

ePrescribing, Results and My Health Record for multidisciplinary care

- WentWest -

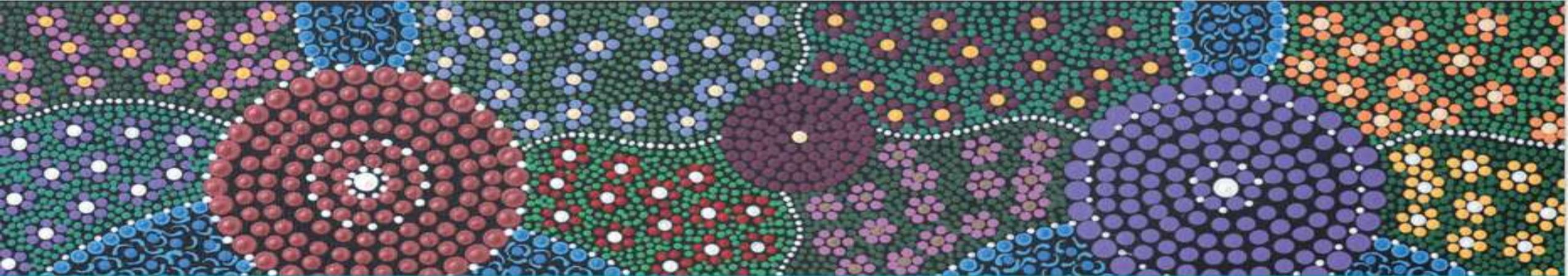
Presented by:

Katrina Otto

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enquiries@trainitmedical.com.au



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.



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support@wentwest.com.au | ph 8811 7117

- Health Alerts
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- HealthPathways
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Further learning:



ePrescriptions

Australian Digital Health Agency

[Frequently Asked Questions | ADHA | document](#)
[Dispenser 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 | Fact 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 unified approach to ePrescribing roll-out is so crucial | MedicalDirector | blog](#)

Best Practice Software

[Preparing your Practice for fast-tracked ePrescribing | Best Practice Software | blog](#)
[Masterclass: Introducing Electronic Prescribing | Best Practice Software | Staff Training Video](#)
[Introducing Electronic Prescribing to Patients | Best Practice Software | Patient Education Video](#)
[Press Release: Australia's First ePrescription | Best Practice Software | Blog](#)



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

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

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Access eLearning course:

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Enrolment Code: p8GsSTHo

 Course  Materials

1. Presentation used in Nurse Connect WentWest Webinar
2. Presentation used in WentWest & HealthDirect Webinar :
3. Telehealth Video Consultations Guide | RACGP
4. How to do video consultations well | ACRRM



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COVID-19 & Telehealth

- WentWest -

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WENTWEST – COVID19

[See more...](#)



Learning Objectives:

1. Discuss new arrangements for electronic prescriptions
2. Prepare for changes to electronic prescribing in Australia.
3. Develop a plan to educate patients about electronic prescriptions
4. Use My Health Record and Secure Messaging to improve clinical safety, communication and co-ordination of patient care in a multi-disciplinary team.



Learning Objective 1:

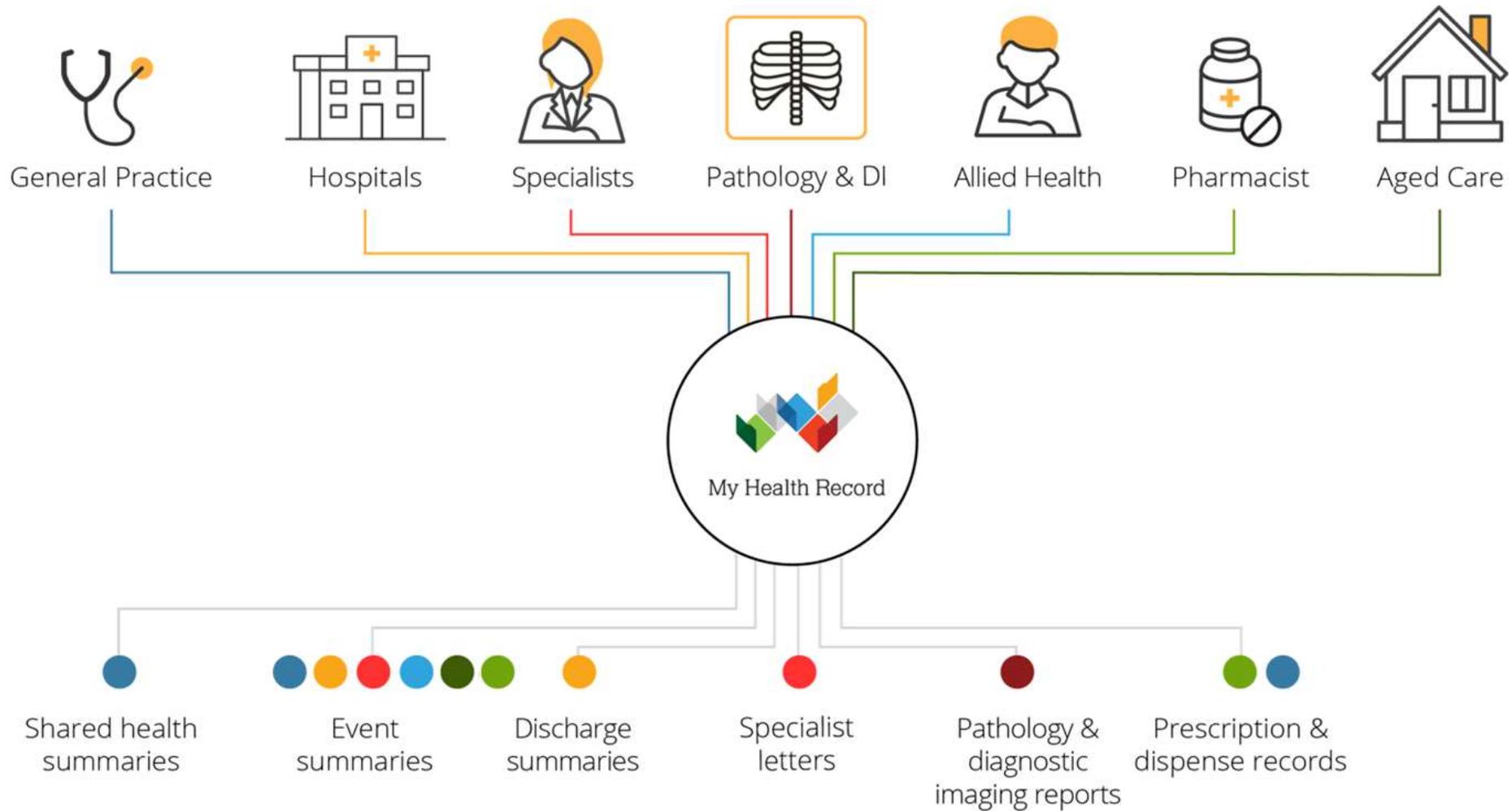
Discuss new arrangements for electronic prescriptions

