My Health Record

My Health Record News

a digital bulletin for providers

Welcome

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

In this issue...

All you need to know about Shared Health Summaries

A shared health summary is a crucial part of an individual's My Health Record. In this article healthcare providers will learn the difference between a shared health summary and an event summary, who can create them, and how to create, upload, and update them as part of using the system.

What is a Shared Health Summary?

A Shared Health Summary (SHS) is a clinically reviewed summary of an individual's health status at a point in time authored by an individual's 'nominated healthcare provider'. The structure of a SHS is based on the Royal Australian College of General Practitioners (RACGP's) template for a GP health summary. A provider is not under any obligation to either be a nominated provider or upload a SHS, and an individual is not required to have a nominated provider or a SHS in their record. The SHS may include information about:

- Medications
- Allergies
- Adverse reactions
- Immunisations
- Medical History

In the majority of cases, the most recently uploaded SHS in an individual's My Health Record will be the first document accessed by other healthcare providers viewing an individual's My Health Record.

Who can create and upload a Shared Health Summary?

A SHS can be created by an individual's nominated healthcare provider either:

- A Registered Medical Practitioner;

- A Registered Nurse; or

- An Aboriginal and Torres Strait Islander Health Practitioner with a Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

Any authorised employee in a registered healthcare provider organisation can upload a shared health summary (including those without a HPI-I), however it needs to be authored by a nominated healthcare provider (medical practitioner, registered nurse or Aboriginal and/ »

or Torres Strait Islander health practitioner). An individual can have only one nominated healthcare provider at any time and this should be decided by mutual agreement between the healthcare provider and the individual.

A SHS must be created by an individual's nominated healthcare provider. A healthcare provider who is not the patient's usual healthcare provider - for example, an after-hours medical service provider - could use an Event Summary to upload clinically relevant information to the individual's My Health Record. More information about the Event Summary is provided below.

A SHS created by an individual's nominated healthcare provider can be uploaded by that healthcare provider or by an authorised employee in the registered healthcare provider organisation.

When to create a Shared Health Summary?

A SHS can be created at any consultation or afterwards if more convenient for the healthcare professional. A good time to create a SHS is when the nominated healthcare provider is completing a patient health assessment, for example:

A GP management plan
Patients who have one or more chronic medical conditions and need a GP management plan may also benefit from having a SHS uploaded to their My Health Record at the same point in time.

75+ health assessment
This structured assessment of a patient over 75 years may be a good opportunity to upload a SHS to their My Health Record given the in-depth review that is undertaken. It also supports ongoing management for the patient, their family and other healthcare providers.

Flu vaccination
Another opportune time to upload a SHS is when offering the flu vaccination. Many of the high-risk patients to whom your practice offers the flu vaccination may also benefit from the creation of a SHS to manage their health.

A SHS should also be created for an individual any time there is a clinically relevant event that other healthcare providers who may be involved in the individual's care may benefit from knowing (for example, new prescribed medications or dosages, new medical conditions etc.) Any

updates to an individual's SHS will require a new SHS to be created. This can be done quickly and easily from most clinical information systems. The updated SHS will appear as the most recent SHS in the individual's My Health Record.

How do I create a Shared Health Summary?

To create a Shared Health Summary (SHS), the healthcare provider will need to obtain the patient's agreement that they are the individual's nominated healthcare provider. This can be a verbal agreement, there is no requirement for signed documentation.

Before creating and uploading a SHS to an individual's My Health Record, it is a good idea for the healthcare provider to have a conversation with the patient about the type of information the provider will include in the SHS. However, there is no explicit requirement for the patient to review the SHS before it is uploaded to their My Health Record.

When creating the SHS, the nominated healthcare provider needs to ensure that all aspects of it have been completed and verify the accuracy of the information it contains. In assessing its content, the nominated healthcare provider should take into account other relevant information on the patient's My Health Record.

It is important to note that consent given by the individual when they register for a My Health Record is subject to parts of the Public Health Acts of New South Wales, Queensland and the Australian Capital Territory that prohibit the disclosure of certain sensitive information (such as in connection with AIDS or HIV) without the express consent of the individual.

