Train IT Medical
Competence with Confidence

phn WESTERN SYDNEY
An Australian Government Initiative

WentWest
Progressing Health Now

Maximising benefits of digital health changes

- WentWest -

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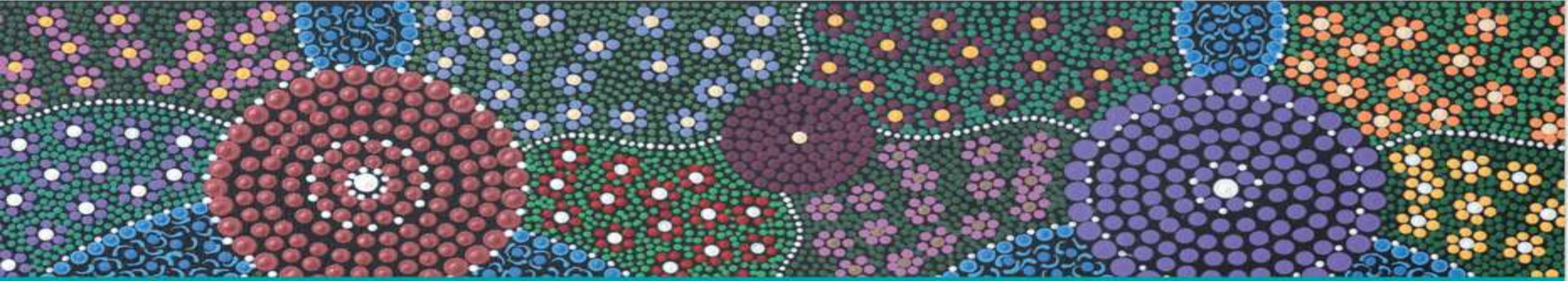
16 July, 2020

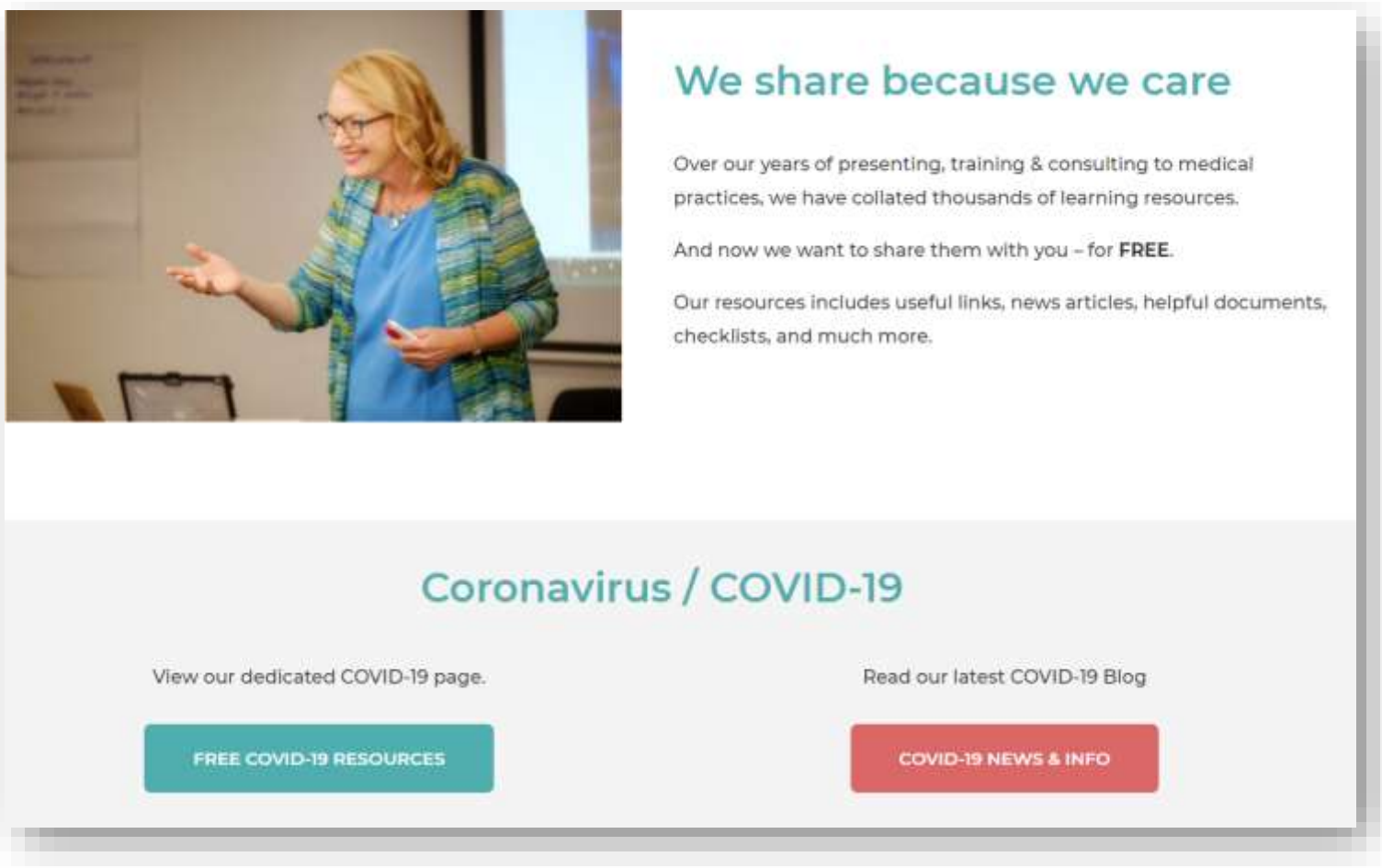


Acknowledgement of Country

Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.

Further learning:



[TRAIN IT MEDICAL | trainitmedical.com.au]

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WentWest
Progressing Health Now

About Us | Health Professionals | Community | Events | News and Resources | Work with Us

Keep up-to-date with the latest health information on COVID-19

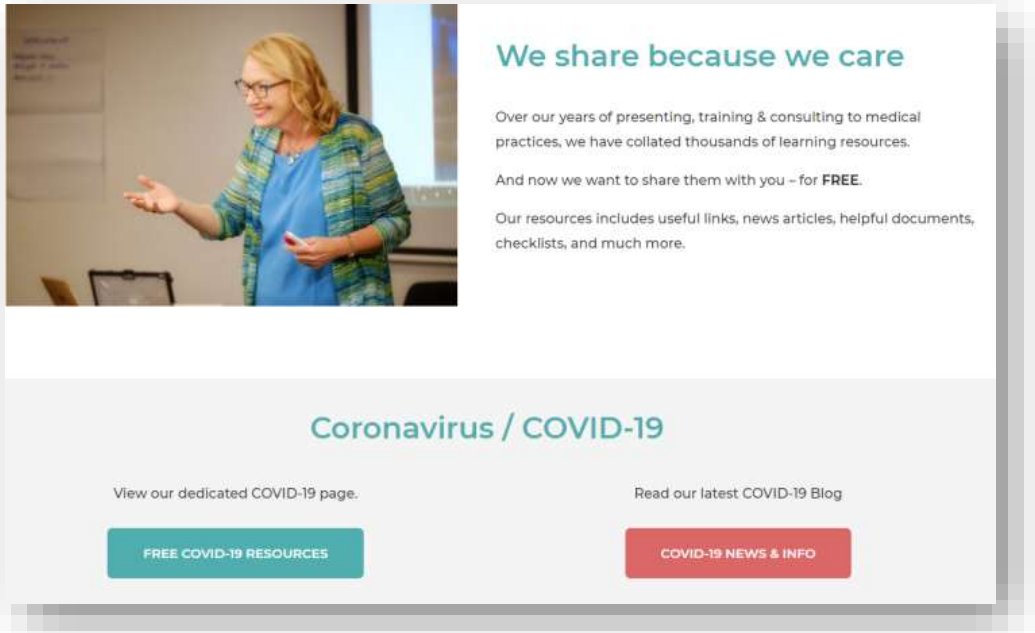
Health Alerts | After Hours

CommunityHQ | Healthy Western Sydney

HealthPathways | Commissioning and Tenders

support@wentwest.com.au | ph 8811 7117

Further learning:

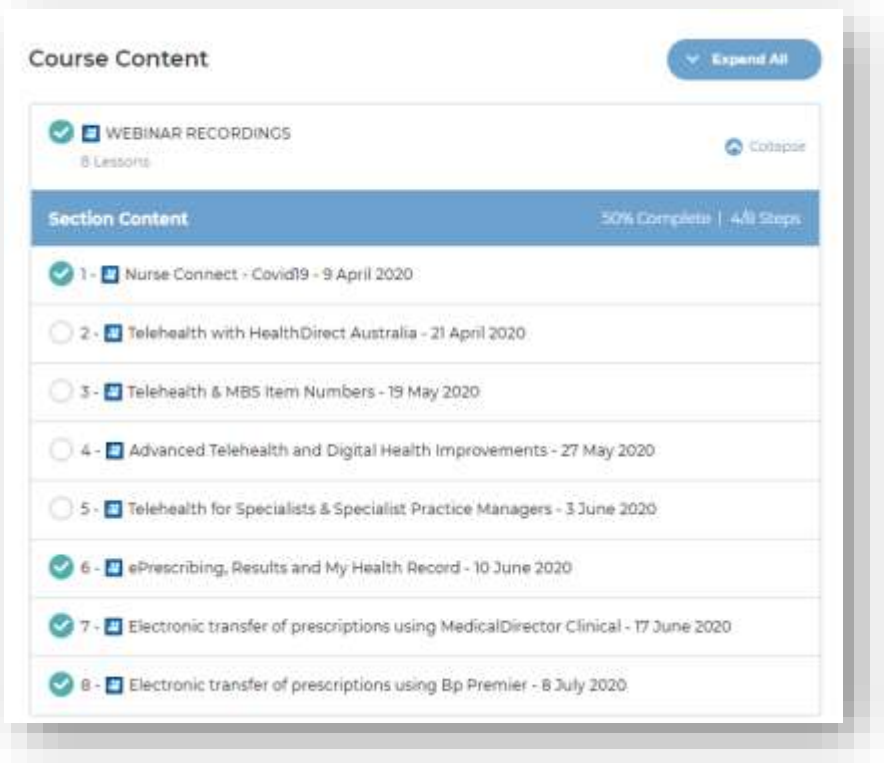


[TRAIN IT MEDICAL](trainitmedical.com.au)
trainitmedical.com.au

Access eLearning course:

https://courses.trainitmedical.com.au/

Enrolment Code: p8GsSTHo



Learning Objectives:

1. Prepare for upcoming industry changes in relation to Secure Messaging and medication management (including My Health Record).

2. Access pathology and radiology results via My Health Record.

3. Maximise use of digital health technologies for data driven improvement.

4. Create Quality Improvement activities in relation to practice improvement and patient engagement and meet incentive payments.

Learning Objective 1:

Prepare for upcoming industry changes in relation to Secure Messaging and medication management (including My Health Record).

Secure Messaging

What is Secure Messaging (SM)?

A safe, seamless, secure exchange of clinical information between health and care providers.

- Secure point-to-point delivery of messages
- Delivery to a single, intended, entity
- Encryption (by sender)
- Decryption (by receiver)

Secure Messaging Benefits

✓ **Improved Clinical Care**
Facilitates access to clinical information to improve patient care.

✓ **Streamline Administrative Processes**
Reduces time managing paper-based correspondence.

✓ **Improved Coordination of Care**
Improved communication between health and care providers as part of an end-to-end clinical workflow.

✓ **Enhanced Privacy & Security**
Information managed securely in transit preventing interception, assuring privacy and security.

[Secure Messaging for Specialists] | [Secure Messaging for Allied Health Providers] | [Secure Messaging for General Practitioners]

What's New in Secure Messaging?

Have you ever wanted to send a secure message to another clinician and not known their address?

The Agency and industry have been working together to help solve this issue, and a new integration capability has been developed which enables users to search for health care providers across multiple directories including HealthLink, Telstra Health and ReferralNet provider directories.

The new capability has been built into the following secure messaging clinical workflows in their most recent software releases.

For support:

MasterCare+	Best Practice	Medical Director
03 9675 0600	1300 40 1111	1300 788 802

If your practice management software is not listed above, please contact your supplier directly to ask about the federated directory capability and secure messaging.

Setting up Secure Messaging

[Secure Messaging for Practice Managers]

Australian Digital Health Agency & Secure Messaging

Australian National Digital Health Strategy – aims to eliminate clinicians' dependence on all paper-based messaging by 2022.

Collaboration between 42 software vendors

New messaging standards.

Read more about Dept Health Secure Messaging Industry Offer

How is Best Practice Software Getting Involved?

Best Practice Software has actively participated in the collaboration between software providers and government bodies to define interoperability standards for secure messaging solutions.

Enhance secure messaging (while conforming to ADHA specifications) is currently in a testing phase and the enhanced functionality will be in Bp Premier Saffron and VIP.net Ruby SP3 releases, available in the coming months.

Enhanced Secure Messaging – the Path to Interoperability

[Read Best Practice Article dated 22/6/20]

Secure Messaging Industry changes – what can you expect?

1. Practices will be able to send from own software to a directory.

2. Will check format the recipient is able to receive.

3. Sends in a compatible format for recipient.
   Working towards a 'agreed-upon standardised specification for message content'.

4. Acknowledgement receipt issued.

Active Ingredient Prescribing (AIP)

- AIP – 2nd project under the Govt Electronic Prescribing initiative
- Aims to reduce risk as patients often take multiple medications that contain the same active ingredient.
- Doctors can still prescribe by brand (noting the active ingredient must still be on the script) if “doctors considers this necessary for the medical treatment of the patient”
- Does not apply to hand-written or paper based medication charts with 4 or more active ingredient. excluded.

Read AMA article

What is ePrescribing?

- Alternative option to paper prescriptions.
- Not mandatory.
- Patients and prescribers choose between paper or electronic prescription.
- Federal and state legislation changes required to make ePrescribing legal.

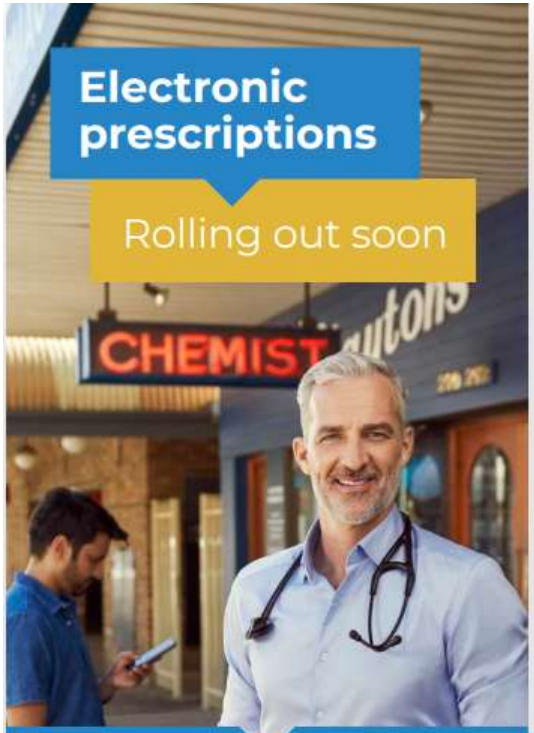
What are the benefits of ePrescribing?

