Frequently Asked Questions: Hospital Pharmacy and My Health Record

The *My Health Record Frequently Asked Questions* document for hospital pharmacists is developed by the Society of Hospital Pharmacists of Australia (SHPA) in partnership with the Australian Digital Health Agency to support hospital pharmacists in the use of My Health Record. This document is designed to be used in conjunction with information on the My Health Record website, and other resources available for pharmacists.

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ABOUT MY HEALTH RECORD

Q1. What is My Health Record?

My Health Record is a secure online summary of an individual's health information, operated and maintained by the Australian Digital Health Agency, and available to all Australians. It is a highly protected, individually controlled system, accessible at all times.

For more information visit www.myhealthrecord.gov.au.

Q2. Who can access an individual's My Health Record?

'The individual or their authorised representative/s can access the individual's My Health Record. Registered healthcare provider organisations involved in the individual's care will also be able to view and access the individual's My Health Record. An individual, or their authorised representative, may choose to invite other trusted people to have access to their record as nominated representatives.

A nominated representative:
A nominated representative is a trusted person invited by the individual to view or help manage their My Health Record. This may be another family member, close friend, or carer.

An authorised representative:
An authorised representative is a person who manages the My Health Record for someone who cannot manage their own, for example a child under 14 years, or someone of any age who lacks the capacity to make decisions for themselves. An authorised representative may be a parent, carer, family member, or someone with enduring power of attorney as decided by the System Operator (the System Operator of the My Health Record system is the Australian Digital Health Agency).

For more information visit www.myhealthrecord.gov.au/for-you-your-family/howtos/who-can-access-your-record.

Q3. What is an authorised healthcare provider?

Healthcare providers authorised by their healthcare organisation can access My Health Record to view and add patient health information.

Prior to the organisation registering for My Health Record, organisations are required to communicate and enforce a My Health Record System and Access policy which underpins their use of the My Health Record system. Included in this policy is how authorised persons access the My Health Record system.

Q4. What controls can a consumer put on their My Health Record?

Record access code:
A record access code (RAC) is a four-to-eight-character code that an individual can set on their My Health Record to strict access to their record. If a RAC has been set, the individual will need to provide the healthcare provider organisation with this code in order for them to gain access to their My Health Record.

Setting a RAC allows the patient to choose which healthcare provider organisations have access to their record. Once your healthcare organisation has accessed the individual's record using the access code, you will not need to enter the code again. However, patients can withdraw access for a healthcare provider organisation at any time. Healthcare providers can still access a restricted record during an emergency.

Limited document access code:
A limited document access code (LDAC) is a code that an individual can set on their record to restrict and control access to selected documents within their My Health Record. Healthcare provider organisations that have been given the LDAC can view these restricted documents. Once your organisation has accessed the individual's documents using the LDAC, you will be able to access the record and see restricted documents without entering the LDAC each time.

For more information visit www.myhealthrecord.gov.au/for-you-your-family/howtos/control-document-access.

Q5. What is considered an emergency access situation in which it would be permissible for a hospital pharmacist to access an individual's locked My Health Record?

If an individual has set access controls on their record, they can be overridden in case of an emergency. This is sometimes referred to as a 'break glass' function.

It is expected that the need to use the emergency access function will be rare as emergency access is only authorised under the *My Health Records Act 2012* if:

- there is a serious threat to the individual's life, health or safety and their consent cannot be obtained (for example, due to being unconscious); or
- there are reasonable grounds to believe that access to the My Health Record of that person is necessary to lessen or prevent a serious threat to public health or safety. For example, to identify the source of a serious infection and prevent its spread.

Emergency access to an individual's My Health Record can last for a maximum of five days and is recorded in their 'Access History'. All instances of emergency access will be audited by the System Operator and a consumer may elect to be notified of any emergency access.

For more information visit www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/emergency-access.

Case study A: The My Health Record emergency access function

Margaret is a 62-year-old woman with a history of hypercholesterolemia and coronary artery disease.

Margaret is taking multiple medications. She lives alone and is normally independent.

