



Practice Connect



Practice Assist
Strengthening general practice in WA

Latest news and updates

12 March 2019

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Shared Debt Recovery Scheme

The Shared Debt Recovery Scheme (SDRS) will commence from 1 July 2019. The SDRS will introduce a fairer approach to billing practices and will enable the Department to hold an organisation responsible for a portion of any debts incurred as a result of incorrect Medicare claiming.

This change recognises that there has been an increase in the role of practices, corporate entities and hospitals in the billing of MBS services on behalf of individual practitioners. It also highlights that both parties have a responsibility to ensure MBS claims are made correctly, in that:

- Medical Practitioners have a responsibility to ensure claims made under their provider number meet the MBS requirements; and
- Medical practices have a responsibility to ensure that Medical Practitioners within a practice are claiming MBS items correctly.

For more information <https://bit.ly/2TFbmgN>

The Digital Marketing Guide

Hotdoc shared this resource as a guide to providing a digital marketing strategy that can be used as a reference to assist with marketing problems.



Digital Guide visit: <https://bit.ly/2Ciep4B>

1800 2 ASSIST (1800 2 277 478) | support@practiceassist.com.au | www.practiceassist.com.au

Single Touch Payroll (STP)

From July 1, 2019, Single Touch Payroll reporting will be compulsory for small business of 20 employees or less. STP will require employers to report payments such as salaries, wages, PAYG withholding and superannuation information at the same time that employees are paid.

For more information <https://bit.ly/2Hnf6gt>

Cyber security small business program

A business with 19 or fewer employees could be eligible for a grant of up to \$2,100 for certified small business cyber security health check to determine business risk and areas that need attention.

To see if you are eligible and for more information visit: <https://bit.ly/2Px2sfh>

The Catholic Church, TelstraSuper fund, clinics, hospitals, Parliament House and Toyota to name some organisations that have been hit by cyber attackers demanding a ransoms and paralysing computer systems. Practices are encouraged to take preventative measures.

'Depression looks different for everybody'

campaign and GP video lecture

'Depression looks different for everybody' is a new campaign raising awareness about depression and urging people to seek help.

Launching on 10 March, the campaign raises awareness of depression. This campaign features four individuals with a lived experience of depression, whose stories have been captured on film and translated into a unique artwork, highlighting that 'Depression looks different for everybody'.

It will run in two Suicide Prevention Trial Sites – Peel, Rockingham and Kwinana, and the Mid-west – where the target group is young people aged 16 and 25 and males aged 25 to 54, respectively.

The Trials are overseen by WA Primary Health Alliance, as part of the Australian Government's National Suicide Prevention Trial.

As GPs play a key role in identifying and treating depression in primary care, WA Primary Health Alliance has developed a video lecture that qualifies as self-directed learning in a GP's professional development.

Presenters Dr Daniel Rock and Dr Geoff Riley draw on their extensive knowledge and experience to deliver a contemporary perspective on how to effectively identify and manage someone living with depression in primary care and its importance in the prevention of suicide.

The video lecture is available here <https://bit.ly/2VPpUrB>

For more information about the campaign and to watch the four personal stories, visit www.insidemymind.org.au

If you have any questions, or your practice wishes to order campaign materials, please email communications@wapha.org.au

Free diabetes self-management workshops

Brand new workshop dates and locations released

These free workshops provide a useful resource for your patients living with diabetes and are available until the end of June.

Bookings are essential. To [book online](#) visit <https://bit.ly/2SSMe1G>, call 1300 001 880 or email bookings@diabeteswa.com.au

Diabetes support groups in WA

Another useful resource that may help your patients living with diabetes is this list of support groups. These groups support each other and work together to improve each other's quality of life. For more information please visit <https://bit.ly/2u2q0jE>

New dedicated Medicare item for heart health checks

Mr Morrison announced that from 1 April, Australians at risk of heart disease will be eligible for a multi-point heart check-up, which will be estimated to prevent 76,500 heart attacks — 9100 of them fatal — and save \$1.5 billion over the next five years. 1 April 2019, will bring a Medicare rebate of \$72.80 for the half-hour service, in which a GP will check a patient's blood pressure, cholesterol, lifestyle factors, smoking status and family history then estimate their risk of a heart attack in the next five years.