- Supports telehealth services.
- Minimises potential for dispensing errors.
- Removes need for printing, sharing and storing paper prescriptions.
- Improves patient centred choice.
- May save patient travel if delivery service also available.
- Can minimise prescribing and dispense errors.
- It will be important if you want a progressive practice of the future.

"So far so good.

All looks very positive with great feedback from both the GPs and patients that have been involved with the testing."

Jacquie Morgan, Practice Manager, Rusden Street Medical Practice. Armidale NSW



Soon you can choose an electronic prescription as an easy and convenient alternative to paper prescriptions.

Check that your doctor and pharmacy are ready

Learn more at
digitalhealth.gov.au

Connecting you to better healthcare

This is how it will work

Step 1

During your consultation your doctor will send you an SMS or an email.

Step 2

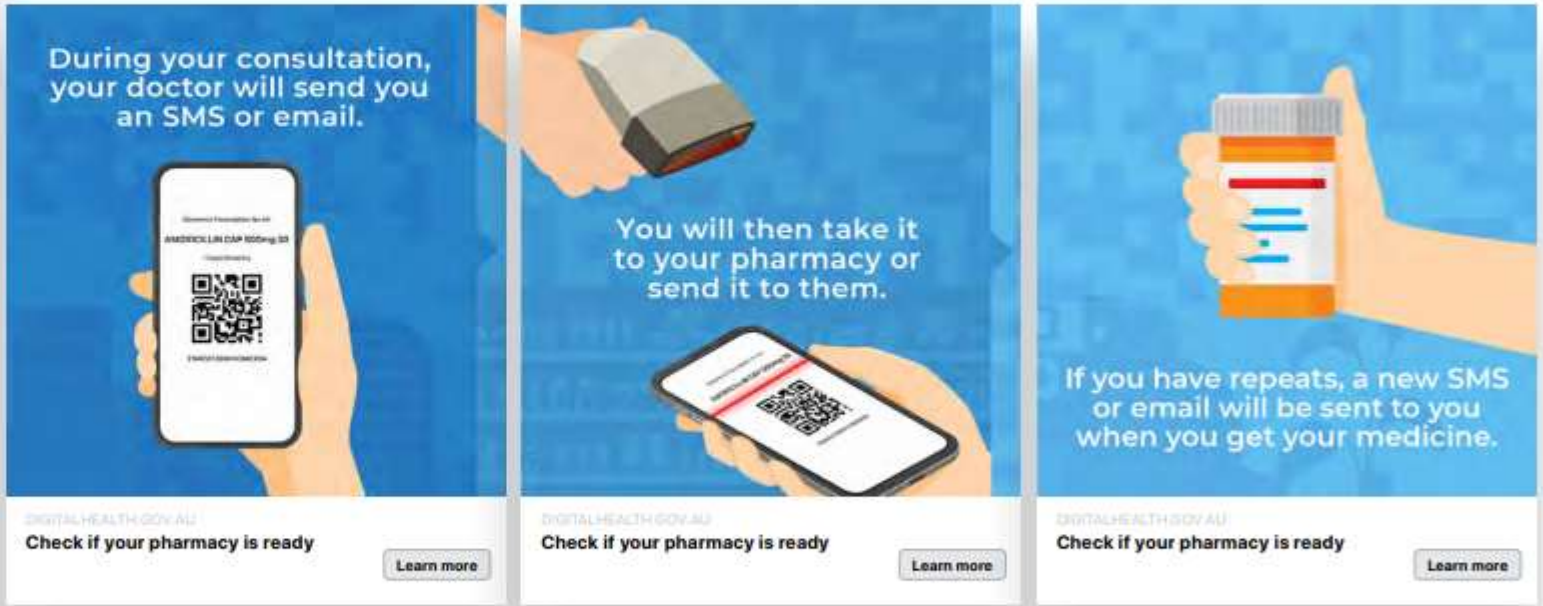
You will then take it to your pharmacy or send it to them.

Step 3

If you have repeats, a new SMS or email will be sent to you when you get your medicine from the pharmacy.

Remember to check that your doctor has your correct mobile number and email address.

Resources for practices



Facebook Carousel | ADHA

https://vimeo.com/423908248

Prepare Your Practitioners

https://vimeo.com/427973289/d630573577?fbclid=IwAR2C5rQelY4l6gdKgP7hHFi61DWXcZi-NSGljIRqIWcgNHUg2UAP7js2V3E

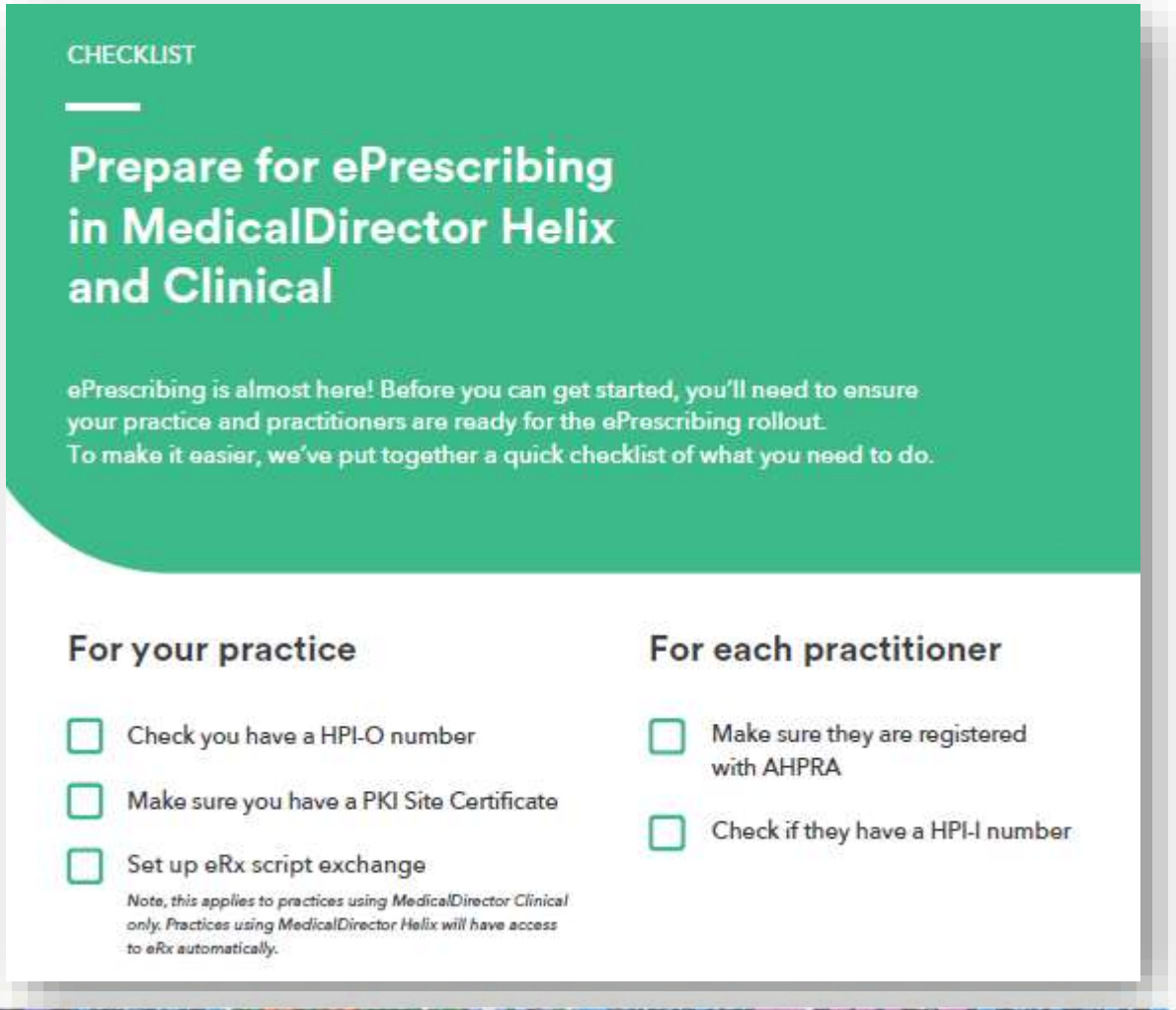
Prepare Your Patients

Introducing ePrescribing to Patients by Best Practice Software

Patient Education

Share MedicalDirector's video on your website/social media channels

Access Medical Directors' Training & Resources



CHECKLIST

Prepare for ePrescribing in MedicalDirector Helix and Clinical

ePrescribing is almost here! Before you can get started, you'll need to ensure your practice and practitioners are ready for the ePrescribing rollout.
To make it easier, we've put together a quick checklist of what you need to do.

For your practice

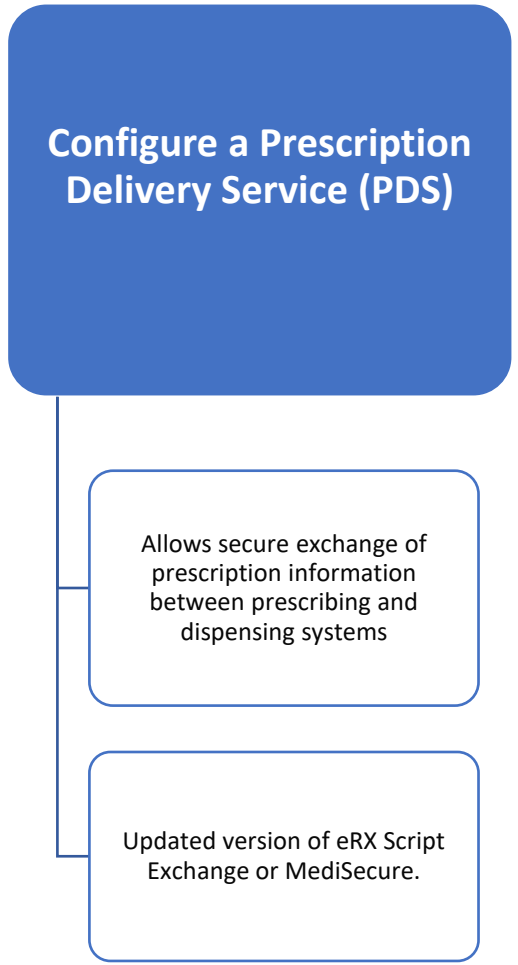
- ☐ Check you have a HPI-O number
- ☐ Make sure you have a PKI Site Certificate
- ☐ Set up eRx script exchange

Note, this applies to practices using MedicalDirector Clinical only. Practices using MedicalDirector Helix will have access to eRx automatically.

For each practitioner

- ☐ Make sure they are registered with AHPRA
- ☐ Check if they have a HPI-I number

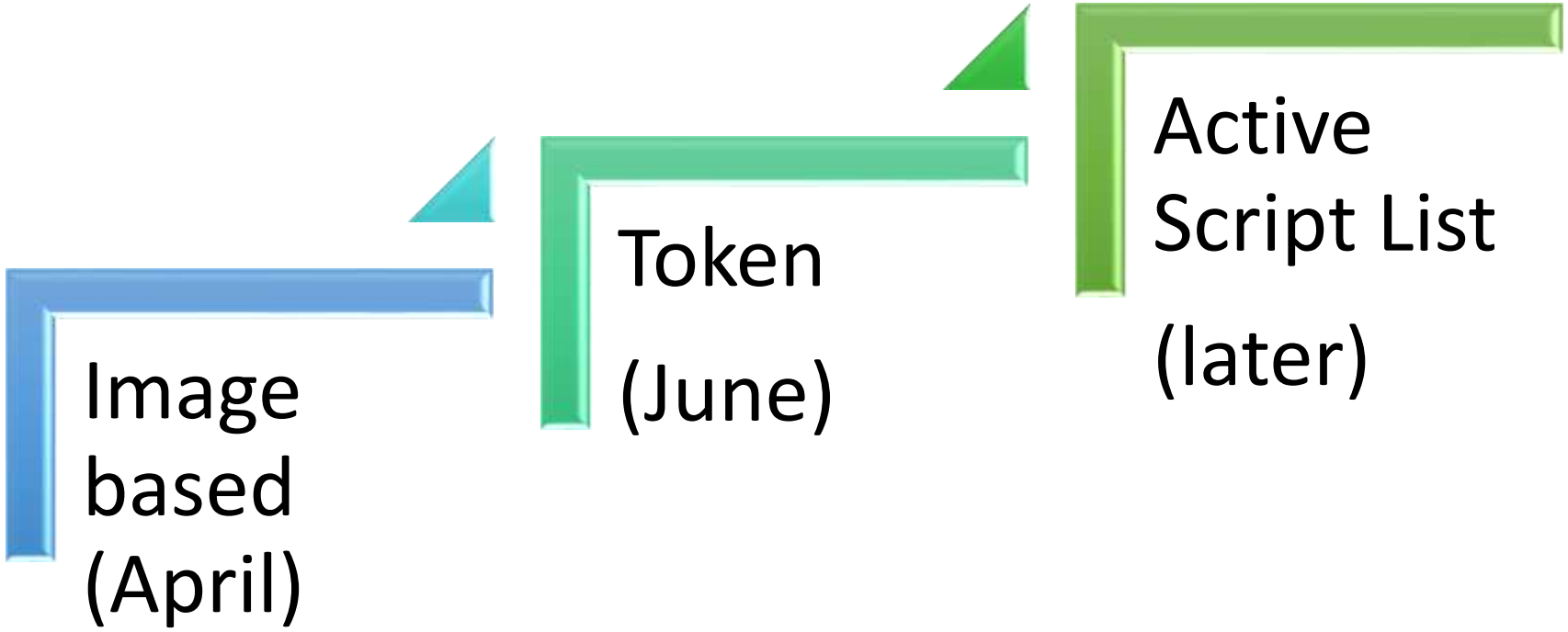
Preparing for electronic prescriptions



ERX

Medisecure

Continual Progression



Token Model

Doctor prescribes medication via conformant software (incl. HPI-O, IHI, eRx)

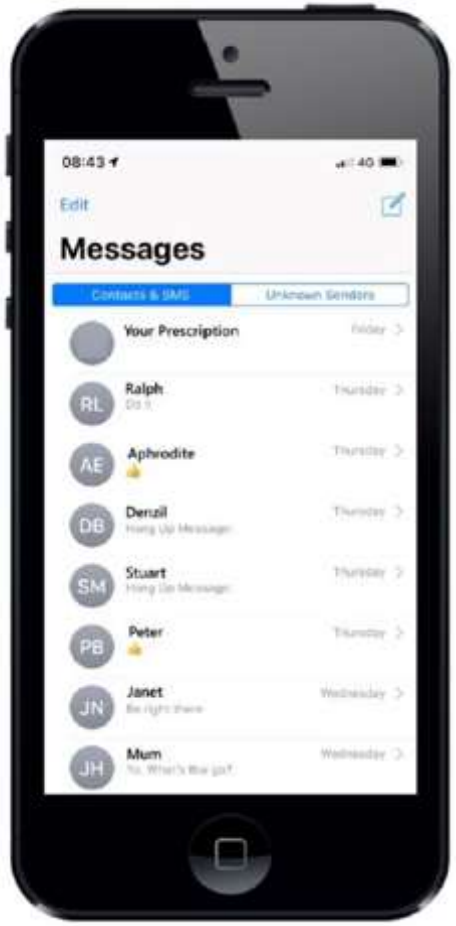
Confirm patient's contact details

Patient receives token

Patient sends it electronically via SMS/Email. Once receipt is confirmed by pharmacy, medication is dispensed via existing method. (incl. HPI-O, IHI, eRx)

Prescription tokens can be managed on mobile devices. The mobile device will display the token in a manner suitable for scanning using existing pharmacy equipment.