To assist healthcare providers to become familiar with, and confident in using, the My Health Record system, we have refreshed the online training that is available for healthcare providers. This online training includes information, including easy-to-follow instructions on how to upload a SHS to My Health Record as viewed through each of the most commonly-used clinical information systems. The online training is designed so that healthcare providers can complete the training when they have time and at their own pace. You can access the new training here: https://myhealthrecord.e3learning.com.au/ »

What is the difference between a shared health summary and an event health summary?

An event summary differs from a shared health summary in that it can be created by healthcare providers other than the individual's nominated healthcare provider (for example, pharmacist, emergency department physician or after-hours care provider) to record a significant health event. This would inform other treating healthcare providers, including the individual's usual healthcare provider. An event summary includes details such as:

- Date of event
- Reason for visit
- Allergies and alerts;
- Medications;
- Diagnosis;
- Interventions;
- Diagnostic investigations; and
- Observations

For additional information on the difference between a shared health summary and an event summary please click here.

Set the record straight on medical indemnity!

Each month we will be 'setting the record straight' by highlighting some facts about My Health Record, so you can be confident when dealing with your patients.

This month we set the record straight on whether providers are obligated to upload documents to the My Health Record system, some of the restrictions on third parties accessing My Health Records, and how the information in the My Health Record system can be used for medical indemnity purposes.

Q: Am I under an obligation to upload documents to the My Health Record system?

Healthcare providers do not have to upload all information on an individual to the person's My Health Record.

Healthcare providers retain a discretion to determine what should be uploaded to an individual's My Health Record. If you are unsure whether to upload certain information to the individual's record – for example, a diagnosis – you should discuss whether or not to upload with the individual. If you consider that the information should not be uploaded, or the individual states that they do not want the information uploaded, do not upload.

There is nothing in the My Health Records Act that obliges uploading or that affects providers' indemnity cover if they do not upload information to an individual's My Health Record.

Q: If I upload documents to the My Health Record system, do I still need to keep my own records?

The My Health Records Act does not change healthcare providers' existing duty of care, or their professional obligation to keep their own accurate and up-to-date records.

Q: Are My Health Records the only records I need to consider in providing healthcare?

The My Health Record is not designed to be a comprehensive 'single source of truth'. Nor is it designed to replace a healthcare provider's own records and information.

Instead, the My Health Record system is designed to provide a useful additional source of information. A treating healthcare provider should always combine the information in the My Health Record system with their own observations of the individual.

Q: Can I use the information in an individual's My Health Record in relation to my medical indemnity cover?

Healthcare providers can generally only collect, use and disclose health information in an individual's My Health Record when they are

providing healthcare to the individual. However, the My Health Records Act 2012 (Act) also allows information in My Health Records to be used for a limited range of other uses, similar to the Privacy Act. One of those permitted "other uses" relates to indemnity cover. Under section 68 of the Act, registered healthcare provider organisations are authorised to access and use health information in an individual's My Health Record (but not an individual's personal health notes) for purposes relating to the provision of indemnity cover for the healthcare provider.

In summary, section 68 allows healthcare provider organisations to access information in an individual's My Health Record as part of

defending medical negligence claims. Section 68 recognises that health information in the My Health Record system is not directly under the control of healthcare providers (unlike local clinical information systems owned and operated by providers), but also recognises that healthcare providers should be able to access the information where necessary to defend claims.

Section 68 does not allow an individual's personal health insurance company to access information in the My Health Record system, although an individual is able to permit such access under section 66 (collection, use and disclosure with an individual's consent), if they wish.

My Health Record Testimonial

A decade of travelling vast distances and over rugged terrain both in Australia and overseas has taught Ray & Lorraine Gardner to be prepared. Before setting off, their motorhome is checked for mechanical issues, food and water supplies are stocked, their phones are charged and their My Health Record is updated.

The retired couple from North Richmond have had a My Health Record since 2012. Since then, they have had their local GP, Dr Michael Crampton, add health information to their Record that can assist GPs or healthcare professionals in other states who may become involved in their care.

Having their My Health Record up-to-date is on the top of their travel preparations checklist. With a myriad of chronic health conditions between them ranging from diabetes to melanoma, a back fusion, a nerve operation and a penicillin allergy, they know that their health records are the key to other healthcare professionals being able to treat them effectively when they're away from home. Their My Health Record is almost as valuable as taking their long-time trusted GP on holidays with them!

