

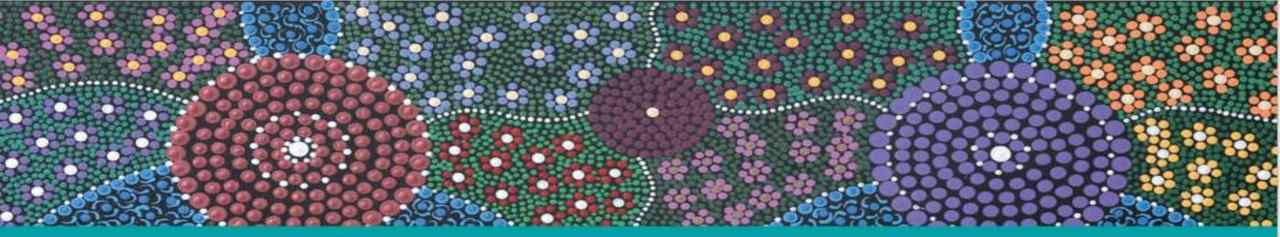


Maximising benefits of digital health changes

- WentWest -

Presented by: Katrina Otto Train IT Medical Pty Ltd <u>katrina@trainitmedical.com.au</u> <u>www.trainitmedical.com.au</u>

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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:



We share because we care

Over our years of presenting, training & consulting to medical practices, we have collated thousands of learning resources.

And now we want to share them with you - for FREE.

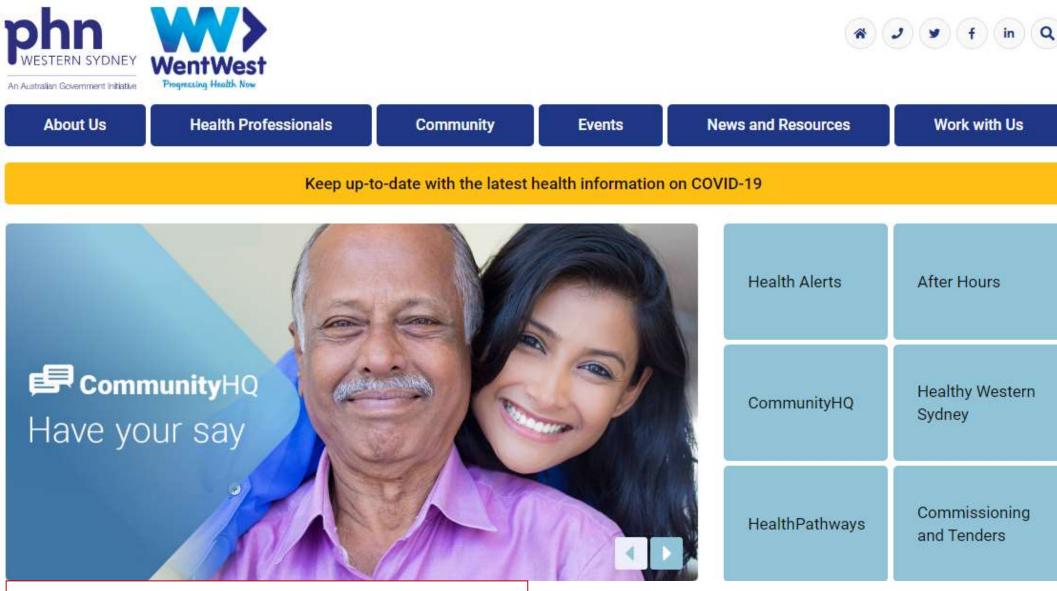
Our resources includes useful links, news articles, helpful documents, checklists, and much more.

Coronavirus / COVID-19

 View our dedicated COVID-19 page.
 Read our latest COVID-19 Blog

 FREE COVID-19 RESOURCES
 COVID-19 NEWS & INFO

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support@wentwest.com.au | ph 8811 7117

Further learning:



Frequently Asked Questions | ADHA | document Dispersor Information | ADHA | document

Department of Health

Electronic Prescribing | Dept of Health | document Covid-19 National Health Plan Primary Care - Fast Track Electronic Prescribing | Dept of Health | Fast Sheet

MedicalDirector

The way we prescribe is changing – are you ready? | MedicalDirector | Blog and Patient Education Video Preparing your practice for ePrescribing | MedicalDirector | Checklist Why a lanified approach to ePrescribing roll-out is so crucial | MedicalDirector | blog



