some initiatives include:

- Streamline the My Health Record registration process for allied health professionals, including Australian Health Practitioner Regulation Agency (AHPRA) registered professionals as well as the self-regulating professions.
- Identify allied health professional champions to demonstrate the benefits of My Health Record for others in allied health.
- Maximise the involvement of allied health practitioners in Northern Queensland and the Nepean Blue Mountains as part of the My Health Record opt-out trials.

- An Allied Health Digital Health Survey was commissioned by the Department of Health, in conjunction with the National E-Health Transition Authority (NEHTA) and AHPA. The survey was completed by 1,327 AHPA members, aimed at learning more about the degree to which allied health professionals are currently using digital technology as part of their day-to-day practice.

The success of AHPA's work to maximise allied health's participation in the My Health Record will be dependent on the support and feedback of individual allied health professionals and practices. **If you would like to get in touch with AHPA to find out more about the My Health Record projects it is undertaking or to provide feedback as a practicing allied health professional, please email comms@ahpa.com.au**

Frequently asked question –

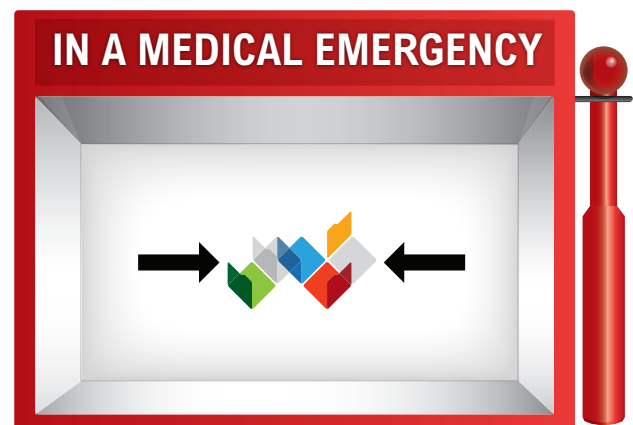
Emergency Access, why would you use it and what does it mean when you do?

In an emergency, can I gain access to a patient's My Health Record?

Registered healthcare organisations are permitted to collect, use or disclose information in a patient's My Health Record if it is unreasonable or impracticable to obtain consent from them or their authorised representative, and they reasonably believe that this is necessary to lessen or prevent a serious threat to the healthcare recipient or another individual's life, health or safety.

An example would be if the patient is unconscious in an emergency situation.

Registered healthcare organisations can also collect, use and disclose the information in a



patient's My Health Record without the consent of the healthcare recipient or their authorised representative if the organisation reasonably believes that it is necessary in order to lessen or prevent a serious threat to public health or safety.

An example would be where a dangerous infection has been detected within a hospital and it is necessary to identify the source of the infection to prevent its spread. -> [continued](#)

Emergency Access, why would you use it and what does it mean when you do?

Emergency access is recorded in the access history of the My Health Record which can be viewed by the patient or their authorised representative. The patient can also choose to be notified if and when anyone gains emergency access to their My Health Record.

What information can I access?

Under emergency access, all information in My Health Record can be accessed except for:

- Documents that have been removed by the patient, and
- Information entered by the patient in the personal health notes section of their My Health Record.

Emergency access is available regardless of any access controls set by the healthcare recipient. For example, if a patient has set a Record Access Code (RAC) to their My Health Record, and they arrive unconscious at an Emergency

Department of a hospital that doesn't have their RAC, the hospital can access the My Health Record using emergency access.

Emergency access is granted for five days from the time the organisation asserts an emergency exists. Once this period ends, the organisation will only be able to access the patient's My Health Record in accordance with their access controls. If the emergency still exists, the organisation can gain emergency access again (for another five days).

