

Australian Government

Australian Digital Health Agency

Practice Managers and Receptionists -My Health Record

Webinar - 18th July 2018



My Health Record

Today's Presenters

- Nicholas Voudouris Chief Executive Officer, Australian Association of Practice Management
- Heather McDonald Director of Education & Adoption, Australian Digital Health Agency
- Paul Carroll Program Manager Diagnostic Solutions, Australian Digital Health Agency
- Kellie-Anne Thomas National PHN Liaison Coordinator, Australian Digital Health Agency

This is an interactive session. Please write your questions at any time in the chat box. Due to the high volume of attendees joining us today we may not be able to answer your question within time, but a written response will circulated out with presentation slides & recording in approximately 7 days time.



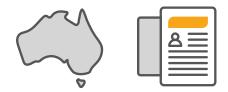
Learning outcomes

- Understand the features & benefits of the national My Health Record system
- Discuss benefits of the My Health Record with patients and provide information about opt-out
- Recognise consent obligation, legislation requirements and security features in place to protect the My Health Record system





Poll time - Amongst the audience...



- What type of clinic do you work at?
- Is your practice/workplace connected to the My Health Record system?



System operator - The Australian Digital Health Agency



The Australian Digital Health Agency is funded by all Australian Governments. It designs and operates national digital health services and set data standards that:

- Give consumers more control of their health and care when they wish it
- Connect and empower healthcare professionals
- Promote Australia's global leadership in digital health and innovation

The Agency reports to its Board, appointed by the Federal Minister of Health.

The Agency is the System Operator for the My Health Record, and a number of other clinical information systems and standards, and commenced operations on 1 July 2016.



National Digital Health Strategic Priorities: 2018 – 2022

MY HEALTH RECORD	Health information that is available whenever and wherever it is needed	
SECURE MESSAGING	Health information that can be exchanged securely	
INTEROPERABILITY AND DATA QUALITY	High-quality data with a commonly understood meaning that can be used with confidence	
MEDICATION SAFETY	Better availability and access to prescriptions and medicines information	
ENHANCED MODELS OF CARE	Digitally-enabled models of care that improve accessibility, quality, safety and efficiency	
WORKFORCE EDUCATION	A workforce confidently using digital health technologies to deliver health and care	
DRIVE INNOVATION	A thriving digital health industry delivering world-class innovation	



July 2018 (v1.0)



of digitally enabled health and care



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Why do we need a national My Health Record system?

Every year Australians have an average of 22 interactions with the health system, including:

- 4 visits to a GP
- 12 prescriptions
- 3 visits to a specialist

Approximately 13% of healthcare provider consultations have missing information

Often the information from these visits is held in paper-based records in separate locations and most of these records are not shared electronically

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AIHW: Australia's Health 2016: https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true

What is My Health Record?

01

It is **protected** – by legislation and is more secure than internet banking

It is **accessible at all times** – 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 <u>key health information</u> – it can be shared securely online between the individual and their healthcare providers





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.



My Health Record Statistics

as at 8 July 2018

	₽ 5,9)23,1	1 <mark>80 C</mark>	onsu	ımer	s reg	giste	red	
	Demographic Breakdown		54%	are fe	male	İ	46%	6 are r	nale
	Age Range	Aged 19	or less	Aged	20-39	Aged	40-64	Aged 65	or higher
	% of total registrations	36	5%	24	1%	25	5%	15	5%
	State	АСТ	TAS	SA	NT	NSW	VIC	QLD	WA
	% of population	27%	24%	22%	25%	25%	19%	31%	20%
Approximately 24% of Australia's population is registered for a My Health Record									
9 12,939 Healthcare provider organisations registered									
	Organisation Type	*							Count
	General Practice O	rganisatio	ns						6,498

12,939 Healthcare provider organisations registered

Drganisation Type*	Count
General Practice Organisations	6,498
Public Hospitals and Health Services	815
Private Hospitals and Clinics	178
Pharmacies	3,273
Aged Care Residential Services	187
Pathology and Diagnostic Imaging Services	58
Other categories of healthcare providers including Allied Health	1,575
Drganisations with a cancelled registration	355