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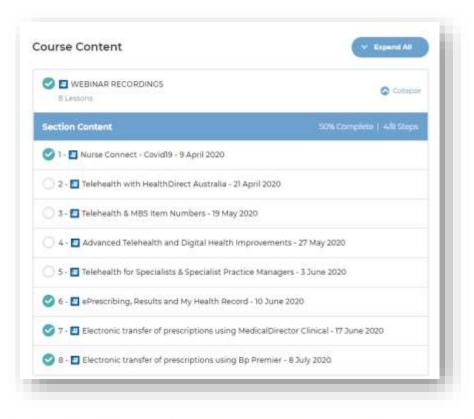
FREE COVID-19 RESOURCE

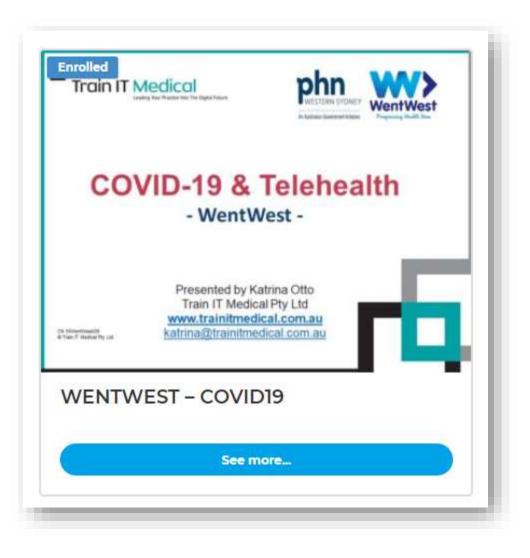
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Access eLearning course:

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Enrolment Code: p8GsSTHo

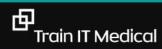




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Learning Objectives:

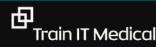
- 1. Prepare for upcoming industry changes in relation to Secure Messaging and medication management (including My Health Record).
- 2. Access pathology and radiology results via My Health Record.
- 3. Maximise use of digital health technologies for data driven improvement.
- 4. Create Quality Improvement 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

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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

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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.

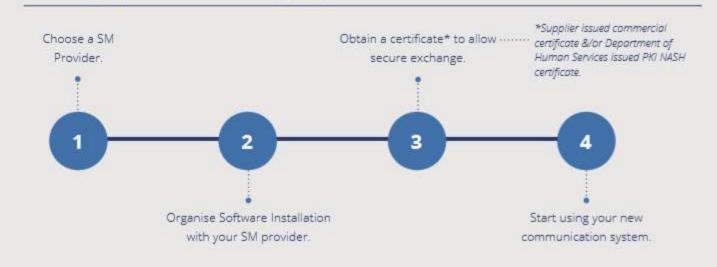
The new capability has been built into the following secure messaging clinical workflows in their most recent software releases.

For support:

AasterCare+	Best Practice	Medical Director
3 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.

CHANGES AHEAD

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.





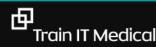
"So far so good.

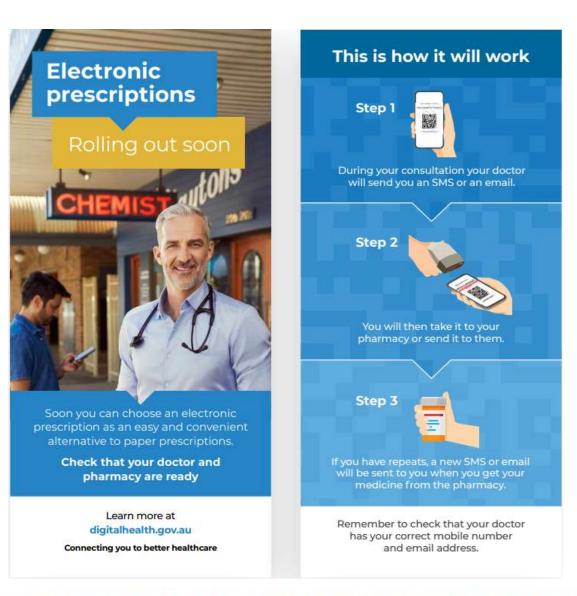
All looks very positive with great feedback from both the GPs and patients that have been involved with the testing."