Electronic prescriptions – Token Model Demo



Preparing for electronic prescriptions

Register the organisation with the Healthcare Identifiers (HI) Service

- The HI Service is a national system for allocating a unique healthcare identifier to healthcare organisations (HPI-O), professionals (HPI-I), and consumers (IHI).
- The organisation seed registration results in a Healthcare Provider Identifier – Organisation (HPI-O).
- The HI Service is also used for My Health Record.

Apply for a NASH PKI Certificate

- The National Authentication Service (NASH) Public Key Infrastructure (PKI) Certificate is used to securely connect to the HI Service and share health information.

Gather Healthcare Provider Identifier – Individuals (HPI-Is)

- Healthcare Provider Identifier – Individual (HPI-I) - Identifies the individual clinician delivering healthcare.

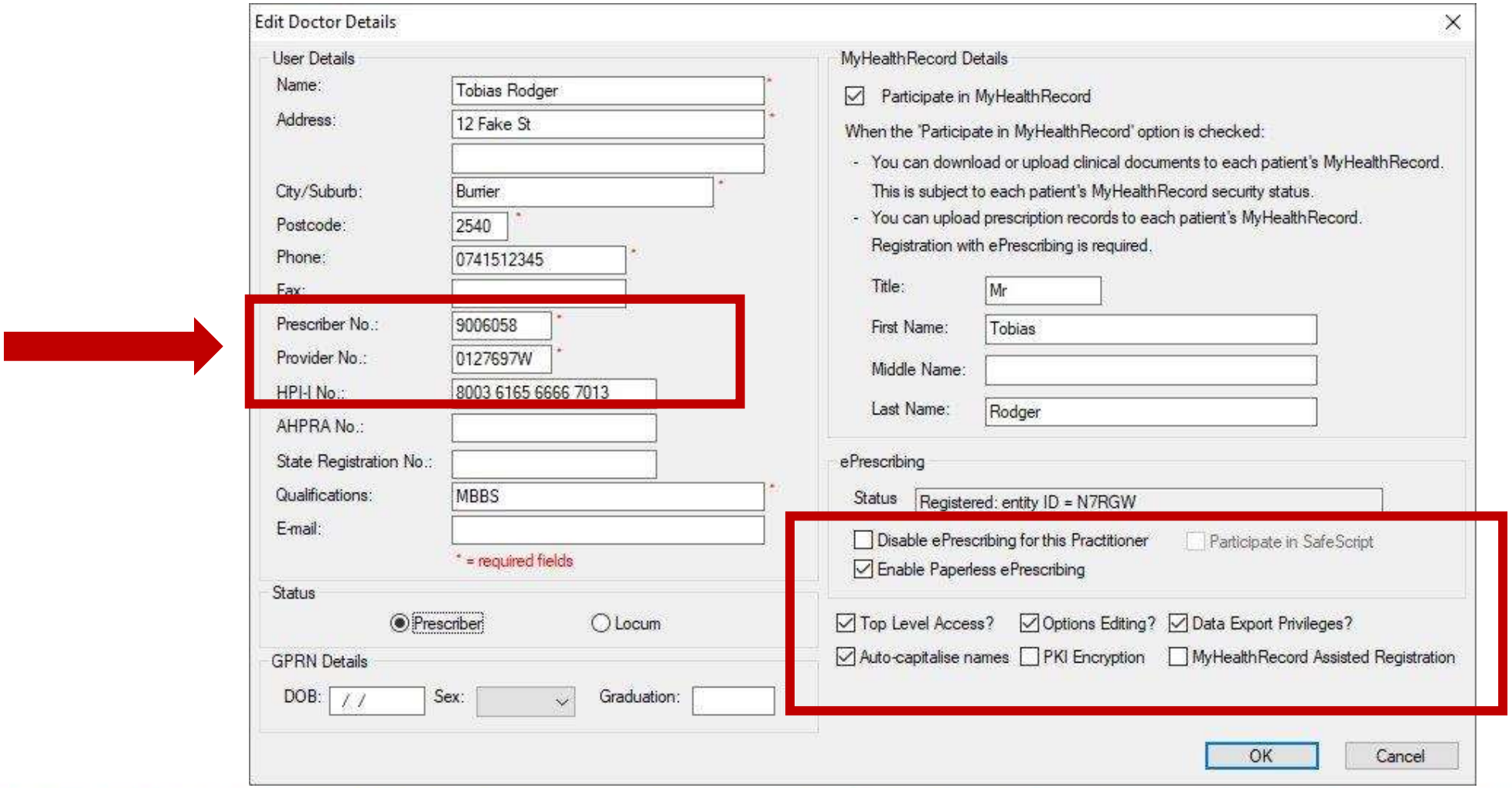
Configure a Prescription Delivery Service (PDS)

- Allows secure exchange of prescription information between prescribing and dispensing systems
- Updated version of eRX Script Exchange or MediSecure.

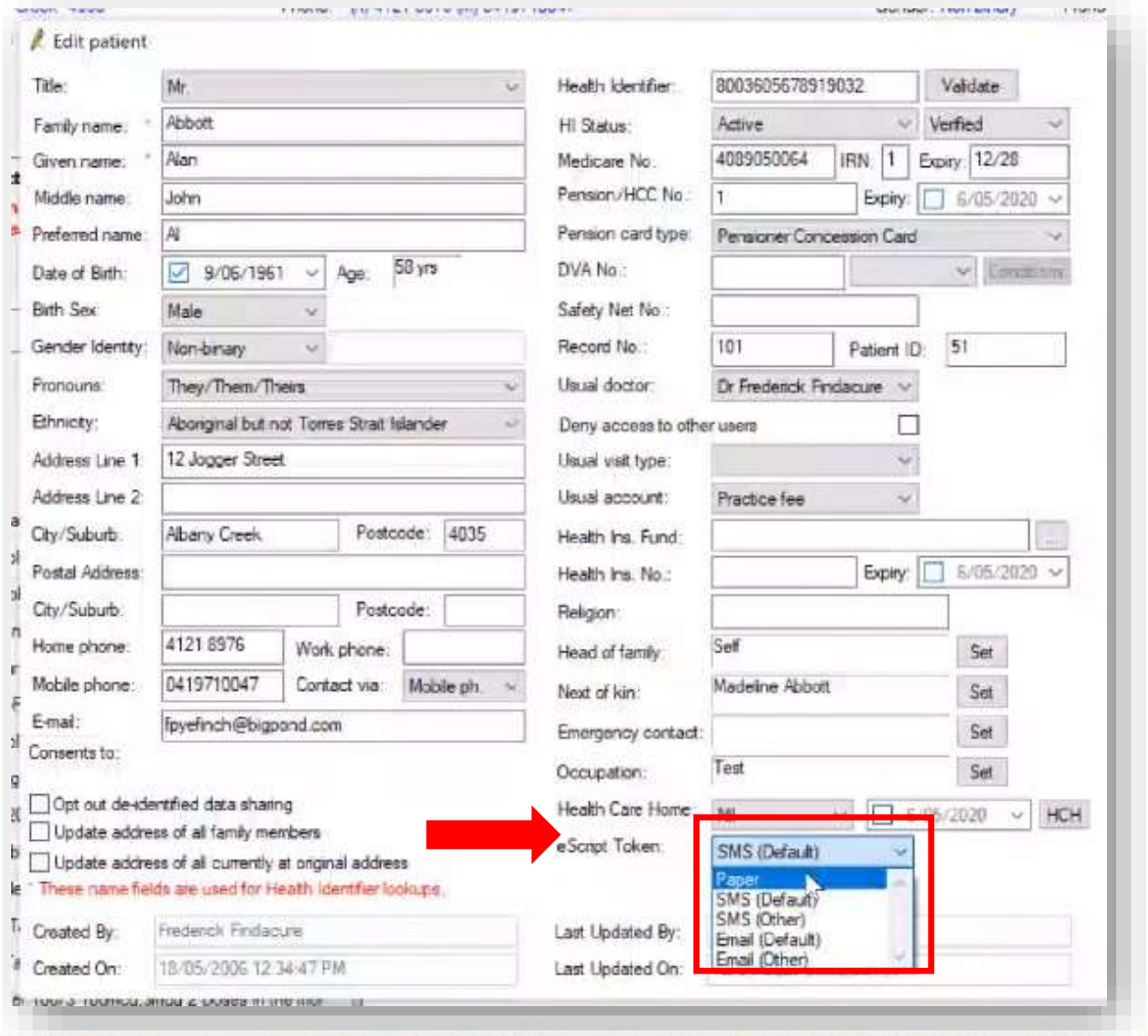
10 Step Preparation Plan

1. Connect to the HI service
2. Enter Prescriber Numbers
3. Enter Healthcare Provider Identifier-Organisation (HPI-O)
4. Enter HPI-Is for clinicians
5. Connect to a Prescription Delivery Service (eRX or Medisecure)
6. Import patient IHI numbers
7. Enter AHPRA numbers
8. Design education plan for practice and patients
9. Document a simple Quality Improvement Idea (PDSA)
10. Add carers' details (as appropriate)