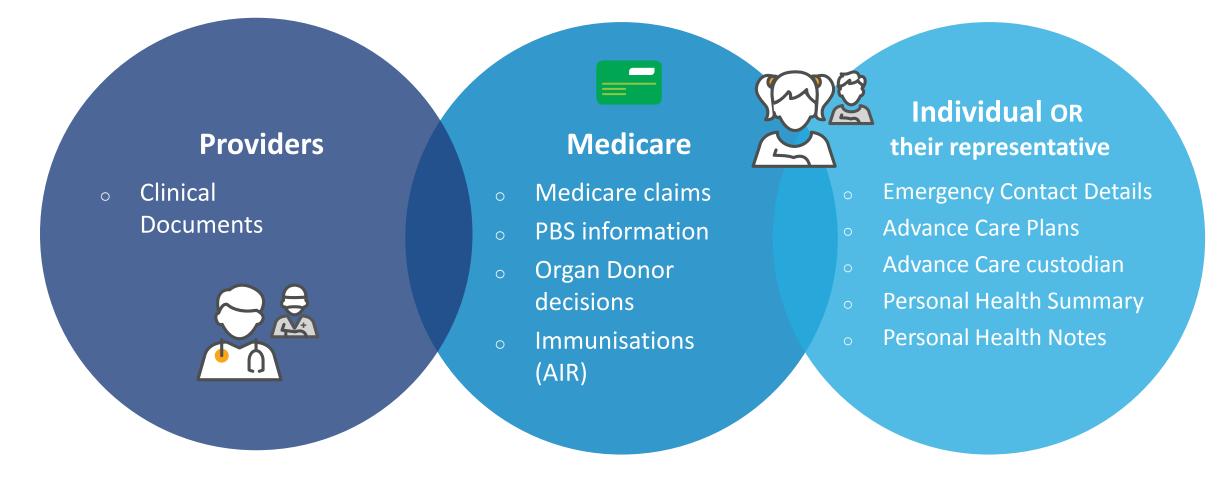




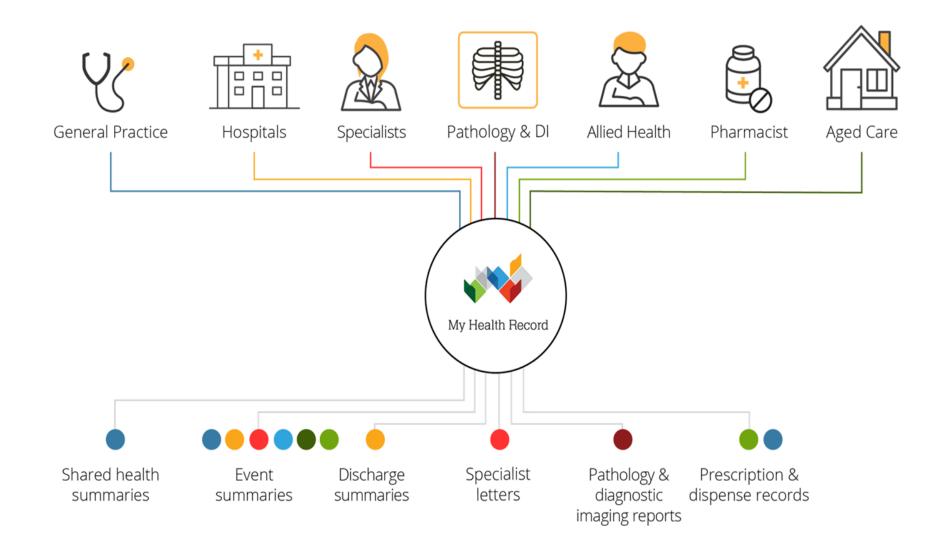
Clinical Document Uploads	6,465,988
Shared Health Summary	1,888,321
Discharge Summary	1,991,285
Event Summary	608,089
Specialist Letter	86,001
eReferral Note	79
Pathology Reports	1,733,295
Diagnostic Imaging Report	158,918
Prescription and Dispense Uploads	21,114,206
Prescription Documents	16,430,496
Dispense Documents	4,683,710
Consumer Documents	178,891
Consumer Entered Health Summary	113,699
Consumer Entered Notes	45,397
Advanced Care Directive Custodian Report	17,559
Advance Care Planning Document	2,236
Medicare Documents	724,792,012
Australian Immunisation Register	2,404,922
Australian Organ Donor Register	631,681
Medicare/DVA Benefits Report	426,739,544
Pharmaceutical Benefits Report	295,015,865

What's in a My Health Record?

Types of information contained in a My Health Record



Clinical document types



Diagnostic reports - What's being introduced?