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



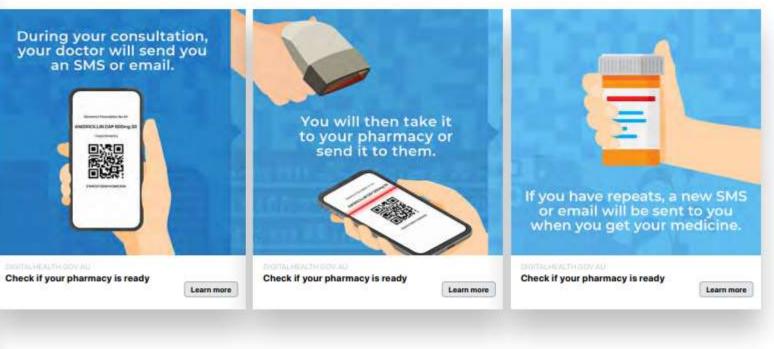




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Resources for practices



Facebook Carousel | ADHA

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https://vimeo.com/423908248



Prepare Your Practitioners



https://vimeo.com/427973289/d630573577?fbclid=IwAR2C5rQeIY4I6gdKgP7hHFi61DWXcZi-NSGIjIRqIWcgNHUg2UAP7js2V3E

Prepare Your Patients



Introducing ePrescribing to Patients by Best Practice Software

Patient Education

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

trainitmedical.com.au

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 For each practitioner Check you have a HPI-O number Make sure they are registered with AHPRA Make sure you have a PKI Site Certificate Check if they have a HPI-I number Set up eRx script exchange Note, this applies to practices using MedicalDirector Clinical only. Practices using MedicalDirector Helix will have access to eRx automatically.

Preparing for electronic prescriptions



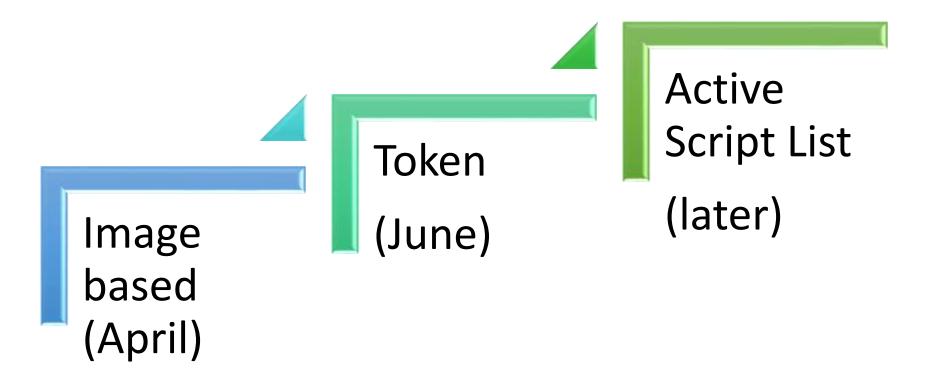
Configure a Prescription Delivery Service (PDS)

> Updated version of eRX Script Exchange or MediSecure.

ERX <u>Medisecure</u>

Continual Progression

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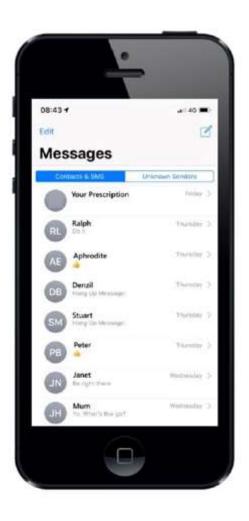
Token Model



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









Australian Government Australian Digital Health Agency

Preparing for electronic prescriptions

Register the organisation with the Healthcare Identifiers (HI) Service

Apply for a NASH PKI Certificate

Gather Healthcare Provider Identifier – Individuals (HPI-Is)

Configure a Prescription Delivery Service (PDS)