For more information, please visit the frequently asked questions on emergency access available on the website >> <https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/healthcare-providers-faqs?OpenDocument&cat=Emergency%20Access>

Frequently asked question –

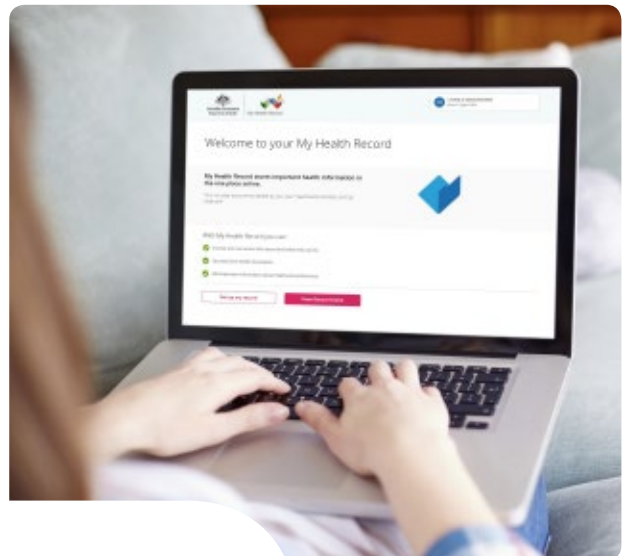
What do I need to know about preparing and uploading documents to a My Health Record?

What is the difference between preparing and uploading documents?

- Preparing/authoring is the process of someone writing the document
- Uploading is the process of uploading the document to the My Health Record system

Can I upload a document written by another healthcare provider?

- Yes. A healthcare provider organisation can upload a document prepared by a healthcare provider who is employed by a different organisation as long as the healthcare provider who prepared



the document had an HPI-I and the upload would not infringe copyright (see additional copyright information below). For example, you (or an authorised employee, such as a receptionist) could upload a referral letter from a GP to the patient's My Health Record. -> [continued](#)

What do I need to know about preparing and uploading documents to a My Health Record?

- There is no obligation on healthcare providers to upload documents written by other healthcare providers – this decision is at the healthcare provider's discretion.

Are health related documents subject to copyright?

- All health-related documents, including those that are uploaded to the My Health Record system, may be subject to copyright. For example, diagnostic reports, specialist letters, discharge summaries, etc. are all likely to be subject to copyright.
- The copyright in documents might be owned by the uploading healthcare provider organisation. Alternatively, the copyright might be owned by someone else. Unfortunately, there is no quick and simple way to work out who owns copyright.
- Recent legislative changes address copyright in two different ways, depending on when the health-related document was prepared.
- For documents prepared before 1 March 2016, the document must not be uploaded to the My Health Record system if to do so would result in copyright infringement. It is not straightforward working out who owns the copyright in a document and, without that information, it is difficult to know if uploading would amount to infringement. Practically, it is expected that most healthcare provider organisations will choose not to upload documents created before 1 March 2016 to avoid any possibility of copyright infringement (unless they are certain that they own the copyright in the document).
- For documents prepared on and after 1 March 2016, a document uploaded to, used in, or downloaded from the My Health Record system and subsequently used will not infringe copyright provided that:
 - the collection, use or disclosure of the document is authorised under the My Health Records Act 2012; or
 - the document is used for the purpose of providing healthcare.

Update for providers with patients in the opt-out trial areas

You will be unable to access My Health Records automatically created for people living in the opt-out areas of Northern Queensland, and the Nepean Blue Mountains in NSW, until 15 July 2016. This is to allow time for people to set up their records, including access controls if they choose.

If you try to access an automatically created My Health Record before 15 July 2016, you will receive an authorisation error message.

Healthcare providers will continue to be able to view and upload to existing My Health Records not created as part of the opt-out trials as per normal.

For more information please contact the helpline on **1800 723 471** (select option 2).



Why “I encourage pharmacists, vendors and pharmacy owners to get ready and contribute to the My Health Record...” - an interview with pharmacist Shane Jackson

Shane Jackson has an established background as a pharmacist. Shane is a practicing community pharmacist, and owner of two rural community pharmacies in Tasmania. He also works as a ‘Consultant Pharmacist’ within the home and aged care settings.

