

Digital Health Toolkit for General Practice

December 2021

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Digital Health Toolkit

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Introduction

The purpose of this toolkit

This guide has been developed to assist general practices and other primary health providers to work with and embed digital health tools into everyday practice. The content highlights the key requirements to prepare for, setup, access and use key digital health tools in a health setting.

The digital health tools covered in this toolkit include:

- My Health Record
- Electronic Prescriptions
- Telehealth and Virtual Care
- Secure Messaging
- eOrdering of Pathology

Digital readiness will support business and practice continuity if practice environments cannot be accessed.

How to use this toolkit

This guide provides the reader with a step-by-step guide to how to set up and use various digital health tools within their workplace. Combined, the systems allow health providers to deliver comprehensive services in a virtual environment. We suggest you:

- Read the Introduction to familiarise yourself with the digital tool, its intended purpose and the terminology used
- Proceed to the Requirements, Setup and Use sections to be guided step by step through the process of setting up the digital system within your workplace and applying it to your role
- Use the relevant checklists to support the use of digital health tools

What is Digital Health?

Digital health is an umbrella term referring to a range of technologies that can be used to safely treat patients and securely collect and share a person's health information, including mobile health and applications, electronic health records, telehealth and telemedicine.

For health service providers, digital technology enables the right information to be available in the right place at the right time, which helps with better communication and connection between health services.

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What is a digitally connected practice?

A digitally connected practice is a practice that thinks digital first and strives to utilise digital tools wherever possible. More than simply using clinical software, a digitally connected practice also:

- Offers virtual consultations for their patients and actively promotes their use where appropriate
- Communicates with other healthcare providers via secure electronic methods
- Takes a digital first approach with prescriptions
- Uploads key health information and events to My Health Record
- Reviews and updates My Health Record on a regular basis
- Supports patients to understand how digital tools can help them
- Understands how the various digital health tools interact and compliment each other to support alternative care models
- Always learning and adapting based on research, peer learning and patient feedback

Overview

My Health Record

What is My Health Record?

My Health Record is a secure online summary of an individual’s health information, available to Medicare and Veterans Cards. Healthcare providers authorised by a registered healthcare organisation can access My Health Record to view and add patient health information.

The My Health Record system provides access to timely information about your patients such as shared health summaries, discharge summaries, prescription and dispense records, pathology and diagnostic imaging reports, and immunisation information.

Healthcare providers are also able to add information to an individual’s My Health Record directly.

The system is available across Australia and is accessible via conformant clinical software or the National Provider Portal at all times, with over 90% of the population currently holding a record.

Benefits for General Practice

- Supports clinical decision making, patient safety and continuity of care with timely access to key health information including:
 - Prescribed and dispensed medications
 - Discharge summaries and specialist letters
 - Pathology and digital imaging reports
 - Immunisation history, including COVID-19 vaccinations and due dates
 - MBS and PBS information
- Reduced administrative burden caused by responding to requests for information from other connected healthcare providers
- Reduced administrative burden of requesting information from other connected healthcare providers
- Required for involvement in the ePIP
- Benefits for Patients
- Supports ability to self-manage their health and wellbeing
- Reduces the need to retell or remember their medical history
- Provides vital support in emergency situation
- Lowers the risk of duplicated or unnecessary services

Resources

Link	Type
ADHA – My Health Record	Overview

PRODA

What is PRODA?

Provider Digital Access (PRODA) is an online identity verification and authentication system. It functions as a provider version of MyGov, providing secure access to government online services such as:

- Health Professional Online Services
- Medicare Online
- Pharmaceutical Benefits Scheme Online (PBS Online)
- Disability Medical Assessment Online service
- Aged Care Provider Portal
- Australian Immunisation Register (AIR)
- Practice Incentives Program (PIP)
- Practice Nurse Incentives Program (PNIP)
- My Health Record National Provider Portal.

Benefits for General Practice

Access to Health Professional Online Services via PRODA is a key requirement for practices when registering for access to My Health Record and electronic prescribing. Many of the benefits are outside the scope of this toolkit, but include:

- Access to multiple services through one portal
- Self-management of digital health requirements including staff changes and NASH registration/renewals
- Role based access to allow for practice to manage who can act on behalf of the organisation
- Portal access to My Health Record as an alternative to access via a clinical system

Healthcare Identifiers

What are Healthcare Identifiers?

- There are three types of healthcare identifiers, all managed by the Health Identifiers (HI) Service.
- Healthcare Provider Identifier – Organisation (HPI-O) for organisations that deliver healthcare (such as hospitals or general practices)
- Healthcare Provider Identifier – Individual (HPI-I) for healthcare professionals involved in providing patient care
- Individual Healthcare Identifier (IHI) for individuals receiving healthcare services

Of these, IHIs are assigned automatically to all Medicare or DVA card holders and may also be requested by non-card holders. HPI-I's are allocated to all Australian Health Practitioner Regulation Agency (AHPRA) registrants. Health professionals not covered by AHPRA can register for an HPI-I directly. HPI-Os can be allocated to organisations and sole-traders providing healthcare services by the HI Service on application.