Prevention is key. This dedicated Medicare item for heart health checks will save and protect lives. Medicare access will enable GPs and patients to work together to manage their risk factors hopefully preventing a heart attack or development of heart disease.

The independent medical experts at the Medical Benefits Schedule Review Taskforce will also conduct a review with the potential for further development of this new Medicare item.


Currently there are a range of Medicare items that cover services and tests where people may have heart disease or are at risk of heart disease, including:

- Specialist consultations with a cardiologist
- Electrocardiogram tests (ECG)
- Exercise ECG
- Stress (exercise) ECG
- Cardiac ECG
- Coronary angiography
- Computed tomography coronary arteries
- Chest x-ray
- Electrophysiology studies
- Cholesterol tests
- Lipid tests
- Glucose test


Surviving A Heart Attack




There is a small window of opportunity to minimise heart damage. After TWO hours the damage to the heart muscle may be irreversible and can result in permanent disability



People are waiting too long to call an ambulance (average delay of FOUR hours) as they don't know the warning signs of heart attack



Attending cardiac rehabilitation has been shown to reduce unplanned cardiac readmissions by 40 per cent



The Heart Foundation needs more Australians to know the warning signs of a heart attack, so that they act immediately and call 000

RACGP technology survey of October 2018

RACGP reports on the views and attitudes towards technological innovation in general practice. In total 1762 GPs participated in the survey, and 1220 responses were considered for analysis. Year-on-year survey results have indicated these GPs remain optimistic about the use of eHealth technologies and their ability to improve productivity and care coordination.



Summary of Findings

- Eighty-seven per cent of GP respondents are now entirely digital, with no supplementary paper records maintained.
- Seventy-one per cent of GPs were satisfied with the way they use technology in their practice, with the highest rate of satisfaction among GPs with 5–10 years' experience.
- Fifty per cent of GPs feel confident about experimenting with new technologies. There is an inverse correlation between age and confidence in experimenting with new technologies.
- Fifty per cent of GPs send and receive clinical information via secure electronic communication.
- GPs with 1–5 years' experience are the biggest users of mobile devices in their practice at 49%, while GPs with less than one year's experience are the smallest users at 30%.
- Thirty-eight per cent of GPs not using mobile devices report that they do not see how mobile technology can benefit their day-to-day practice.
- In 2018, there was an increase in the number of GPs recommending apps to patients, which rose from 40% to 60% of GPs. Twenty-six per cent of GPs rarely or never recommend apps to patients. This is down from 47% in 2017. Mental health, nutrition, fitness, family planning and smoking cessation apps are the most commonly recommended.
- The main barriers identified to recommending apps were a lack of knowledge around effective apps, lack of a trustworthy source to access effective apps, lack of patient digital literacy and lack of integration into clinical software and workflows.
- Thirty-one per cent of GPs use telehealth services to provide support to patients during a video consultation, conduct video consultations with other healthcare providers and/or undertake training. Were future funding available, 48% of GPs who do not use telehealth services currently said they would be likely to commence using them in the next three years.
- GP use of social media remains consistent from 2017, with one in four GPs using a social media platform for work purposes.
- Barriers to use of social media for work purposes include medico-legal and privacy concerns.
- Forty-one per cent of GPs participated in eHealth professional development within the last 12 months. The most used platform for eHealth professional development was webinar, and the most cited eHealth professional development topic was My Health Record.
- Seventy-three per cent of GP respondents work in practices uploading patient information to My Health Record. However, 54% do not feel adequately prepared to manage the impacts of the expansion, via an opt-out model, of My Health Record in their practice.

