My Health Record opt-out trial: pharmacist continuity of care perspective

Georgina Twomey¹
¹Australian College of Pharmacy

Communication between pharmacists and other health professionals is seen as a vital component of better managing consumer medicines regimes and underlying health conditions. My Health Record is a secure online system containing an individual’s health information. The My Health Record system allows an individual, their doctors, hospitals and other healthcare providers to view and share the individual’s health information to provide the best possible care. An opt-out trial of the My Health Record system was conducted over six months by the Northern Queensland Primary Health Network from April to October 2016 and involved 75 community and hospital pharmacies from Mackay to the Torres Strait.

This presentation will provide an insight into the specific experiences of pharmacies that participated in the trial. It will outline the benefits and challenges of the use of the system as well as the key lessons that can be used to shape the national rollout of the system.

Introduction

The MyHealth Record Opt-out Trial was announced in March 2016 by then Federal Health Minister Susan Ley. This initiative was part of the Coalition’s government’s commitment to improving health outcomes and saving lives through digital innovation and information sharing.¹ One of the main objectives of the My Health Record system is to demonstrate to individuals the benefits of having their health information easily accessible by all health professionals involved in their treatment and ongoing care. The system also aims to provide a platform for better communication and collaboration between health professionals.² During the six month trial from April to October, MyHealth Records were created for 1 million individuals.

Pharmacy participation

Pharmacists are already familiar with digital health platforms such as pharmacy dispensary software to record an individual’s medicines records, as well as processing claims for services under the Pharmaceutical Benefits Scheme as well as pharmacy programs and health services

Despite this, the initial uptake of the My Health Record system amongst pharmacies in the region was low. Prior to the trial, only 19 pharmacies were registered with MyHealth Record in Northern Queensland, however this increased to 75 during the trial period.

Unlike individual patients who had records created for them, pharmacies were required to formally register for a MyHealth record as a Healthcare Provider Organisation. Once the pharmacies were verified and approved, they were issued with a digital eCertificate, which enabled the pharmacies’ dispense software to be interoperable with the My-Health Record system.

A major advantage for pharmacies was the fact that the two major dispensary software providers (Fred IT and Simple Aquarius) were compatible with the My Health Record system which made it easier for pharmacies to register. Fred IT in particular were proactive in developing medicine reconciliation functions that could be integrated into the My Health Record platform. Representatives from the Australian Digital Health also provided support to pharmacies in the registration process.
Benefits

The main benefits to pharmacies participating in the trial was that they were able to view an individual patient's medical history including a comprehensive list of the medicines they were taking. For example, pharmacies were able view patient allergies, whether they had previously experienced any adverse reactions to medicines and their immunisation records. Having access to such information better enabled pharmacies to identify whether a patient may be at risk of medicine misadventure. Comprehensive medicines and dispensing history also enabled pharmacies to determine whether a patient was complying with their medicine regime and helped facilitate subsequent discussions between the patient, pharmacist and GP.

Having access to all of this information on the one platform also saved the pharmacies many hours of their time. Prior to the My Health Record, pharmacies would need to contact the doctor or hospital by phone, fax or email if they had queries or concerns regarding a patient. This is often a time consuming process and is particularly difficult after hours or during weekends. Pharmacies reported having access to patient information in a real-time online system was extremely valuable and has the potential to improve pharmacies' operating practices.

Challenges

Due to the voluntary nature of the trial, not all healthcare providers were registered with the My Health Record system. As such, the detail and completeness of health records varied between individuals.

Software compatibility problems, particularly around the advanced clinical functions were also a major issue for GPs and hospitals. Time spent updating software led to delays in records being uploaded. This hindered the ability pharmacists from completely integrating the MyHealth system into their standard dispensing processes.

Despite pharmacy dispensary software being compatible with the My Health Record system, pharmacies reported difficulty uploading other types of health records onto the system such as vaccinations, clinical interventions, Home Medicine Reviews (HMRs) and blood pressure monitoring.

While some patients had initial privacy concerns about the system, the demonstrable benefits of having enhanced clarity and control over their health records ameliorated these issues. The general acceptance from patients also made it easier for pharmacists to utilise and engage with the system.

These views were similar to the findings of a University of Tasmania study conducted in 2013 which found that individuals found the system a useful communication tool and that "early use of their My Health Record resulted in increased knowledge, competence and confidence over a short space of time."\(^3\)

Conclusion and recommendations

Overall, pharmacies felt that that the MyHealth Record system had huge potential, particularly for continuity of care outside of normal business hours. However, the success of the trial was hindered to a degree by slow adaptation of healthcare software and the manual processes in other healthcare provider services, particularly in hospitals. These issues have prevented some health professionals from engaging with the MyHealth Record system and has meant the records are not as comprehensive or immediate as hoped.
Ensuring that GPs and hospital systems are able to use and contribute to the MyHealth system was identified as the key issue in enhancing the system for pharmacies and as a whole. Pharmacies also noted they would like to be able to contribute more information such as HMR records, vaccinations and clinical interventions to the system.

Although there have been some issues, the overall success of the MyHealth Record highlights that the system should be rolled out nationally. Pharmacists recommend that a deadline is established to ensure that more healthcare providers can start utilising the system.

References

Presenter
Georgina Twomey is the National President of the Australian College of Pharmacy (ACP), she is a community pharmacist and pharmacy owner, and a member of Rural Pharmacists Australia (RPA). She graduated from the University of Tasmania in 2005 where she also completed her honours project on The Contaminants of Illicit Methamphetamine. Georgina was the inaugural recipient of the IMS Young Pharmacist Innovation Grant through ACP. She is now based in Cairns where she is the General Manager of a group of 10 pharmacies. She is the first female National President of the ACP and is a passionate advocate for community and rural pharmacy.