Benefits for General Practice

Each of the healthcare identifiers supports the safe and secure use of digital health tools such as My Health Record, secure messaging, and electronic prescribing

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Digital Health Toolkit

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- HPI-Os ensure that each organisation is uniquely identified, allowing connections to digital health tools to be appropriately managed and supporting the correct addressing of secure messages
- HPI-Is provide practices with a convenient method of securely connecting and disconnecting clinical staff to various digital health tools
- IHIs minimise the risk of duplicate records and support the sharing of clinical information between healthcare providers

Resources

Link	Type
DoH – Healthcare Identifiers	Overview

NASH Certificates

What are NASH Certificates?

The National Authentication Service for Health (NASH) is the service used by multiple digital health tools to secure access, encrypt information and digitally sign documents. The use of NASH certificates alongside healthcare identifiers ensures that access to these tools is restricted to appropriate clinical staff and that information is appropriately encrypted.

Benefits for General Practice

NASH certificates have a fundamental role in the use of digital health in Australia. With a NASH certificate installed, practices can:

- Access My Health Record
- Access the Health Identifiers Service
- Use secure messaging
- Prescribe or dispense electronic prescriptions

Resources

Link	Type
ADHA – NASH Certificates	Overview

ePrescribing

What is ePrescribing?

An electronic prescription token is a convenient alternative to paper prescriptions which can be sent to a patient's phone or device via SMS or email.

All medicines can be prescribed using an electronic prescription. The message with a link to the electronic prescription is stored on the patient's digital device, so they can access it whenever they ready - saving you time, streamlining the process, and improving medicine safety.

Why now is the time for ePrescribing?

The first electronic prescription was sent in July 2020, and by September 2021 over 18 million ePrescriptions had been sent nationwide! Whilst originally fast tracked in response to COVID-19, ePrescribing is fast becoming a key tool for General Practice in WA and across Australia.

If your practice has yet to start using ePrescribing, consider that:

- Sending digital copies of a prescription via fax, email or SMS is inefficient and time consuming
- The temporary image based prescribing model ends on 31st March 2022
- Scripts faxed or otherwise can only be dispensed by the pharmacy they've been sent to

In comparison, ePrescribing offers:

- A fast, secure method of sending prescriptions via SMS or email
- Minimal change for prescribers due to being built into your clinical software
- The ability to cancel, modify and resend prescriptions remotely
- Patient choice and flexibility when collecting their medication
- Reduced administrative burden of faxing paper copies of prescriptions
- Reduced cost of printing associated with paper prescriptions
- Limited change management to implement

Benefits for patients

- Supports choice of where they can pick up their prescriptions
- Allows for prescriptions to be held digitally
- Supports digital health services such as telehealth services to ensure continuity of patient care
- Protects community members and health care providers from exposure to infection

Can we use ePrescribing?

Yes! Since the beginning of 2021, all General Practices in West Australia using conformant software have been legally able to use ePrescribing, and as of April 2021 over 95% of PBS approved pharmacies are able to dispense ePrescriptions. For many practices, getting started with ePrescribing is as simple as enabling the option in your clinical software.

Active Script List

Currently available to pharmacy, the Active Script List removes the need for a token to be sent to a patient’s device. Instead, all scripts sent via electronic transfer are stored in a consolidated list accessible to the patient’s nominated pharmacy.

Resources

Link	Type
ADHA electronic prescribing	Overview
ADHA An Introduction to ePrescribe	Podcast
RACGP electronic prescribing	Overview
RACGP Implementation Checklist	Checklist
ADHA ePrescribe toolkit and Assets	Assets
ADHA – An Overview for Prescribers	Overview
DoH - Fast Track ePrescribe	Information
Electronic prescription information for patients	Information

TeleHealth

What is Telehealth?

Telehealth consultations provide patients with a consultation through video or telephone instead of face to face. It uses the transmission of images, voice, and data between two or more sites to provide health services including clinical advice, consultations and health education.

The use of telehealth by specialist services in rural and remote West Australia is well established, saving patients from the need to travel far to see their healthcare provider. A telehealth consultation can save time by enabling doctors to consult with their patient by phone or video call.

Benefits for General Practice:

- Offers flexibility, including the potential for appointments to be offered outside of usual setting and times
- Supports follow up care
- Provides for continuity of care when unable to see a patient face-to-face
- Allows for higher patient reach, due to fewer location and travel barriers
- Reduces patient no-shows and late attendance
- Real-time assistance with difficult cases and emergencies
- Supports improved allocation of consulting rooms within a practice where there is limited availability
- Provides opportunities for professional development, such as informal knowledge transfer through increased collaboration, networking, and case conferencing opportunities

Benefits for Practice Managers:

- Service delivery growth opportunities
- Improved clinical workflows and increased practice efficiency, e.g., time savings
- More cost-effective delivery of service through higher patient flow and time savings
- Improved coordination of care and service integration.

Benefits for Patients:

- Improved access to healthcare, improving equity of access to services
- Reduced travel, expense, and time away from home
- Reduced waiting times supporting faster diagnosis and appropriate treatment
- Improved continuity and quality of care
- Allows for local treatment from a known healthcare provider, under specialist supervision
- Increased opportunity to contact their healthcare provider between face-to-face consults
- Protects community members and health care providers from exposure to infection
- You can learn more about the 'what, why and how' of telehealth for patients and consumers here.