While on holidays with friends interstate, Margaret has a stroke (slurred speech and droopy face) and is rushed to the local hospital. Her friends don't know enough about Margaret's medical history or the medications she may be taking to help the emergency department staff determine the cause, and appropriate treatment.

The emergency department staff find that Margaret has a My Health Record but they require a record access code to view it. Given the situation poses a serious threat to Margaret's health, the hospital staff use the emergency access function to view Margaret's My Health Record.

CONSENT REQUIREMENTS

Q6. Do I need to check with the individual each time I view/access their My Health Record?

No. Under the My Health Records Act, authorised hospital pharmacists (or healthcare providers) do not need the consent of an individual to view their record, and you can access an individual's record outside of a consultation, provided that access is for the purpose of providing healthcare to the individual. Clinicians may however, require access codes to view the My Health Record of individuals who have enabled privacy settings to control access to their record (unless using the emergency access functionality). Each access to an individual's My Health Record is monitored and logged. Access must therefore be in line with professional practice standards, such as SHPA's Standard of Practice for Clinical Pharmacy Services.

Consent is also not required each time a dispensing entry is uploaded to an individual's My Health Record. If an individual does not wish their dispensing information to be uploaded to their My Health Record, the onus is on that individual to alert the dispensing staff that the organisation cannot upload this information to their My Health Record. Pharmacists need to comply with this request.

Q7. If the individual does not want to have their dispense information uploaded to their My Health Record, what do I need to do to ensure it is not uploaded?

The default setting is generally "Upload", as under the My Health Records Act healthcare providers are authorised to upload information to patients' records. If a patient requests for dispense information not to be uploaded, the dispensing pharmacist must ensure the dispense record is not uploaded. Each dispensing and dispensary software may be slightly different. Contact your vendor if you are unsure how patient consent is managed in the software you are using.

PBS information will continue to be uploaded to the individual's My Health Record. Should a patient wish to change this preference, or remove the corresponding PBS document, they will need to log in to their My Health Record through myGov and manage their Medicare Information settings, or remove the PBS document from their record.

Work is ongoing with respect to having hospital pharmacy dispensing records being uploaded to patient's My Health Record.

Q8. What happens if I accidently upload a dispense record to the individual's My Health Record after they have asked me not to?

A dispense record can be deleted in the dispensing system, which may also remove the upload from a patient's record. However, as each dispense software operates slightly differently, please contact the vendor or refer to the guide to ensure this feature is included.

If you are unable to delete the document, contact the My Health Record Helpline on 1800 723 471 for further assistance.

Q9. What if I accidentally view an individual's My Health Record?

If you are concerned about accidentally accessing a My Health Record, you should notify the individual and the System Operator (via the My Health Record Helpline on 1800 723 471) that you have accidentally accessed the record. You should also contact your hospital's health information officer to log an incident and follow hospital's policy for managing a breach.

The individual's My Health Record will show a history of when it has been accessed and by which organisation. The individual can elect to be notified via email or text message when their record has been accessed or certain changes are made to it.

Accidents can happen, so keep a clear record of the incident as the intentional or reckless access of an individual's health information is a serious matter with potential penalties.

The integration of My Health Record into ongoing implementation of electronic medical records software used in hospitals by linking the consumer's IHI on both platforms – which has been done in some Cerner builds – should reduce the risk of accidental viewing occurring in principle.

Q10. Am I professionally/legally required to view each individual's My Health Record whenever I am providing care?

No. An individual's My Health Record is a clinical tool to assist you in providing care to a person. It is not mandatory to use in each episode of care. However, professional guidelines recommend use of all clinical information available to support informed clinical decisions. It is up to the healthcare professional to determine when and how they may want or need to use information within their patient's My Health Record.

BENEFITS TO HOSPITAL PHARMACISTS

Q11. What are the benefits to patient care and hospital pharmacy practice of using the My Health Record?

My Health Record provides a vital source of information for healthcare professionals facilitating continuity of care between the hospital health system and other healthcare settings. Some key benefits of My Health Record are:

- Additional source of information for medication reconciliation upon admission to hospital to avoid adverse drug events, missed charting and doses of medicines
- Verify, record and document allergies and adverse drug reactions
- Record and document vaccination or immunisation history
- Reduce time spent gathering information
- Gain awareness of a patient's primary care providers such as their GP and regular community pharmacy, to assist with safe and quality transitions of care
- Access to patient's shared health summaries
- Access to patient's pathology and diagnostic imaging reports, avoiding duplication of services, for example pathology tests.