"Dr Crampton is a fabulous GP but we can't take him with us. My Health Record means he

is never far away," says Ray. From as far away as Fremantle when a rash broke out, to Sale where Lorraine needed intravenous antibiotics to Albany where blood tests were required, the online health information summary means information can be viewed securely online, anywhere, anytime.

"You don't need to worry about having to remember and repeat your health history like medicines, details of conditions and so on when you go to other doctors, "Lorraine says."
Our health history travels with us. It gives us peace of mind so we can get on with enjoying the journey."

How to use assisted registration

Assisted registration is voluntary and enables healthcare organisations to help their patients register for a My Health Record. Any registered healthcare organisation can provide assisted registration including hospitals, dentists, pharmacists and general practices.

Assisted registration is already embedded in most practice software so it is straightforward and can be done in five simple steps once you've ascertained that the individual is interested in having a My Health Record. For those without the embedded software, a stand-alone Assisted Registration Tool is available. To obtain the Assisted Registration Tool your organisation's Organisation Maintenance Officer (OMO) or Responsible Officer (RO) needs to send an email to Myhealthrecord.AssistedReg@health.gov.au and provide their full name, email address, contact phone number and the organisation's name and HPI-O certificate details.

Assisted registration does not have to be time consuming, it can be completed by handing out the assisted registration application form and essential information to the individual to complete while they are waiting to see their doctor, and then returning the forms to administrative staff who are also able to input the individual's information into their practice software or the Assisted Registration Tool.

Providing assisted registration to individuals can also help healthcare organisations meet the new PIP eHealth Incentive requirements. On 1 May 2016, a new eligibility requirement was introduced for the Practice Incentive Program (PIP) eHealth Incentive that participating practices upload shared health summaries to the My Health Record system for a minimum of 0.5% of their standard whole patient equivalent (SWPE) in order to continue to receive the PIP eHealth Incentive. On average, this equates to 5 shared health summaries per full-time GP per quarter. **Whilst assisted registration does not count towards the PIP eHealth target, by growing the number of patients who register for a My Health Record the easier it becomes for healthcare providers to upload shared health summaries and qualify for the incentive.**

By providing assisted registration you not only help your patients sign up for a My Health Record, but are able to immediately begin uploading health information to their My Health Record.

If you are unsure about the assisted registration for your organisation, you may refer to the My Health Record website, email the helpline at Myhealthrecord.assistedreg@health.gov.au.

My Health Record Myth Busting Video

New training now available

To assist healthcare providers become familiar and confident with using the refreshed My Health Record system, we have designed a new online training for My Health Record. This online training supports self-paced learning and can be accessed here: https://myhealthrecord.e3learning.com.au/

This month your local PHN staff are being provided further training so you can reach out to them as well for any additional support.

Changes to the Practice Incentives Program eHealth Incentive

New Practice Incentives Program (PIP) eHealth Incentive Eligibility Requirements

From May 1 2016, the new eligibility requirement for general practices to contribute shared health summaries to the My Health Record system for their patients will be in place for the PIP eHealth Incentive. A minimum upload of 0.5% of the practice's standardised whole patient equivalent (SWPE) is required to be eligible for the eHealth Incentive payment. All other PIP obligations and requirements and all other existing incentive requirements remain the same.

To continue to participate in the PIP eHealth Incentive, practices will not be required to reapply. A simpler approach of requiring practices to withdraw from the program if they cannot meet the incentive has been adopted. This has been outlined in a letter sent to all participating practices. Please note practices that no longer wish to participate must withdraw (see below) from the Incentive by 31 July 2016.

Calculating your practice's minimum shared health summary upload target

You need to calculate your practice's minimum shared health summary upload target for the quarter ending 31 July 2016 using your previous quarter's Payment Advice.