- Radiology and pathology reports will still be sent directly to GPs via the usual process
- However, diagnostic reports will now also be uploaded directly to My Health Record
 - Patients and any healthcare professional involved in their care will be able to access the reports wherever and whenever they need it
 - Healthcare professionals will be able to view the reports as soon as they are uploaded to My Health Record
 - For seven days following the upload of a pathology or diagnostic imaging report, the consumer will be able to see that the report exists, but will not be able to open it.
 - Reports will only be visible to patients through their My Health Record after 7 days.



Home > About > Who is using digital health?

Diagnostic imaging and pathology providers uploading to My Health Record

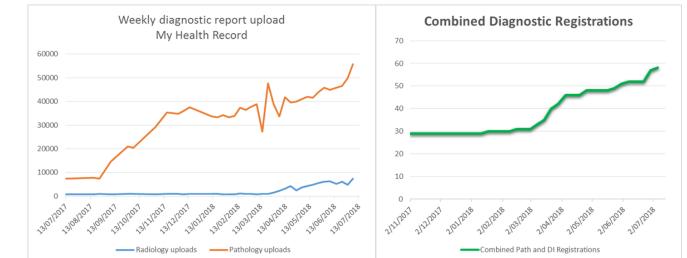
Several healthcare providers have begun adding pathology and diagnostic reports to My Health Record.

A number of public hospitals have now commenced uploading pathology reports and diagnostic imaging reports to the My Health Record. Other State and Territories will commence uploading these reports over the next few months. Private pathology and imaging providers are also coming on board.

Below is a list of the diagnostic imaging and pathology providers that are currently uploading to the My Health Record. This list was last updated on 13 Jul 2018.

State	Pathology reports	Diagnostic Imaging reports
Australian Capital Territory	The Canberra Hospital	The Canberra Hospital
New South Wales		Newcastle X-Ray and Ultrasound
New South Wales		Central Coast Local Health District

Diagnostic reports in My Health Record	8 Jul 2018
Pathology reports	1,733,295
Path labs connected	134
Diagnostic Imaging reports	158,918
Diagnostic imaging practices connected	116





New South Wales Far West Local Health District

www.myhealthrecord.gov.au/about/who-is-using-digital-health/diagnostic-imaging-and-pathology-providers-uploading-my-health

If a patient wishes to withdraw consent...

- tell the requesting doctor, or
- check the *Do not send reports to My Health Record* box on the request form, or
- write "Do not send reports to My Health Record" on the request form, or
- tell staff at pathology collection centre/ diagnostic imaging practice.



Requesting software being updated to support communications

- The table below displays products and versions where the `Do Not Send Reports to My Health Record' functionality was introduced
- Other clinical information system software vendors are currently in the process of updating their solutions and should advise clients when the changes are going live.

Product	P	athology	Diagnostic Imaging		
Product	Paper Request	E-Request	Paper Request	E-Request	
Best Practice Premier	1.8.8.810 (LAVA SP3)	1.8.8.810 (LAVA SP3)	1.8.8.810 (LAVA SP3)	1.8.8.810 (LAVA SP3)	
Communicare	18.1	n/a	18.1	n/a	
Genie	9.08	n/a	9.08	n/a	
Gentu	Rel 18 May 18	n/a	n/a	n/a	
Global Health – Primary Clinic	3.3.9	n/a	3.3.9	n/a	
Medical Director	3.17.2 (except Cytology)	3.17.2 (except Cytology)	ТВС	ТВС	
Stat Health 3.11		n/a	3.11	n/a	
Zedmed	29	n/a	29	n/a	

https://www.myhealthrecord.gov.au/about/who-is-using-digital-health/diagnostic-imaging-and-pathology-providers-uploading-my-health





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Consumer waiting room resources



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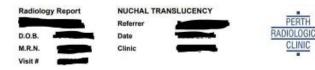
Pathology and diagnostic imaging collateral, including an <u>A2 poster</u> and <u>DL</u> <u>brochure</u>, can now be ordered by PHNs and GP practices through the Agency's new print-on-demand portal, established with printing partner IMMIJ. The online ordering portal can be accessed at <u>myhealthrecord.immij.com</u>.

Additional Pathology and diagnostic imaging collateral is available by accessing the <u>'Stakeholder materials' section</u> of the My Health Record website.





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ULTRASOUND PREGNANCY (NUCHAL TRANSLUCENCY)

Clinical Details: First trimester screen. From the EDD of 18 November 2018, the expected gestation is 13 weeks 3 days.