For the full Report visit: <https://bit.ly/2HdAPbc>

Summary of legislation changes for health professionals

	GPs and Specialists (HIA)
Record keeping	Amended Records must be kept for a minimum of 2 years including referrals and documents created as a condition of claiming an MBS item.
Provider Number Application form	New the Department of Human Services Application for a Medicare Provider Number form has been changed to collect information about your employer.
Notice to produce documents to substantiate services	No change
Allow debts to be raised for false or misleading statements	No change
Administrative penalties	Amended Financial Administrative Penalties can be applied to a debt of more than \$2,500 if you fail to provide substantiating documents within the required timeframe.
Offsetting provisions	New the Department can offset or deduct part or all a debt from amounts payable to you after all rights of review have expired.
Garnishee provisions	New the Department has the option to Garnishee debts from your bank account after all rights for review have expired.
Shared Debt Recovery Scheme	New From 1 July 2019 the Shared Debt Recovery Scheme will allow the Department to hold an employing organisation responsible for a portion of debts incurred because of incorrect Medicare claiming.

Quality Improvement Practice Incentive Program

The Quality Improvement (QI) Practice Incentive Payment (PIP) is due to commence from 1 May 2019. The current PIP payments for Asthma, Cervical Screening, Diabetes, Aged Care Access and Quality Prescribing will cease from 30 April 2019, while the PIP Incentives for After Hours, eHealth, Indigenous Health, Procedural General Practice, Rural Loading and Teaching will remain unchanged.

The new QI PIP aims to improve:

- access to care
- detection and management of chronic conditions, and
- quality, safety, performance and accountability.

As part of the QI PIP, practices will be required to commit to quality improvement activities and sharing de-identified general practice data. This also supports general practice accreditation, which encourages general practices to pursue continuous quality improvement and best practice standards.

General practices eligible to participate in the QI PIP can apply from 1 May 2019. QI PIP guidelines, including data governance guidelines, are yet to be provided by the Australian Department of Health. Further updates will be provided through Practice Connect when information becomes available, or you can register for the Incentives News Updates available by visiting <https://bit.ly/2HRRNJ8> through the Australian Government Department of Human Services.

WAPHA supports over 350 practices in WA through data sharing arrangements. If your practice is interested in establishing a data-sharing arrangement with WAPHA, further information is available from WAPHA's website found by visiting <https://bit.ly/2HeMqXv> or contact your Primary Health Liaison.

Changes to priority 4 patient transport model

St John Ambulance WA in partnership with Department of Health, will extend the patient transfer service model to give patients access to a wider variety of clinically appropriate, medical transfer options.

Full aged pensioners over 65 years of age, with authorisation for medically necessary transport, will be clinically triaged when patient-transfer is arranged.

Options include:

- Standard car: for patients requiring minimal medical interventions or supervision – accompanied by a single first-aid trained driver.
- Wheelchair accessible vehicle: for patients, medically stable enough to travel without a secondary attendant – accompanied by a single Patient Transport
- Stretcher accessible vehicle: for patients, unable to travel in a normal seated position, or who may require clinical support or care during transit – accompanied by two Patient Transport Officers.

This new model will include expansion of services into weekends and out of hours. These changes are due to take effect 18 March 2019.

Any questions please contact St John Ambulance 9334 1222

Medical Assistants – A primary care workforce solution?

Australian's health workforce shortage is giving rise to a range of innovative solutions. Proposed increases in responsibilities for existing health professionals, (e.g. Practice Nurses), are constrained by existing workforce capability. New roles such as physician assistants and nurse practitioners have received mixed reactions from sectors but are the subject of increasing interest.

Medical assistants are trained to carry out delegated administrative and clinical assisting duties specific to the ambulatory care environment. Lessons learned thus far from the introduction of this national qualification include the need to consult widely within the health care profession in the development of new roles, the imperative to bring together health and education sector expertise, the importance of flexible course delivery and the need for clearer role and boundaries definitions. The experience from the program implementation described in this article may help inform further primary care workforce development.

Read the full article by Abbe Anderson, Judith G Proudfoot Mark Harris <https://bit.ly/2UuudIB>

Reprinted from Australian Family Physician Vol. 38, No. 8, August 2009

DWS map changes delayed!

DELAYED

DWS maps are usually updated in February, however the latest communication from the Department is that, this is likely to be delayed until at least March 2019.

It's important to note that under the current policy GPs that already have a provider number for a DWS location will not be affected, even if their area loses DWS status. It is predicted that the biggest implications will be for the practice owners that are in outer-metro, or low-mid socio-economic areas that may lose DWS status, which will make it harder to recruit.