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.



Digital Health Technology – My Health Record



Preparing for electronic prescriptions

Configure a Prescription Delivery Service (PDS)

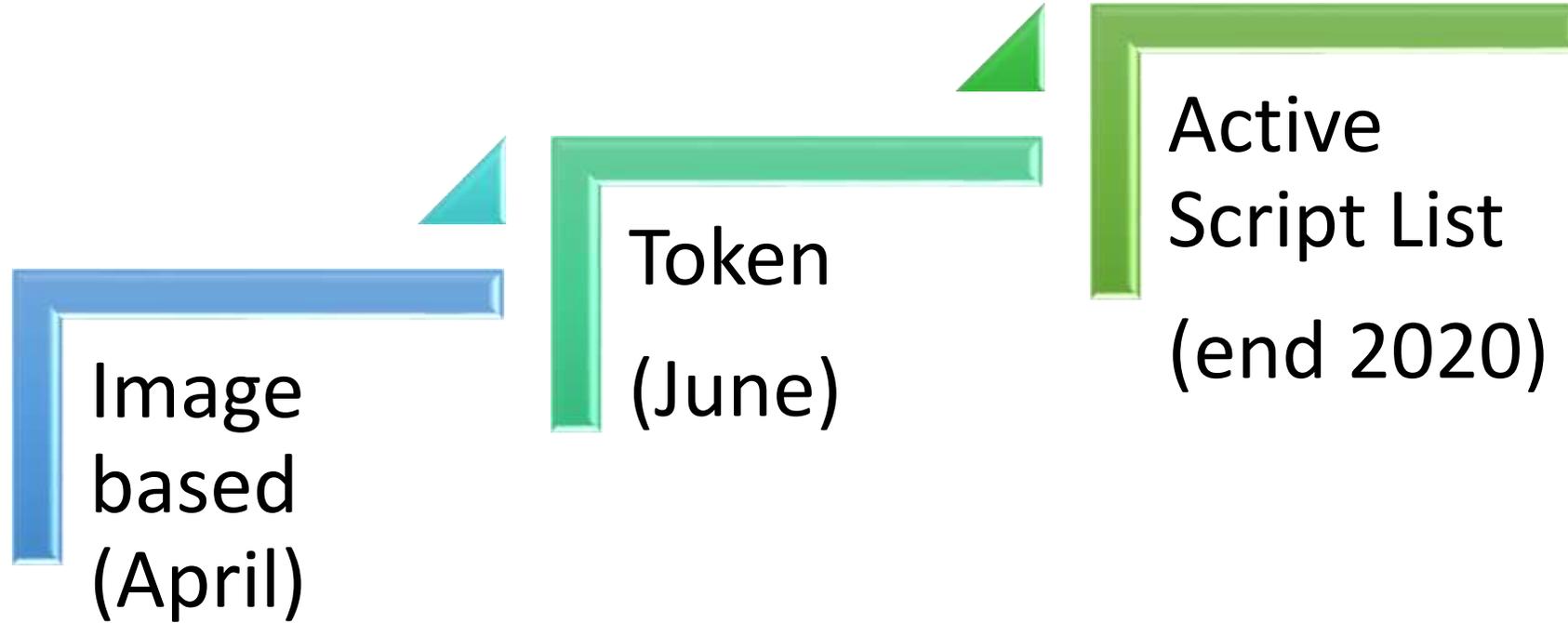
Allows secure exchange of prescription information between prescribing and dispensing systems

Updated version of eRX Script Exchange or MediSecure.

ERX

[Medisecure](#)

Continual Progression



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.



Tokens



The solution for the delivery of electronic prescribing has been accelerated and will be progressively available from the end of May 2020 and will see a unique QR barcode known as a 'token' sent via an app (if your patient has one), SMS or email.

The token will be scanned by your pharmacist as a key to unlock the electronic prescription from an encrypted and secure electronic prescription delivery service.

If you have any repeats of a prescription, a new token will be sent to you when the prescription is dispensed. You will need to keep the token to send to your pharmacy when you need to get the repeat filled.