Configuration – Edit Doctor Details

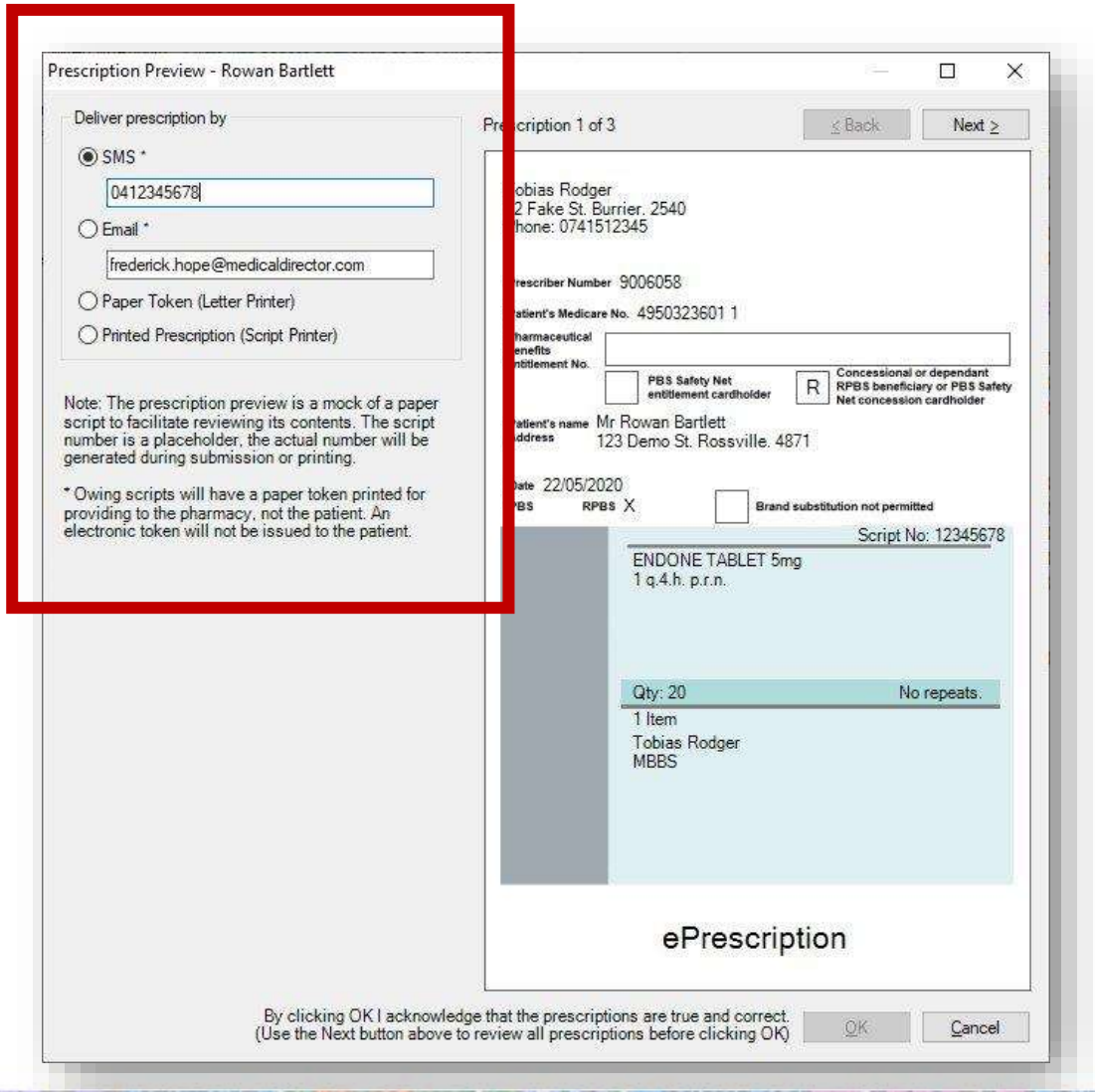


Set your patient's preference for eScript token

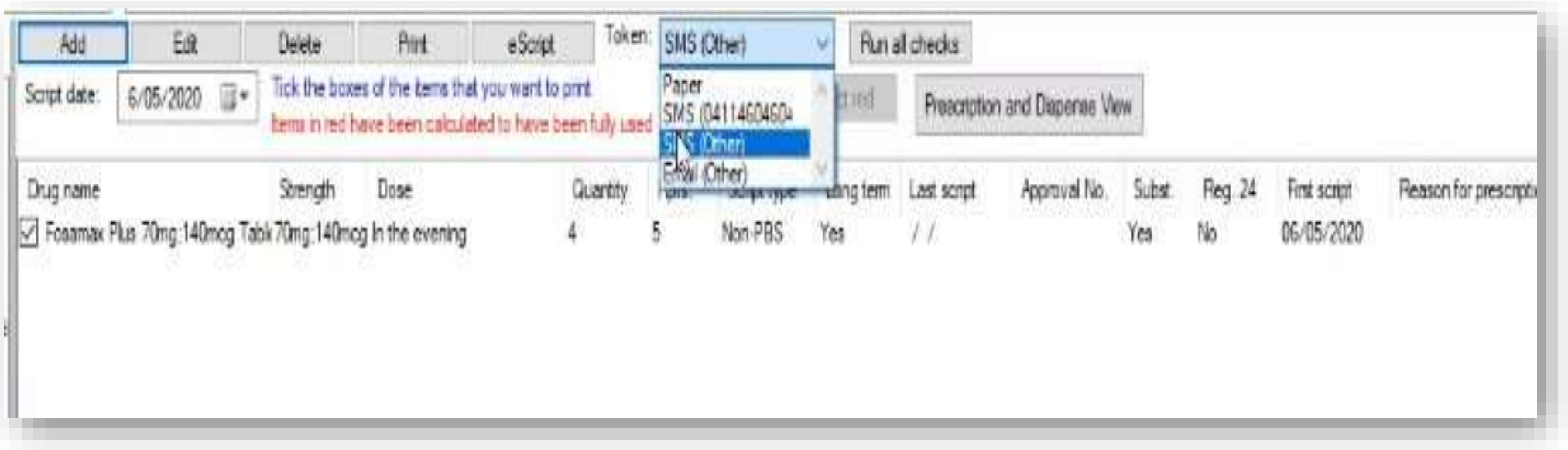


3 ways to receive an eScript

1. Token via SMS
2. Token via Email
3. Token printed on paper

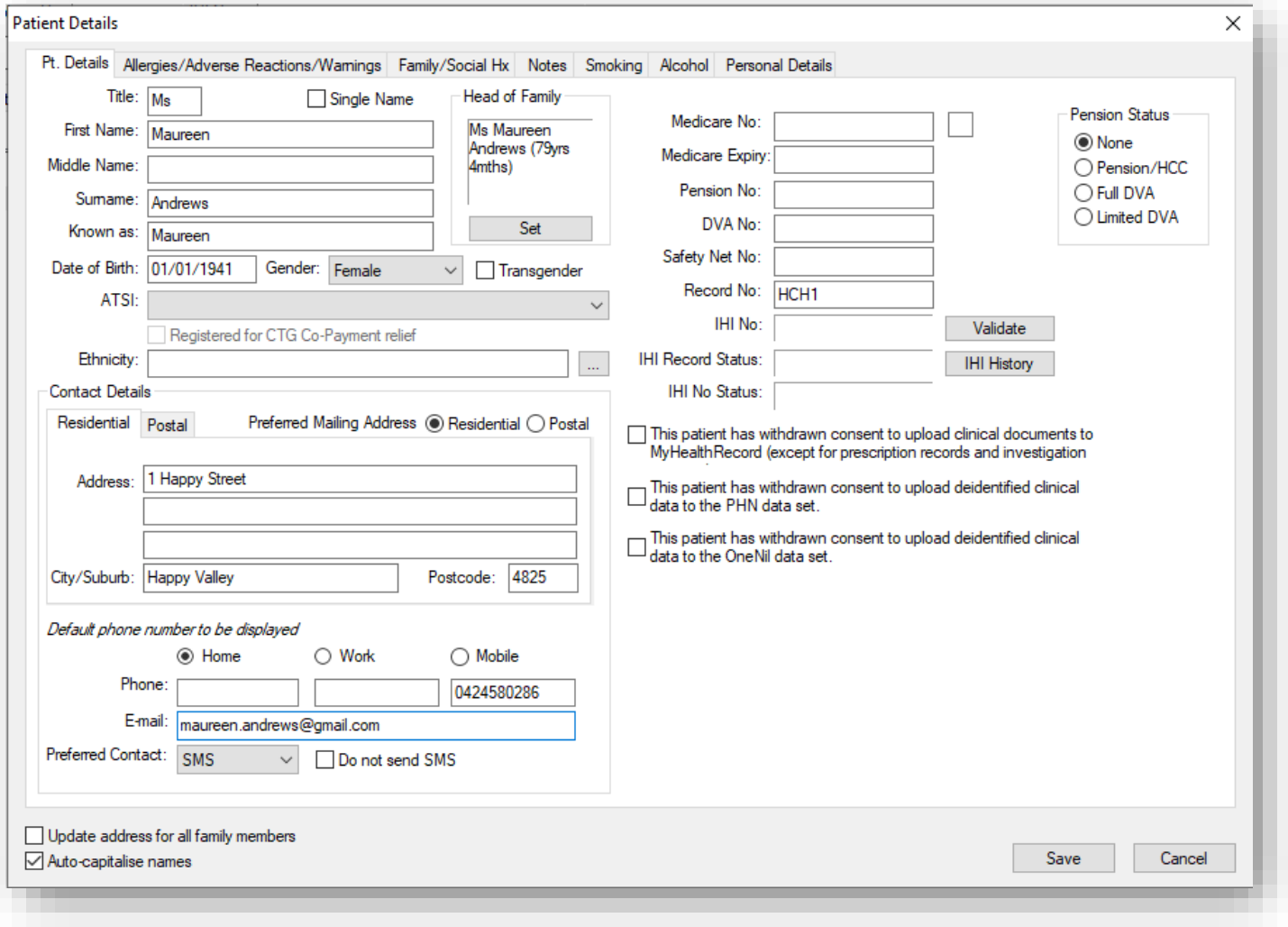


3 ways to receive an eScript

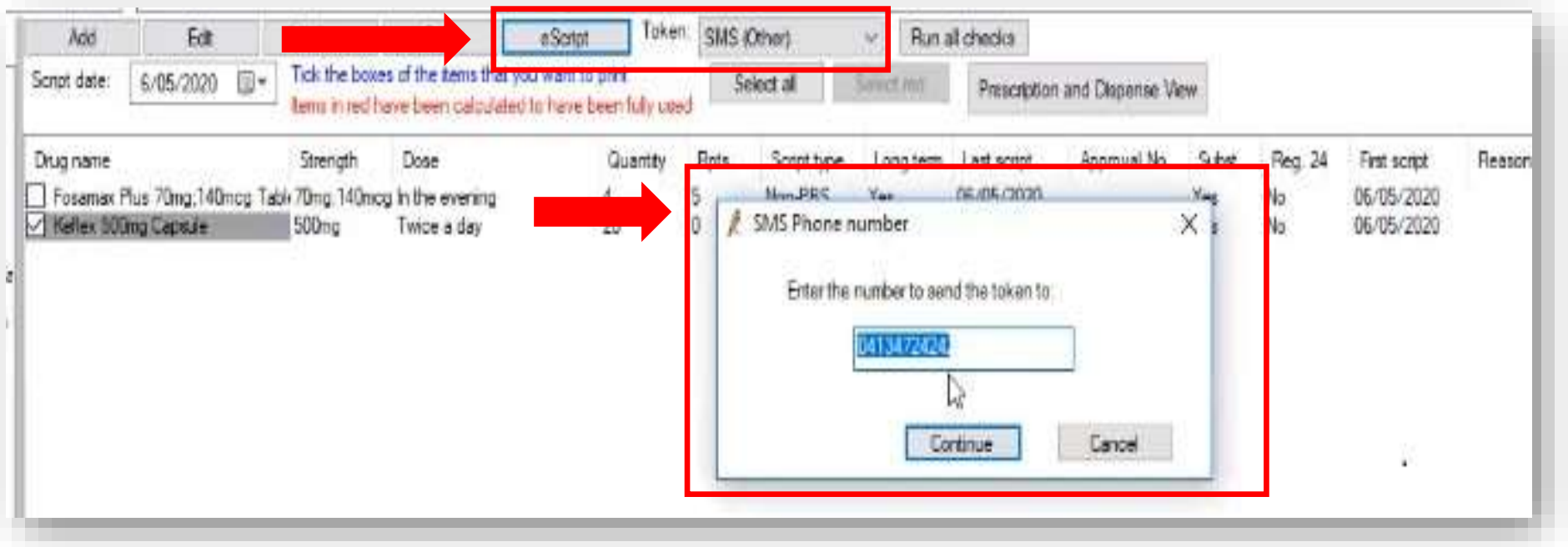


Token via email | Token via SMS (patient no. or 'other') | Token printed on paper

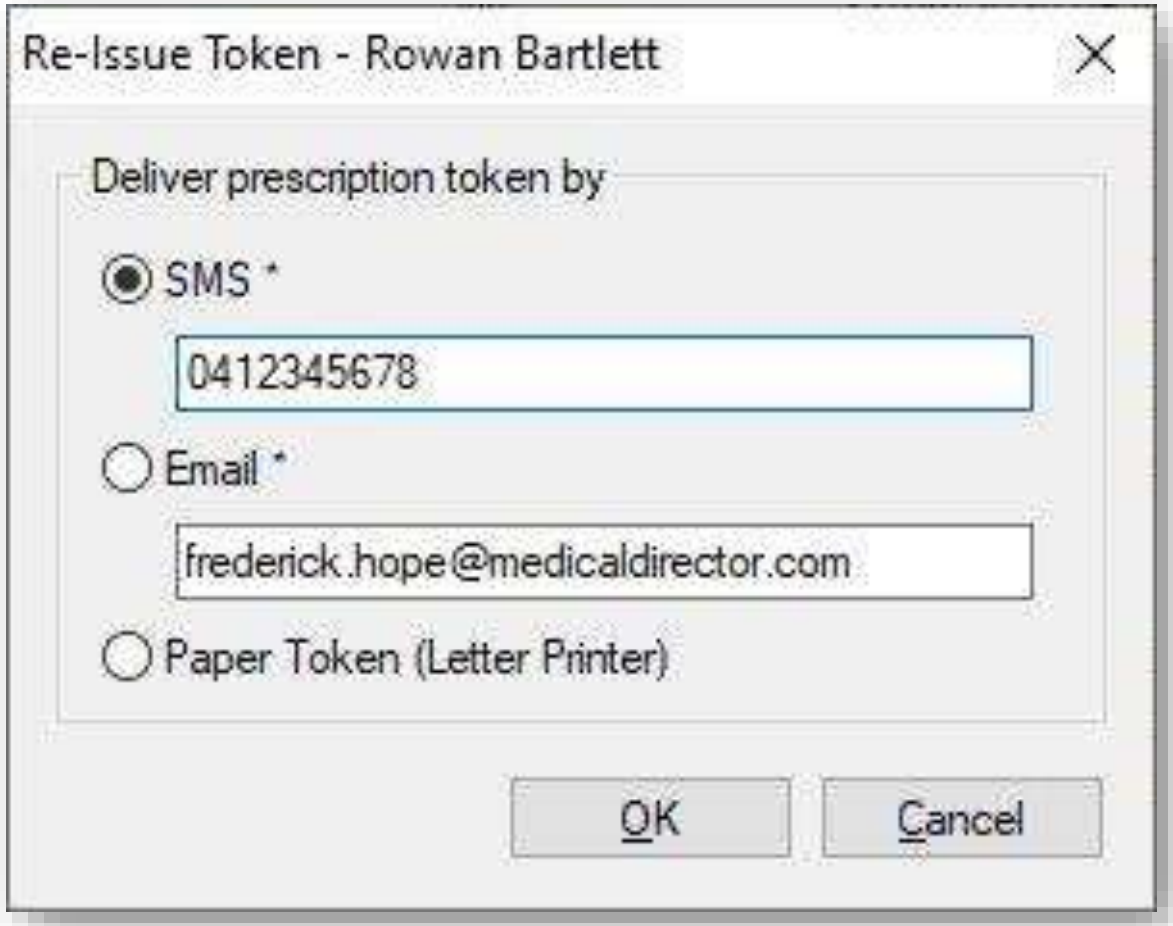
Doctors responsibility to have correct mobile &/or email.



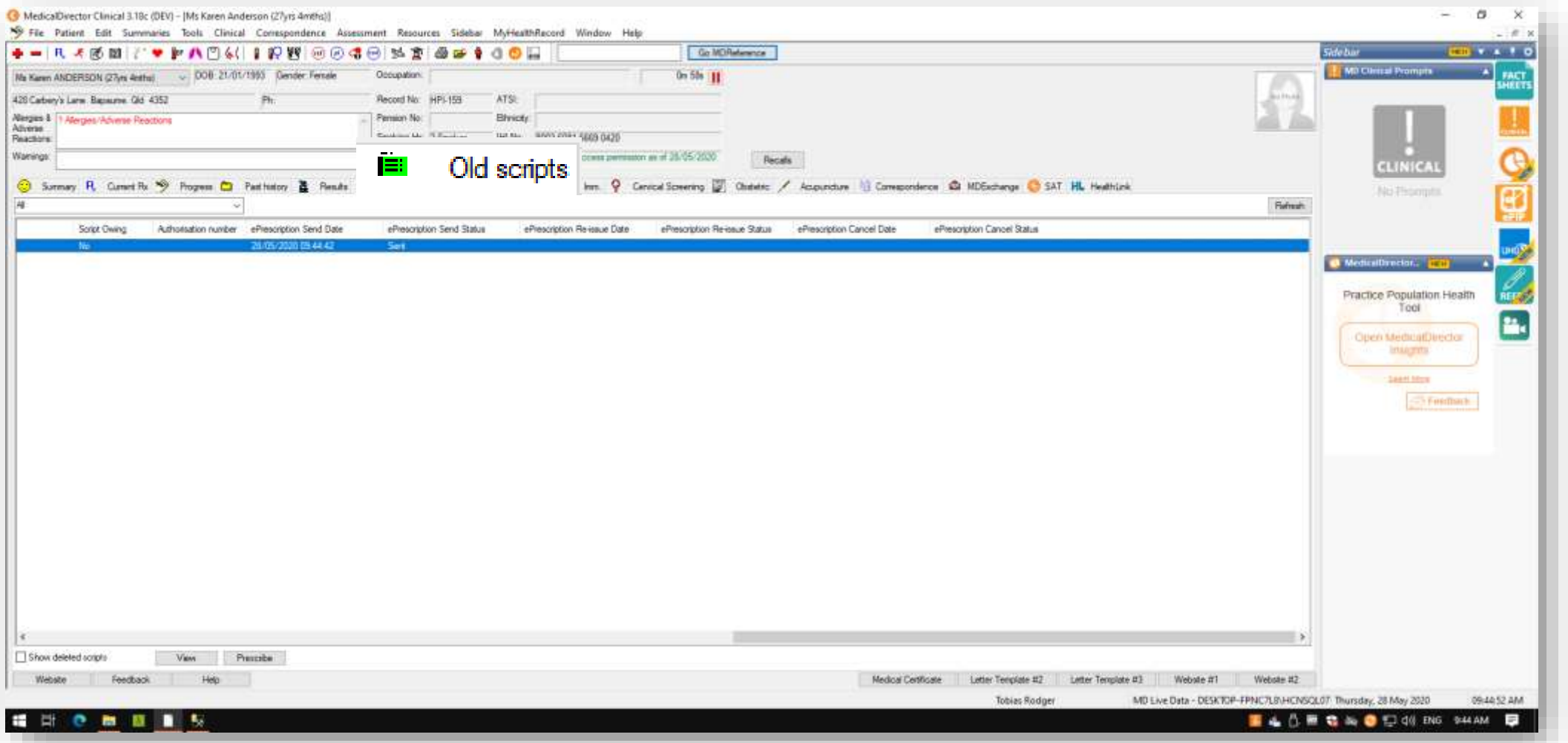
Or enter a carer's number while prescribing