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

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

User Details		MyHealthRecord Details
Name: Address: City/Suburb:	Tobias Rodger 12 Fake St Burrier	 Participate in MyHealthRecord When the 'Participate in MyHealthRecord' option is checked: You can download or upload clinical documents to each patient's MyHealthRecord. This is subject to each patient's MyHealthRecord security status.
Postcode: Phone: Fax:	2540 * 0741512345	You can upload prescription records to each patient's MyHealthRecord. Registration with ePrescribing is required. Title: Mr
Prescriber No.: Provider No.: HPI-I No.:	9006058 0127697W 8003 6165 6666 7013	First Name: Tobias Middle Name: Last Name: Rodger
AHPRA No.: State Registration No.: Qualifications:	[] [] [MBBS	ePrescribing Status Registered: entity ID = N7RGW
E-mail: Status	* = required fields	Disable ePrescribing for this Practitioner Participate in SafeScript Enable Paperless ePrescribing
GPRN Details	scriber O Locum Sex: Graduation:	Top Level Access? Options Editing? Data Export Privileges? Auto-capitalise names PKI Encryption MyHealthRecord Assisted Registration

Set your patient's preference for eScript token

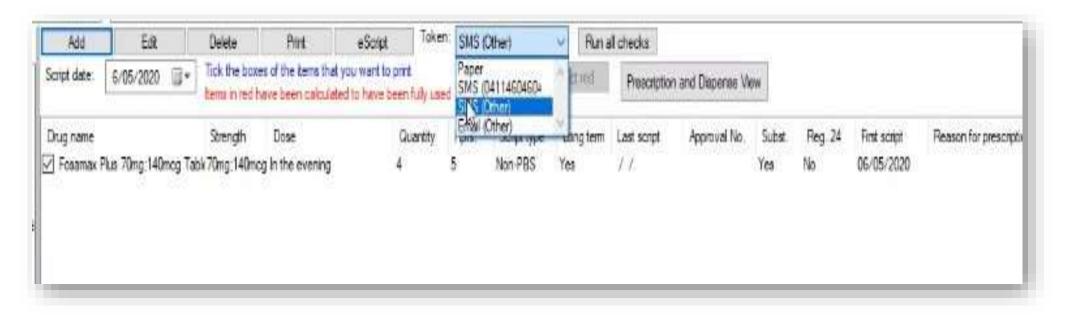
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Preferred nan	me: Al						Pension card type:	Pensioner Con	cession	n Card	1		~
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3 ways to receive an eScript

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

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liver prescription by	Pre-cription 1 of 3	3	≤ Back	Next ≥
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) Email *	hone: 074151			
frederick.hope@medicaldirector.com	rescriber Number	0000059		
O Paper Token (Letter Printer)	CHARTNER A	No. 4950323601 1		
Printed Prescription (Script Printer)	harmaceutical			
e: The prescription preview is a mock of a paper pt to facilitate reviewing its contents. The script uber is a placeholder, the actual number will be erated during submission or printing. wing scripts will have a paper token printed for riding to the pharmacy, not the patient. An stronic token will not be issued to the patient.		S200 (C) (C) (C)	RPB 5 benefit Net concession 371 I substitution not perm Script 1 19	or dependant ising or PB Safety on cardholder itted to: 12345678 o repeats.
		ePrescrip	otion	

3 ways to receive an eScript



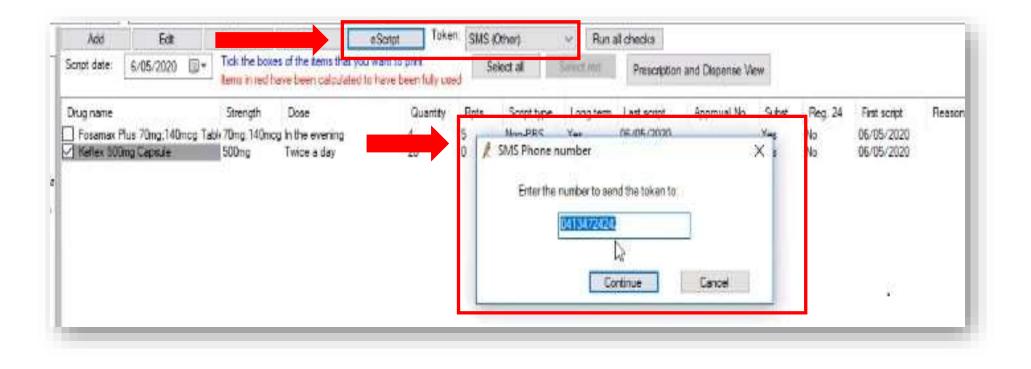
Token via emailToken via SMS (patient no. or 'other')Token printed on paper

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Doctors responsibility to have correct mobile &/or email.