Where relevant (such as for chemotherapy patients, infectious diseases patients, immunocompromised patients, or patients with impaired renal or hepatic function), access to pathology information from external providers is helpful to monitor their clinical patterns and ensure dosage of medicines is clinically appropriate and safe. Similarly, for medicines that require therapeutic drug monitoring, such as warfarin, anti-transplant medicines and some anti-infectives, access to pathology information is important to ensure dosage and supply of medicines is clinically appropriate and safe. Hospital pharmacists can also compare any pathology and laboratory data obtained from the hospital to compare it to data collected in primary care settings to assess the patient's health status and trajectory.

Q12. What documents can hospital pharmacists access in an individual's My Health Record?

Authorised hospital pharmacists can access clinical information in an individual's My Health Record unless the consumer has set an access code. Authorised hospital pharmacists can access clinical, Medicare and personal information in an individual's record, including:

Clinical information

- Medications (prescription and dispense record information)
- Pharmacist shared medicines list
- Shared health summaries
- Event summaries
- Hospital discharge summaries
- Pathology and diagnostic imaging reports
- Specialist letters

- eReferral letters
- Goals of care.

Medicare information

- Medicare claims i.e. MBS/DVA/PBS/RPBS information
- PBS/RPBS information
- Australian Immunisation Register (AIR) information
- Australian Organ Donor Register information.

Personal information

- Personal health summaries (with information about allergies or medications, e.g. over-the-counter, complementary, and herbal medicines) entered by the individual
- Advance care planning document
- Advance care custodian contact details
- Emergency contact details.

For more information, visit www.myhealthrecord.gov.au/for-healthcare-professionals/what-is-in-my-health-record.

Q13. What document/s can a hospital pharmacist upload to an individual's My Health Record?

With conformant dispensing software, hospital pharmacists can use conformant software to upload dispense records to an individual's My Health Record.

Some software also allows hospital pharmacists to upload a pharmacist shared medicines lists (PSML) and event summaries to the My Health Record system.

For more information on whether you can upload dispense records or PSMLs, refer to your software vendor for more information.

Q14. How can a hospital pharmacist trust the accuracy and completeness of information obtained from an individual's My Health Record?

My Health Record can be an important source of information. However, it is an individually controlled record providing a summary of key information, and does not aim to and cannot be a complete record. It may, however, be a valuable starting point for a discussion with an individual, and to verify or reconcile other sources of clinical information.

The Agency publishes a range of statistics monthly about how My Health Record is being used by healthcare provider organisations and patients. For the latest statistics, please visit https://www.myhealthrecord.gov.au/statistics

Q15. The patient's My Health Record has no information in it. Why should I still continue to access it?

The vast majority of Australians have a My Health Record and the majority of records have data in them. This will continue further as more and more medical, pharmacy and allied health clinical software systems are able to upload information and integrate with the My Health Record platform.

Even if the patient's My Health Record currently has no information in it, it would still be of benefit to upload information to this record where possible to facilitate use in future episodes of care and share information about the current episode/admission. (N.B. A patient's record may be empty if it has not been accessed by a patient or healthcare provider. If so, try exiting out of or refreshing the record. This will allow the activation of the record and up to two years of Medicare data to be uploaded to the record.)

Q16. Are there particular settings in which My Health Record is most useful in hospital pharmacy practice?

While the My Health Record system can be used at any point during the patient journey in hospital, the transitions of care, namely the admission into the emergency department or hospital ward and discharge from hospital, are where My Health Record would be most useful.

Q17. What are the benefits for dispensary pharmacists in a hospital setting?

In the outpatient setting, dispensary pharmacists can use the My Health Record system to see if patients have had other supplies of their hospital medicines from other pharmacies, to ensure supply is appropriate.