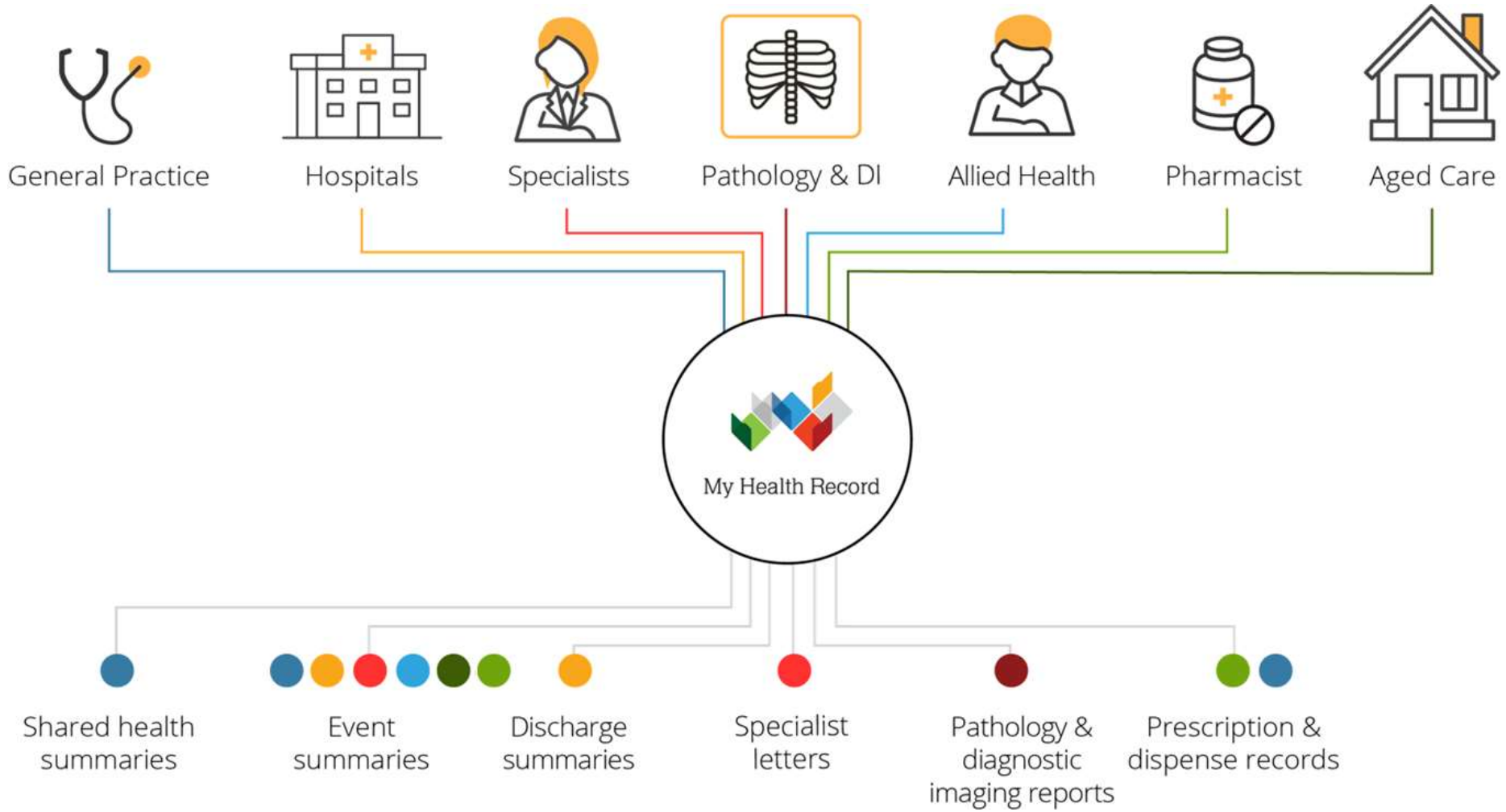
Reissue


Re-Issue Token - Rowan Bartlett
Deliver prescription token by
SMS *
0412345678
Email *
frederick.hope@medicaldirector.com
Paper Token (Letter Printer)
OK
Cancel