Secure Messaging

What is Secure Messaging?

Secure messaging is a core capability required to enable safe, seamless, secure, and confidential information sharing across all healthcare providers.

Secure messaging supports the delivery of messages containing clinical documents and/or other information between healthcare organisations, sent either directly or through one or more secure messaging providers.

Benefits for General Practice:

- Improved timeliness for the sending and receipt of referrals and clinical information
- Improved clinical decisions due to the right information being available at the point of care
- Access to a broader range of referring practitioners
- Reduced cost caused of consumables and staff time associated with paper-based processes
- Improved coordination of care as a result of improved communication between healthcare providers
- Confidence in privacy and security of transmitted patient data
- Improved traceability and tracking of information for audit purposes.
- A single channel through which referrals and correspondence are sent or received
- Required for involvement in ePIP

Benefits for patients:

- Reduces time between referral and appointment
- Reduces need to repeat medical history
- Ensures confidential correspondence is only seen by treating healthcare providers
- Improved clinical decisions due to the right information being available at the point of care

eOrdering of Pathology

What is eOrdering of Pathology?

eOrdering of Pathology allows a request form to be sent electronically to a testing centre in the form of a secure message. Requests are sent to the chosen provider immediately, ensuring that the correct patient and request details are available at point of contact.

Benefits for General Practice

- Reduces unmatched results caused by transcription errors
- Supports telehealth consultations
- Allows for commonly selected tests to be stored for easy requesting
- Allows results to be added to My Health Record
- Integrates seamlessly into clinical software
- Supports tracking of requests

Benefits for patients

- Protects community members and health care providers from exposure to infection
- Provides the opportunity to view results in My Health Record
- Doesn't restrict choice of pathology provider
- Removes issue of lost request forms

Requirements and Setup

My Health Record

Requirements

Access to the My Health Record (MHR) system is managed by Health Professional Online Services (HPOS) and is restricted to healthcare provider organisations or sole traders. HPOS are responsible for allocating a Healthcare Identifier for organisations (HPI-O) to those eligible to access MHR. Eligible organisations must:

- Provide healthcare related services
- Employ at least 1 individual healthcare provider who has a Healthcare Identifier for individuals (HPI-I)
- Have employees in the roles of responsible officer (RO) and organisation maintenance officer (OMO)

Policy

All healthcare provider organisations who use My Health Record must ensure that they have a specific My Health Record Security and Access policy in place prior to starting the registration process. This policy must be reviewed annually, and should include sections on:

- Policy establishment
- User authorisation
- Training
- Identifying access
- Security measures
- Risk Management
- Assisted registration process
- Policy implementation and maintenance

The RACGP has created a policy template which General Practices may benefit from using when creating this policy.

Technology

My Health Record can be accessed via conformant clinical software or the national provider portal, accessed through PRODA. Access via conformant clinical software is often preferable as it allows for the record to be viewed directly and for documents to be uploaded. Access via PRODA is beneficial for organisations not using conformant clinical software as it provides a way to view the record but does not currently allow for uploading of information.

Health Identifiers & NASH certificates

Access to MHR is managed by the Health Identifiers service. To access MHR, organisations require:

- An HPI-O for the organisation
- An HPI-I for all clinical staff
- A valid in-date NASH certificate if accessing MHR via clinical software

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For guidance on obtaining these, see the PRODA, Health Identifiers and NASH Certificate section of the Requirements and Setup guide.

Setup

Technology

To access MHR via conformant clinical software, practices must:

- Add the organisations HPI-O to the clinical software
- Add each clinicians HPI-I to their profile in the clinical software
- Install the NASH certificate to the server or individual computers, depending on the practice setup

Workflow



Practical

As well as the technical considerations, successful use of MHR depends on a range of other factors. As part of the move to use MHR, suggestions to consider include:

- Process to capture patient consent as required
- Practice policy on when to upload documents
- Training for all staff to support patient queries
- Requesting and displaying MHR information for patients

Resources

Link	Type
HPOS – Applying for access	Guide
ADHA – Policy checklist	Checklist
RACGP – Policy template	Template

PRODA

Requirements

PRODA accounts are linked to an individual, not to an organisation, allowing the same account to be used in multiple roles. Due to this, it is recommended that PRODA accounts are setup using a personal rather than work email.