Active Script List



By the end of this year, more functionality will be available and in addition to the token, there will also be an option for your pharmacy to have a list of your active prescriptions in their software, so you don't have to forward it on.

To get your medicines you will need to prove your identity to the pharmacist and provide consent for the pharmacist to view your prescriptions.

Steps to take in preparation for using an electronic prescription

- Ensure your address, email address and mobile number are up to date with your doctor and pharmacy.
- Check that your pharmacy can take an electronic prescription and are delivering medicines.

[Electronic Prescriptions - ADHA](#)

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



Multiple Medications

- One token (QR code) per medication.
- Each token is scanned by pharmacy.
Tokens will not contain multiple medications.
5 medications = 5 tokens
- Can be sent to carer's phone or email.
- Apps will allow easier management.
- Active Script List will allow easier management.



First electronic prescription in primary care sent and dispensed in Victoria



Written by Kate McDonald on 08 May 2020.

Australia's first fully electronic prescription has been successfully prescribed and dispensed by a doctor and pharmacist in the Victorian town of Anglesea, using the token model developed by industry and regulators as an alternative to paper scripts.

The successful exchange was achieved using the Best Practice prescribing system, prescription exchange service eRx Script Exchange, Fred NXT Dispense and MedView Flow, a desktop tool that gives pharmacists a

consolidated view of their medications workflow.

The first script was exchanged between between Anglesea Medical and Anglesea Pharmacy. The process involves the doctor sending the electronic prescription to eRx along with a token that is sent to the patient by SMS or email. The patient then forwards the token to their chosen pharmacy or presents it in person, where it is scanned in, the prescription details are downloaded from eRx, and the medications are dispensed.

The Anglesea trial involved the entire electronic process of the token model: prescribing electronically in Best Practice, providing the patient with a token with the required number of repeats via eRx, sending the dispensing request to the pharmacy, integrating it into the pharmacy's workflow using Fred's MedView Flow, and then dispensing in Fred NXT.

Anglesea Medical GP David Corbet prescribed the first electronic prescription and said the process was as simple as writing the prescription in the usual manner and, with the consent of the patient, choosing to generate it as an electronic prescription.



Pulse+IT

Yesterday at 7:25 AM · 🌐



eScript written, dispensed and delivered without patient leaving home

<https://mailchi.mp/pulseit/09june2020>



MAILCHI.MP

eScript written, dispensed and delivered without patient leaving home



Here is an Example of How Contactless Consults and Prescriptions May Work



[ePrescribing using Bp Premier](#)

3 ways to receive an eScript



Script date: 6/05/2020

Tick the boxes of the items that you want to print
Items in red have been calculated to have been fully used

Token: SMS (Other) | Run all checks

Paper | SMS (0411460460) | SMS (Other) | EMail (Other)

Prescription and Dispense View

Drug name	Strength	Dose	Quantity	Price	Dispense type	Using term	Last script	Approval No.	Subst.	Reg. 24	First script	Reason for prescrip
<input checked="" type="checkbox"/> Foaamax Plus 70mg:140mcg Tabl	70mg:140mcg	In the evening	4	5	Non-PBS	Yes	/ /		Yes	No	06/05/2020	

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



3 ways to receive an eScript

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

The screenshot shows a software window titled "Prescription Preview - Rowan Bartlett". It is divided into two main panes. The left pane, highlighted with a red border, contains delivery options: "Deliver prescription by" with radio buttons for "SMS" (selected), "Email", "Paper Token (Letter Printer)", and "Printed Prescription (Script Printer)". Input fields show a phone number "0412345678" and an email address "frederick.hope@medicaldirector.com". A note below states: "Note: The prescription preview is a mock of a paper script to facilitate reviewing its contents. The script number is a placeholder, the actual number will be generated during submission or printing." and a disclaimer: "* Owing scripts will have a paper token printed for providing to the pharmacy, not the patient. An electronic token will not be issued to the patient." The right pane, titled "Prescription 1 of 3", shows patient details for Tobias Rodger, a pharmacist for Tobias Rodger (9006058), and a prescription for "ENDONE TABLET 5mg" with a quantity of 20. At the bottom, there are "OK" and "Cancel" buttons and a disclaimer: "By clicking OK I acknowledge that the prescriptions are true and correct. (Use the Next button above to review all prescriptions before clicking OK)".



Top 5

Frequently
asked
Questions

[More FAQs from ADHA https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions](https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions)





What if a script does not send?

A: You will get an error message and will default to print and mark the script as printed.

[ADHA FAQs](#)



What if you lose or delete a token?

A: Patient should contact the practice to request replacement eScript token.

Doctor can select prescription reissue token.

[ADHA FAQs](#)



What if a prescription needs to be cancelled?

A: Doctors can cancel an eScript and that will remove it from the eScript exchange. They can then issue a new script and new eScript token.

[ADHA FAQs](#)





What about repeat prescriptions?

A: Generate as normal and select eScript to send the token to the patient.

Any future repeat tokens will be provided by the pharmacist directly to the patient.

Once prescription expires, repeat tokens will not be active for use.

[ADHA FAQs](#)



What about S8 drugs?

A: Controlled Drugs and Schedule 8 drugs can be prescribed by eScripts.

For states that require password confirmation of controlled drugs you will be prompted to enter the password when sending the eScript token.

[ADHA FAQs](#)



Learning Objective 2:

Prepare for changes to electronic prescribing in Australia.

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.

Preparing for electronic prescriptions

Configure a Prescription Delivery Service (PDS)

Allows secure exchange of prescription information between prescribing and dispensing systems

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ERX

[Medisecure](#)



MedicalDirector®

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

MedicalDirector will be rolling out ePrescribing in accordance with the Australian Digital Health Agency's timelines, and in conjunction with Government-recommended changes to pharmacy software to support and complement ePrescribing across the industry.