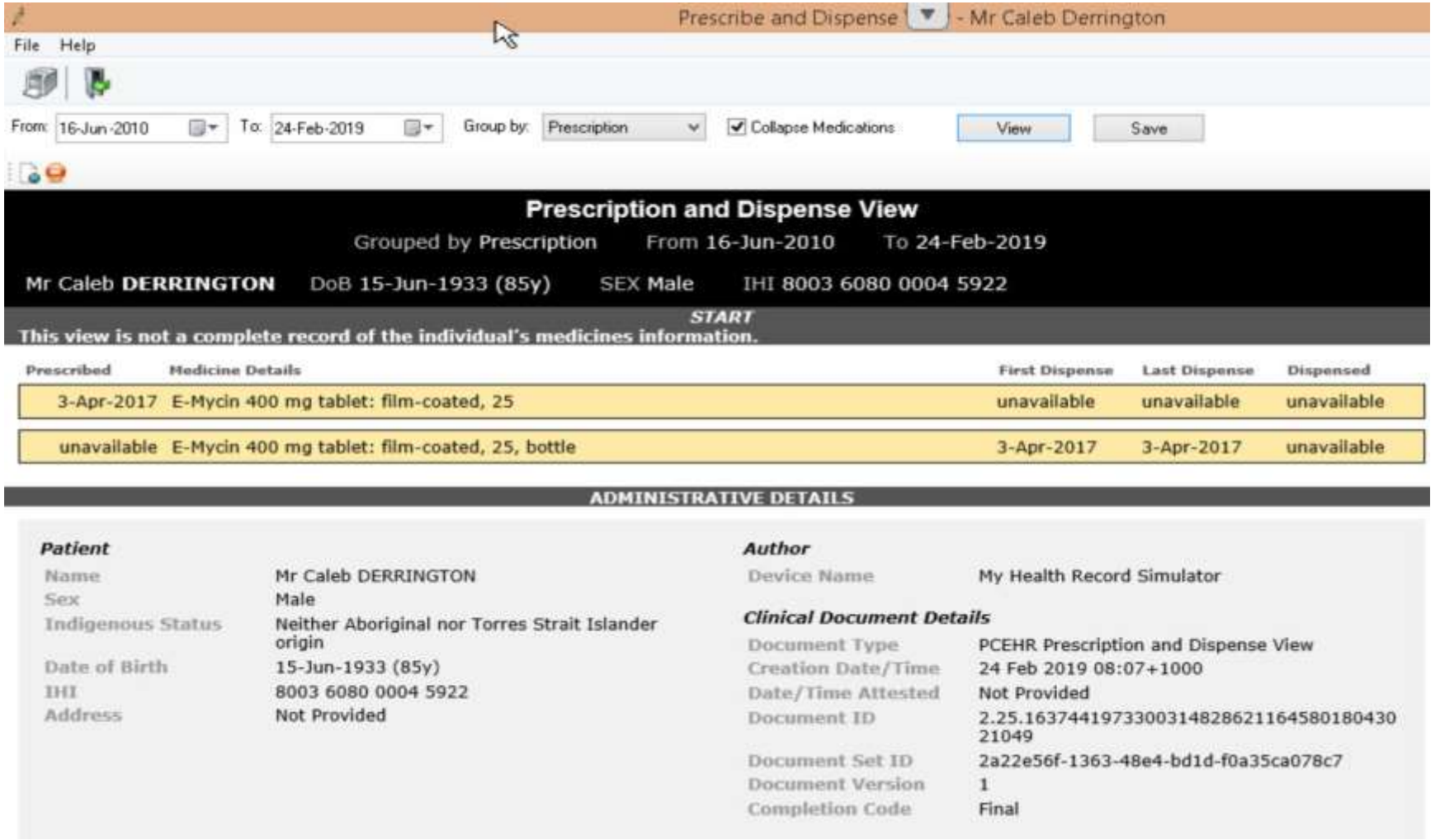
Reissue – sent notification

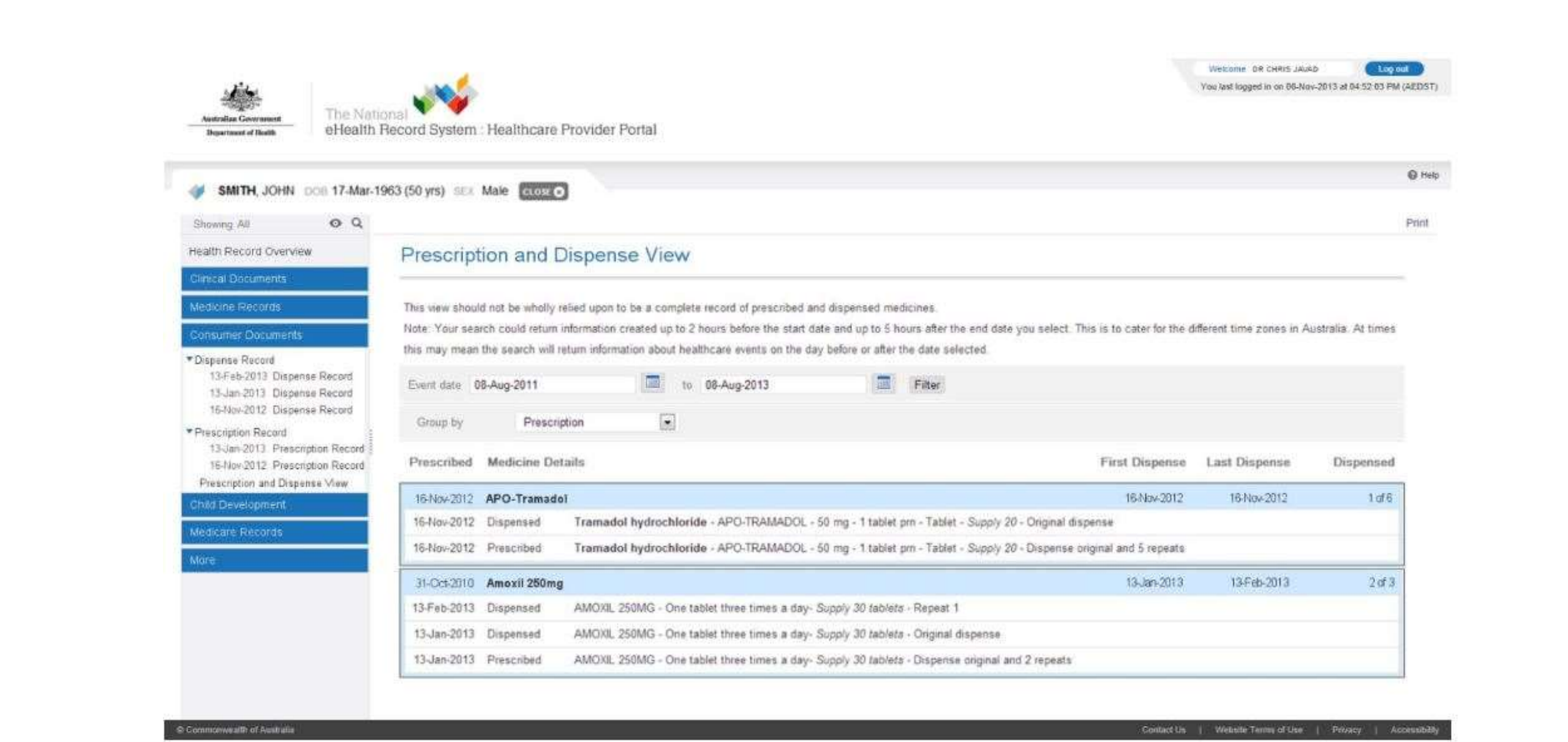


Digital Health Technology – My Health Record



My Health Record – Prescription & Dispense View




Welcome DR CHRIS JAUKO
Log out
You last logged in on 06-Nov-2013 at 04:52:03 PM (AEDST)
Australian Government
Department of Health
The National
eHealth Record System : Healthcare Provider Portal
Help
SMITH, JOHN DOB 17-Mar-1963 (50 yrs) SEX Male CLOSE
Showing: All
Health Record Overview
Clinical Documents
Medicine Records
Consumer Documents
Dispense Record
13-Feb-2013 Dispense Record
13-Jan-2013 Dispense Record
16-Nov-2012 Dispense Record
Prescription Record
13-Jan-2013 Prescription Record
16-Nov-2012 Prescription Record
Prescription and Dispense View
Child Development
Medicare Records
More
Print
Prescription and Dispense View
This view should not be wholly relied upon to be a complete record of prescribed and dispensed medicines.
Note: Your search could return information created up to 2 hours before the start date and up to 5 hours after the end date you select. This is to cater for the different time zones in Australia. At times this may mean the search will return information about healthcare events on the day before or after the date selected.
Event date 08-Aug-2011 to 08-Aug-2013 Filter
Group by Prescription
Prescribed Medicine Details First Dispense Last Dispense Dispensed
16-Nov-2012 APO-Tramadol 16-Nov-2012 16-Nov-2012 1 of 6
16-Nov-2012 Dispensed Tramadol hydrochloride - APO-TRAMADOL - 50 mg - 1 tablet prn - Tablet - Supply 20 - Original dispense
16-Nov-2012 Prescribed Tramadol hydrochloride - APO-TRAMADOL - 50 mg - 1 tablet prn - Tablet - Supply 20 - Dispense original and 5 repeats
31-Oct-2010 Amoxil 250mg 13-Jan-2013 13-Feb-2013 2 of 3
13-Feb-2013 Dispensed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Repeat 1
13-Jan-2013 Dispensed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Original dispense
13-Jan-2013 Prescribed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Dispense original and 2 repeats
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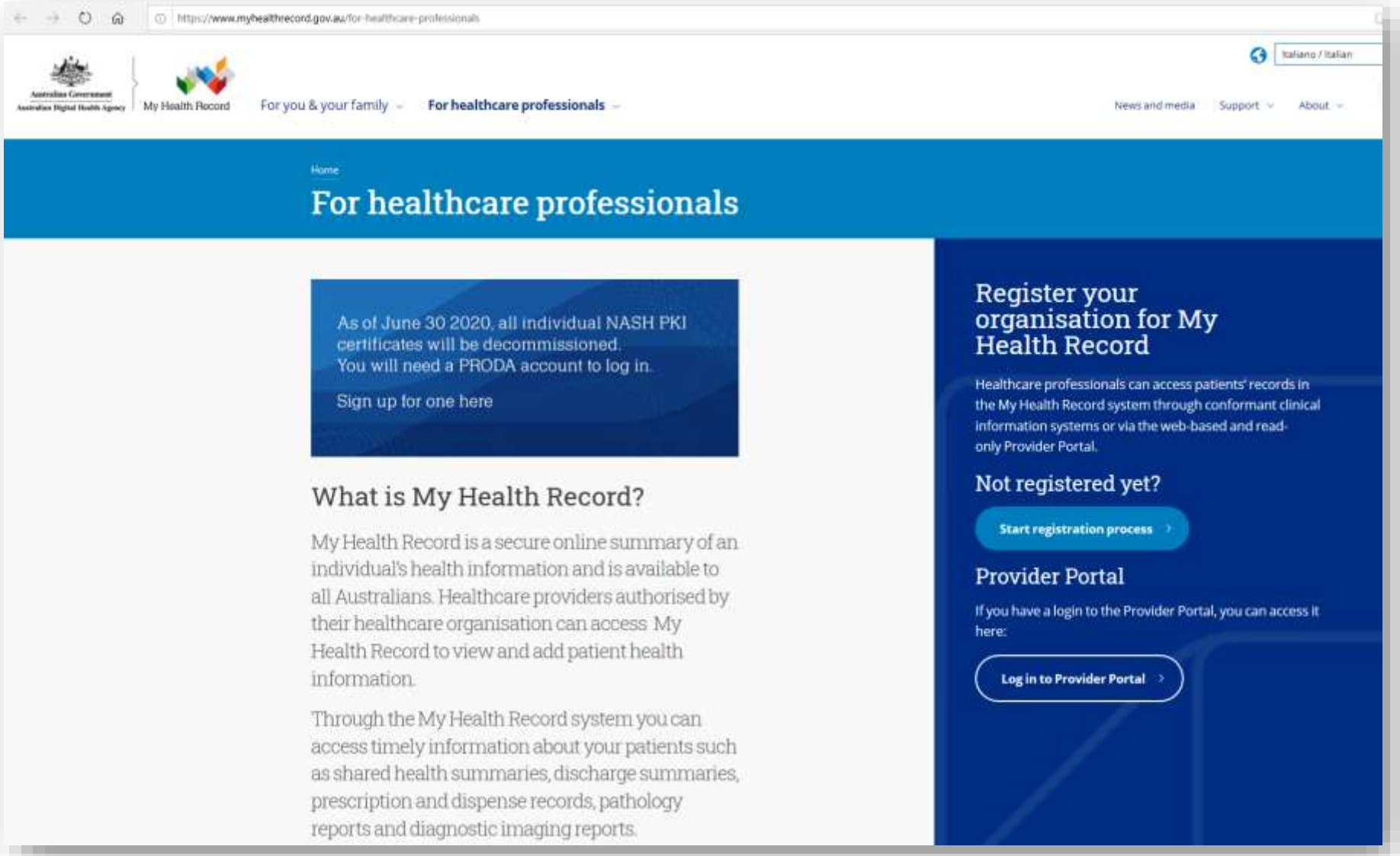

https://www.myhealthrecord.gov.au/for-healthcare-professionals
Australian Government
Australian Digital Health Agency
My Health Record
For you & your family
For healthcare professionals
Italiano / Italian
News and media
Support
About
Home
For healthcare professionals
As of June 30 2020, all individual NASH PKI certificates will be decommissioned.
You will need a PRODA account to log in.
Sign up for one here
What is My Health Record?
My Health Record is a secure online summary of an individual's health information and is available to all Australians. Healthcare providers authorised by their healthcare organisation can access My Health Record to view and add patient health information.
Through the My Health Record system you can access timely information about your patients such as shared health summaries, discharge summaries, prescription and dispense records, pathology reports and diagnostic imaging reports.
Register your organisation for My Health Record
Healthcare professionals can access patients' records in the My Health Record system through conformant clinical information systems or via the web-based and read-only Provider Portal.
Not registered yet?
Start registration process
Provider Portal
If you have a login to the Provider Portal, you can access it here:
Log in to Provider Portal

GET STARTED

Learning Objective 2:

Access pathology and radiology results via My Health Record.

How are healthcare providers using it?

My Health Record | Statistics and Insights
MAR 2019 TO MAR 2020

91% of pharmacies are now registered

69% are using My Health Record

91% of GPs are now registered

73% are using My Health Record

94% of public hospital beds are now registered

How many documents are in the system now?

There are almost **43 million** Pathology Reports

There are nearly **7 million** Diagnostic Imaging Reports

There are more than **6 million** Discharge Summaries

There are more than **4 million** Shared Health Summaries

How did healthcare provider views change in March?

Views by GP's in March reached nearly **250,000**

*An increase of almost **20%** since February.*

Views by Public Hospitals and Health Services were **180,000**

*That's an increase of more than **40%** in the last month.*

[My Health Record]

Clinical Records

These are documents with clinical information entered by healthcare providers in My Health Record.

Diagnostic Imaging Reports

Imaging results, such as scans and x-rays.

Discharge Summaries

Records of hospital stays and any follow up treatment required.

e-Referrals

Referrals from one treating healthcare provider to another.

Event Summaries

Information about healthcare events or consultations.

Pathology Reports

Test results, such as blood tests.

Pharmacist Shared Medicines List

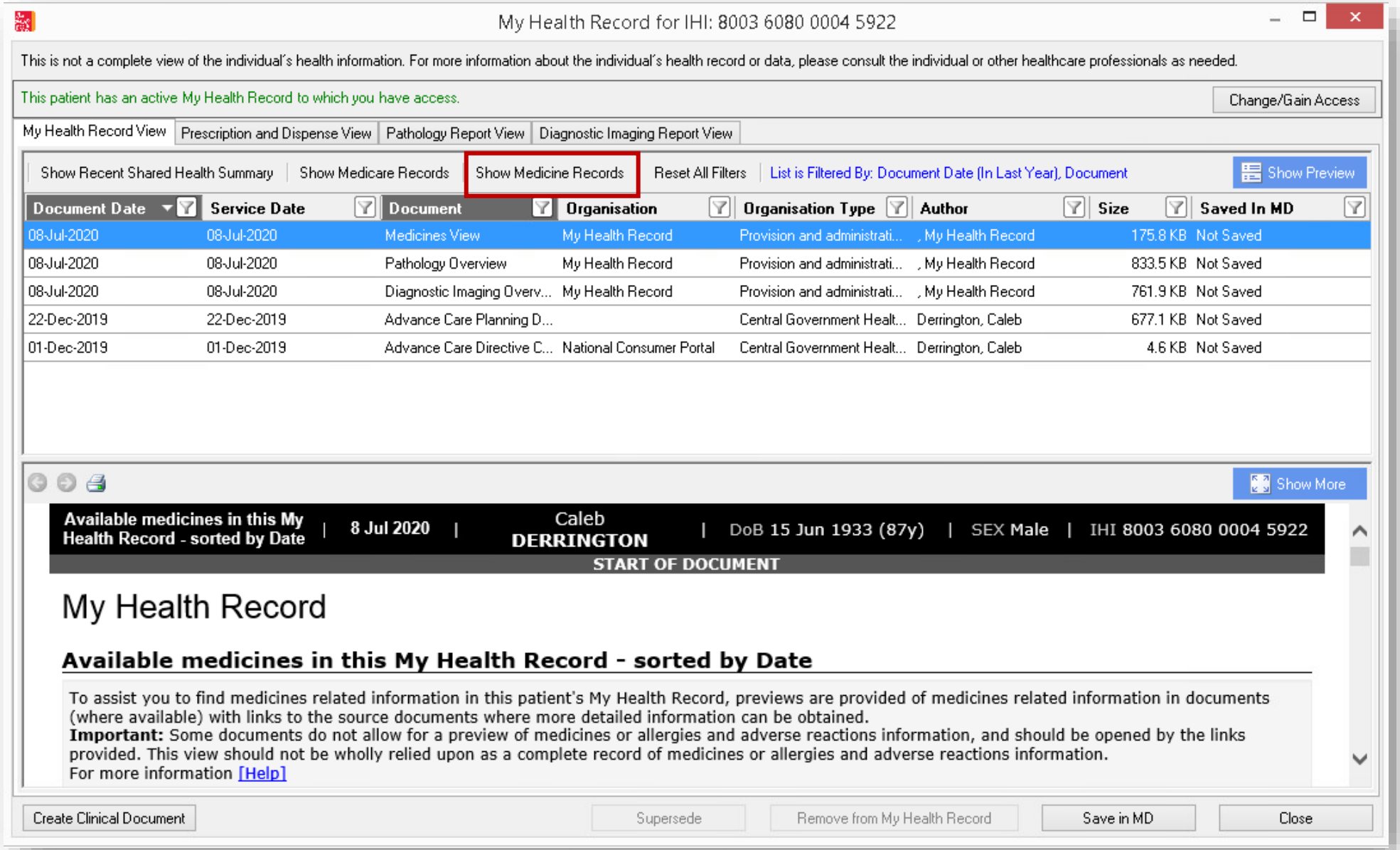
Medicines list prepared by a pharmacist.

Shared Health Summaries

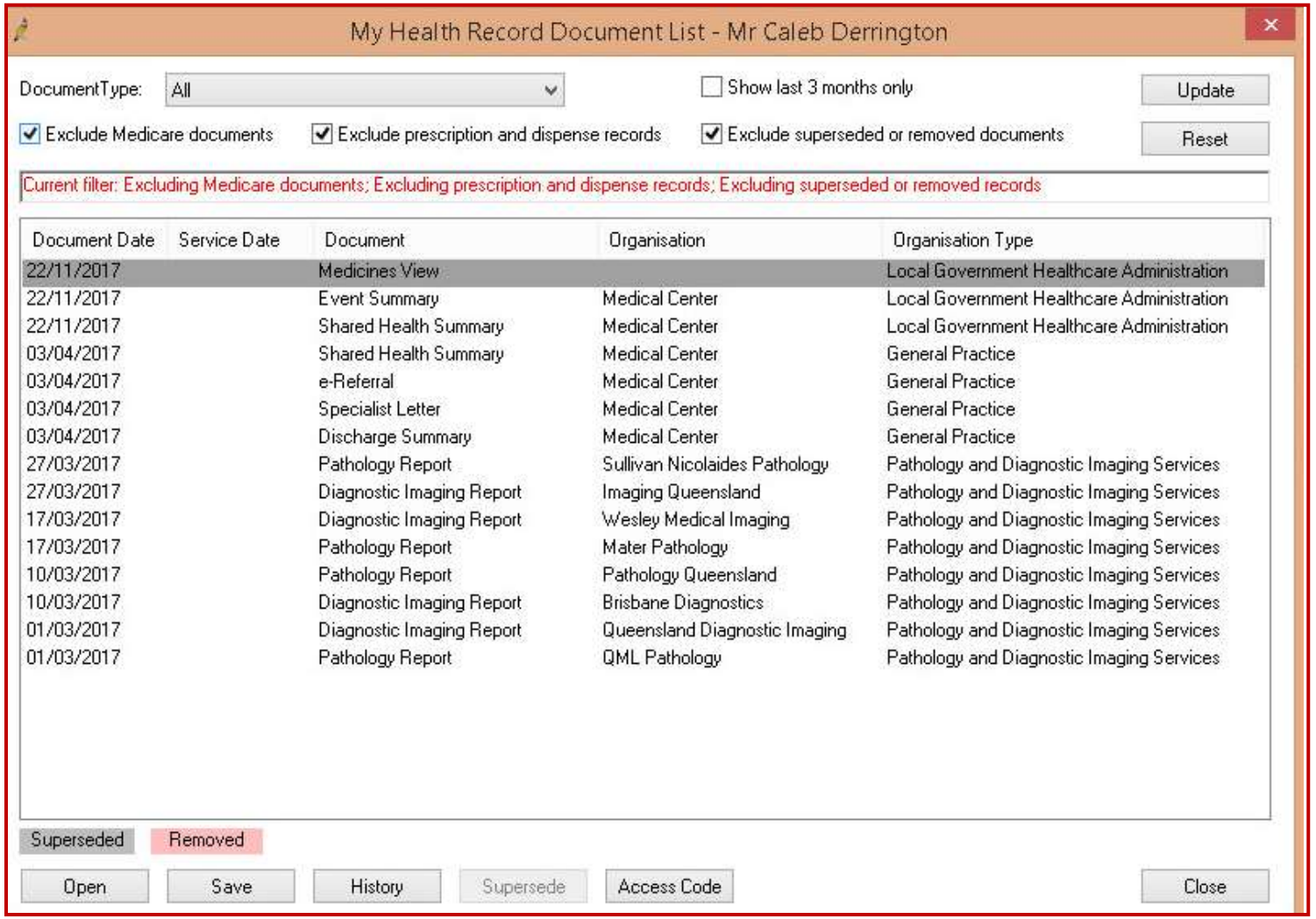
Summaries of your health status added by healthcare providers.

Specialist Letters

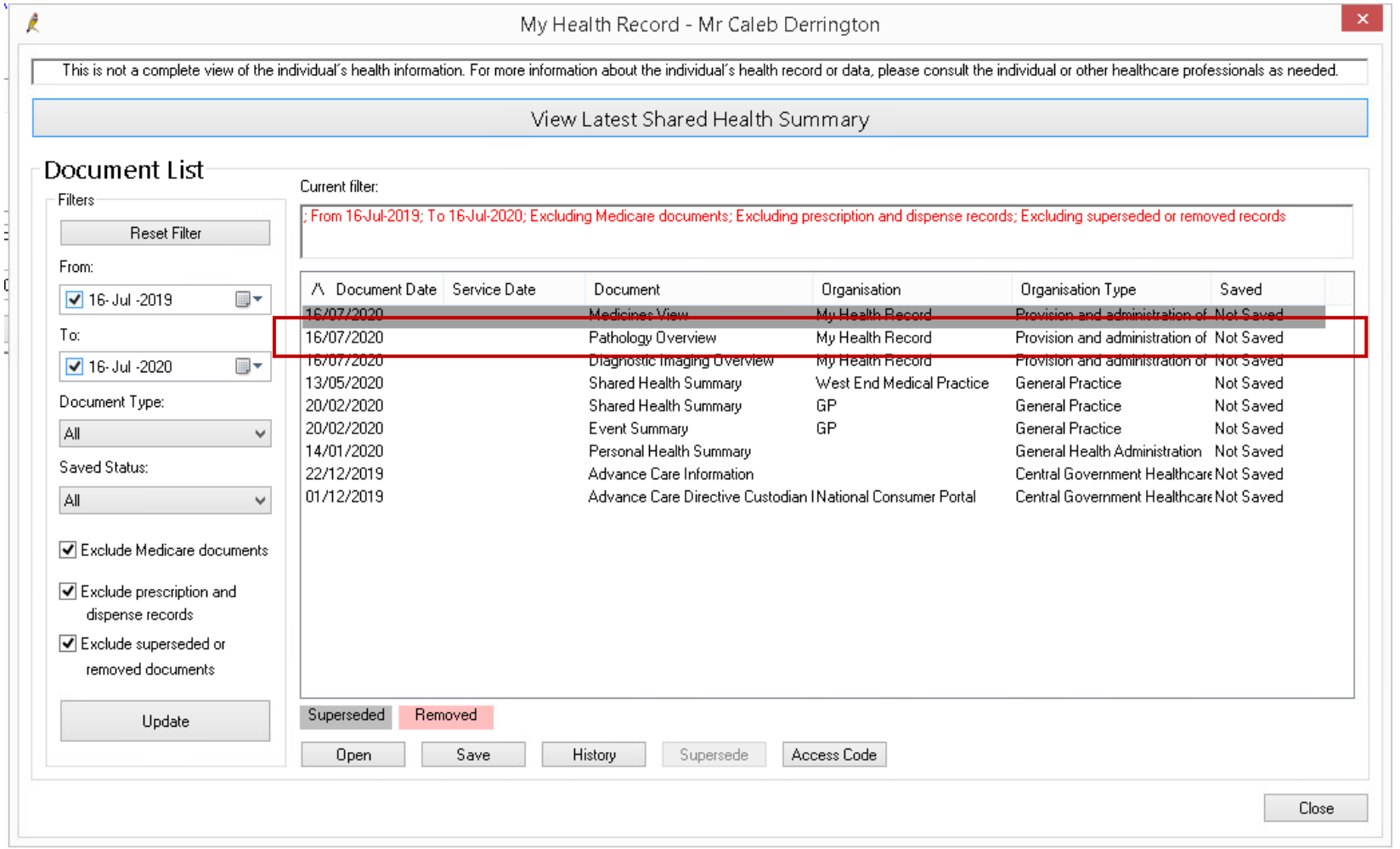
Documents added by specialists in response to a referral.