Dispensary pharmacists can also counsel individuals on changes made to their medications compared to medications listed under the most recent shared health on their My Health Record and provide information to the patient's primary care providers.

Upon discharge, if in your hospital the dispensary pharmacist is responsible for establishing the patient's updated medication chart or medicines list, then this will be able to be uploaded to the patient's My Health Record as a PSML, if available.

Q18. What are the benefits for clinical pharmacists in a hospital ward setting?

Clinical pharmacists can use the My Health Record system to support the medication reconciliation processes upon admission and to assist with accurate charting of inpatient medicines. They can also ascertain if patients have been prescribed or dispensed medicines that the clinical team is wishing to initiate or re-initiate.

If in your hospital the clinical pharmacist is responsible for establishing the patient's updated medication chart or medicines list, then this will be able to be uploaded to the patient's My Health Record as a pharmacist shared medicines list.

Q19. What are the benefits for clinical trial pharmacists in a hospital setting?

As part of clinical trials, coordinators routinely ask participants if they have had changes to their health status, initiated or ceased any medicines. My Health Record can assist clinical trial pharmacists to gather this information when reviewing participants. Furthermore, the pathology and laboratory data in the My Health Record can assist with monitoring clinical trial participants.

Q20. What are the benefits for hospital outreach pharmacists providing outreach services?

Hospital outreach pharmacists can use the My Health Record system to access information pertinent to transitions of care such as medication information, pathology results and event summaries with clinical notes from the community setting in order to make more informed clinical decisions.

They will be able to view the discharge summary or the pharmacist shared medicines list to ascertain which medication-related issues required follow-up during the outreach service. Furthermore, they will be able to identify the patient's primary care providers and refer or follow up with them as required.

Case study B: Medication reconciliation using the My Health Record system

Bill is a 55-year-old man diagnosed with pneumonia and admitted to the general medicine ward at his local public hospital.

The clinical ward pharmacist checks his medication chart and finds that only medications to treat his pneumonia have been charted thus far. His regular medications are yet to be charted.

The pharmacist sees that Bill is acutely unwell and asleep at present, so checks to see if he has a My Health Record.

Upon finding his My Health Record, the pharmacist compiles a list of current medications as per the community pharmacy dispense information and the most recent shared health summary (atorvastatin 40mg, ramipril 10mg, metformin ER 500mg and budesonide/formoterol fumarate dihydrate 200/6 turbohaler).

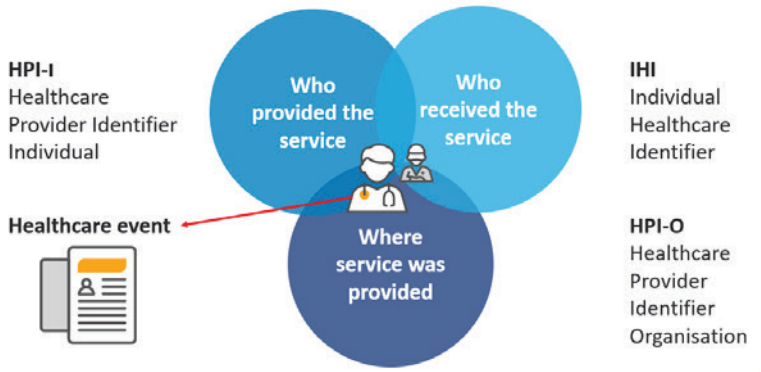
Bill is now awake but still very unwell, so the pharmacist has a quick chat to reconcile the list obtained through Bill's My Health Record.

Bill confirms the list of medications and is grateful he does not have to recite all his medications since he isn't feeling well enough.

When asked if he takes any over-the-counter medications Bill adds that he is also taking glucosamine and paracetamol tablets for his arthritis.

The medication reconciliation process is now complete with an accurate list of medications ready to be charted.

HOW DO I ACCESS MY HEALTH RECORD?



Q21. What information do I need in order to access an individual's My Health Record?

To access an individual's My Health Record, the relevant IHI for the patient who is receiving the healthcare service is required. An individual's IHI is linked to five identifiers: given name, surname, date of birth, Medicare number or Department of Veteran's Affairs (DVA) number, and sex.