Existing PIP practices

For an existing PIP practice the minimum shared health summary upload target is calculated using your practice's SWPE. Every quarter your practice is sent a Payment Advice which advises your current SWPE count. The SWPE count provided in your last Payment Advice is the SWPE value to be used to calculate your shared health summary upload target for the current quarter. To determine your practice's minimum upload target, multiply the SWPE in your Payment Advice by 0.5%. Please refer to 'New and small practices' below if the SWPE of your practice is less than 1,000. For example, to determine your minimum shared health summary upload target for the May to July 2016 quarter, multiply

the practice SWPE provided in your May 2016 Payment Advice by 0.5%. The calculation for a practice with a SWPE of 5,000 would be 5,000 x 0.5% = minimum shared health summary upload target of 25.

New and small PIP practices

If your practice is new to PIP or has a SWPE of less than 1,000 your practice will be given a default SWPE level of 1,000 to determine the minimum number of shared health summaries that are required to be uploaded. This equates to a minimum shared health summary upload target of 5 per quarter. If your practice's SWPE grows to be more than 1,000 (as per your Payment Advice) the actual SWPE will be what you use to calculate your minimum shared health summary upload target for the next quarter. The default SWPE is only used to calculate your minimum shared health summary upload target and is not used to calculate any PIP payments.

Where the specific target calculated is not a whole number, targets will be rounded down.

Remember to withdraw if you no longer wish to participate

Practices that no longer wish to participate in the eHealth Incentive must withdraw online through the Health Professionals Online Services (HPOS) by 31 July 2016, or the point in time for the quarter that they wish to withdraw from (if withdrawing in the future). Practices that withdraw will be able to re-apply for the eHealth Incentive at any time online through HPOS.

Further support and information

For further information including the full list of requirements, you can click here to download a checklist to help practices prepare for the incentive. For additional contact information, help and support can be found at https://myhealthrecord.gov.au. You can also email pip@humanservices.gov.au or call the PIP enquiry line on **1800 222 032** (call charges may apply) for further information.

Shared Health Summary vs Event Summary

For Healthcare Providers

	Shared Health Summary	Event Summary
What is it?	Represents a patient's health status at a point in time. This will include known information in four key areas: patient's medical conditions, medicines, allergies/adverse reactions and immunisations. A patient has only **one** current Shared Health Summary at a time.	Captures key health information about a **significant** healthcare event that is relevant to the ongoing care of the patient,e.g. indicating a clinical intervention, improvement in a condition or treatment has been started or completed.
Who can create and upload?	Shared Health Summaries are prepared and uploaded by a patient's Nominated Healthcare Provider – the patient's regular provider. They can be either a: ■ Medical practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA) ■ Nurse registered with AHPRA ■ Aboriginal and Torres Strait Islander health practitioner with a Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care registered with AHPRA.	Event Summaries are intended for healthcare providers who are **not** the patient's regular provider/ Nominated Healthcare Provider. They can be created and uploaded by **any** healthcare provider with a **Healthcare Provider Identifier–Individual (HPI-I)** who is working at a participating healthcare organisation and involved in the patient's care.
When to create?	Examples include: ■ When completing a patient health assessment (e.g. GP Management Plan,75+ Assessment, child health check) ■ Significant changes to a patient's health status in any of the four key areas: patient's medical conditions, medicines, allergies/adverse reactions or immunisations. The Shared Heath Summary should be created in consultation with the patient.	Examples include: ■ Patients visiting an after-hours medical service ■ Holidaying patients ■ Patients visiting from another area ■ Patients receiving an immunisation or flu vaccine. Generally, an Event Summary is used when it is not appropriate for the healthcare provider to create and upload any of the following: ■ Shared Health Summary ■ Discharge Summary ■ Specialist Letter.
How to create?	Software demonstrations can be found here: http://www.nehta.gov.au/using-the-ehealth-record-system/ehealth-training-resources/software-demonstrations/uploading-shared-health-summaries	Software demonstrations on uploading an Event Summary will be available soon. Check the NEHTA website for details.
Where to go for more details?	http://www.nehta.gov.au/using-the-ehealth-record-system/how-to-use-the-ehealth-record-system/ uploading-a-shared-health-summary	http://www.nehta.gov.au/using-the-ehealth-record-system/how-to-use-the-ehealth-record-system/ uploading-an-event-summary

For more information call the Help Centre: 1300 901 001
or email help@nehta.gov.au

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