Findings: There is a single live intra-uterine fetus.

CRL	78 mm
FHR:	141 bpm
Nuchal Translucency:	2.0 mm

Ultrasound estimate of gestational age is in accordance with dates. No fetal anomaly is identified at this early gestation. The placenta is positioned along the posterior uterine wall. Comment: Single live intra-uterine pregnancy demonstrating growth within the normal range.

Maternal Serum Biochemistry	/		
Collection Date:	18 April 2018		
Free beta hCG:	0.720 MoM		
PAPP-A:	0.718 MoM		

Risk Assessment for	Background Risk	Adjusted Risk	
Trisomy 21:	1:1048	1:17583	
Trisomy 18:	1:2726	<1:20000	
Trisomy 13:	1:8504	<1:20000	

This is a LOW risk pregnancy for Trisomy.

Risk assessment is based on maternal age, ultrasound and biochemistry. Based on the Fetal Medicine Foundation programme, the cut-off between high and low risk groups for Trisomy 21 is 1:300 and the cut-off for Trisomy 18 & 13 is 1:150. Reporting Doctor:





X-RAY RIGHT HAND

Clinical Details: Thumb pain. ?1st CMC OA.

Findings: Moderate degenerative change is present at the 1st carpometacarpal joint with joint space narrowing and subchondral sclerosis. There is also moderate narrowing of the STT articulation. There is degenerative changes within the interphalangeal joints, most prominent at the distal interphalangeal joints of the index and middle fingers.

Comment: Moderately severe osteoarthritis involving the 1st carpometacarpal joint. Reporting Doctor:







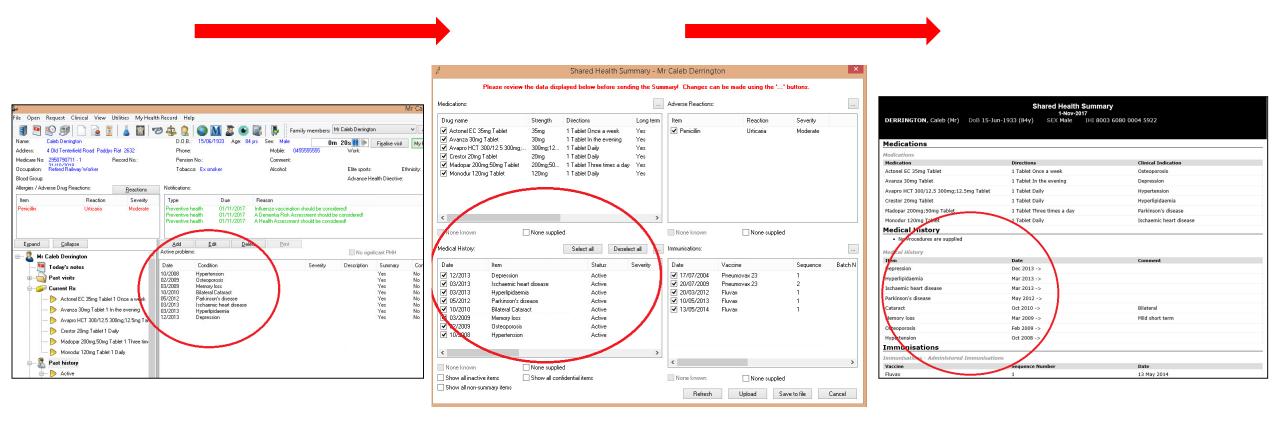


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Shared Health Summaries – represents a consumer's health status at a point in time