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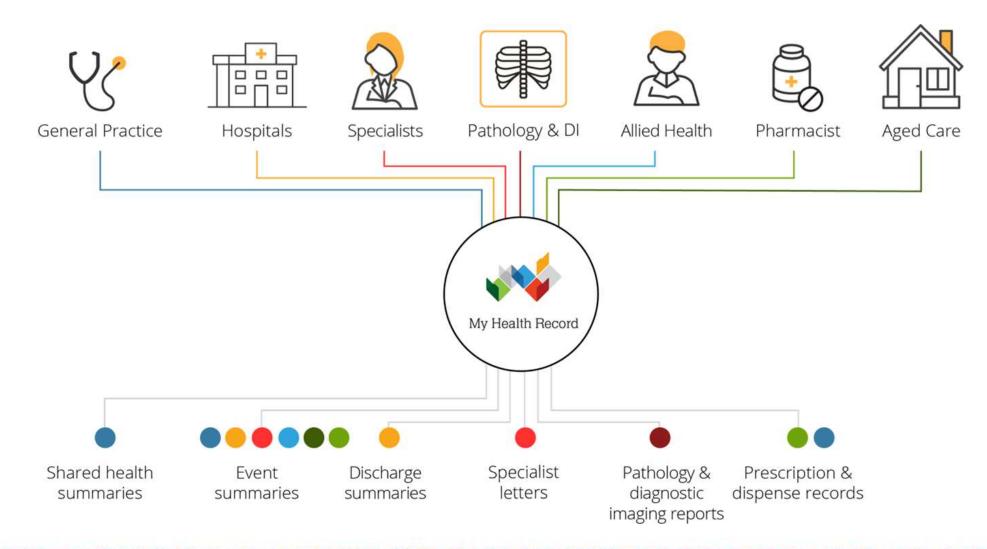
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Digital Health Technology – My Health Record

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My Health Record – Prescription & Dispense View

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unavailable E-Mycin	400 mg tablet: film-coated, 25, bottle		3-Apr-2017	3-Apr-2017	unavailable
	ADMINIST	ATIVE DETAILS			
Patient		Author			
Name	Mr Caleb DERRINGTON	Device Name	My Health Record	d Simulator	
Sex Indigenous Status	Male Neither Aboriginal nor Torres Strait Islander	Clinical Document L	Details		
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origin Document Type PCEHR Prescription and Dispense View 15-Jun-1933 (85y) Date of Birth Creation Date/Time 24 Feb 2019 08:07+1000 8003 6080 0004 5922 Date/Time Attested Not Provided Not Provided Document ID 2.25.1637441973300314828621164580180430 21049 Document Set ID 2a22e56f-1363-48e4-bd1d-f0a35ca078c7 1 Document Version **Completion Code** Final



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Address





Showing All O Q				
Health Record Overview	Prescription and Dispense View			
Clinical Documents				
Medicine Records	This view should not be wholly relied upon to be a complete record of prescribed and dispensed medicines.			
Consumer Documents	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 d	fferent time zones in Au	stralia. At times
Dispense Record	this may mean the search will return information about healthcare events on the day before or after the date selected			
13-Feb-2013 Dispense Record 13-Jan-2013 Dispense Record	Event date 08-Aug-2011 to 08-Aug-2013 Filter			
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More	16-Nov-2012 Prescribed Tramadol hydrochloride - APO-TRAMADOL - 50 mg - 1 tablet pm - Tablet - Supply 20 - Di	spense original and 5 repeats		
	31-Oct-2010 Amoxil 250mg	13Jan-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 tableta - Original dispense			
	13-Jan-2013 Prescribed AMOXIL 250MG - One tablet three times a day- Supply 30 tablets - Dispense original and 21	epeats		

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For you & your family For healthcare professionals

C3 Raliano / Italian

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.

GET STARTED

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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 readonly Provider Portal.

Not registered yet?

