

Australian Government

Australian Digital Health Agency

Diagnostic Reports and My Health Record 27 September 2018

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My Health Record

Overview

o Introduction to the Digital Health Strategy & My Health Record Expansion

o Diagnostic sector participation with My Health Record

o Q&A









Australia's National Digital Health Strategy



Health information that is available whenever and wherever it is needed



Health information that can be exchanged securely



High-quality data with a commonly understood meaning that can be used with confidence



Better availability and access to prescriptions and medicines information



Digitally-enabled models of care that drive improved accessibility, quality, safety and efficiency



A workforce confidently using digital health technologies to deliver health and care



A thriving digital health industry delivering world-class innovation



My Health Record





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My Health Record

How does My Health Record work?





Key My Health Record system benefits





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FOR OFFICIAL USE ONLY

Individuals control who has access to their My Health Record

Individuals can:











Restrict access to specific documents in their record by establishing a code (LDAC)

Restrict access to their record by establishing a code (RAC). Only authorised organisations can access record

Subscribe to SMS or email alerts that report in real time when a new health provider organisation accesses their record

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In an emergency, a clinician can exercise a 'break glass' facility – but instances are monitored and logged.

View the access history – all instances of access to My **Health Record** are monitored and logged



My Health Record opt out

- This year, every individual with a Medicare or Department of Veterans' Affairs card will get a My Health Record, unless they tell the Agency they don't want one.
- A four month opt-out period is now open until **15 November**.
- During this period, individuals can opt out by:
 - Visiting www.MyHealthRecord.gov.au or
 - Calling the Help line on 1800 723 471



Diagnostic Sector Participation



What's being introduced?

- Radiology and pathology reports will still be sent directly to requesting doctors via the usual process
- However, diagnostic reports will now also be uploaded directly to My Health Record
 - Patients and any healthcare professional involved in their care will be able to access the reports wherever and whenever they need it
 - Healthcare professionals will be able to view the reports as soon as they are uploaded to My Health Record
 - **Reports will only be visible to patients** through their My Health Record **after 7 days**. Patients will though be able to see that the report is available as soon as it is loaded.
 - **Upload is an automated process** intervention only required when acting on instruction to not upload.



Seven day delay before consumer can view diagnostic report in My Health Record

- Result of 2014 consultation with Royal Australian College of New Zealand College of Radiologists, Royal College of Pathologists Australasia, Australian Medical Association, Consumer Health Forum, Royal Australian College of General Practitioners and other peak bodies
- Seven day delay before patient can view uploaded report
- This delay enables the requesting doctor time to review the results, and to discuss the results with their patient
- If a report is subsequently amended, the 7 day delay will be reapplied to the amended report



Patient's view on My Health Record



The patient is able to manage access (restrict view or remove)

The padlock indicates the report is locked from view





Do not send instructions

- A radiology practice or lab is able to share diagnostic reports with My Health Record unless:
 - the patient asks that the report not be uploaded to My Health Record; or
 - the healthcare provider determines the information may cause a serious threat to the life, health or safety of an individual; or
 - the record is not to be uploaded under prescribed laws of a state or territory (NSW, QLD and ACT).
- Some states have adopted local positions that apply to public labs regarding specific tests and patient categories.



Requesting systems and request forms are being updated

Why the change?

- There needs to be a mechanism for the requesting provider or patient to indicate if the resulting report(s) should not be uploaded to the patient's My Health Record
- Changes are being made to practice management / clinical information systems (CIS) to support the existing request workflow.

What's the change?

- CIS diagnostic imaging and pathology request pages are being updated to include a statement "Do not send reports to My Health Record" and a checkbox (default is unchecked).
- The paper request forms printed from the clinical information system will print the statement "Do not send reports to My Health Record" and will print the value of the checkbox from the ordering page. Note that clinician or patient can manually check the box if necessary.
- Any electronic order originating from the request will include the value recorded in the CIS.



Examples of changes to paper request forms





Requesting System and request form changes

Some things to note

- > The default position is that reports will be sent to My Health Record unless an indication not to send or legal restriction.
- > The consent phrase is present regardless of whether or not the clinician is a participating provider.
- > The consent phrase is present regardless of whether or not the patient has a My Health Record.
- > There is only one consent question per request and the consent covers all the orderable items within the requesting event.
- > Requestors should not override consumer consent by unilaterally determining not to upload results to My Health Record.
- > Test results will still be sent to the requestor and 'copy to' doctors in the usual way.

Withdrawal of consent/instruction to not upload can be communicated to the diagnostic provider by:

- > checking the *Do not send reports to My Health Record* check box in practice management software, or
- > checking the *Do not send reports to the My Health Record* check box on the paper referral form, or
- > writing the words Do not send reports to My Health Record on the request form.

The patient can also inform the diagnostic imaging practice or pathology lab staff directly.



"Do not send" stats

	Rate
Pathology	
Large private laboratory group	434/108,345 eOrders received (0.4%)
Specialist private histo lab	2/9093 reports (0.022%)
Specialist Cyto, HPV, Chlamydia lab	415/84,718 (0.5%)
Diagnostic imaging	
Large group	<50/32,915 reports (0.15%)
Ultrasound practice	62 patients out of 3961 (1.6%)





- >6.1 million people have a My Health Record
- 18,500 records are being created each week
- 13,848 healthcare provider organisations are registered including 6,632 GP organisations, 1,008 hospitals, 3,703 pharmacies, and 188 aged care services
- 7.6 million clinical documents, 24 million prescriptions and dispense records have also been uploaded. 2.2 million path reports and 286K DI reports uploaded.