Q22. How do I register for a Healthcare Provider Identifier – Individual (HPI-I)?

Pharmacists registered with the Australian Health Practitioner Regulation Agency (AHPRA) are automatically registered with the HI Service and assigned an HPI-I number. If you are uncertain of your HPI-I you can use one of the options below to get it:

Option 1 – Log into the AHPRA website or call them on 1300 419 495

Note: if you know your AHPRA User ID, add 800361 to the front of the ID to get your HPI-I.

Option 2 – Call the HI Service enquiry line on 1300 361 457 and ask for your HPI-I

Option 3 – Contact your organisation's dedicated HI Service maintenance officer who can retrieve your HPI-I from Health Professional Online Services for you.

Q23. How do I access an individual's My Health Record at my health service organisation?

To access the My Health Record, your individual healthcare identifier (HPI-I) must be linked to an organisation that will have an HPI-O and is registered with My Health Record.

If your organisation uses conformant software to access the My Health Record you can access directly through the software. However, if your organisation uses the read-only National Provider Portal to access My Health Record, you need to log on using your individual PRODA account. Your organisation's dedicated HI Service maintenance officer will need to create an authorisation link to your HPI-I for you to gain access.

Any further restrictions on your access to My Health Record may be due to hospital-specific policies. For further information, please refer to your hospital management.

Q24. To what extent is My Health Record being used by hospitals and hospital clinicians in my jurisdiction?

Public hospital beds registered and using the My Health Record system by state and territory jurisdiction as at 30 June 2020

State/ territory jurisdiction	Total number of public hospital beds	% Registered to use the My Health Record (beds)	% Using the My Health Record (beds)	Has the ability to view the My Health Record	Has the ability to upload to the My Health Record**
ACT	1,218	86%	64%	Yes	Yes
NSW	23,416	99%	97%	Yes	Yes
NT	721	100%	100%	Yes	Yes
QLD	12,558	99%	96%	Yes	Yes
SA	4,298	72%	72%	Yes	Yes
TAS	1,279	99%	98%	Yes	Yes
VIC	11,941	91%	80%	Yes	Yes
WA	5,679	100%	95%	Yes	Yes
National	61,110	95%	91%		

Ref: https://www.myhealthrecord.gov.au/about/who-is-using-digital-health/public-hospitals-using-my-health-record-system

Similar data for private hospitals is available at https://www.myhealthrecord.gov.au/about/who-is-using-digital-health/private-hospitals-using-my-health-record-system

Q25. Does the My Health Record integrate or interface with my hospital's electronic medical record system?

Yes, there is capacity for My Health Record to be integrated with electronic medical records systems and this has been implemented in various hospitals. For further information, please contact your hospital's clinical informatics team and your hospital's electronic medical record software vendor regarding progress in your specific health service.

HOSPITAL PHARMACIST USE OF MY HEALTH RECORD

Q26. Where can I access training and resources before getting started?

The Agency website (https://www.digitalhealth.gov.au/) has a range of training and resource materials available to support hospital staff with My Health Record, including webinars, podcasts and online learning modules.

The Agency can also help with organising education and training for your hospital or department. Simply complete the online request form and the Agency will respond.

Your organisation also has an obligation to provide training prior to allowing staff to access the My Health Record system. Refer to your organisation for training and resources they have available for staff members.

Q27. If I don't have access to a computer, can I use my personal device to log into an individual's My Health Record?

The My Health Record system may be accessed from a personal device if your organisation is linked to the National Provider Portal and has granted you access.

For further information, please refer to your hospital management.

Q28. Can a pharmacy technician access an individual's My Health Record?

Any person who is authorised by a healthcare organisation can access and view an individual's My Health Record, for the purpose of providing healthcare services. In addition to clinicians, a healthcare organisation may authorise other staff to access the My Health Record system as part of their role in healthcare delivery.

Q29. Does the My Health Record integrate with hospital pharmacy dispensing software (iPharmacy, Merlin) such that dispensing activity on these platforms automatically uploads to an individual's My Health Record?

The Agency's Register of Conformance lists software products and the versions that have been assessed for conformance with national digital health requirements. This includes the ability to view a My Health Record, upload documents (such as dispense records), provide assisted registration, and more.