Start registration process

Provider Portal

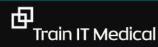
If you have a login to the Provider Portal, you can access it here:

Log in to Provider Portal

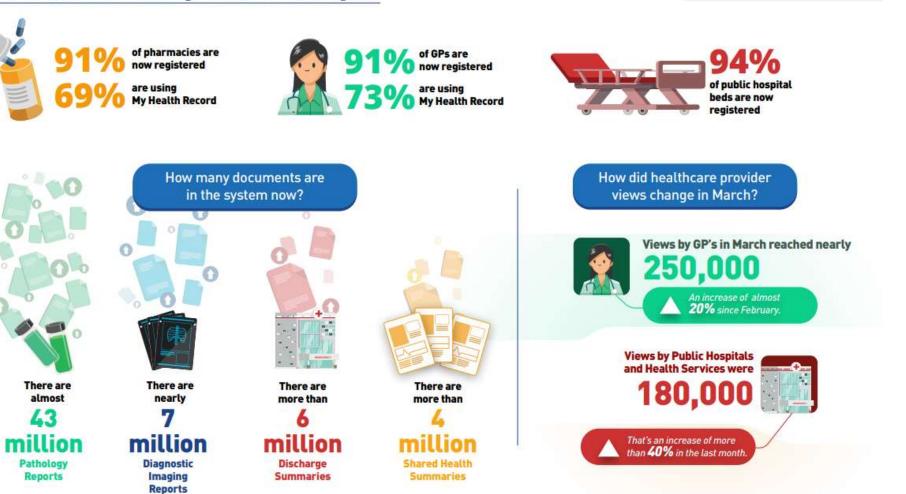


Learning Objective 2:

Access pathology and radiology results via My Health Record.



How are healthcare providers using it?



My Health Record

My Health Record MAR 2019 TO MAR 2020

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.	<u>e-Referrals</u> Referrals from one treating healthcare provider to another.
<u>Event Summaries</u> Information about healthcare events or consultations.	Pathology Reports Test results, such as blood tests.	Pharmacist Shared Medicines List Medicines list prepared by a pharmacist.
<u>Shared Health Summaries</u> Summaries of your health status added by healthcare providers.	<u>Specialist Letters</u> Documents added by specialists in response to a referral.	

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Pathology and Diagnostic Imaging included

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Pathology and Diagnostic Imaging included

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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 head

This patient has an active My Health Record to which you have access.

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Learning Objective 3

Maximise use of digital health technologies for data driven improvement.





Criterion QI1.1 - Quality improvement activities

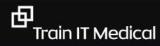
Indicators

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

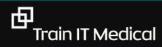
QI1.1>B Our practice team internally shares information about quality improvement and patient safety.

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

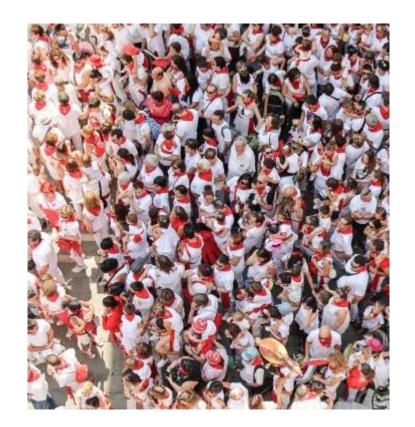


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Start small & simple

Start with your vulnerable patients

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



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87 Chapman Ave. Gurnang. Nsw 2787 Ph: 0455555	55555 (mobile) Record No: ATSI: Neither Aboriginal nor Torres Strait Islander	
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Digital Health

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

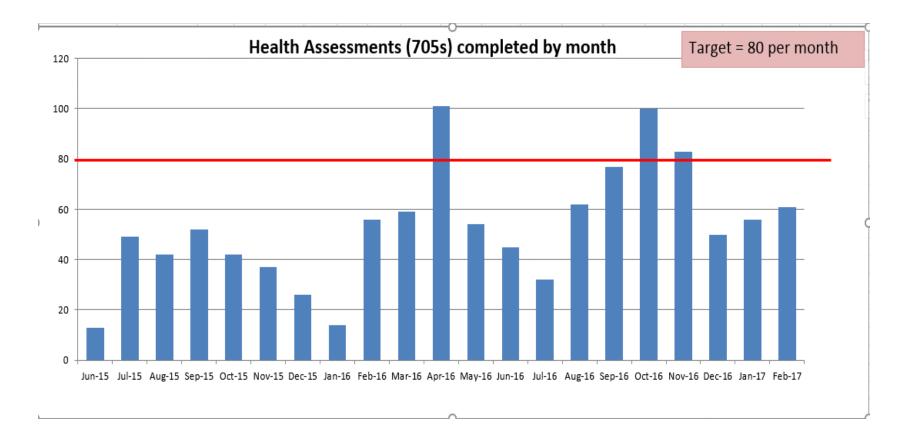
Lead your team in continuous quality improvements



Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

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Your KPIs – track performance

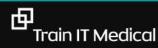


Tips: Encourage a team effort to achieve the goals by setting a target on the graph & place graph in the staff room/noticeboard to encourage a proactive approach.



