Optimising My Health Record utilisation

Position statement on the use of My Health Record by Australian public hospitals

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Summary of position statements

1. The My Health Record should be used as a source of information.

2. The My Health Record should be used as a tool to improve the quality of communication related to medicines across care settings.

3. Health services should implement systems and processes to support clinicians use of and contribution to My Health Record.

4. My Health Record system maturity and healthcare ecosystem contribution should be progressed and promoted, to optimise health outcomes.

5. Implementation of the *Framework to guide the secondary use of My Health Record system data* should aim to achieve significant improvements in health care quality and safety.

6. The integration and inclusion of a broad range of patient controlled health data into the My Health Record should be facilitated to provide a holistic picture of a person's health record.

Purpose

The primary purpose of this position statement is to:

- Support the use of the My Health Record (MHR) in Australia public hospitals as a tool to facilitate shared decision making, optimise the quality use of medicines, facilitate medicines-related communications to ensure continuity of pharmaceutical care and reduce preventable medication-related harm including unplanned re-hospitalisations.

The secondary purpose is to:

- Raise awareness and support the use and integration of MHR in public hospital and transitions of care settings.

Background

The MHR is a secure online summary of a person's health information and is available to all Australians. Healthcare providers authorised by their healthcare organisation can access MHR to view and add to their patient's health information. MHR does not replace existing health records. Rather, it supplements these with high-value, shared sources of patient information that can improve care planning and decision making. Information available through MHR can include a patient's health summary, medication prescribing and dispensing history, pathology reports, diagnostic imaging reports and discharge summaries.[1] MHR offers clinicians a view of clinical information provided by other healthcare providers that is not readily available through current systems.

The content in MHR is growing as more public and private health services and healthcare professionals connect and upload patient information. Over time, the availability of this information should enable improvements in patient, carer and/or healthcare provider decision making.

The World Health Organisation (WHO) has identified that the application of digital health technology, such as the MHR, can bring improvements in service quality, efficiency and equity.[2] There is a range of benefits for health care users, providers and the broader health system when organisations are better placed to use data and technology to enable a connected healthcare system that is accessible, progressive and secure. Health service organisations may currently have different levels of readiness connecting to and using MHR.

Scope

The use of MHR in public hospital settings and at transitions of care.

Definitions

- **My Health Record**: Is a secure online summary of a person's health information and is available to all Australians.[3]
- **Medication safety**: Describes the systems and strategies used to ensure that clinicians safely prescribe, dispense and administer appropriate medicines to informed patients, and to monitor the safe use of the medicines.
- **Transitions of care**: Situations when all or part of a patient's care is transferred between healthcare locations, providers, or levels of care within the same location, as the patient's conditions and care requirements change.[4]
- **Shared decision making**: Shared decision making involves discussion and collaboration between a consumer and their healthcare provider. It is about bringing together the consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person.[5]

Position statements

Statements to facilitate My Health Record (MHR) uptake and use by clinicians and health service organisations

1. The My Health Record should be used as a source of information

The MHR provides connectivity between key stakeholders of the health system, including consumers, general practitioners and their teams, community and hospital pharmacists, specialists, allied health professionals and other health care workers. It can serve as a conduit of consumers' health information across and between private and public healthcare organisations. MHR can be used as a source of information, in combination with other sources, to support decisions made with a person about their healthcare.

The MHR may not be a complete record, as the upload of information is dependent on the preferences and controls utilised by an individual person, and the capacities of the healthcare provider and health service organisation.[6] Consumers may opt out completely or choose to omit specific information from their MHR. Healthcare providers may not have the appropriate systems or processes in place to upload all eligible documents to MHR or may not have the required capacity to manually upload documents.