004			Cataract (Both)	Oct 2010 ->		Bilateral
			Memory loss	Mar 2009 ->		Mild short-term
	Shared Health Summar 27-Feb-2013	У	Osteoporosis	Feb 2009 ->		
FOURIE, Gert (Mr) DoB 10-Oct-1979		655 5439	Hypertension	Oct 2008 ->		
			Immunisation	15		
	START OF DOCUMENT		Immunisations - Ad	dministered Immunisations		
			Vaccine	Sequence Number		Date
HCN Samples Database			FLUVAX	1		13 May 2014
Author Dr Alfonso Terri-Anne (Gener Phone 07 7878 7878	ral Medical Practitioner)		FLUVAX	1		10 May 2013
			FLUVAX	1		20 Mar 2012
			PNEUMOVAX 23	2		20 Jul 2009
Adverse Reactions			PNEUMOVAX 23	1		17 Jul 2004
Substance/Agent	Manifestation					
NITRATES	 Hives, R 	thinitis, Asthma complications		ADMINIST	RATIVE DETAILS	
GLUTEN	- Headach	nes, Tiredness	Patient		Author	
SCOTEN	- neadaci	ies, mediless	Name	Mr Caleb DERRINGTON	Name	Dr Phillip Lang (General Medical Practition
Medications			Sex	Male	Organisation	NEHTA
Medication	Directions	Clinical Indication	Indigenous State	us Neither Aboriginal nor Torres Strait Islander origin	Work Place	400 George Street, Brisbane, QLD, 4001, Australia
IPRATROPIUM BROMIDE (ANHYDROUS) Nasal	2-4 Sprays t.i.d. m.d.u.	Hay fever	Date of Birth	15 Jun 1933 (84y)	Phone	0730230000 (Workplace)
ray 21mcg/spray			IHI	8003 6080 0004 5922		
VENTOLIN CFC-FREE Inhaler 100mcg/dose	1-2 Puffs q.4.h. m.d.u.	Asthma	Entitlements	29507907111 (Medicare Benefits)	Clinical Document De	tails
Medical History			Home Address	4 Old Tenterfield Rd, Paddys Flat, NSW, 2469,	Document Type	Shared Health Summary
Procedures - Exclusion Statement - None Supplie	d			Australia	Creation Date/Time	
	-		Phone	0455555555 (Workplace)	Date/Time Attested	
Medical History - Problem / Diagnosis					Document ID	15dd1e9f-b892-49f1-ad83-f4adc2804da
	tion Date / Time Problem / Diag	gnosis Comments			Document Set ID Document Version	584f2c02-1165-47bc-a682-3d0d3ce54eb
15-May-1986	Asthma				Completion Code	I Final
Immunisations					completion code	
			<u> </u>			

Auto-population of clinical information



You do not need to enter clinical information twice; it auto-populates from the local medical record.

Creating and uploading SHS: tips for maintaining quality health records

- ✓ Allocate time in **non-busy periods** to check health records.
- ✓ Allocate a **dedicated resource** with medical knowledge to maintain quality health records.
- ✓ Verify **demographic information** with the patient before and during a consultation.
- Use a print-out of the patient health summary to allow the **patient to verify** its accuracy and suggest amendments between or prior to visits with the clinician.
- ✓ Formalise clinical coding and agree standards and conventions for recording patient information on clinical software e.g. using drop-down lists or standard terms.

- Record results and assessments in the right place, including diabetes reviews, health assessments, pap smears, mammogram, faecal occult blood screening and International Normalised Ranges.
- ✓ Conduct scheduled **audits** of health records.
- ✓ Archive records of inactive and deceased patients.
- ✓ Use tools through your practice software or middleware

Mooroolbark Medical Centre – Sarah's success story



The implementation process included:

- <u>Workflow chart</u> that outlines responsibilities;
- <u>Brief patient permission form</u> for patients (including a tear off section which informs the receptionist to create a My Health Record before the GP consultation starts);
- **Patient information** on My Health Record
- **A script** for receptionists to explain My Health Record to patients.

"When you explain it to the patients in simple terms they are really receptive."

<u>Read more: https://www.emphn.org.au/news-events/news/implementing-my-health-record-in-general-practice-</u> mooroolbark-medical-centres-success-story

Success Story – North Mitcham Clinic



"Certainly, get in contact with your PHN and get some training, and some resources and explanations.

"I would definitely go with the idea of choosing one doctor or one nurse, or choosing two or three staff members who would be keen to assist and to train others,"

Sarah

Read more:

https://www.emphn.org.au/news-events/news/emphn-assists-north-mitcham-clinic-tomy-health-record-success

My Health Record Opt-Out participation

This year, every individual with a Medicare or Department of Veterans' Affairs card will get a My Health Record unless they tell us they don't want one.

A three month opt-out period will be held from **16 July to 15 October**. During this period, those individuals who do not want to have a My Health Record can opt out by:

Going to www.MyHealthRecord.gov.au or calling the Help line on 1800 723 471



My Health Record Opt Out options

During the 3 month opt-out window consumers will be able to:

- login to the My Health Record online portal to record their decisions the portal will be mobile enabled
- Call the My Health Record phone number to speak with a dedicated My Health Record customer service representative 1800 723 471

Forms will be provided on request, and additional support will be provided to Aboriginal and Torres Strait Islanders, people from non-English speaking backgrounds, people with limited digital literacy, and those living in rural and remote regions.