The following are required to register:

- An email address, preferably personal
- 2 of the following:
 - Medicare card
 - Australian drivers license
 - ImmiCard
 - Australian passport
- 1 of the following:
 - Australian passport
 - Australian birth certificate
 - ImmiCard
 - Citizenship certificate
 - Australian Visa (supported by a Foreign passport, which is needed for verification)
 - Certificate of registration by descent
- 1 change of name document if the current name is different to that of the ID

Setup

A PRODA account is created online and, in most cases, can be created in minutes:

- Access the [PRODA registration link](#)
- Follow the on-screen process to create an account
- When complete, verify your account by clicking the link in the email sent to your inbox

Healthcare Identifiers

Requirements

- HPI-Os are available to healthcare provider organisations with one or more healthcare providers
- HPI-Is are automatically assigned to AHPRA registrants
 - Non AHPRA registrants can apply directly to the Health Identifiers Service who will make a decision based upon the application
- IHIs are automatically assigned to everyone enrolled with Medicare or holding a DVA card
 - Individuals not enrolled with Medicare or holding a DVA card may request one from the Health Identifiers Service

Setup

HPI-O

Applications for an HPI-O are made to the Health Identifiers Service via PRODA. There are two types of HPI-O:

- Seed organisation – the legal entity that provides or controls the delivery of healthcare services
- Network organisation – a department or child organisation of the seed

When applying for an HPI-O, there are two key roles required to support the application and ongoing maintenance of the organisation:

- Responsible Officer (RO) – an individual with either direct or delegated authority to act on behalf of the business. This may be an owner, CEO or a nominated member of the team
- Organisational Maintenance Officer (OMO) – An individual responsible for the day-to-day administration of the organisations Health Identifiers and My Health Record. More than one OMO can be setup and can also be registered as RO.

Registration

The Responsible Officer makes the application on behalf of the organisation.

- Login to PRODA
- Access HPOS from My Programs
- Select Healthcare Identifiers – Register Seed Organisation
- Complete the online form, including proof of authority to act if required
- Once submitted, confirmation of the registration will be sent to the PRODA inbox

HPI-I

AHPRA registered clinical staff can find their HPI-I via their profile page on the AHPRA website or by calling AHPRA.

Healthcare providers not registered with AHPRA may still apply for an HPI-I from [Health Professional Online Services](#). Each application is considered on a case-by-case basis.

IHI

IHI numbers are automatically assigned to all eligible Australian residents. There is no need for either the individual or practice to know the number as this is found automatically by digital health tools including My Health Record and electronic prescribing.

Individuals not automatically assigned an IHI may **request that one be generated** for them through MyGov or by completing a paper request form

NASH Certificate

Requirements

Requesting a NASH certificate

All requests for NASH certificates are made via PRODA. Before applying, organisations must:

- Be registered with the HI service (i.e. have an HPI-O)
- Have at least one OMO to make the request who
 - Is linked to the organisation in HPOS
 - Has a mobile phone number recorded in PRODA
- Read the Public Key Infrastructure policy documents

Renewing a NASH certificate

NASH certificates must be renewed every two years. Before renewing, organisations must:

- Have 3 months or less remaining on their current NASH certificate
- Have at least one OMO to make the request who
 - Is linked to the organisation in HPOS
 - Has a mobile phone number recorded in PRODA

Setup

Obtaining a NASH certificate

With the transition to NASH SHA-2, the process to **request a NASH certificate via PRODA** is slightly different depending on whether your clinical software is conformant with the new certificates

- From PRODA, access the HPOS service
- Select Healthcare identifiers and My Health Record from My Programs
- Select Healthcare Identifiers - Manage existing records
- Choose the required organisation record
- Click on Certificates
- Request a NASH PKI site certificate
- Select your software product version
 - If your software is not listed, select the relevant option. In most cases this will be My product is not on the list
- Enter a mobile number and confirm the terms and conditions have been understood
- Submit the request
- An SMS will be sent with details of the PIC, or secure code for use with the NASH certificate

Installing a NASH certificate

Once notified by SMS that the NASH certificate is available, an OMO can login to HPOS via PRODA and download the certificate. The process to install the certificate varies depending on practice setup but involves installing the certificate onto the organisation server. This may be done locally, by an organisation's IT provider or by the clinical software provider.

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Renewing a NASH certificate

A NASH certificate can be renewed at any point within 3 months of its expiry date. It is strongly recommended that practices record the expiry date to ensure continuity of access to digital health tools. To renew a certificate, an OMO:

- From PRODA, access the HPOS service
- Select Healthcare identifiers and My Health Record from My Programs
- Select Healthcare Identifiers - Manage existing records
- Choose the required organisation record
- Click on Certificates
- Select Renew
- Select your software product version
 - If your software is not listed, select the relevant option. In most cases this will be My product is not on the list
- Confirm that the certificate should be renewed

Resources

Link	Type
ADHA - Roles and Responsibilities	Information
Applying for an HPI-O	Guide
Applying for an HPI-I	Guide
Applying for an HPI- I	Guide
NASH Policy Documents	Policies
ADHA – NASH Certificates	Overview

Electronic Prescribing

Requirements

The option of using electronic prescriptions was made available to all prescribers and dispensers throughout Australia in early 2021 having previously been restricted to geographical Communities of Interest. In Western Australia, electronic prescriptions are available for all medications including private and restricted medicines.