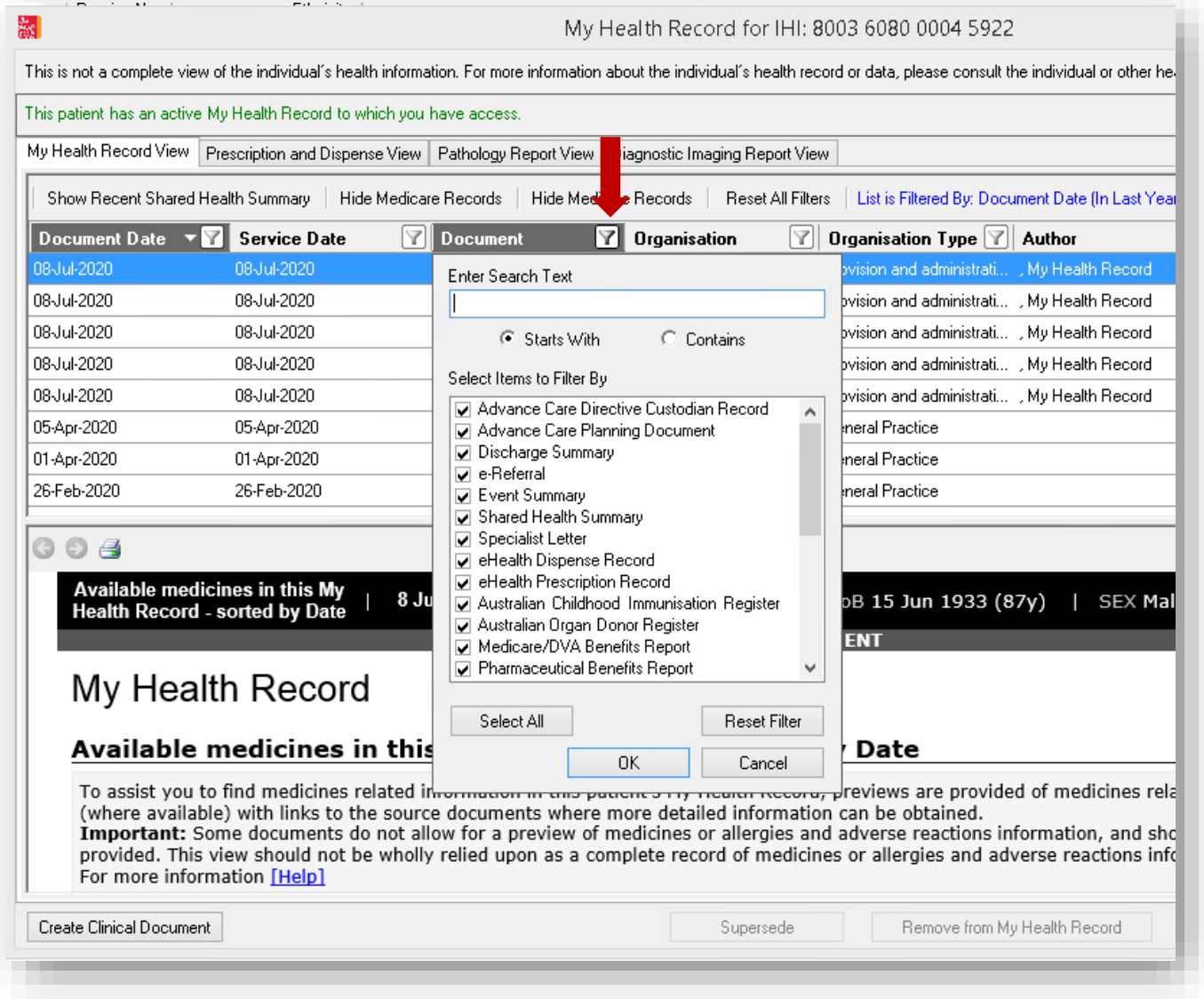

My Health Record for IHI: 8003 6080 0004 5922
This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professionals as needed.
This patient has an active My Health Record to which you have access.
Change/Gain Access
My Health Record View
Prescription and Dispense View
Pathology Report View
Diagnostic Imaging Report View
Show Recent Shared Health Summary
Show Medicare Records
Show Medicine Records
Reset All Filters
List is Filtered By: Document Date (In Last Year), Document
Show Preview
Document Date
Service Date
Document
Organisation
Organisation Type
Author
Size
Saved In MD
08-Jul-2020 08-Jul-2020 Medicines View My Health Record Provision and administrati... , My Health Record 175.8 KB Not Saved
08-Jul-2020 08-Jul-2020 Pathology Overview My Health Record Provision and administrati... , My Health Record 833.5 KB Not Saved
08-Jul-2020 08-Jul-2020 Diagnostic Imaging Overv... My Health Record Provision and administrati... , My Health Record 761.9 KB Not Saved
22-Dec-2019 22-Dec-2019 Advance Care Planning D... Central Government Healt... Derrington, Caleb 677.1 KB Not Saved
01-Dec-2019 01-Dec-2019 Advance Care Directive C... National Consumer Portal Central Government Healt... Derrington, Caleb 4.6 KB Not Saved
Show More
Available medicines in this My Health Record - sorted by Date | 8 Jul 2020 | Caleb DERRINGTON | DoB 15 Jun 1933 (87y) | SEX Male | IHI 8003 6080 0004 5922
START OF DOCUMENT
My Health Record
Available medicines in this My Health Record - sorted by Date
To assist you to find medicines related information in this patient's My Health Record, previews are provided of medicines related information in documents (where available) with links to the source documents where more detailed information can be obtained.
Important: Some documents do not allow for a preview of medicines or allergies and adverse reactions information, and should be opened by the links provided. This view should not be wholly relied upon as a complete record of medicines or allergies and adverse reactions information.
For more information [Help]
Create Clinical Document
Supersede
Remove from My Health Record
Save in MD
Close

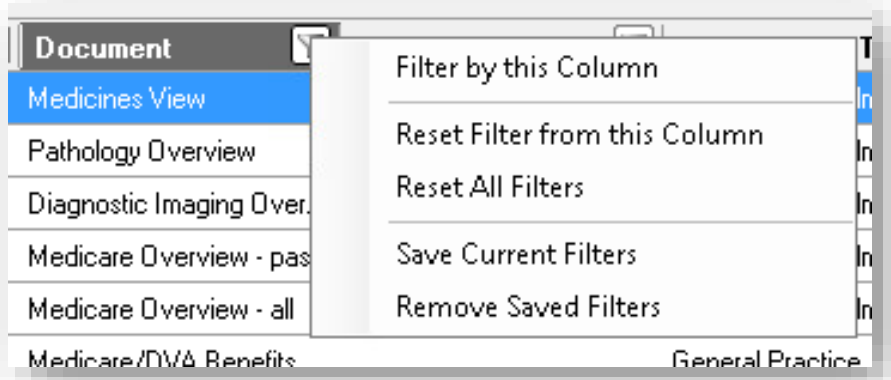
Pathology and Diagnostic Imaging included



Pathology and Diagnostic Imaging included




My Health Record for IHI: 8003 6080 0004 5922
This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other he
This patient has an active My Health Record to which you have access.
My Health Record View
Prescription and Dispense View
Pathology Report View
Diagnostic Imaging Report View
Show Recent Shared Health Summary
Hide Medicare Records
Reset All Filters
List is Filtered By: Document Date (In Last Year
Document Date
Service Date
Document
Organisation
Organisation Type
Author
08-Jul-2020
05-Apr-2020
01-Apr-2020
26-Feb-2020
Enter Search Text
Starts With
Contains
Select Items to Filter By
Advance Care Directive Custodian Record
Advance Care Planning Document
Discharge Summary
e-Referral
Event Summary
Shared Health Summary
Specialist Letter
eHealth Dispense Record
eHealth Prescription Record
Australian Childhood Immunisation Register
Australian Organ Donor Register
Medicare/DVA Benefits Report
Pharmaceutical Benefits Report
Select All
Reset Filter
OK
Cancel
Available medicines in this My Health Record - sorted by Date
My Health Record
Available medicines in this
Date
To assist you to find medicines related
previews are provided of medicines rela
(where available) with links to the source documents where more detailed information can be obtained.
Important: Some documents do not allow for a preview of medicines or allergies and adverse reactions information, and sho
provided. This view should not be wholly relied upon as a complete record of medicines or allergies and adverse reactions inf
For more information [Help]
Create Clinical Document
Supersede
Remove from My Health Record


Document
Medicines View
Pathology Overview
Diagnostic Imaging Over
Medicare Overview - pas
Medicare Overview - all
Medicare/DVA Benefits
General Practice
Filter by this Column
Reset Filter from this Column
Reset All Filters
Save Current Filters
Remove Saved Filters

Learning Objective 3

Maximise use of digital health technologies for data driven improvement.

Criterion QI1.1 – Quality improvement activities

Indicators

QI1.1►A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

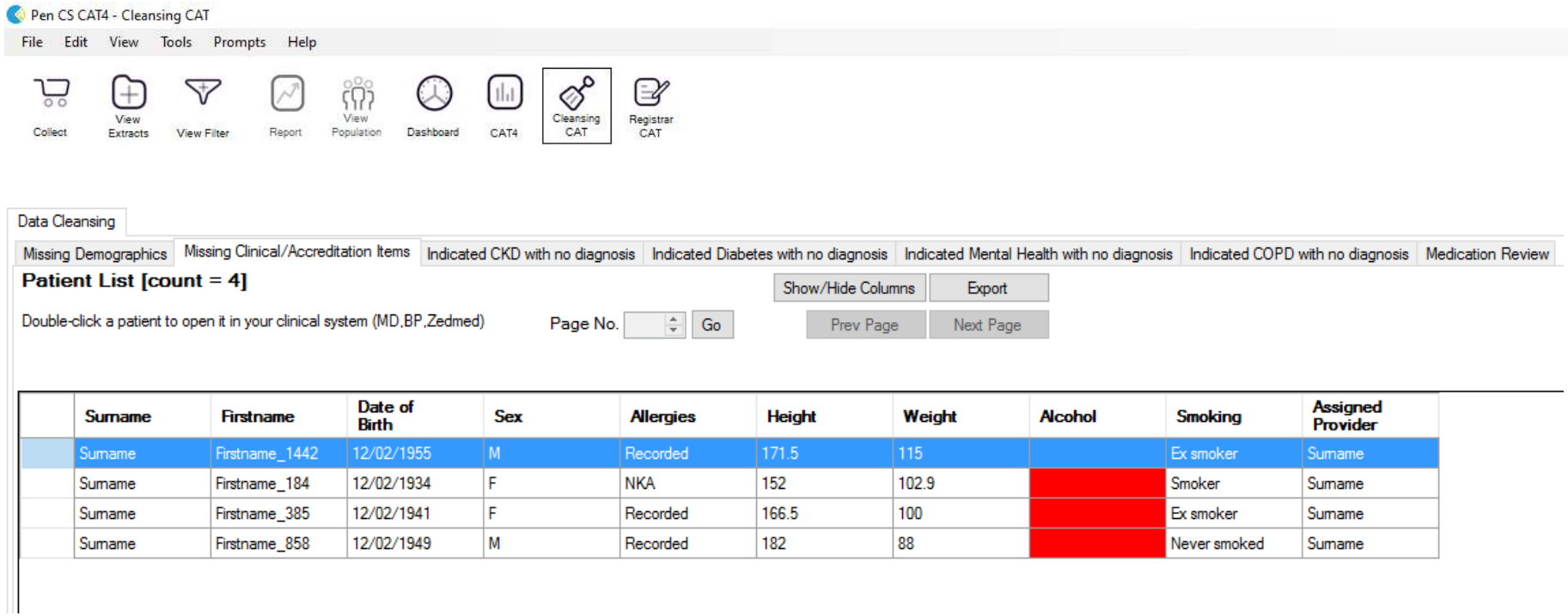
QI1.1►B Our practice team internally shares information about quality improvement and patient safety.

QI1.1►C Our practice seeks feedback from the team about our quality improvement systems and the performance of these systems.

QI1.1►D Our practice team can describe areas of our practice that we have improved in the past three years.

Evidence has shown that
quality improvement activities lead to positive change in practices*,*
particularly when a
whole practice team
approach is adopted.

