My Health Record Opt Out Trial
North Queensland
A Pharmacist’s Perspective

Georgina Twomey
Rural Pharmacists Australia
Key Facts about the Trial

• March 2016 – October 2016

• One million Australians across two PHNs

• 75 pharmacies in Northern Queensland
Reasons for the Trial

• Low adoption and use of the system during the opt-in approach
• To ensure healthcare providers have instant access to information required to treat patients
• Improve coordination between professionals
• Reduce duplications
• Provide information in emergency situations
Pharmacy Participation in the My HR Trial
Pharmacy Benefits in the My HR Trial
How can the My Health Record system contribute to reduction in adverse medication events?

- Easier, safer access to medicines, adverse reaction & allergy information
- Reduced risk of missing vital information (buried in detail)
- Increased use of system by healthcare providers and consumers
- Valuable source of information for medication reconciliation at care boundaries
- Continuously improve display/access?
- Better support for consumer self management
- Opportunities to better support reconciliation?
- Reduction in adverse medication events
Benefits of the My Health Record

- Access to prescription and dispense information
- Access to a hospital discharge summaries
- Access to a GP health summaries
- Access to the consumer entered information
- More informed decision making
- Sharing information with other healthcare providers.
My Health Record Statistics – as at 12 March 2017

### Consumer Registrations

**4,678,367 Consumers registered**

<table>
<thead>
<tr>
<th>Demographic Breakdown</th>
<th>% of total registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range</td>
<td>% of population</td>
</tr>
<tr>
<td>Aged 20 or less</td>
<td>22%</td>
</tr>
<tr>
<td>Aged 20-39</td>
<td>19%</td>
</tr>
<tr>
<td>Aged 40-64</td>
<td>17%</td>
</tr>
<tr>
<td>Aged 65 or higher</td>
<td>19%</td>
</tr>
</tbody>
</table>

- **54%** are female and **46%** are male

<table>
<thead>
<tr>
<th>State</th>
<th>% of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>34%</td>
</tr>
<tr>
<td>TAS</td>
<td>24%</td>
</tr>
<tr>
<td>SA</td>
<td>26%</td>
</tr>
<tr>
<td>NT</td>
<td>16%</td>
</tr>
<tr>
<td>NSW</td>
<td>14%</td>
</tr>
<tr>
<td>VIC</td>
<td>14%</td>
</tr>
<tr>
<td>QLD</td>
<td>26%</td>
</tr>
<tr>
<td>WA</td>
<td>14%</td>
</tr>
</tbody>
</table>

Approximately **19%** of Australia’s population is registered for a My Health Record

### Provider Registrations

**9,787 Healthcare providers registered**

**Organisation Type**

- General Practices: 6,003
- Public Hospitals and Health Services: 731
- Private Hospitals and Clinics: 142
- Retail Pharmacies: 1,236
- Aged Care Residential Services: 171
- Other categories of healthcare providers including Allied Health: 1,210
- Organisations with a cancelled registration: 233

**Organisation type** based on Healthcare Provider Organisation (HPO) data, except for Hospital provider data which is based on jurisdictional reported facilities that are connected to the My Health Record system.

### Clinical Document Usage

- **Clinical Document Uploads**: 1,790,424
- **Shared Health Summary**: 662,221
- **Discharge Summary**: 835,292
- **Event Summary**: 211,304
- **Specialist Letter**: 40,470
- **eReferral Note**: 29
- **Diagnostic Imaging Report**: 41,108
- **Prescription and Dispense Uploads**: 8,507,425
- **Dispense Documents**: 1,940,570
- **Dispense Documents**: 1,940,570
- **Consumer Documents**: 129,405
- **Consumer Entered Health Summary**: 80,910
- **Consumer Entered Notes**: 34,853
- **Advance Care Directive Custodian Report**: 12,775
- **Advance Care Planning Document**: 867
- **Medicare Documents**: 455,124,810
  - Australian Immunisation Register: 998,277
  - Australian Organ Donor Register: 440,751
  - Medicare/DVA Benefits Report: 268,781,919
  - Pharmaceutical Benefits Report: 184,903,863
Community Pharmacy Implementation for the My HR Trial
Implementation for Pharmacy

• Two major software providers compatible with the My Health Record.