Weekly Diagnostic Report Upload My Health Record







Steps to participate

1.Register your organization with the My Health Record system

- 2. Obtain a Healthcare Provider Individual (HPI-I) number for your clinicians
- 3. Nominate key people and upgrade to conformant software
- 4. Implement My Health Record policy
- 5. Access education and training resources
- 6. Start using My Health Record



1. My Health Record Registration, HPI-O and NASH PKI certificate

- Use the Health Professional Online Services (HPOS) via the Provider Digital Access (PRODA) to:
 - Register your healthcare organization for the My Health Record system,
 - Register for Healthcare Provider Identifier for Organisations (HPI-O),
 - National Authentication Service for Health Public Key Infrastructure (NASH PKI) Certificate for Organisation

NB: Access to the HI Service will also need to be added to your Medicare PKI site certificate (usually used for Medicare Billing). If you don't already have one, it can be requested during the registration process above.

Register Network sites (if required)

https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-your-organisation





2. Nominate key people and upgrade to conformant software

 \circ Confirm document authors and Reporting Pathologist/Radiologist

o Identify staff that require Healthcare Provider Identifiers – Individuals (HPI-I) and obtain these

 \circ Decide on any changes to pre-printed request forms if required

 $\,\circ\,$ Co-ordinate testing and upgrade of LIS or RIS with vendor or IT department

 $\,\circ\,$ Ensure the certificates from registration process are installed



Conformant software

Upgrade RIS/LIS Software or adopt **HIPS*** middleware product:

- o Connection to the Healthcare Identifiers Service to search for and retrieve national healthcare identifiers
- Connection to the My Health Record system to:
 - o determine if a patient has a digital record;
 - view a patient's digital health record;
- Package and post clinical documents into this record including:
 - o diagnostic imaging and pathology reports
 - o discharge summaries, prescription/ dispense records, event summaries, shared health summaries, specialist letters
- Dynamically convert HL7(R) v2 ORU messages in CDA documents for pathology reports and diagnostic imaging reports.
- Other functions



Pathology and Diagnostic Imaging Integration Data Flow Diagram

Version 2 02/11/2017



3. Implement My Health Record policy

 \circ Supplement existing policies to cover access and use of My Health Record

Sample policy is available <u>https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-your-organisation</u>

My Health Record system policy

As part of meeting the legislative requirements to participate in the My Health Record system, organisations need to confirm they have a My Health Record system policy which addresses a number of areas. To help you with this step, read the Overview of digital health policies documen t

Templates which can be adapted to suit your organisation are:

sample My Health Record system policy

National Authentication Service for Health (NASH) Public Key Infrastructure (PKI)
Certificates Policy template
(293.49 KB)



4. Access education and training resources

Identify project sponsor and engage key stakeholders

Background to My Health Record – support with initial understanding

Receive software vendor training material Communication to staff

Communication to requesters/patients (optional)

Ensure there is a clinical champion for change.

https://www.myhealthrecord.gov.au/for-healthcare-professionals An Introduction to My Health Record <u>https://www.myhealthrecord.gov.au/for-healthcare-professionals/webinars</u>

Digital Health 101

https://www.youtube.com/watch?v=bGCz0EJNYFE&t=8s

Key site staff educated about software changes and how to handle questions about My Health Record and instruction not to upload.

The Participation Obligations are listed here:

https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/myhealth-record-system-participation-obligations

Waiting room posters and brochures are available

https://www.myhealthrecord.gov.au/for-healthcareprofessionals/stakeholder-materials/pathology-and-diagnostic-imaging





5. Use My Health Record

Upload diagnostic reports

View in relevant clinical situations

This occurs automatically from within the RIS or LIS, unless the report has been flagged "Do not send reports to My Health Record".

These uploads are valued by other healthcare providers and patients, and serve to increase the value of the My Health Record system for all users.

Access clinical information from other providers including discharge summaries, pathology, medications and health summary information

e.g. access to renal function tests may inform choice of contrast for imaging studies

https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/register-your-organisation





ULTRASOUND PREGNANCY (NUCHAL TRANSLUCENCY)

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

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

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

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

Maternal Serum Biochemis	try			
Collection Date:		18 April 2018		
Free beta hCG: PAPP-A:		0.720 MoM 0.718 MoM		
Risk Assessment for	Background	Risk	Adjusted Risk	
Trisomy 21:	1:1048		1:17583	
Trisomy 18:	1:2726		<1:20000	_
Trisomy 13:	1:8504		<1:20000	

is a LOW risk pregnancy to

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





X-RAY RIGHT HAND

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

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

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









Information for consumers on-line and waiting room

www.myhealthrecord.gov.au/for-you-your-family/howtos/pathology-and-diagnostic-imaging-reports



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Consumer guidance

Readiology™ insideradiology.com.au



labtestsonline.org.au



Post script

Thanks for the opportunity to present at the conference last week.

In order to clarify points on secondary use please find attached a link to the secondary use framework for My Health Record that was published in May by the Department of Health:

https://www.health.gov.au/internet/main/publishing.nsf/Content/F98C37D22E65A79BCA2582820006F1CF/\$File/MHR_2nd_Use_Framework_201 8_ACC_AW3.pdf

The Australian Institute of Health and Welfare (AIHW) is the Data Custodian for the purposes of the Framework.

The framework addresses requirements for ethics approval, de-identification and privacy protection.

Guiding principle 2.1 confirms that Individual consumers who have a MHR will be able to opt out of the use of their MHR system data for secondary purposes by using the consumer access control mechanism and clicking on the 'Withdraw Participation' button.

I would be grateful if you would share this information with participants.

Regards

Paul

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Questions







Contact Us

Help Centre	1300 901 001 8am-6pm Monday to Friday AEDT
Email	help@digitalhealth.gov.au
Website	www.digitalhealth.gov.au

Twitter

https://twitter.com/AuDigitalHealth