New DWS boundaries will be based on the Modified Monash Model (MMM) which will replace the RRMA and ASGC and other geographic models.

The Department of Health stated that the Department is working together with the Department of Home Affairs to determine the formula for DWS. This supports other information that the visas will be linked to DWS. Unless GPs are working in a DWS, they may not be able to access a 482 visa. For many GPs moving to Australia from places like the UK, this won't impact them if they accept a permanent position in a practice in a DWS area. But those planning to work as a locum (or on a 6-month locum provider number) or use a teaching exemption are unlikely to qualify for a visa.

Perth, Adelaide and Canberra might see a reduction in DWS locations, but not to the same degree as Sydney, Melbourne and Brisbane. All these cities currently have much lower ratios of GP for their populations, than the major cities and it is hopeful that this is factored into their decisions.

Source used in this article: Alecto Australia

Free access to glucose monitoring now available for thousands of people with type 1 diabetes

Free access to glucose monitoring devices will save pregnant women, children and more adults living with type 1 diabetes up to \$7,000 a year from today, thanks to an investment by the Liberal National Government.

Funding over the next five years will assist 37,000 eligible Australians with type 1 diabetes through the expansion of the Continuous Glucose Monitoring (CGM) Initiative. Since April 2017, the government has provided fully subsidised CGM products to children and young people, under 21 years of age, with type 1 diabetes. This announcement was made late last year, and effective from 1 March 2019.

Eligibility for fully subsidised CGM products will be expanded to include:

- children and young people with conditions very similar to type 1 diabetes, such as cystic fibrosis related diabetes and neonatal diabetes, who require insulin;
- women with type 1 diabetes who are pregnant, actively planning pregnancy, or immediately post-pregnancy; and
- people with type 1 diabetes aged 21 years or older who have concessional status and have a high clinical need to access CGM products.

To read more visit: <https://bit.ly/2O5KXUI>

Accreditation tip – recording cultural background

RACGP Standards for general practices 5th ed (C7.1F)

While it can have a significant impact on clinical care, cultural background is patient information that is not always well-recorded, and practices often have difficulty explaining to patients why they ask for this information.

While it remains an aspirational, or unflagged, indicator in 5th edition, it is still acknowledged that recording your patients' cultural backgrounds is an important process, and it can be, in fact, relatively easily achieved.

Collecting cultural background information may include recording the patient's country of birth, the cultural background they identify with, whether English is their first language (and if not, what their preferred language is), and determining Aboriginal and Torres Strait Islander status (note that this has its own indicator, C7.1E, in the Standards). The simplest way to obtain this information is by using your patient registration form, encouraging patients to provide this information when they first attend your practice.

Where patients are unsure as to the purpose of providing this information, it is important that your staff can explain why knowing such information helps the practice to provide the best healthcare to the individual. Understanding a patient's cultural background assists the practitioner in monitoring for, or managing, certain health conditions to which a patient may be predisposed. It can also assist staff to anticipate additional needs, such as arranging an interpreter service for patients who do not speak the primary language of the practice staff or knowing that the patient will have a third party accompanying them in the consultation.

If, as part of collecting cultural background information of your patients, you identify that you have many patients from a similar background, you may wish to provide translated resources (such as the practice information sheet, or other patient health brochures) in the languages commonly spoken by your patients (Indicator C1.4C). All practices should provide their clinical teams with access to translating and interpreting services, such as TIS National (www.tisnational.gov.au) to ensure that qualified medical interpreters can be accessed for patients who do not speak the primary language of the clinician (Indicator C1.4A).

Cultural background may also be recorded as a component of the patient health summary, under social history (Indicator Q12.1B). Again, this is recorded, where relevant, to determine if there are any increased risks of specific health issues, or challenges to accessing care.

Practices are sometimes concerned about how to appropriately ask for this information in their patient registration forms, and the RACGP provides a new patient registration form template that offers an example of how the questions might be presented. Remember that there are often non-compliances identified in the older patient health records, in which case you may need to consider a method for updating this information for all patients, not just those registering with your practice for the first time.