My Health Record Expansion GP & Pharmacy Toolkits

10,000 General Practices



1 x Cover Letter
1 x Landscape Poster
1 x Portrait Poster
2 x Window Decals (two per sheet)
100 x DL Brochures
1 x Table Tent Cards
50 x General factsheets
100 x Security & Privacy factsheets
2 x GP Provider factsheets
5 x roll of stickers (100 stickers)
10 x Tear off note pads (50 sheets per notepad)
3 x brochure holders

5,738 Pharmacies



1 x Cover Letter
10 x Tear off note pads (50 sheets per notepad)
1 x Pharmacist Provider factsheets
5 x roll of stickers (100 stickers)

**Additional factsheets & translated material will be available via print on demand. Login details will be included in the cover letter.

Range of resources in the toolkit

Benefits & information about opt-out channels Australian Government Australian Digital Health Agency How My Health Record benefits you Your health L _ _ _ _ record in Better connected care As more people use the My Health Record system, Australia's national health system vour hands will become better connected. The result is What do I have to do? safer, faster and more efficient care for you This year, you will get a My Health Record unless You don't have to do anything. A secure ealth Record will be created for you by the and your family. of 2018 if you have a Medicare or Depa you tell us you don't want one Veterans' Affairs card. Access to your key health However, if you don't want a My Health Record let us know by 15 October 2018 by visiting ou information in an emergency In a medical emergency, healthcare providers **W** website or calling our Help line connected to the My Health Record system car My Health Record medicines and immunisations. This helps then What if I already have a My Health Record and I don't want it any more You can choose to cancel your record at any time. A convenient snapshot of your health You can find the 'Cancel My Health Record' button under the "Profile" menu within your record, or yo When your healthcare provider uses your My Health Record, it means you don't need to can call the Help line. remember and repeat your medical story, such as your prescriptions or the names of tests you've had. It also helps you keep track of For more information go to: your children's health, immunisations and MyHealthRecord.gov.au any medical tests - 494 airment, go to relayservice.gov. age, call 131 450 ALC: NO MyHealthRecord.gov.au Help line 1800 723 471 Authorised by the Australian Government, Canberra.



For more information go to:

Note-pads



unless you tell us you don't want one

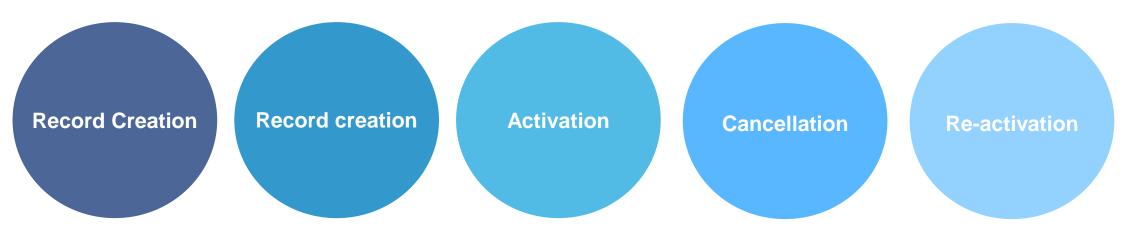
Help line 1800 723 471

Security & Privacy fact sheet



Posters for use at practice

What happens after the MHR Expansion opt-out period?



If an individual opts out during the three month window between 16 July – 15 October a My Health Record will <u>not</u> be created for them. For those who do not opt-out, a My Health Record will be created. However it will not have any content.

The My Health Record activates when it is accessed by a health provider or the individual. Two years of Medicare and PBS is added to the Record. An individual can cancel their My Health Record at any time. It will be archived in accordance to legislation. Individuals who have opted out, or cancelled can choose to re-engage with the My Health Record system.

My Health Record: Consent, access controls and benefits for consumers

Patient consent

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



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 to the record



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 cannot be uploaded



Patient consent: individuals aged between 14-17 years

Children

- Authorised representatives (e.g. parent/legal guardian) will have control of their child's record from 0-14 years
- After 14 years, a child can choose to take control of their My Health Record, if they choose not to, their authorised representative can continue to manage it until they turn 18
- If a 14-17 year old does not take control of their My Health Record, no new Medicare information will flow to their My Health Record



My Health Record Representatives

Access for nominated representatives is selected by the individual – access levels include:

- -General Access view all documents, except those marked as restricted.
- -Restricted Access view all documents, *including* those marked as restricted.
- -Full Access view all documents and make additions and changes.