• Proactive software providers developed medicine reconciliation functions that could be integrated into the My Health Record platform.

• Lengthy registration process but support was available.
My Health Record Registration Process

**Step 1:**
Submit an online application through the eHealth Online forms site (www.ehealthforms.nehta.gov.au) for the following My Health Record Services:
- Seed Healthcare Provider Identifier – Organisation (HPI-O) registration
- My Health Record system registration
- NASH PKI Certificate for Healthcare Provider Organisations

**Step 2:**
Register individual Pharmacists (after obtaining their consent) in the Healthcare Provider Directory (HPD) with the following form:
- Application to Amend a Healthcare Provider Record – Department of Human Services (Human Services) www.humanservices.gov.au > Health Professionals > Forms

**Step 3:**
Configure your dispensing software and digital eCertificates (Medicare and NASH PKI Certificates) to access the My Health Record system:
- Once your application forms have been processed by the Department of Human Services, you will receive your digital eCertificates which will need to be configured. You may need assistance from your Software Provider to do this. For more information, contact your Software Provider or call the Help Centre on 1300 901 001.
My Health Record - Dispense View

Prescription and Dispense View
Grouped by Not Grouped (Excluding Prescription Items) From 24-Apr-2016 To 24-Apr-2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>28-Mar-2017</td>
<td>Dispensed</td>
<td>ALLOPURINOL</td>
<td>ALLOSIG — 300mg</td>
<td>—</td>
<td>Take ONE tablet daily with food</td>
</tr>
<tr>
<td>28-Mar-2017</td>
<td>Dispensed</td>
<td>OMEPRAZOLE</td>
<td>LOSEC — 20mg</td>
<td>—</td>
<td>Take ONE tablet TWICE a day as directed by your doctor</td>
</tr>
<tr>
<td>28-Mar-2017</td>
<td>Dispensed</td>
<td>BISOPROLOL FUMARATE</td>
<td>BICOR — 2.5mg</td>
<td>—</td>
<td>Take ONE tablet daily as directed by your doctor</td>
</tr>
<tr>
<td>28-Mar-2017</td>
<td>Dispensed</td>
<td>FRUSEMIDE</td>
<td>UREMIDE — 40mg</td>
<td>—</td>
<td>Take ONE tablet in the morning</td>
</tr>
</tbody>
</table>

START
This view is not a complete record of the individual’s medicines information.

Administrative Details
- Name: [Redacted]
- Sex: Male
- Indigenous Status: Not stated/inadequately described
- Date of Birth: [Redacted]
- Postal Address: QLD, 4812

Author
- Device Name: [Redacted]
- My Health Record

Clinical Document Details
- Document Type: PCEHR Prescription and Dispense View
- Creation Date/Time: 24 Apr 2017 16:40+1000
- Data/Time Attested: Not Provided
- Document ID: 22578790092503000315853807838356085406308
- Document Version: 1
- Completion Code: Final
**My Health Record - Dispense Record**

<table>
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<tr>
<th>Therapeutic Good</th>
<th>Description</th>
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<tbody>
<tr>
<td>Medication</td>
<td>BECORMIOL HEMI</td>
</tr>
<tr>
<td>Medication Generic Name</td>
<td>BESORUROL FUMARATE</td>
</tr>
<tr>
<td>Additional Description</td>
<td>BECORMIOL HEMI 2.5mg</td>
</tr>
<tr>
<td>Strength</td>
<td>2.5mg</td>
</tr>
<tr>
<td>Label Instruction</td>
<td>Take 1 tablet daily as directed by your doctor</td>
</tr>
<tr>
<td>Medication Form</td>
<td>TAB</td>
</tr>
<tr>
<td>Quantity</td>
<td>28</td>
</tr>
<tr>
<td>Number of Dispense</td>
<td>1</td>
</tr>
<tr>
<td>Maximum Number of Repeats</td>
<td>5</td>
</tr>
</tbody>
</table>