When released, ePrescribing will be immediately available for all our practices using MedicalDirector Helix. Practices using MedicalDirector Clinical will need to install a patch.



10 Steps Progress Plan

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





Learning Objective 3:

Develop a plan to educate patients about electronic prescriptions

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



Prepare Your Patients



[Introducing ePrescribing to Patients by Best Practice Software](#)



Learning Objective 4:

Use My Health Record and Secure Messaging to improve clinical safety, communication and co-ordination of patient care in a multi-disciplinary team. .

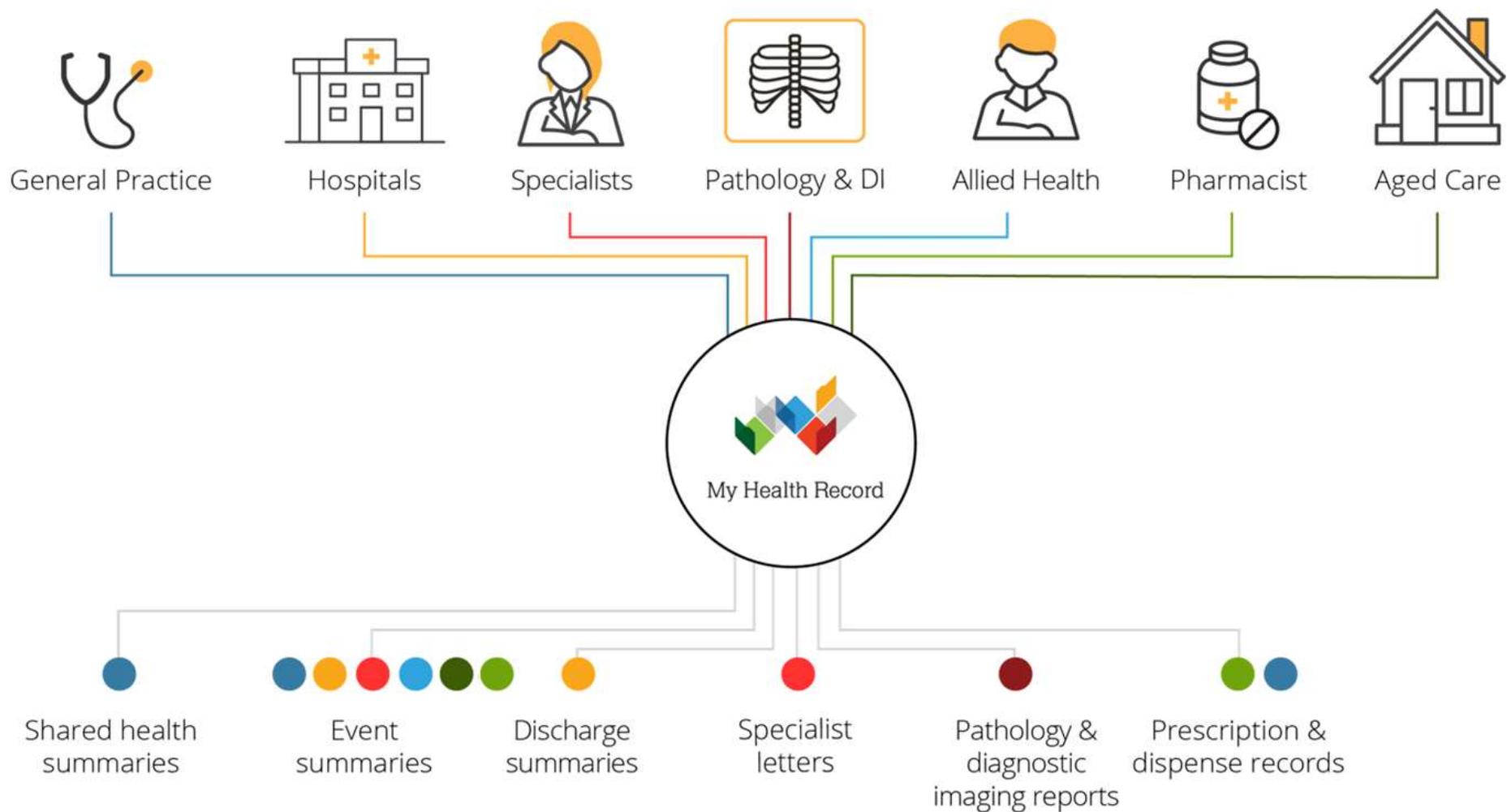
Digital Health

The screenshot displays a medical software interface for a patient named Mr Luke Booty. The interface includes a menu bar, a toolbar, and a main content area with several sections:

- Patient Information:** Name: Luke Booty, D.O.B.: 20/11/1940, Age: 79 yrs, Bath Sex: Male, Address: 38 Black Range Road, Greendale 2546, Medicare No: 2560750352 - 1, Record No.: 21.072/20073, Phone: (Int) 0455592555, Gender: Not Recorded, Pronouns: (blank), Occupation: (blank), Pension No.: (blank), Comment: Alcohol, Tobacco: (blank), Ethnicity: Non Aboriginal, Advance Health Directive: (blank).
- Allergies / Adverse Drug Reactions:** A table with columns for Item, Reaction, and Severity. Items include House dust mite (Reaction: Bronchospasm, Severity: Moderate) and Iron supplements (Reaction: Nausea, Severity: Moderate).
- Notifications:** A table with columns for Type, Due, and Reason. Notifications include Preventive health checks for influenza, pneumococcus, shingles, and smoking history, all due on 17/05/2020.
- Visit History Table:** A table with columns for Date, Doctor, Reason, Visit type, Start, and Duration. Visits include surgery appointments with Dr. Terence Walker from 2015 to 2019, and a recent visit on 25/02/2019 for Left Pain in arm and Mid Hypertension.
- Navigation Panel:** A sidebar on the left with icons for Today's notes, Past visits, Current Rx, Past history, Immunisations, Investigation reports, Correspondence In, Correspondence Out, Past prescriptions, Observations, Family/Social history, Clinical images, and Enhanced Primary Care.