• An Authorised Representative

 is a person who has applied to, and satisfied, the System Operator that they have parental or legal authority, or is otherwise appropriate, to act on behalf of an individual.

• A Nominated Representative

 is a person that has been *chosen by the individual* to assist with managing the individual's My Health Record (various levels of access permissions), and they are required to act in accordance with the will and preferences of the person they represent.



Individuals control who has access to their My Health Record



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

Any Organisation given the LDAC can access those documents



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



All instances of access to My Health Record are monitored and logged Features and benefits for consumers



24/7 access



Withholding consent to upload



Removing Documents



Limiting Access



Tracking Access

Emergency Access



Under emergency access, a registered healthcare organisation can access all information in My Health Record except for:

- Documents that have been removed by an individual, and
- Information entered by the individual 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
- granted for five days from the time the organisation asserts an emergency exists
- logged for audit purposes



My Health Record – Legislation, Privacy & Security

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



Medico-legal concerns





Healthcare providers are under an obligation to take reasonable steps to upload accurate and up-to-date information (this is an obligation that exists already when sharing patient information with other providers)

Penalties for misuse

Healthcare providers who have a legitimate reason to access the system (e.g. provide care to a patient) are authorised to do so.

Reckless or intentional misuse may be subject to penalties up to \$126,000 for individuals; \$630,000 organisations The Australian Medical Association (AMA) has released some guidance to assist medical practitioners on how to use the My Health Record: <u>https://ama.com.au/arti</u> <u>cle/ama-guide-using-</u> pcehr





Medico-legal concerns

Acting on incorrect information



Information in the My Health Record is to aid clinical decision-making

Providers should rely on their own clinical judgement when using third party information

The My Health Record does not replace existing communication methods with the patient or other healthcare providers



Medico-legal concerns

Do I need to download My Health Record documents if my patient files are subpoenaed?

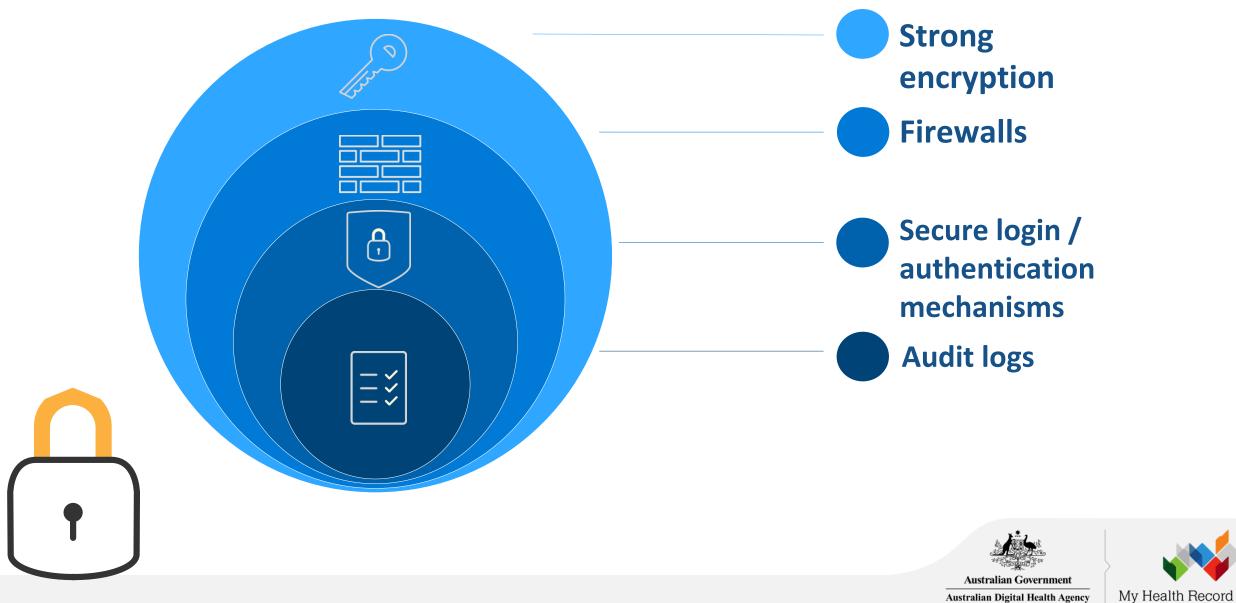


Information in the My Health Record does not form part of your local patient records and a patient's My Health Record is only to be accessed in the provision of healthcare.