**Administrative Information**

- Date/Time of Dispense Event: 28 Mar 2017
- PBS Item Code: B604W
- PBS Manufacturer Code: AL
- PBS Unique Pharmacy Prescription Number: 007999
- Prescription Item ID: 21PVWRCYMPC6R1R0-1
- Dispense Item ID: 21PVWRCYMPC6R1R0-1

**Administrative Details**

- **Patient**
  - Name: [redacted]
  - Sex: Male
  - Date of Birth: [redacted]
  - IHI: 44025711
  - Address: QLD, 4812
- **Dispenser**
  - Name: [redacted] (Pharmacists #66)
  - Work Place: 299 ROSS RIVER ROAD, AITKENVALE, QLD, 4814
  - Phone: 0747255244 (Workplace)

**Clinical Document Details**

- Document Type: PCEHR Dispense Record
- Creation Date/Time: 28 Mar 2017
- Date/Time Attested: 28 Mar 2017
- Document ID: b66576b7-3234-4d5d-b175-05820d0d3f5c
- Document Set ID: 4ab52623-bc7-4db5-93be-53bf656546e6
- Document Version: 1
- Source Record ID: 21PVWRCYMPC6R1R0 (eRx Dispense Record)
Hospital Discharge Summary

The Townsville Hospital

**Author:** Dinithru Hemachandra (Health Professionals nfd)
**Phone:** (07) 4433 3111
**Discharge To:** Usual Residence/Other

### Event
Details of stay

#### Problems/Diagnoses This Visit
- **Reason for Admission/Presenting Problems**
  - 51 year old lady with 1 week history of intermittent central chest heaviness
  - Pain History
    - Similar to chest pain a few years ago - underwent cardiac investigations
    - Worse with movement
    - Pain intermittent, passes within an hour
    - Worse with deep breathing and expiration
    - Localised in left side, always in same location
    - Nil radiation
    - Did experience numbness and paraesthesia yesterday
    - Missed one day of Rivaroxaban, otherwise takes regularly
    - Was on warfarin since 2011
    - Had difficulty reaching stable levels and changes to Rivaroxaban
    - Nil cause found for clotting
    - Some recent rhinorrhea

- **Principal Diagnosis**
  - Chest pain
    - Recent viral illness
    - Unlikely to be thrombotic event

- **Other Active Problems**
  - **IHD**
    - Chest pain in 2014, MPS +ve, Angio showed moderate LAD stenosis, FFR was negative, medically managed
    - No further chest pain after that
  - Multiple DVT’s and PE each 3 mth 2013
  - on rivaroxaban, complaint with medication
  - was on warfarin till December 2015, had multiple issue with warfarin, Pu bleeding, deafness
  - Diabetic retinopathy
  - Hypertension
  - Dyslipidaemia
  - Obesuty
  - Chronic lower back pain
  - Lumbar spondylosis

- **Complications**
  - Nil Entered
Hospital Discharge Summary

Discharge Summary (Finalised)

DOB: (51y)
SEX: Female
MRN: [Redacted]

Diagnosis:
- Obesity
- Chronic lower back pain
- Lumbar spondylolisthesis

Complications:
- Nil Entered

Clinical Synopsis

Registrar: Nil Entered
Consultant: DR SYED ABDULLAH ZINAT

Admission Source:
- Emergency Department

Reason for Discharge:
- Nil Entered

Inpatient Clinical Management:
- Admitted under AAG
- Troponin both negative
- CTPA - commenced on prednisolone regime to prepare for investigation as allergic to contrast. No evidence of PE.
- No identifiable serious cardiorespiratory cause for chest pain
- Pain resolved during admission
- Discharged on day 3 of admission

Diagnostic Investigations

Pathology Test Result

Investigation: Full Blood Count
Order Date: 17-Apr-2016 (Date Requested)
Order Number: 744258561
Specimen Type: Blood
Specimen Collected: 17-Apr-2016 10:20