Medical Software
My Health Record
ePrescribing
Secure Messaging
Telehealth
Wearable technology

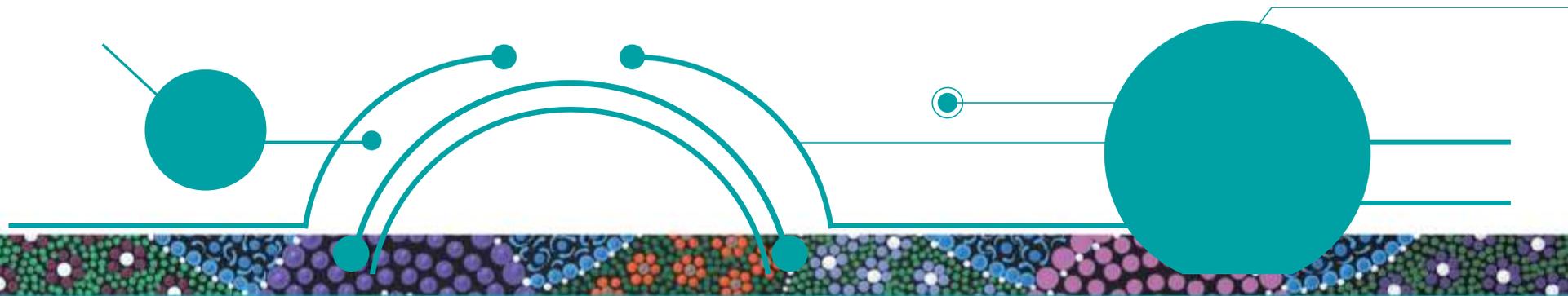
My Health Record: Easily accessible across healthcare settings



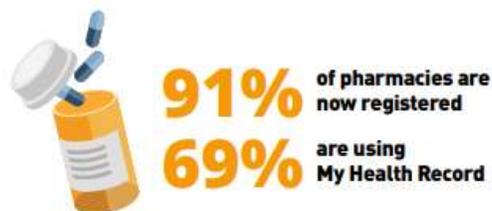
Standard 1.3 “Expect to Share”

“Health Professionals should expect to share their health information with colleagues and with patients to facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare



How are healthcare providers using it?



How did healthcare provider views change in March?



Views by Public Hospitals and Health Services were

180,000

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

← → ↻ 🏠 <https://www.myhealthrecord.gov.au/for-healthcare-professionals>

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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](#)





My Health Record - Healthcare Provider Registration Access via the National Provider Portal (NPP)

Step 1 – Register for a PRODA account

PRODA (Provider Digital Access) is a method of authentication to provide users with access to government services online - <https://proda.humanservices.gov.au>

As the person registering for My Health Record you will become your organisation's Responsible Officer (RO). The RO has other functions in relation to the organisation's interaction with the HI Service and the My Health Record System Operator. Your organisation will be required to comply with the My Health Record system [participation obligations](#).

PRODA registration requires three forms of identification from the following list:

- Australian passport
- Medicare card
- Australian driver's licence
- ImmiCard
- Australian birth certificate
- Australian Visa and foreign passport
- Citizenship certificate
- Certificate of registration by descent

Password hint: cannot include more than one special character. Complete the registration and log in.

Step 2 – My Health Record Seed Organisation Registration

Healthcare providers and administrators can manage the My Health Record registration process via HPOS (Health Professional Online Services). Once you are logged into PRODA, click [Health Professional Online Services \(HPOS\)](#) from the list of services.

If this is your first time using PRODA...

You will be prompted to enter your healthcare identifier (i.e. AHPRA registration, HPI-L, HPI-O or RO/OMO number).

You will then be prompted to accept the terms and conditions, set your email address, and set your notification preferences. It is recommended that you select **Immediate notification for each new correspondence**.

Once your PRODA and HPOS are linked...

If you are not listed on your organisation's Australian Business Register record, you may need to upload evidence to your online application. The following documents may be uploaded. A full list of documents is included in the **Organisation Details** tab of the online application.

- Certificate of company registration from ASIC
- Notice by registrar of Australian Business Register
- Business bank statement
- Lease agreement or Rates notice
- Other document (e.g. a statutory declaration [Your CEO/owner should sign a letter on organisation letter head addressed "To whom it may concern", stating that "Full name and role" is authorised to act on behalf of the organisation and to commit the business"] Upload in the Documents section in HPOS [No Title])

Submit the form, your process will end with a Pending status. The **HPOS Mail Centre** will notify you when the registration is complete.

Step 3 – Link your Healthcare provider individuals

Once your HPI-O has been issued, click **My Programs** and then **My Health Record System - Organisation Registration**. Select **Manage Authorisation Links** and **Add/Update** your organisation.

Add healthcare providers' HPI-Is in the **Enter HPI-I Number** field and select **Search**. The HPI-I must match exactly.