Practice Assist provides a poster that can be downloaded, printed and displayed to help explain the purpose of recording cultural background. Practices in Western Australia who are supported by a WA Primary Health Alliance Primary Health Liaison can also request an A3 size hard copy

Useful links:

RACGP Standards for general practices 5th ed Indicator C7.1F <https://bit.ly/2VPHawU>

RACGP Sample new patient registration form <https://bit.ly/2F3hXJV>

Practice Assist Cultural Background poster <https://bit.ly/2VPigNM>

Australian general practitioners end Hep C

Direct acting antiviral medications (DAAs) for treating the hepatitis C virus were listed on the Pharmaceutical Benefits Scheme (PBS) as s85 and s100 medications in March 2016. This ground-breaking decision enabled general practitioners (GPs) to initiate these highly effective and well tolerated treatments.

In Western Australia, treatment uptake rates are lower than other Australian jurisdictions with only 22 per cent of the affected population initiating hepatitis C treatment to March 2018, equivalent to 4 560 individuals.¹ However, in this time period, GPs were responsible for 30 per cent of the prescriptions written for hepatitis C DAAs in Western Australia, amongst the highest proportion of GP prescribing for all Australian states and territories.¹

As treatment in primary care is suitable for most people living with hepatitis C, GPs have an essential role to play if targets for eliminating hepatitis C as a public health threat are to be met by 2030.

To show their commitment to ending hepatitis C, GPs are encouraged to sign the pledge on the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) website, which calls for GPs to raise the proportion of DAA scripts being written by GPs to 75 per cent by 2025. Sign the pledge here: <https://www.ashm.org.au/HCV/aus-gps-end-hep-c/>

For more information and support with prescribing hepatitis C treatment, please contact Annette Fraser, the GP Liaison Nurse at Hepatitis WA, on 9227 6545 or GPproject@hepatitiswa.com.au.

See also:

- Department of Health WA – Silver book - Guidelines for managing sexually transmitted infections and blood-borne viruses www2.health.wa.gov.au/Silver-book
- Managing hepatitis C in primary care (NPS MedicineWise Learning) <https://bit.ly/2Ts6Raf>
- Edith Cowan University - Hepatitis C e-learning hepatitis.ecu.edu.au
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) www.ashm.org.au
- Gastroenterological Society of Australia (GESA) www.gesa.org.au
- HepatitisWA www.hepatitiswa.com.au

Immunisation update

2019 influenza vaccines – Statement from the Chief Medical Officer

The Chief Medical Officer has released a statement to the general public regarding the 2019 influenza vaccines. The statement contains information about the vaccines being supplied under the National Immunisation Program (NIP), including four quadrivalent vaccines for people aged under 65 years and one enhanced trivalent vaccine for those aged 65 years and over. Those eligible for a free influenza vaccine under the NIP include people 65 years and over, pregnant women, those who suffer chronic conditions and all Aboriginal and Torres Strait Islander People from six months of age.

The statement is available at the Department of Health website. <https://bit.ly/2UzzXkw>

New Cancer Council Australia bowel cancer screening campaign

Cancer Council Australia is launching a new nationwide campaign to increase participation in the National Bowel Cancer Screening Program (NBCSP). This campaign is thanks to \$10 million dollars received from the Federal Government to encourage more Australians to screen.

Bowel cancer is Australia's second biggest cancer killer, yet if detected early, 90 per cent of cases can be successfully treated. The NBCSP is one of Australia's most important public health programs. The program has the potential to prevent 83,800 bowel cancer deaths by 2040 if program participation increases to 60%. In 2016-2017, only 41.3% of eligible Australians participated in the NBCSP.

This campaign will consist of three bursts of mass media activity in 2019. The first burst went live on **Sunday 3 March** and will run for seven weeks. As a result, your practice is likely to receive more enquiries from patients.

Australians aged 50-74 will be targeted through TV, radio, outdoor, and digital advertising and to encourage them to do the at-home test when they receive it in the mail.