How do you feel about My Health Record?

I am absolutely thrilled in the potential of the My Health Record system. More appropriate and timely access to patient information allows me to deliver better clinical care to my patients. I can also share the dispensing information I have to others, allowing them to improve the care they deliver to the patient.

How does My Health Record support the provision of pharmacy health services?

There is no doubt that access to the My Health Record system has allowed me to provide better clinical care with dose administration aids, clinical interventions, and Home Medicines Reviews. In the future with more shared health summaries available, Medschecks and Diabetes Medscheck services will be more targeted and result in good clinical outcomes.

How do other pharmacists feel about My Health Record?

I believe pharmacists aren’t as aware of the My Health Record system as they could be. Pharmacists often work in somewhat of an information vacuum and the ability to access additional information about a patient that may help in clinical decision making is very useful. The other important point is that dispensing information can be provided by pharmacists to a patient’s My Health Record which can enable timely access to medication information in hospitals and other settings.



For which patients is a My Health Record most important?

I truly believe that having a My Health Record is important for all Australians, but is more important for those who have chronic and complex medical conditions. Those patients often take multiple medicines, see lots of different healthcare providers and need assistance in managing their medications and conditions. Access to information about a patient outlining their medical conditions and outcomes of recent hospital presentations will enable better care to be delivered from their pharmacist in a community pharmacy.

What kinds of scenarios is the My Health Record most beneficial for?

I have come across a number of instances in my pharmacies where access to the patients' My Health Record has been useful. As one example, having access to a discharge summary allowed me to gain an understanding of what has occurred in hospital for the patient and allowed me to be more actively involved in monitoring medication changes. It represented efficient use of my time in resolving medication discrepancies (in packing dose administration aids) after hospital discharge because the information has been at my fingertips.

Do patients expect that pharmacists share information with other healthcare providers?

Of course, there already is an expectation (by patients) that information that healthcare providers have should be accessible by other healthcare providers. Patients are often stunned when I inform them that I don't have access

to their dispensing information from another pharmacy. I use this as an opportunity to encourage that they register for a My Health Record. Patients absolutely expect that if a hospital rings for medication information about a patient from us that we provide it. But, wouldn't it be fantastic if this was done electronically, this would create improvements in workflow, efficiency and outcomes for everyone involved.

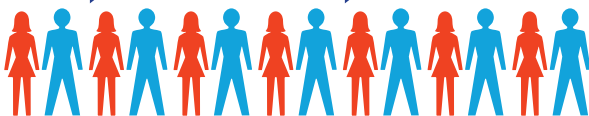
How important is it for dispensing information held by pharmacists to be shared with other healthcare providers?

Pharmacists need to acknowledge that the dispensing information that they take for granted is extraordinarily important for other healthcare professionals to have available in order to provide the most appropriate clinical care. I encourage pharmacists, vendors and pharmacy owners to get ready and contribute to the My Health Record system.

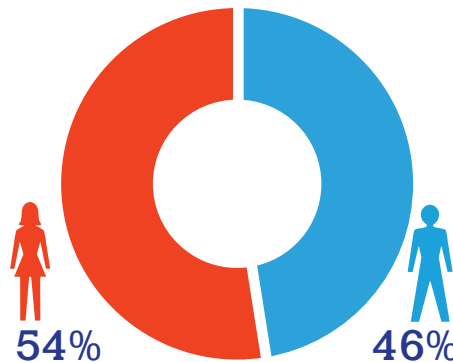
Latest statistics

[at 19 June 2016]

3,810,406



Consumers registered (includes 971,252 in opt-out trial areas)



657,048



Clinical Document Uploads



8,684

Healthcare providers registered



296,407,602

Medicare Documents



3,957,034

Prescription and Dispense Uploads



96,608

Consumer Documents



5,497

General Practices



[Click here to view all the latest My Health Record statistics](#)