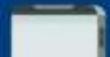
Providers can locate their HPI-I by accessing their account on the AHPRA website - <https://www.ahpra.gov.au>

Your healthcare providers can now access the National Provider Portal by clicking the My Health Record tile in their PRODA account.

Need Help?

PRODA: 1800 700 199
(Mon - Fri 8am to 5pm AWST)

HPOS: 13 21 50



Access via Provider Portal Factsheet

My Health Record – Prescription & Dispense View

Prescribe and Dispense
- Mr Caleb Derrington

File Help

From: 16-Jun-2010
To: 24-Feb-2019
Group by: Prescription
 Collapse Medications
 View Save

Prescription and Dispense View

Grouped by Prescription From 16-Jun-2010 To 24-Feb-2019

Mr Caleb **DERRINGTON** DoB 15-Jun-1933 (85y) SEX Male IHI 8003 6080 0004 5922

START

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

Prescribed	Medicine Details	First Dispense	Last Dispense	Dispensed
3-Apr-2017	E-Mycin 400 mg tablet: film-coated, 25	unavailable	unavailable	unavailable
unavailable	E-Mycin 400 mg tablet: film-coated, 25, bottle	3-Apr-2017	3-Apr-2017	unavailable

ADMINISTRATIVE DETAILS

Patient		Author	
Name	Mr Caleb DERRINGTON	Device Name	My Health Record Simulator
Sex	Male		
Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin	Clinical Document Details	
Date of Birth	15-Jun-1933 (85y)	Document Type	PCEHR Prescription and Dispense View
IHI	8003 6080 0004 5922	Creation Date/Time	24 Feb 2019 08:07+1000
Address	Not Provided	Date/Time Attested	Not Provided
		Document ID	2.25.163744197330031482862116458018043021049
		Document Set ID	2a22e56f-1363-48e4-bd1d-f0a35ca078c7
		Document Version	1
		Completion Code	Final

SMITH, JOHN DOB 17-Mar-1963 (50 yrs) SEX Male [CLOSE](#)

[Help](#)

- 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: to [Filter](#)

Group by:

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			

Pathology and Diagnostic Imaging included

My Health Record Document List - Mr Caleb Derrington

DocumentType: All Show last 3 months only

Exclude Medicare documents Exclude prescription and dispense records Exclude superseded or removed documents

Current filter: Excluding Medicare documents; Excluding prescription and dispense records; Excluding superseded or removed records

Document Date	Service Date	Document	Organisation	Organisation Type
22/11/2017		Medicines View		Local Government Healthcare Administration
22/11/2017		Event Summary	Medical Center	Local Government Healthcare Administration
22/11/2017		Shared Health Summary	Medical Center	Local Government Healthcare Administration
03/04/2017		Shared Health Summary	Medical Center	General Practice
03/04/2017		e-Referral	Medical Center	General Practice
03/04/2017		Specialist Letter	Medical Center	General Practice
03/04/2017		Discharge Summary	Medical Center	General Practice
27/03/2017		Pathology Report	Sullivan Nicolaides Pathology	Pathology and Diagnostic Imaging Services
27/03/2017		Diagnostic Imaging Report	Imaging Queensland	Pathology and Diagnostic Imaging Services
17/03/2017		Diagnostic Imaging Report	Wesley Medical Imaging	Pathology and Diagnostic Imaging Services
17/03/2017		Pathology Report	Mater Pathology	Pathology and Diagnostic Imaging Services
10/03/2017		Pathology Report	Pathology Queensland	Pathology and Diagnostic Imaging Services
10/03/2017		Diagnostic Imaging Report	Brisbane Diagnostics	Pathology and Diagnostic Imaging Services
01/03/2017		Diagnostic Imaging Report	Queensland Diagnostic Imaging	Pathology and Diagnostic Imaging Services
01/03/2017		Pathology Report	QML Pathology	Pathology and Diagnostic Imaging Services

Superseded **Removed**

Access via National Provider Portal

Australian Government
Australian Digital Health Agency

My Health Record

Welcome: JESSY Manjunath

HELP ↗ LOGOUT

You last logged in on 17-Nov-2019 at 12:17:32 PM (AEDST)

HORTON, ENID O

DOB: 06-Sep-1968 (51 Years) Sex: Female

Enter Access Code

Close Record

Health Record Overview Clinical Documents Medicine Records Consumer Documents Child Development Medicare Records Advance Care Planning

Health Record Overview

- Diagnostic Imaging Reports 2
- Discharge Summary 4
- e-Referral 7
- Event Summary 15
- Pathology Reports 12
- Pharmacist Shared Medicines List 0
- Shared Health Summary 6
- Specialist Letter 12

Print

Allergies & Adverse Reactions and Medicines Information ⓘ

more information about the individual's health record or data please consult the date and time information shown on this page is converted to the Australian (when applicable).