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Value</th>
<th>Result</th>
<th>Units</th>
<th>Ref. Range</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>113</td>
<td>N</td>
<td>g/L</td>
<td>110 - 160</td>
<td>Final</td>
</tr>
<tr>
<td>White Cell Count</td>
<td>11.6</td>
<td>H</td>
<td>x 10^9/L</td>
<td>4.0 - 11.0</td>
<td>Final</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>320</td>
<td>N</td>
<td>x 10^9/L</td>
<td>140 - 400</td>
<td>Final</td>
</tr>
</tbody>
</table>
# Hospital Discharge Summary

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Value</th>
<th>Result</th>
<th>Units</th>
<th>Ref. Range</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoglobin</td>
<td>11.8</td>
<td>N</td>
<td>g/L</td>
<td>115 - 160</td>
<td>Final</td>
</tr>
<tr>
<td>White Cell Count</td>
<td>12.8</td>
<td>M</td>
<td>x 10^9/L</td>
<td>4.0 - 11.0</td>
<td>Final</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>320</td>
<td>N</td>
<td>x 10^9/L</td>
<td>140 - 400</td>
<td>Final</td>
</tr>
<tr>
<td>Haematocrit</td>
<td>0.35</td>
<td>N</td>
<td></td>
<td>30.0 - 36.0</td>
<td>Final</td>
</tr>
<tr>
<td>Red Cell Count</td>
<td>4.14</td>
<td>N</td>
<td>x 10^12/L</td>
<td>3.80 - 5.20</td>
<td>Final</td>
</tr>
<tr>
<td>MCV</td>
<td>85</td>
<td>N</td>
<td>FL</td>
<td>80 - 100</td>
<td>Final</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>11.24</td>
<td>N</td>
<td>x 10^9/L</td>
<td>2.00 - 6.00</td>
<td>Final</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>1.10</td>
<td>N</td>
<td>x 10^9/L</td>
<td>1.00 - 4.00</td>
<td>Final</td>
</tr>
<tr>
<td>Monoocytes</td>
<td>0.57</td>
<td>N</td>
<td>x 10^9/L</td>
<td>0.10 - 1.00</td>
<td>Final</td>
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<tr>
<td>Eosinophils</td>
<td>0.20</td>
<td>N</td>
<td>x 10^9/L</td>
<td>&lt; 0.50</td>
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<tr>
<td>Basophils</td>
<td>0.01</td>
<td>N</td>
<td>x 10^9/L</td>
<td>&lt; 0.20</td>
<td>Final</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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<th>Ref. Range</th>
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</thead>
<tbody>
<tr>
<td>cTn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hospital Discharge Summary
Challenges for Community Pharmacy using My HR
Challenges of using the My Health Record

• Initial privacy concerns from patients.

• Sign up still voluntary for health care providers.

• Complicated registration process is a barrier for health care providers.

• Software for other health professions incompatible with the MyHealth Record.

• Records not available when needed (hardcopy slow to transition to digital – particularly hospitals uploading discharge summaries).

• Pharmacists unable to add to records so could not update vaccinations, interventions, blood pressure monitoring or Home Medicine Reviews.
Potential of the My Health Record for Pharmacy

• Continuity of care outside business hours, particularly important over the weekend and in rural towns where access to services is limited.

• Primary health care made easier for community pharmacies through access to more patient information.

• Pharmacists able to get answers and clarification while the patient is in the store, which can be infrequent, particularly for rural and remote areas.

• Improved communication between health care providers.

• General acceptance by patients who enjoy the clarity and control over their records.
Feedback from pharmacists and pharmacy assistants
• “Too many acronyms”
• Difficult for early adopters as all vendors are still learning and process is evolving
• RMO, OMO status confusing and should be tied to Authorised Pharmacist
• “Will be great for managing DAA patients”
• “Greater transparency in dispensing process”
• “Are intern’s able use MyHR?”
Recommendations

• A deadline/timely rollout for national uptake of the opt-out system

• Prioritise software adaptation for health professionals

• Digital assistance for hospitals

• Give pharmacists and other allied health professionals ability to contribute to records

• Allow Interns and Technicians access to MrHR
Thank you for listening. Any Questions?