You are integral to the success of this campaign and the NBCSP. Evidence shows that a recommendation by a primary health care provider is a key motivator to screen. You can promote participation through:

- Endorsing the program in your practice by displaying brochures and posters;
- Encouraging patients aged 50-74 to do the test by:
 - Undertaking an audit of practice records and sending a letter or SMS to under- screened patients aged 50-74 encouraging participation;
 - Demonstrating how to use the NBCSP kit with eligible patients;
 - Sending a letter or SMS to patients nearing their 50th birthday to encourage them to complete the test when they first receive it.

Dementia resources for Australia's multicultural communities

Moving Pictures is a project by the National Ageing Research Institute which aims to raise awareness about dementia for people from culturally and linguistically diverse (CALD) backgrounds.

Many people from CALD communities face linguistic and cultural barriers to the timely detection and diagnosis of dementia, often resulting in delayed treatment and unnecessary stress for people and their families. To address this, the Moving Pictures team has co-produced 15 short films with people from Hindi-, Tamil-, Mandarin-, Cantonese and Arabic-speaking communities. The films feature stories from carers of people living with dementia and expert views of key service providers. Based on the films, in-language comics have also been produced.

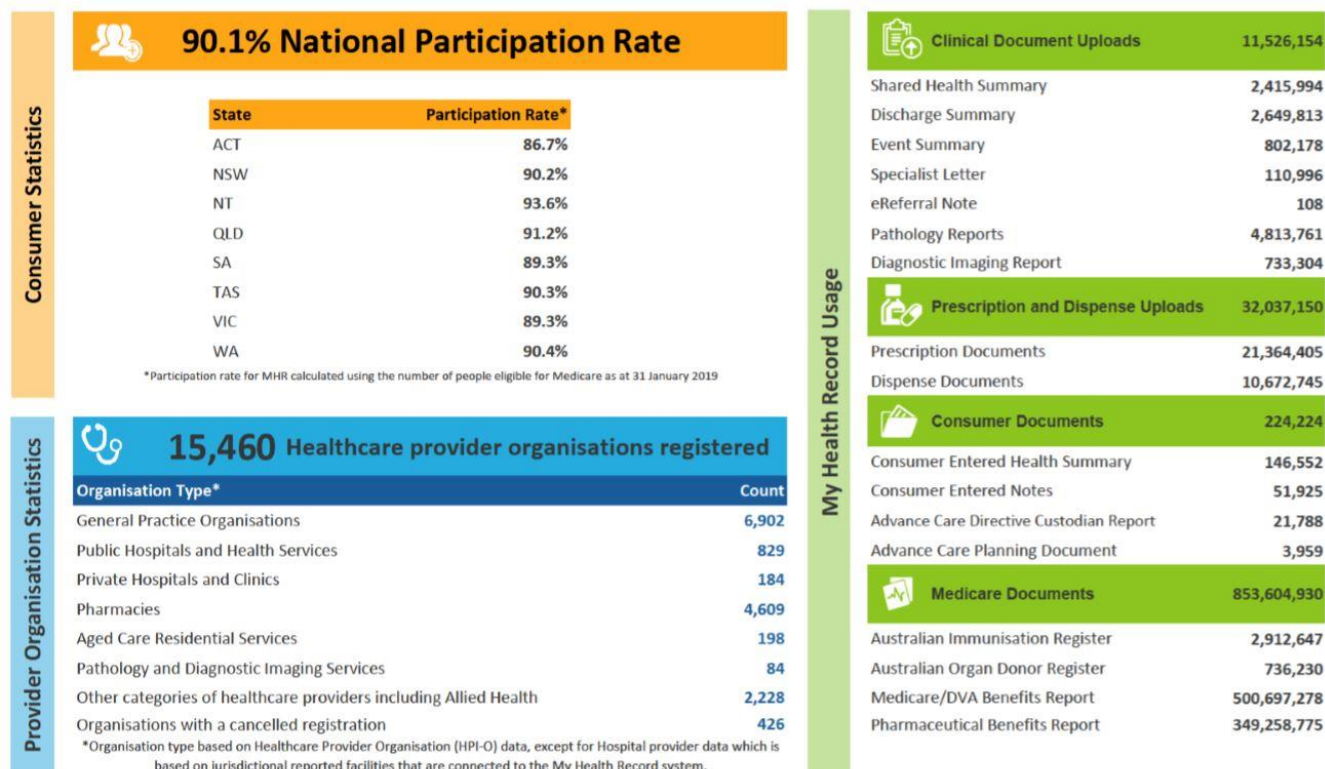
The resources provide information about the signs of dementia, seeking support for dementia care, and connecting with others managing dementia within their communities. The project was launched on February 22, 2019 at ACMI, Melbourne. The films and comics are freely accessible on our website, movingpictures.org.au.