To maximise the utility of MHR as a source of information, hospital clinicians should be encouraged to use MHR and upload information according to local legislative and policy consent models. Clinical information should be routinely uploaded whenever appropriate, as part of a person's health journey to support their continuity of care. The availability of the information will support timely access to fundamental health information, which can be used to reduce the risk of medicine discrepancies and omissions. For example, the benefits of MHR as a source of information when a person is admitted to hospital is illustrated when it is used as a source of medicines information to establish the best possible medication history, ideally in discussion with the person and/or carer.

2. The My Health Record should be used as a tool to improve the quality of communication related to medicines across care settings

It is well known that there is a high risk of medication misadventure and harm at transitions of care. More than 50% of medicine-related incidents occur at transitions of care, and around one-third of these have the potential to cause harm.[7]

The MHR should be used as a supplementary tool to improve the quality and timeliness of medicines-related communication as a person moves between the community and health service organisations. Improvement in the quality of clinical information will further increase the uptake and utility of the system by others.

For example, MHR can reduce potential harm or confusion in the circumstance where a person is receiving a biologic medicine, which has a biosimilar. The risk of unintended switching can be reduced when a person's medication history is available through the MHR.

For Australian hospitals the Council of Australian Therapeutic Advisory Groups (CATAG) has *Guiding principles for the governance of biologics and their bisimilars in Australian Hospitals*.

These Guiding Principles are to assist those responsible for the prescription, preparing, dispensing, administering and monitoring of biologics in Australian hospitals to achieve good governance and decision-making in relation to the use of these medicines.

3. Health services should implement systems and processes to support clinicians use of and contribution to My Health Record

Hospitals and health services should implement systems and processes that support the use of the MHR. Actions 1.17 and 1.18 of the National Safety and Quality Health Service (NSQHS) Standards outline the minimum requirements for health service organisations compliance when implementing systems for the use of MHR system. For further information on these specific actions see: ACSQHC Advisory AS18/11.

The use of MHR can also assist in meeting the following ACSQHC Standards: 4.6, Reviewing current medicine order, reconciling any discrepancies at transitions of care and 4.12b, Providing a medicines list to receiving clinicians at transitions of care.

Statements to achieve future improvements of My Health Record (MHR)

4. My Health Record system maturity and healthcare ecosystem contribution should be progressed and promoted, to optimise health outcomes

MHR has some features that will facilitate improvements in the health outcomes of Australians. The differing levels of digital health maturity across sectors presents challenges and opportunities for the Australian healthcare ecosystem. As long as the quality of information into MHR is assured, greater and more widespread MHR use, accompanied by MHR digital maturity, should result in:

- enhanced clinical decision making;
- better coordinated care;
- improvements in population and individual health outcomes; and
- MHR representing a supplementary source of a person's health information.

The development and application of standards such as the *National guidelines for on-screen display of medicines information* and the *National guidelines for on-screen presentation of discharge summaries* and use of national terminologies (e.g. Australian Medicines Terminology, SNOMED CT-AU*) should contribute to improved quality of MHR content.

Requirements for a mature MHR system include:

- Interoperability of the MHR with other digital health systems such as electronic medical record (EMR) systems, GP software, secure messaging solutions, national healthcare provider directories and dispensing software.
- Sharing of atomic data† to and from the MHR to enable better flow of information between systems. Non-MHR digital healthcare systems should be capable of processing data from the MHR to create a curated list of medicines and should also be able to contribute data to the MHR and update the curated medicines list. Until codified MHR data becomes widespread, enabling individual software vendors' clinical information systems to utilise atomic data should accelerate the maturity of the wider digital healthcare ecosystem.

CATAG recommends further investment by the Federal Government to improve the MHR and its optimisation in order to demonstrate its usefulness in the acute care setting and communication of health information between healthcare settings.

* SNOMED CT supports the development of comprehensive high-quality clinical content in electronic health records. It provides a standardised way to represent clinical phrases captured by the clinician and enables automatic interpretation of these. https://www.snomed.org/snomed-ct/five-step-briefing

† Atomic data: Data elements that represent the lowest level of detail. For example, furosemide tablets 40mg 1 tablet in the morning, each of these elements is coded. Each part of the order sentence is broken down into its component parts and can be used independent of each other part, enabling data interrogation.