Documents previously downloaded and stored in your local systems are considered to be local records and may be required as part of the subpoena.



Security



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Putting policies in place

Your organisation will need to develop, maintain, enforce and communicate to staff written policies relevant to the My Health Record system to ensure that interactions are secure, responsible and accountable.

There are sample policy templates on the Agency's website, including:

- Sample Data Records and Clinical Coding Policy
- Sample Policies and Procedures for the Use of NASH PKI Certificates
- <u>Sample My Health Record Security and Access Policy</u>

<u>www.digitalhealth.gov.au</u> > Getting Started with Digital Health > Registration > Registration Workbooks



Summary points on privacy and security

Access to My Health Record is limited to provisions in the law

- A record can only be accessed by Healthcare providers providing healthcare to a patient
- There are strict sanctions for misuse, including civil and criminal penalties such as imprisonment and/or fines (\$126,000 for an individual and \$630,000 for organisations).
- Access history is recorded, including who accessed the record, when it was accessed and what actions were taken
- Your patients can choose to be notified when their My Health Record is accessed or updated





My Health Record: Secondary use of data





Australian Digital Health Agency

My Health Record

My Health Record Secondary Use Framework

In May 2018, the Department of Health released the *Framework to guide the secondary use of My Health Record system data.* This framework provides a guide to the use of data held within the My Health Record for the purposes of research or public health.

The framework outlines the establishment of a Governance Board, sets the Data Custodianship to the Australian Institute of Health and Wellbeing, and provides a clear set of rules governing access.



Key principles for the secondary use of My Health Record data

Consumers can opt out of having their MHR data used for secondary purposes.

• This is located on your personal settings page

Consumers who have cancelled their record will not have their record used for research purposes



Next steps and summary

Key messages – when you are discussing My Health Record with your patients



Who has access to the record

THE 4 KEY

MESSAGES

What the record contains

(1)



How the

record is

populated



Security / integrity

of the system



How the

record is

accessed

— 🗸
— 🗸 🛛
— 🗸 🛛

Other questions about management & administration of record





Focus on the benefits to consumers (e.g. in an emergency; or when travelling)

- 2 Inform about security and privacy
- 3 Explain that you can opt out or cancel
- (4) Refer for further information

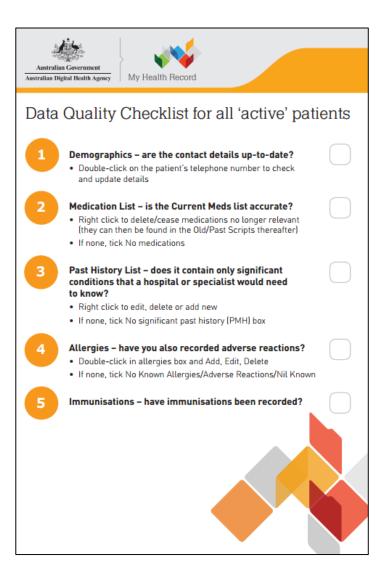
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A team approach

- **Practice Managers** write the Digital Health policy & train staff
- **Registrars & nurses** may be able to help clean up data
- Nurses, Registrars, GPs & Aboriginal and Torres
 Strait Islander Health Practitioners upload to the My Health Record



Data Quality Checklist



Data Quality Checklist

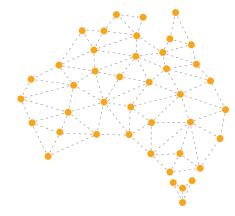
CAT4 Recipes

Pen CAT4 Summary Sheet

Tip: Recall regular patients and make appointment for a health check to update and upload their health summary.



- My Health Record is a summary of an individual's information does not replace direct communication with patients and other healthcare providers
- Embrace & use the My Health Record system remind your team to view patients' My Health Record and upload Shared Health Summary
- Outline features & benefits of the My Health Record to your patients assist individuals make informed decision opt-out



Questions







Australian Digital Health Agency



Australian Government

Australian Digital Health Agency

Contact Us

Help Centre**1300 901 001**8am–6pm Monday to Friday AEDT

Email <u>help@digitalhealth.gov.au</u>

Website <u>www.digitalhealth.gov.au</u>

Twitterhttps://twitter.com/AuDigitalHealth





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My Health Record