Software developers must declare the conformance of their products to be included in the register. Please check the register to see if the hospital's pharmacy dispensing software is listed.

Q30. What is a pharmacist shared medicines list (PSML)? Can hospital pharmacists upload a PSML or medication charts to a patient's My Health Record?

The pharmacist shared medicines list is a list of medicines that a patient is taking, including prescription and non-prescription medicines such as over-the-counter or complementary medicines (current at the time of creation). This list will include details such as dosage, frequency and other relevant information. It is a clinical document designed for consumers with chronic diseases and/or multiple medications to:

- improve information sharing between health professionals
- ensure continuity of medicine management for consumers who transfer between care settings
- make another source of medicines information available in My Health Record.

Medication charts cannot currently be uploaded to a patient's My Health Record.

Case study C: The pharmacist shared medicines list

Rose is an 85-year-old woman being discharged to her residential aged care facility (RACF) this afternoon, after a hospital stay resulting from a fall. The fall triggered multiple changes to her medications.

The community pharmacy usually packs her medications in a dose administration aid. A new pack is required to reflect the medication changes made during her hospital admission but the pharmacy closes at 5pm.

The ward pharmacist uploads Rose's PSML to her My Health Record and the community pharmacy is able to pack a new dose administration aid and have it sent off to Rose's RACF before close of business and in time for her evening doses.

Q31. Why aren't all dispensing records from community pharmacy necessarily visible in a patient's My Health Record?

Correct configuration of community pharmacy dispensing software is crucial to ensure that as many dispense records can be uploaded as possible. Other reasons for records not being uploaded may be a result of dispense technicians/students who are not authorised to access My Health Record in their organisation completing the dispense process, or locum pharmacists/new pharmacists who haven't been authorised by the pharmacy yet completing the dispense event. In addition, not validating the patient's demographic data in the dispensing system (their IHI) prevents a dispense record from being linked to the patient's My Health Record.

CHAMPIONING MY HEALTH RECORD IN MY ORGANISATION

Pharmacists are well placed to be champions of My Health Record in their health service organisation, supporting their medical, pharmacy and nursing colleagues to become more familiar with My Health Record to change and update their practice. Pharmacists are able to support this through undertaking thorough medication reconciliation and demonstrating their findings to their colleagues, as well as assisting with the transitions of care after multiple changes have been made to the patient's medicines list.

Q32. How can I promote the My Health Record system in my organisation?

To maximise the benefits of the My Health Record system in your organisation, consider increasing awareness among your patients, medical, nursing, pharmacy and allied health colleagues, and local healthcare providers that are using this system.

Establish a dedicated unit within your hospital or pharmacy department to work with hospital management to examine how you can change and enhance existing workflows and processes to include use of My Health Record and change culture over time.

Additionally, you can also provide education or CPD relating to the use of My Health Record to your colleagues.

Case study D: Championing the My Health Record system in the pharmacy department

A hospital pharmacist practicing in an organisation that is registered with the My Health Record system notices that other hospital pharmacists do not regularly use the system.

When questioned as to why they were not using the My Health Record system available to them, some were not sure how to access or how to use the system, and some had misconceptions around its purpose.

The hospital pharmacist decides to champion the My Health Record system in the pharmacy department by running education sessions on the system and its benefits, and conducts training for pharmacy staff on how to use the My Health Record system and assist with understanding participation obligations. The system champion also acts as a mentor to support hospital pharmacists wanting to use the system and needing further assistance.

Once equipped with knowledge and supported through the process, uptake of the My Health Record system improved drastically in the pharmacy department.

Q33. What resources can I use to promote the My Health Record system in my organisation? Where can I find presentations to deliver training to staff in my organisation?

The Agency website (https://www.digitalhealth.gov.au/) has a range of training and resource materials available to support hospital staff with My Health Record, including webinars, podcasts and online learning modules.

The Agency can also help with organising education and training for your hospital or department. Simply complete the online request form and the Agency will respond.

Furthermore, you can also contact your own hospital administration and jurisdictional government who maybe be able to provide for more resources.