5. Implementation of the *Framework to guide the secondary use of My Health Record system data* should aim to achieve significant improvements in health care quality and safety

The *Framework to guide the secondary use of My Health Record system data*[8] takes a deliberate cautious approach to the secondary use of MHR data, with the aim to build public trust in the process.

While cognisant of the sensitivities regarding personal data, CATAG believes the power of MHR and other relevant digital health technology, particularly collated data, has the potential to provide presently unrealised and valuable real-life insights into the effectiveness and safety of medicines use, health outcomes of Australians and performance of the Australian healthcare system.[9]

Benefits to the Australian population with the use of collated data held by these systems includes:

- enabling identification of patients for clinical trials who otherwise would not have access;
- identifying unwarranted clinical variation and informing quality initiatives;
- optimising medicines to drive more cost effective and precise treatments;
- expanding post-marketing surveillance capability, the collection of outcome data to evaluate utilisation and cost benefit analyses of individual medicines;
- facilitating product recalls;
- using hybrid artificial intelligence models to provide guidance for the prevention and optimal management of disease in individuals;
- informing models of care, providing evidence for investment or disinvestment in specific treatment pathways; and
- evaluating policy and inform policy decisions.

6. The integration and inclusion of a broad range of patient controlled health data into the My Health Record should be facilitated to provide a holistic picture of a person's health record

Data is now collected from a diverse range of sources, including from devices worn or used by a person to monitor their own health and/or physical activity, such as smartphones, Fitbits®, blood pressure machines and blood glucose monitors. A number of devices can also serve as a repository for health information e.g. a person's medication information in the MedicineWise app. Consideration needs to be given to how these data sources and any future innovations will integrate with digital health technologies such as the MHR to provide a holistic picture of a person's health record and inform patient-centred care.

There is significant potential to better inform shared healthcare decision making by enabling the integration and inclusion of a broad range of patient-controlled data as this will facilitate greater engagement of the person with their health record and provide a more holistic picture of a person's health and health record.

Appendices

APPENDIX 1: Further information

My Health Record website

This link provides a information for both consumers and healthcare professionals. It includes information about My Health Record (MHR) and how to access it.

https://www.myhealthrecord.gov.au.

Emergency Department Clinicians' Guide to My Health Record

This link also provides a link to State and Territory MHR resources.

https://www.safetyandquality.gov.au/our-work/e-health-safety/my-health-record-guide.

Society of Hospital Pharmacists, Standards of Practice

Society of Hospital Pharmacists.
Standards of Practice for clinical pharmacy services, Chapter 16: My Health Record.

https://www.shpa.org.au/standards-of-practice.

APPENDIX 2: How this position statement was developed

Position statements are intended to provide short summarised best practice recommendations to hospital Drug and Therapeutics Committees using a consensus development model. The position statements are written to be adapted to local environments.

This position statement was developed in consultation with the CATAG member organisations listed below:

- Australian Capital Territory Health
- New South Wales Therapeutic Advisory Group (NSW TAG)
- Northern Territory Drug and Therapeutics Committee
- Queensland Health Medicines Advisory Committee (QHMAC)
- South Australian Medicines Advisory Committee (SAMAC)
- Tasmanian Medicines Access and Advisory Committee (TMACC)
- Victorian Therapeutics Advisory Group (Vic TAG)
- Western Australian Therapeutics Advisory Group (WATAG).

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- **Lisa Ciabotti** – Professional Officer, Victorian Therapeutics Advisory Group, Victoria
- **Dr Paul Miles** – Program Manager, Digital Patient Safety, Project Manager, My Health Record in Emergency Departments, Australian Commission on Safety and Quality in Health Care.

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