Policies and Procedures

Although electronic prescriptions are inherently more secure than paper prescriptions due to the mechanism by which they're transferred from prescriber to dispenser, providers should consider policies and procedures including

- Managing patient consent to receive electronic prescriptions
- Managing staff changes including linking/removing HPI-I in clinical system and prescription exchange service
- Process by which electronic scripts are issued, cancelled, and modified as required
- Whether electronic scripts will be offered or on request and for which medicines

Technical

Whilst there are no restrictions on the use of electronic prescriptions by healthcare providers in West Australia, the ability to do so still depends on having met the following requirements

- Use conformant clinical software approved for use in West Australia
- SMS (recommended) and/or email gateway to send tokens

Resources

Link	Type
ADHA conformant software	List
WA Health conformant software	List

Setup

Technology

Several of the steps to register a practice for ePrescribing are also requirements to access other digital health tools including My Health Record and Secure Messaging. If already completed, there is no need to repeat the process to use electronic prescriptions. The following are required:

- A practice Healthcare Provider Identifier-Organisation (HPI-O)
- An active National Authentication Service for Health (NASH) certificate
- All prescribers linked to a Prescription Delivery Service (eRx or Medisecure)

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- Update practice software as required

Practical

As well as the technical considerations, successful use of electronic prescriptions depends on a range of other factors. As part of the move to offer electronic prescriptions

- Engage with local pharmacies to ensure that they're able to dispense electronic prescriptions
- Ensure patient contact details including mobile number and email address are up to date

Patients

For many patients the move to electronic prescriptions is a welcome one, but for others the process may raise concerns. To support patients and staff, it is suggested that a practice

- Inform patients of the intention to offer, or of the ability to have electronic prescriptions as appropriate
- Ensure consistent messaging from practice staff relating to the use of electronic prescriptions being an optional alternative to paper rather than a replacement
- Consider having a practice champion to support patient queries

Resources

Link	Type
RACP electronic prescribing checklist	Checklist
RACGP - Electronic Prescribing	Information
WA DoH - Applying for approval of an ePrescribe or Dispensing System	Information
WA DoH - ePrescribe and Dispensing software approved in WA	Information
ADHA - Electronic Prescribing for Prescribers	Information
ADHA - Electronic Prescribing for Dispensers	Information
ADHA - Electronic Prescribing for Patients	Information
HealthyWA ePrescribing for consumers	Patient information
Medical Director Clinical – Setup and Use	Guide

Telehealth

Requirements

Whilst there is no one size fits all approach to providing telehealth services, there are several key considerations each practice must consider.

Setup

Preparing your Practice for Tele/video consultations will be a lot about the technology and the digitisation of Systems; however, it is also important to prepare all staff and patients with what your Practice can now offer.

Practice

To ensure your Practice is Telehealth ready, it is important to have the whole team involved with knowledge of the technology being used and how to explain to patients how to use it while they are either on or off site. Some things to consider for your practice include:

- Admin team access to book appointments
- Guides for patients to connect to their appointment
- All staff are familiar with the different technologies being used

Resources

Link	Type
What is telehealth? A guide for patients.	Information
Attending your Video Consultation. A guide for patients.	Information
Template: RACGP - Sample Patient Pamphlet	Template
Template: RACGP – Post-telehealth video consultation patient evaluation	Template
RACP - Telehealth Guidelines and Practical Tips	Information

Technology

When preparing a practice to provide telehealth services, it's important to ensure that all providers have access to the required technology and equipment. A guide checklist may include:

- Appropriate Wi-Fi access – as Wi-Fi can change day to day, it is important to do these checks frequently
- Two screens
- A dedicated webcam or integrated camera
- A suitable microphone

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- Clinically appropriate video calling platform
- Access to a phone as backup
- Ability to provide electronic prescriptions, organise a pathology test remotely and access My Health Record

Practical

Considering the space provided for telehealth consultations is just as important as the technology to ensure that services provided are safe, comfortable, and appropriate for patients. Some of these considerations include:

- Private room
- Ensuring a well-lit space
- Minimize visual distractions with a plain wall or background

Resources

Link	Type
RACP - Telehealth Guidelines and Practical Tips	Information
RACGP - Telehealth video consultations guide	Information
Internet/ Wi-Fi Speed Test	Practical test
UOQLD - Quick start to videoconferencing	Information
UOQLD - Communicating effectively online	Information

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Consent and Privacy

Whether provided via phone or video, telehealth requirements for Consent and Privacy are similar to those in person requirements.

- Always ensure that you are in a private space and ask the patient if they are in a private space
- Always ask the patient if they are happy to continue with the appointment
- Build a Practice policy for Consent and Privacy

Resources

Link	Type
RACP Privacy and Consent Page 8 -11	Information
MBS Guidance on Security and Privacy	Information
OAIC Australia Privacy Principles	Information
RACGP Information Security and Privacy Page 15	Information
DoH Privacy Checklist	Checklist

Billing

There are currently 23 MBS items available for practitioners (including GPs, nurse practitioners and Aboriginal health workers) who provide patient-end clinical support during video consultations with a specialist, consultant physician or consultant psychiatrist.

Resources

Link	Type
MBS Video Consultation Items	Information
RACGP Telehealth and MBS Page 6	Information

Secure Messaging

Requirements

Before using secure messages, organisations will need to:

- Use clinical software conformant with the chosen secure messaging system OR use a standalone secure messaging program/online portal
- Have an HPI-O
- Have an active NASH certificate
- Have a Secure Messaging Policy

If the organisation already has an HPI-O and NASH for other digital health tools, there is no need to request these again.