Health Record

Documents since the last Shared Health Summary

This section lists key documents uploaded to this record since the last Shared Health Summary, such as discharge summaries. Other documents, such as



Mr Luke Booty

File Open Request Clinical View Utilities My Health Record Bp Commu Help

Family members: Mr Luke Booty

Name: Luke Booty D.O.B.: 28/11/1940 Age: 75yrs Birth Sex: Male

Address: 38 Slack Range Road Greendale 2546 Phone: (0) 0499999999

Medicare No: 2560790052 - 1 Record No. Pension No. Consent

Occupation: Tobacco: Alcohol

Blood Group: Ethnicity: Non Aboriginal

Advance Health Directive

Gender: Not Recorded Pronoun:

Elke spots:

Allegies / Adverse Drug Reactions: Reactions: Notifications:

Items	Reaction	Severity	Type	Due	Reason
House-dust mite	Bronchospasm	Moderate	Preventive health	17/05/2020	Influenza vaccination should be considered
Vit supplements	Nausea	Moderate	Preventive health	17/05/2020	Vaccination against pneumococcus should be considered
			Preventive health	17/05/2020	Vaccination against shingles should be considered
			Preventive health	17/05/2020	A smoking history should be recorded
			Preventive health	17/05/2020	A Health Assessment should be considered

Expand Collapse

Mr Luke Booty

Today's notes

Past visits

Current Rx

- Diazox 250mg Tablet 1 Daily before meals
- Panadol Osteo 565mg Tablet 1 Daily with

Past history

- Active
 - 25/02/2019 Pain in arm
 - 25/02/2019 Hypertension
- Inactive

Vaccinations

Investigation reports

Correspondence In

Correspondence Out

Past prescriptions

Observations

Family/Social history

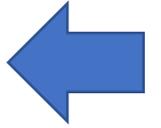
Clinical images

Enhanced Primary Care

Reason for visit: All Hide non visits Include deleted Preview All Notes

Provider: All Search View all

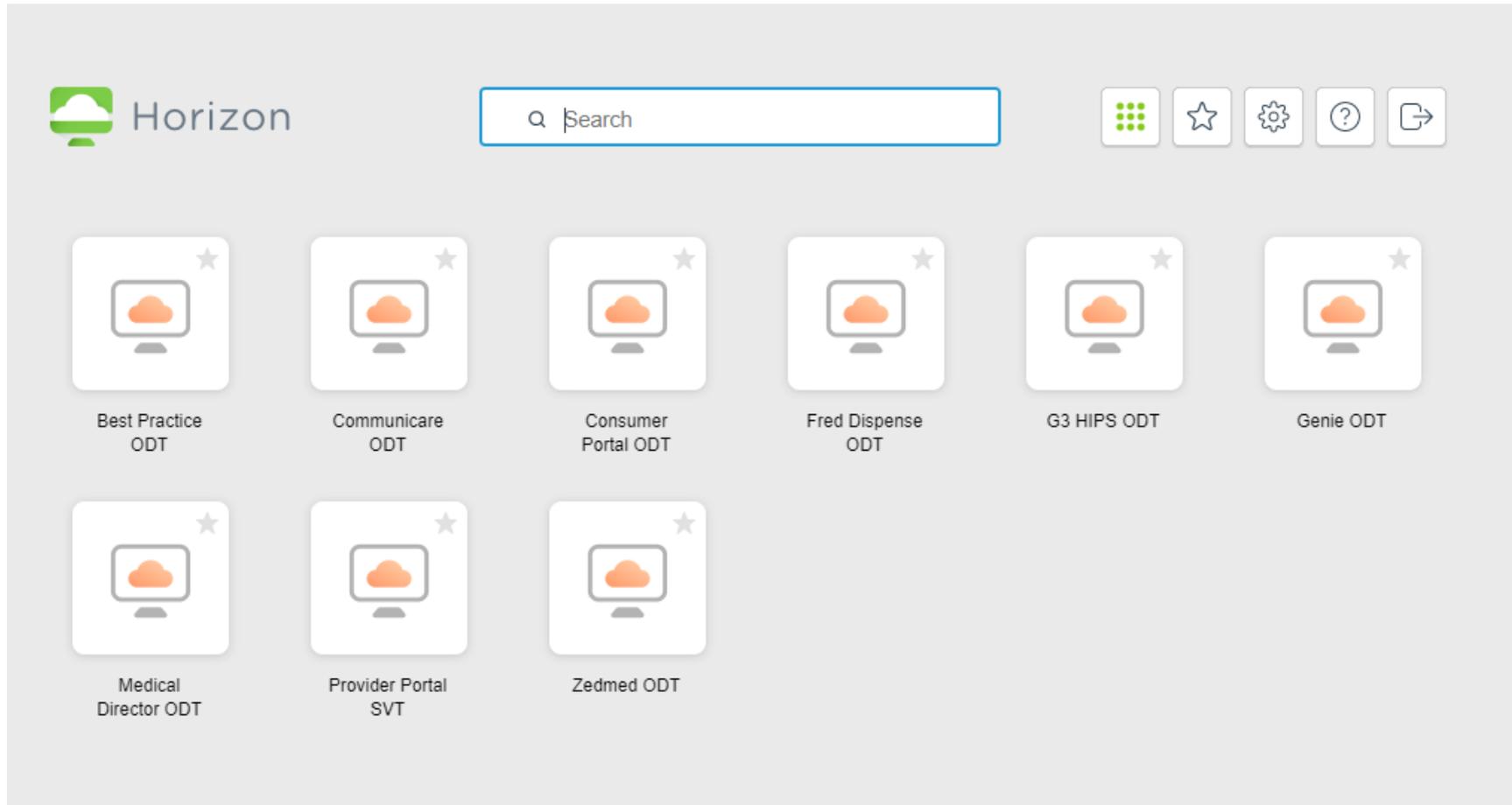
Date	Doctor	Reason	Visit type	Start	Duration
28/10/2015	Dr Terence Walker		Surgey	2:04 pm	0m
10/12/2015	Dr Terence Walker		Surgey	9:15 am	14m
18/04/2017	Dr Terence Walker		Surgey	1:21 pm	2m
14/06/2017	Dr Terence Walker		Surgey	1:42 pm	3m
22/02/2019	Dr Terence Walker	Left Pain in arm	Surgey	9:05 am	73m 20m
25/02/2019	Dr Terence Walker	Mild Hypertension	Surgey	9:34 am	4h 32m



[Practise in the 'On Demand Training Environment'](#)



My Health Record 'On Demand' training environment



[On Demand Training Environment](#)

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 know 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 software vendors

New messaging standards.