Use data analytic tools to identify improvements eg alcohol recorded



Surname	Firstname	Date of Birth	Sex	Allergies	Height	Weight	Alcohol	Smoking	Assigned Provider
Surname	Firstname_1442	12/02/1955	M	Recorded	171.5	115		Ex smoker	Surname
Surname	Firstname_184	12/02/1934	F	NKA	152	102.9		Smoker	Surname
Surname	Firstname_385	12/02/1941	F	Recorded	166.5	100		Ex smoker	Surname
Surname	Firstname_858	12/02/1949	M	Recorded	182	88		Never smoked	Surname

Start small & simple

Start with your vulnerable patients

- ✓ *Patients aged over 65*
- ✓ *Chronic conditions & care plans*
- ✓ *Asthma, COPD, smoking, flu clinic*

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Go MDF

Mrs Laura Curtin (83yrs 2mths) | DOB: 05/03/1937 | Gender: Female | Occupation: | 0m 59s

87 Chapman Ave. Gurnang. Nsw 2787 | Ph: 0455555555 (mobile) | Record No: | ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: Nil known | Pension No: | Ethnicity:

Smoking Hx: Never smoked | IHI No: 8003 6085 0004 5331

Warnings: | MyHealthRecord: Exists with access permission as of 17/05/2020

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Cervical Screening

Consultation date: 17/05/2020 | Previous visits: ALL

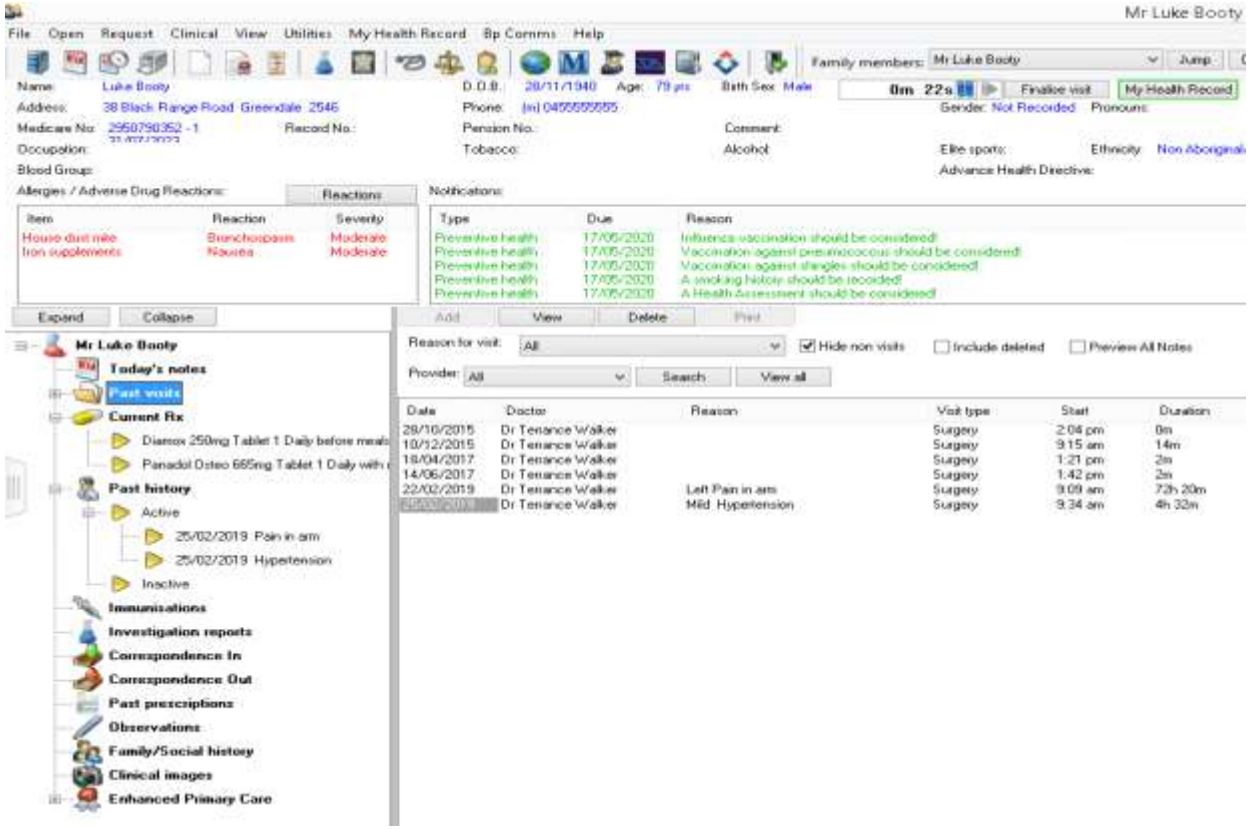
Visit type: Surgery Consultation

Sunday May 17 2020 14:43:37
Dr Phillip Lang
Visit type:
Surgery Consultation

Date	Recorded by:	Visit type	Reason for contact
07/08/2018	Dr Phillip Lang	Surgery Consultation	
17/05/2020	Dr Phillip Lang	Surgery Consultation	

Tuesday August 7 2018 09:43:08
Dr Phillip Lang
Visit type:
Surgery Consultation

Digital Health

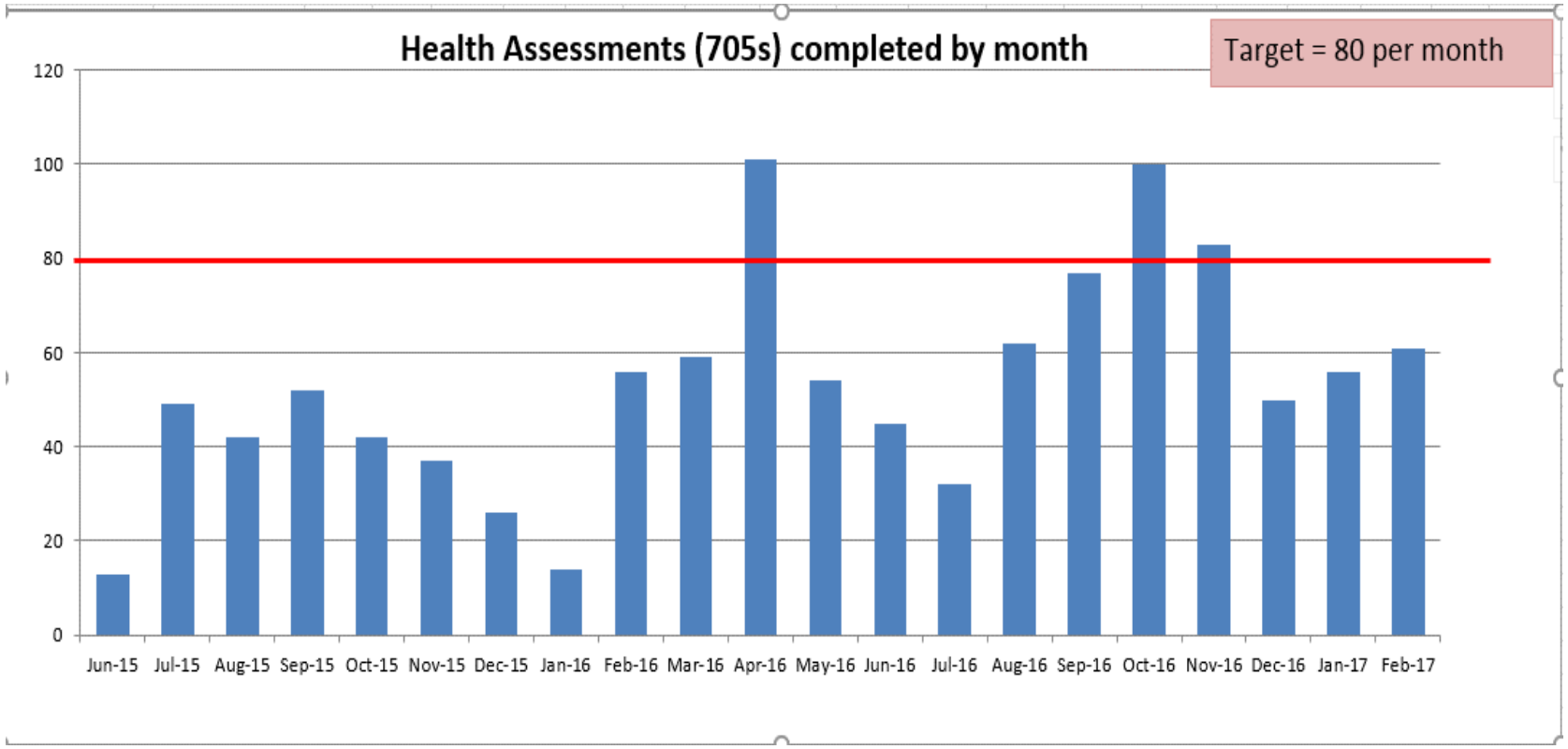


1. My Health Record
2. ePrescribing
3. Telehealth
4. Remote monitoring
5. Patient reported measures
6. Secure Messaging
7. Medical Software

Lead your team in continuous quality improvements

Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

Your KPIs – track performance



Tips: Encourage a team effort to achieve the goals by setting a target on the graph & place graph in the staff room/noticeboard to encourage a proactive approach.

Learning Objective 4

Create Quality Improvement activities in relation to practice improvement and patient engagement and meet incentive payments.

What is our GOAL (what are we trying to accomplish)	**Raise Awareness of Clinical Coding** ▪ Code diagnoses ▪ Enter reason for visit ▪ Enter for reason for medication ▪ Maintain updated allergy detail
What measures will we use? (i.e. data)	**Data Extraction Tools eg. Pen CAT or POLAR**
What ideas can we use? (how are we going to achieve our goal)	*List ideas here to work on in table below* Start a Quality improvement folder Team meeting Attend education eg. webinars / face to face sessions Post-education follow-up team discussion GP & RN team review of clinical documentation (opportunistic or planned) Pen CAT / Polar Data Quality Audit

IDEAS	PLAN How will we do it – who, what, where and when?	DO Did we do it	STUDY What happened?	ACT What is our next step?
1.				
2.				
3.				
4.				
5.				

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PDSA/Quality Improvement Activity - Sample

Topic – My Health Record

Area of Focus: Shared Health Summaries

Step 1. The 3 Fundamental Questions

1. What are we trying to accomplish? **(By answering this question, you will develop your goal for improvement)**
Improve the management of vulnerable patients through the use of digital health and in particular the use of My Health Record (as a method to share information) with a focus on vulnerable patients.
2. How will we know that a change is an improvement? **(By answering this question, you will develop measures to track the achievement of your goal)**
The total number of Shared Health Summaries for 'vulnerable patients' uploaded to My health Record will increase by 10% each month for the next 6 months.
3. What changes can we make that can lead to an improvement? – list your ideas for change **(By answering this question, you will develop the ideas you would like to test to achieve your goal)**
Idea 1 – Team meeting to define 'vulnerable' patients by agreeing criteria we will use to identify and flag patients in our software and to develop a plan of action. Idea 2 – Establish a register of 'vulnerable' patients Idea 3 – Review the register and check whether patients have registered for My Health Record and have a recent Shared Health Summary uploaded. Idea 4 – Retrain clinical staff on use of My Health Record Idea 5 - Book a telehealth consultation with GP and each vulnerable patient on the register Idea 6 – Upload a Shared Health Summary (as required) to ensure the most up-to-date information is available to other healthcare providers. Idea 7 – For patients that have opted out, ask if they would like to opt in and explain the benefits. Idea87 – If GPMP in place, RN/AHW to follow up by telehealth to check on patient's welfare periodically and upload new SHS as health summary information changes.

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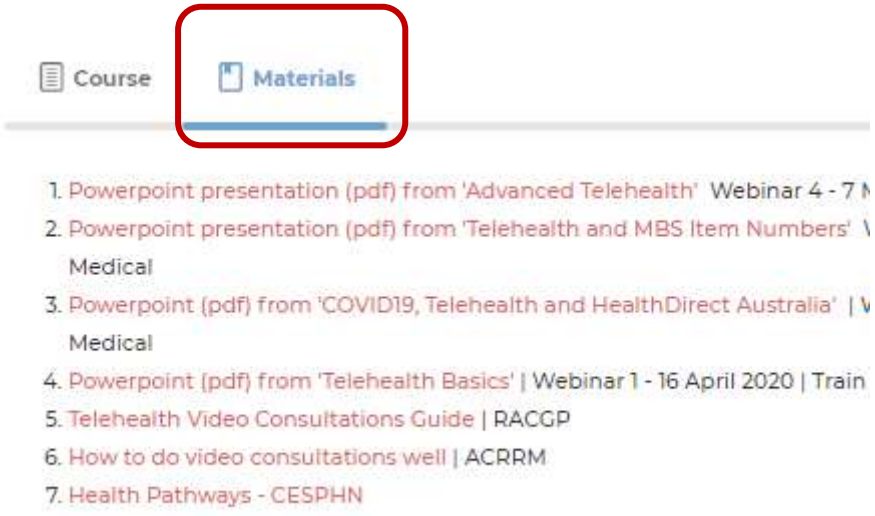

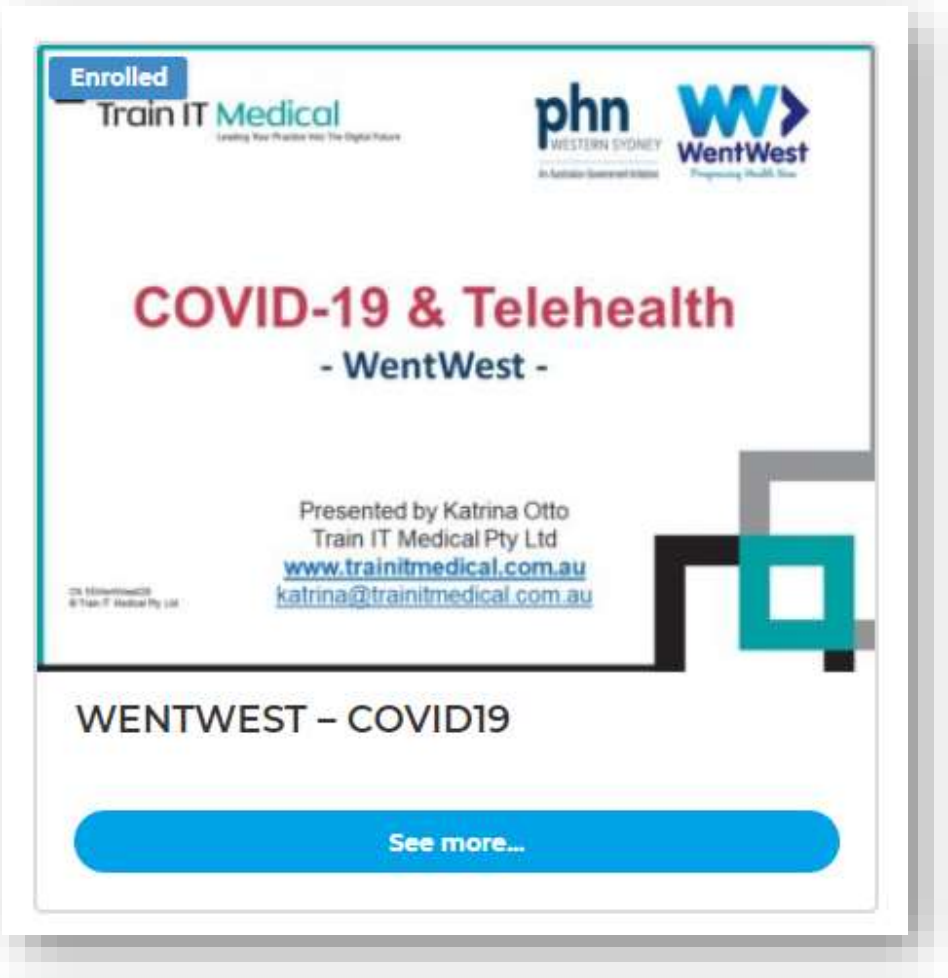

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