For questions or to order hard-copy comics please contact us at movingpictures@nari.edu.au

My Health Record update

Health Record Statistics

Statistics as 28 February



Regional

Wheatbelt

The My Health Record Team will be travelling to the Wheatbelt from 18 to 22 March, visiting the towns of Moora, Northam, York, Brookton, Kellerberrin and Wagin. Please contact john.paikos@wapha.org.au to request any training, information or support.

Goldfields

The My Health Record Team will be travelling to the Goldfields region from 11 to 23 March, visiting the towns of Esperance, Ravensthorpe, Hopetoun, Kalgoorlie, Laverton and Leonora. Please contact simon.benge@wapha.org.au to request any training, information or support.

Assistance with My Health Record

For any further assistance please contact your WA Primary Health Alliance Primary Health Liaison or contact a member of the My Health record team via myhealthrecord@wapha.org.au

Breathing Fresh Air into COPD Workshop

We would like to thank all those who attended our recent workshop in March 2019. The workshop provided education, knowledge and skills concerning the management of COPD and divided the content into three streams GP's, Practice Nurses and Practice Managers. The afternoon session focused on a whole of practice approach to the management of COPD.



THANK YOU TO ELEISSA FULLER AND RAEI RIVERS FROM THE ASTHMA WA FOR FACILITATING OUR SPEED DATING SESSION



THANK YOU TO DORIS NUEWERTH FROM CANCER COUNCIL WA FOR FACILITATING OUR SPEED DATING SESSION

Education and training

Visit our Webinars & Workshops page at www.practiceassist.com.au for more events in your area.



New occupational cancer e-learning module

In some Australian workplaces, employees are exposed to a diverse range of possible carcinogens at higher concentrations and for longer periods of time than the general public. It has been estimated that 3.6 million Australians are exposed to at least one carcinogen at work and approximately 5000 cancers each year are caused by workplace exposures.

It is essential GPs have the knowledge and skills to be able to assist patients in monitoring their health, identifying potential risks and be able to provide or direct patients to further information if working in high-risk jobs with known carcinogens.

Cancer Council has developed an e-learning module to increase GP's awareness of workplace carcinogens and cancers. The module includes sections on occupational carcinogens in the Australian context, the role of an exposure history, common occupational cancers including lung, skin, bladder and mesothelioma, and the Australian compensation system.

The 60-minute module is accredited with both RACGP and ACRRM. You can complete the module by registering at www.elearning.cancer.org.au/courses.

Webinar - My Health Record helps you help your patient: A Mental Health Case Study

This interactive part 2 of a 3-part webinar series will be based on a mental health case-study. This webinar will:

- Highlight clinical situations where access to information within My Health Record may enhance patient care
- Provide practical advice on security aspects and how to protect personal information
- Communicate with your patient/clients about how sensitive information is managed in the My Health Record

Details below:

- Date & Time: 10am – 11am (AWST) on Thursday 14 March 2019
- Presenter: Australian Digital Health Agency
- Where: Online (join via your computer - register beforehand)
- [Registration link:](#)

Please note, this webinar will be recorded and made available following the event to individuals who registered and were unable to join in on the day.

Webinar - Understanding consumer control settings from a healthcare provider perspective

This live and interactive webinar will provide healthcare providers with an overview of control settings within the My Health Record. There will be an opportunity for Q&A. After participating in this webinar, attendees will be able to:

- Understand My Health Record and recent updates
- Understand access and document control settings
- Understand the impact of consumers' settings for clinical work flow

Details below:

- Date & Time: 10am – 11am (AWST)) on Tuesday 19 March 2019
- Where: Online (join via your computer - register beforehand)
- [Registration link:](#)

Please note, the first webinar will be recorded and made available following the event to individuals who registered to attend the webinar.