[Read more about Dept Health Secure Messaging Industry Offer](#)



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 eg. pdf, HL7, CDA
3. Sends in a compatible format for recipient.
4. Acknowledgement receipt issued.



Access eLearning course:

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

Enrolment Code: p8GsSTHo

 Course  Materials

1. Presentation used in Nurse Connect WentWest Webinar
2. Presentation used in WentWest & HealthDirect Webinar :
3. Telehealth Video Consultations Guide | RACGP
4. How to do video consultations well | ACRRM



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Presented by Katrina Otto
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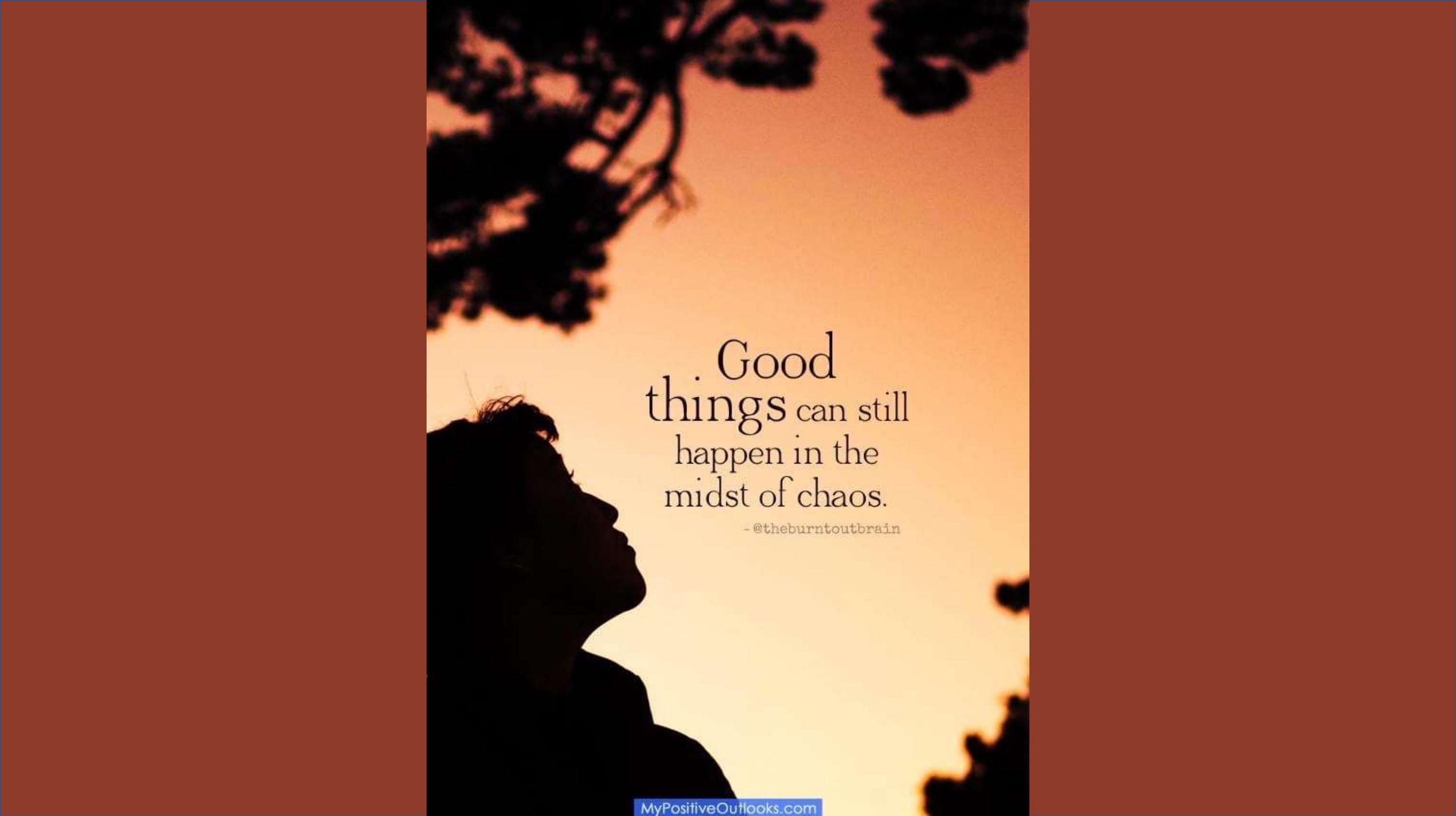
WENTWEST – COVID19

[See more...](#)

Suggested Next Steps

1. Team meeting to educate and discuss how you will proceed.
2. Contact PHN for assistance if you are not yet set up for ePrescriptions, My Health Record & Secure Messaging. Your IT providers may also help.
3. Access further education.
4. Implement a 'Quality Improvement Activity' in regard to updating patient mobile phone numbers and emails.
5. Connect and communicate.





Good
things can still
happen in the
midst of chaos.

- @theburntoutbrain

We're here to help you!



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Book into one of our upcoming webinars:



Webinar 8: Electronic transfer of prescriptions using MedicalDirector	17 th June	6.30pm
Webinar 9: Electronic transfer of prescriptions using Best Practice	7 th July	6.30pm



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- After Hours
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- Healthy Western Sydney
- HealthPathways
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