Choice of Provider

Currently, there is limited inter-operability amongst secure messaging providers, although work is ongoing to resolve this. This means that organisations will need to carefully consider which provider is most suitable to ensure that they are able to send secure messages to their key partners.

Whilst each organisation will need to make their own choice of provider, there are a number of considerations which can support this decision:

- Is the vendor compliant with Secure Messaging Delivery standards?
- Is the system conformant with your clinical software?
- What is the cost to the organisation?
- What system is used by your key partners, e.g. WA Health Central Referral Service and HealthLink

A non-exhaustive list of Secure Messaging vendors includes:

- Argus
- HealthLink
- Medical-Objects
- MDEXchange
- ReferralNet Agent

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Setup

Support to setup secure messaging within an organisation is provided by the vendor who work with the organisation to ensure that the system is correctly implemented.

Resources

Link	Type
ADHA – Overview	Information Hub
ADHA – Implementation guide	Checklist and Guide
RACGP – Policy Template	Policy template
WA Health – Central Referral Service	Referral templates

eOrdering of Pathology

Requirements

Each Pathology provider manages their requests differently. Currently in West Australia, eOrdering is available from Australian Clinical Labs and Clinipath. In addition, the ability to use eOrders is dependent on the clinical system in use.

Australian Clinical Labs eOrders are confirmed as compatible with:

- Best Practice
- Medical Director
- ZedMed

Clinipath eOrders are confirmed as compatible with:

- Best Practice
- Medical Director

PathWest and Western Diagnostics currently do not offer eOrdering of Pathology, however both upload results into My Health Record as standard unless requested otherwise.

Setup

Both Australian Clinical Labs and Clinipath provide direct support to practices when setting up eOrdering. To arrange for your practice to be connected, contact:

- [Australian Clinical Labs](#)
- [Clinipath](#)

Practices can setup eOrdering with multiple pathology providers at the same time if required and are under no obligation to direct patients to a specific provider.

Resources

Link	Type
Australian Clinical Labs and Best Practice	Factsheet
Australian Clinical Labs and Medical Director	Factsheet

Use

My Health Record

Consent and legality

Access to an individual's My Health Record (MHR) is restricted to healthcare providers working within an organisation involved in their care. The My Health Records Act 2012 provides for an implied consent model, meaning that there is no legal requirement to seek consent before viewing or uploading information. Despite this, it is recommended that organisations consider implementing a policy and/or procedure suitable for their population.

All individuals can withdraw consent at any time without providing a reason. The methods for doing so include:

- Opting out of My Health Record which deletes their record entirely
- Adding a PIN to their record, restricting access to organisations of their choosing
- Notifying an organisation or healthcare provider of their wishes
- Requesting that specific details not be uploaded

Practices are encouraged to consider a policy/procedure to manage these requests.

Access via clinical software

Conformant clinical software provides healthcare providers with direct access to MHR, and the ability to upload key clinical information, whereas the National Provider Portal is accessed via PRODA and limited to viewing information only.

Viewing clinical information

Access to MHR varies depending on the clinical system in use, but in each case is made via the patient record. Step by step guides are available for the commonly used clinical systems:

- [Best Practice](#)
- [Communicare](#)
- [Genie](#)
- [Medical Director](#)
- [Medtech 32](#)
- [MMEx](#)
- [Zedmed](#)

Clinical information types

The range of clinical information held in an individuals MHR will vary depending on the services they have accessed. There is a wide range of clinical information that may be available including:

- For all individuals with MHR
 - Medicare information including MBS and PBS items, and Immunisation records from AIR
 - A collated medications information view

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- Pathology overview
- Diagnostic imaging overview
- Dependent on services accessed
 - Shared health summaries
 - Event Summaries
 - Prescribing and dispense records
 - Discharge summaries
 - Specialist letters
- Consumer entered information
 - Advance care plans
 - Personal health notes

It is important to remember that the information held in MHR is not a complete record, nor is it designed to be so. Instead, the information is to be used as a further resource to support existing clinical practice

Connected organisations

Access to MHR is available to all healthcare provider organisations across Australia but is not mandatory. The Australian Digital Health Agency provides [regular updates](#) on the use of MHR as well as information on [Pathology and Diagnostic Imaging, Public and Private Hospitals](#).

Uploading clinical information

As with viewing clinical information in MHR, the process of uploading information to MHR varies depending on the clinical software in use. For General Practice, the document types available for upload are Shared Health Summaries and Event Summaries. Step by step guides are available for commonly used clinical systems:

- [Best Practice](#)
- [Communicare](#)
- [Genie](#)
- [Medical Director](#)
- [Medtech 32](#)
- [Zedmed](#)

Access via the National Provider Portal

Healthcare providers currently not using conformant clinical software can access an individuals MHR via the [National Provider Portal](#). From here they can access the same clinical documents available to providers using conformant clinical software

Resources

Link	Type
My Health Record Act 2012	Act of parliament
ADHA - My Health Record training	Training Hub

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Electronic Prescribing

When to use electronic prescribing?