Learning Objective 4

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



What is o (what are we tryin		 Raise Awareness of Clinical Coding Code diagnoses Enter reason for visit Enter for reason for medication Maintain updated allergy detail 					
What measures wi	II we use? (i.e. data)	Data Extraction Tools eg. Pen CAT or POLAR					
What ideas of (how are we going t		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?			
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Access free eLearning from: courses.trainitmedical.com.au. Search for CSIRO

Train IT Medical

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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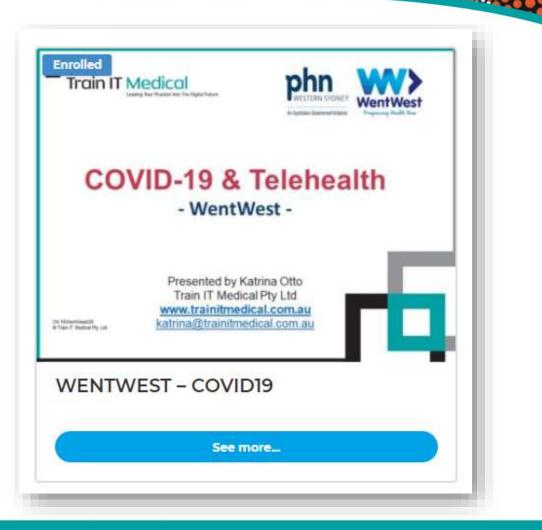
Access webinar recordings

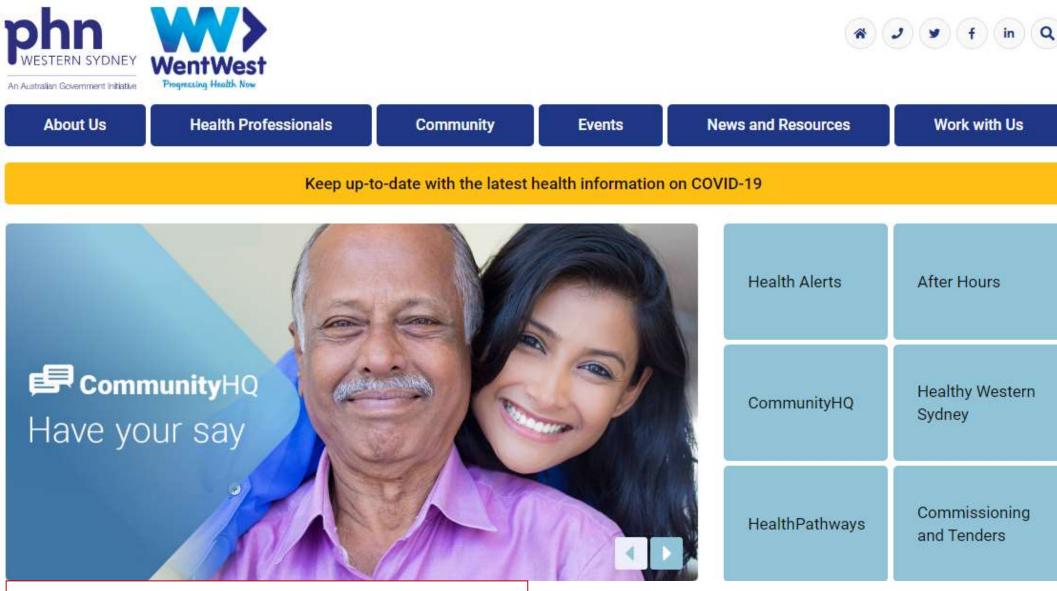
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- Powerpoint (pdf) from 'COVID19, Telehealth and HealthDirect Australia' | V Medical
- 4. Powerpoint (pdf) from 'Telehealth Basics' | Webinar 1 16 April 2020 | Train
- 5. Telehealth Video Consultations Guide | RACGP
- 6. How to do video consultations well | ACRRM
- 7. Health Pathways CESPHN





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