Electronic prescriptions are designed as an optional alternative to paper prescriptions. This means that they can be used on any occasion a paper prescription can be used. When deciding whether to provide a paper or electronic prescription, there are several questions to consider including

- Would the patient prefer a paper or electronic prescription?
- Can the patient access a pharmacy able to dispense an electronic prescription?
- Does the patient have access to a phone or device that can display the electronic token for dispense?
- Can the patients contact details be confirmed to ensure the token will be received?

Sending an electronic prescription

The screens seen when sending an electronic prescription may look different depending on the clinical system being used, but the process for each remains broadly the same.

Prescriptions are created in the same way for both electronic and paper scripts. To send the script electronically, select the option to send the prescription via the chosen medium:

- SMS – either directly to the patient’s mobile phone, or that of a nominated representative
- Email – either directly to the patient or their nominated representative
- Paper Token – print a copy of the token to be scanned at the pharmacy. Note that this differs from a paper script as the token needs to be scanned by the pharmacy – the paper itself is not a legal script

Cancelling and modifying an electronic prescription

One of the benefits of electronic prescriptions is that they may be cancelled remotely. Cancelling the electronic prescription within the patient record updates the prescription exchange service in real time, meaning that the dispensing pharmacy will be notified that the script has been cancelled on scanning the token.

A new updated electronic prescription can be created and sent to the patient remotely if required.

If an electronic prescription token has already been scanned and dispensed by a pharmacy, it is not possible for the script to be cancelled or modified, and the patient should be contacted to ensure that the issue is resolved as with a paper script.

Resources

Link**	Type
RACP electronic prescribing checklist	Checklist
RACGP – Electronic Prescribing	Information
WA DoH – ePrescribe and Dispensing software approved in WA	Information

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ADHA – Electronic Prescribing for Prescribers	Information
ADHA – Electronic Prescribing for Patients	Information
HealthyWA ePrescribing for consumers	Patient information
ADHA online Training Course	Training Course

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TeleHealth

Clinical suitability

Telehealth is a vehicle for clinical service delivery rather than a treatment/intervention in and of itself. It allows for substitution of select face-to-face clinical services via the real-time exchange of audio-visual information between a patient and a health professional (Australian Government Department of Health, 2015).

Clinicians must assess and evaluate whether the patient, condition, resources, and environment are suitable for a telehealth appointment. Immediate things to consider are:

- Screening of patients and their conditions
 - Is the patient in a safe, private place?
 - Has the patient consented?
 - Does the patient require a physical examination that requires you to touch the patient?
 - Is the patient cognitive and able to complete a telehealth appointment?
- Resources
 - Do you have appropriate technology to complete the consultation, including Computer with inbuilt camera and microphone, or these separate?
 - Does the patient have equipment that may be used during an appointment e.g. a BP monitor?
- Environment
 - Are you in a quiet confidential room?
 - Can you ensure no one is going to walk in on your appointment?

The SaferCare Victoria Guidelines and the RACGP Guidelines below looks at Clinical Suitability in much more detail.

Resources

Link	Type
RACP - Telehealth Guidelines and Practical Tips	Information
RACGP - Telehealth video consultations guide	Information
SaferCare Vic - Guidelines for using Telehealth	Information

Preparing for video consultations

It is important to ensure that both the technology and space to be used to provide video consultations are suitable in advance. A sample checklist of activities may include:

- Checking the technology via an online tool or with a colleague
- Adjusting position to maintain eye contact/focus on the patient
- Checking that the Wi-Fi connection is strong enough you can do this by doing an internet speed check (A broadband connection with upload and download speeds greater than 0.7 Mb/s are recommended however some videoconferencing solutions may require more or less bandwidth.)
- Practical tips include:

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- Your background should have very little distraction so the patient can focus completely on you during the call
- The camera should be at eye level so adjust the height of the camera to ensure you are not looking down or up at the camera

Video consultations

With the rise in the use of video calling using consumer platforms such as Facetime, Skype and Zoom, many patients will be familiar with the technology used for video consultations. However, there are further considerations when used as a clinical tool. To ensure that the consultation runs smoothly, consider:

Running a pre-consult check, ideally by the admin team when the patient joins the virtual waiting room to identify and resolve issues before the consultation time:

- Check the technology and troubleshoot issues that may arise for the patient
 - e.g. camera/mic turned on – depending on the video conferencing technology you use the troubleshooting might differ slightly
 - An icon of a microphone with a line through it generally means the microphone is off, usually by clicking on that icon it will turn the microphone on.
 - An icon of a camera with a line going through it generally means the camera is turned off, usually by clicking this icon it will turn the camera on.
- Check the identity of the patient
- Respond to any billing related queries

Once initialised:

- Confirm the patient can see and hear you clearly
- Ascertain if the patient is in a suitable environment
- Gain consent as appropriate

Resources

Link	Type
How to use HealthDirect Video Call	Video
UOQLD - Quick start to videoconferencing	Information
UOQLD - Communicating effectively online	Information

Tips and Tricks

As with any new activities, tele and video consultations can take time to become comfortable with, but the more you do it the easier it gets. Here are some tips to ease the assist with issues that may arise

- Before your practice starts using video consultations, spend some time having consultations with other clinicians and staff. In some act as the patient from your mobile and on others be the clinician, to
 - Ensure that the room setup is appropriate
 - Check sound and video quality

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- Practice joining, holding and documenting a consultation
- See what your patients will see
- Always have a phone on hand to call the patient should the technology not work
- Plan for technical issues with a clear process for occasions where an appointment cannot be safely completed

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Secure Messaging

The process of using secure messages to other providers varies depending on both the clinical system in use and the secure messaging vendor, however there are commonalities between each.

Address book and templates

Each secure messaging provider maintains a list of organisations along with their secure messaging address, ensuring that all messages are sent to the correct recipient. Using the address book, organisations can:

- Setup an organisation specific list of regular contacts
- Setup individual address books or lists of favourites
- Link templates to address book entries

Many organisations have referral templates available for use to support, including the [WA Health Central Referral Service](#). Using these templates minimises the risk of referrals being delayed due to incomplete information being available.

For full details of using the address book and templates, refer to your clinical software provider and secure messaging vendor who can support.

Sending Secure Messages

Sending a secure message is done via the clinical software. When writing a letter or referral, select the chosen recipient from the address book to correctly address the message. When sent securely, there is no need to print and fax or post a referral, although a copy can be given to the patient if required.

Receiving Secure Messages

Secure messages are received into the clinical software and, if known, automatically linked to the relevant clinician and patient. The message can be opened directly and actioned as appropriate, whilst saving the message into the patient file

Resources

Link	Type
ADHA – Secure Messaging	Overview
HealthLink Knowledge Base	Guides

eOrdering of Pathology

Sending Pathology eOrders

eOrders are made created via practice software and function in much the same way as requests made via a paper form. Once created, a paper copy of the request form is printed for the patient to take, allowing them to attend any suitable pathology provider.

Further information and support on the use of eOrders is available directly from the providers:

- [Australian Clinical Labs and Best Practice](#)
- [Australian Clinical Labs and Medical Director](#)
- [Clinipath and Best Practice](#)
- [Clinipath and Medical Director](#)

Pathology eOrder Results

Results for pathology requests sent via eOrder are received in the same manner as paper requests, most commonly as a secure message returned directly into the practice software. Using eOrders is will minimise the risk of unmatched results being returned due to transcription errors.

In addition, requests sent via eOrders are uploaded to the individuals My Health Record unless requested otherwise. Results uploaded to My Health Record are available for viewing by clinicians immediately, and by the individual after seven days from the date of upload.

Appendices

Key Practice Information

To ensure the safe and secure management of both patient and staff information when using Digital Health tools, each health provider organisation must ensure that they have met the relevant requirements. To support the management of these, you may wish to complete the following checklist and retain for your records.

My Health Record & NASH

- Responsible Officer: Click or tap here to enter text.
- Organisational Maintenance Officer(s): Click or tap here to enter text.
- NASH Certificate Expiry Date: Click or tap here to enter text.
- Healthcare Provider Identifier – Organisation: Click or tap here to enter text.
- Security and access policy location: Click or tap here to enter text.
- Security and access policy review date: Click or tap to enter a date.
- Clinicians accessing My Health Record:

Name	HPI-O	Date trained	Date activated	Date terminated
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
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Telehealth Checklist

Preparing for telehealth

Item	Detail	Complete/Link/Not applicable
Hardware – x1 per clinician providing telehealth services	Video Camera capable of HD capture	
	Microphone	
	Speakers	
	Dual Screens	
Software	Name of telehealth platform	
	Administrator(s)	
	Support contact details	
Policy/Procedure	Screening and allocating telehealth appointments	
	Capturing consent	
	Billing process	
	Managing patient safety concerns	
Staff training	Clinician training	
	Admin training	
	Practice champion(s)	
Patient information	Patient information leaflets/guides	
	Key cohorts identified	

Using telehealth

Item	Detail	Complete/Link/Not applicable
Connectivity check	Pre-clinic check, e.g via HealthDirect	
Wait room	Admin allocated to manage virtual waiting room	

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ePrescribing Checklist

Preparing for ePrescribing

Item	Detail	Complete/Link/Not applicable
Health Identifiers	HPI-O	
	RO & OMO(s)	
	Prescriber numbers	
	Current NASH certificate	
Software	Conformant clinical software	
	Prescription delivery service	
Policy/Procedure	Capturing contact details	
	Managing repeat prescriptions	
	Managing lost scripts	
	Consent to send to nominated representative	
Training	Admin	
	Prescribers	
Pharmacies	ePrescribing capable	
	Delivery provided	
Patients	Patient information leaflets/guides	
	Key cohorts identified	

Secure Messaging Checklist

Preparing for Secure Messaging

Item	Detail	Complete/Link/Not applicable
Health Identifiers	HPI-O	
	RO & OMO(s)	
	Current NASH certificate	
Software	Conformant clinical software	
	Secure messaging vendor	
	Configured and tested	
Policy/Procedure	Preferred communication method	
	Secure Messaging Policy	
	Managing incoming messages	
Training	Admin	
	Clinicians	
Partners	Key partners identified	
	EDI address circulated	