Allied Health Professions Australia

Level 8, 350 Collins St
Melbourne VIC 3000

www.ahpa.com.au

DIGITAL HEALTH TOOLKIT
Dietetics

Introduction

More than 22 million or 90% of Australians now have an individual My Health Record. In addition, most general practices and pharmacies, over 700 public hospitals and health services, and a further 208 private hospitals are connected to My Health Record. With the addition of diagnostic imaging and pathology, and an increased push to connect specialists and allied health providers, My Health Record is becoming increasingly relevant and potentially useful for dietitians.

Dietitians play a crucial role in the health and wellbeing of many Australians. They are frequently part of a broader team of care providers though these may not be coordinated. Use of My Health Record can improve patient care by connecting the healthcare team for those Australians with an individual record. It also provides a significant opportunity to better connect dietitians to the broader health team and to increase understanding of the role and importance of dietary interventions.

This toolkit has been developed specifically for dietitians, by Allied Health Professions Australia (AHPA) and supported by the Australian Digital Health Agency (ADHA) to support use and understanding of the system. The document takes into account clinical practice for dietitians and patient needs. It contains information to help you understand and engage with digital health options available to allied health professionals, including:

- My Health Record fact sheet
- Sample cases for My Health Record use in dietetics
- Secure messaging fact sheet
- Sample case for secure messaging use in dietetics
- My Health Record registration information
- Policies relating to My Health Record use

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My Health Record Fact Sheet for dietitians

What is My Health Record?

My Health Record is an online summary of **key health information** available to all Australians. Dietitians that have registered to use the system can access their patients' My Health Record to **view** health information, and can **add** health information, to inform treatment.

My Health Record is not a complete record of all healthcare encounters (such as detailed consultation notes). Instead it includes a summary of the critical information required to provide safe and effective treatment and to supplement the information included in existing health records.

Who can access My Health Record?

Healthcare professionals including dietitians, general practitioners, specialists, pharmacists and other approved healthcare providers can access their patients' My Health Record when providing treatment. Health practitioners with conformant software can also upload relevant information to share with other healthcare providers and the patient. Individuals can access their own My Health Record securely online via the consumer portal.

What information is included?

- **Shared health summaries**: allergies, immunisations, medications & significant medical history e.g. surgeries, musculoskeletal conditions, previous injuries and chronic conditions. It also tells us who the patient's main healthcare provider (GP) is.
- **Event summaries**: details of specific healthcare events such fractures and soft tissue injuries, sprains, sport and workplace injuries
- **Investigation reports**: results such as pathology tests and medical imaging
- **Discharge summaries:** hospital stays, injuries, rehab needs and treatment plans
- **Prescription and dispense records:** details of medications both prescribed and dispensed from various sources to provide an overall view of current patient medication usage
- **MBS and PBS information:** Medicare items claimed and subsidised medicines supplied, uploaded by Department of Human Services (Medicare)

What are the benefits for dietitians and their patients?

- **Save time spent** chasing patient documentation from other healthcare providers
- **Better access to patient health information** at the point of care to inform treatment
- **Control for patients** over who can access their digital health record especially where sensitive information might be included
- **Improved continuity of care through access to information** such as allergies and chronic conditions
- **Reduction in adverse events** due to medication misadventure
- **Minimises the need for duplicate testing** by sharing previous results
- **Person-centred care** is enabled through the sharing of healthcare information, which can be particularly helpful when patients change locations
- **Patients don't have to retell their story** if the details are documented in My Health Record
- **Improved patient self-management** of their health through online access to health information

Getting started

Dietitians can register for My Health Record and access further information.

Connection options:

- **Clinical Software** – some dietitians have access to software systems that connect directly to My Health Record. Check the Australian Register of Conformity to see if your software is compatible
- **National Provider Portal** – if you don't use clinical software or use a system that's not compatible, access My Health Record via the National Provider Portal

Case study | Marcus

Background

Marcus is a 35-year-old man with type 1 diabetes mellitus. He was diagnosed with diabetes as a young child and sees many health professionals as part of his diabetes management, including an endocrinologist, his GP, a dietitian, a diabetes educator, an optometrist, a podiatrist and a nephrologist. Marcus is experienced at managing his diabetes. However, a recent hypoglycaemic episode saw him unexpectedly admitted to hospital.

Because of Marcus' complex needs he has a My Health Record and encourages health professionals involved in his care to share information there.

How My Health Record was used in Marcus' case

Marcus' recent hospital admission was detailed in his discharge summary, which was uploaded to My Health Record and can now be seen by everyone in his healthcare team.

When Marcus visited his dietitian, the discharge summary provided the dietitian with detailed information about the hypoglycaemic episode. The dietitian was also able to see pathology results that included Marcus' blood glucose on admission and his HbA1c, an indicator of how well Marcus has been able to control his diabetes. Event summaries from other healthcare professionals gave an overall picture of Marcus' health and recent diabetes management.

The dietitian was able to discuss with Marcus areas of his diet where changes could help improve his blood glucose control while also meeting his individual nutritional needs. These were included in an event summary and added to Marcus' My Health Record.

With the event summary uploaded, Marcus knows that the rest of his healthcare team continued to be connected, and will be informed about the dietary steps that are being taken to improve his diabetes management.

Case study | Jenny

Background

Jenny is 27 years old and has coeliac disease. She has had gastrointestinal problems for a couple of years but only recently went to her GP to get a formal diagnosis when her symptoms became worse.

After pathology tests returned positive results for coeliac disease, Jenny was referred to a dietitian to help her manage the condition through dietary changes. Jenny was also referred to a psychologist for support – her ongoing gastrointestinal problems had taken their toll on her mental health, and she is also now struggling to adjust to the fact that she has a chronic illness. Jenny had seen a dietitian previously for her gastrointestinal issues.

How My Health Record was used in Jenny's case

Jenny's My Health Record included a shared health summary from her GP describing Jenny's symptoms leading up to her tests for coeliac disease. Pathology results included blood results and a gut biopsy report, confirming that Jenny's coeliac disease had been clinically diagnosed. The elevated antibody levels in her blood results suggest that Jenny's coeliac disease had been present but untreated for some time.

The dietitian was also able to see from MBS information in Jenny's My Health Record that she had previously seen a dietitian through a Chronic Disease Management plan. The date indicated that this was prior to Jenny's coeliac diagnosis. The dietitian was able to discuss the previous dietetic treatment and confirm that it had been focused on eliminating potential dietary triggers, rather than treating a clear diagnosis.

Jenny felt confident that the dietitian would be able to address her condition because there was a clear clinical diagnosis. She also shared with the dietitian that she was going to see a psychologist. The dietitian acknowledged that adapting to her new dietary regime could be stressful for Jenny, despite the likely improvement in her symptoms. The dietitian encouraged Jenny to consider asking her psychologist to upload an event summary to My Health Record as a means of sharing relevant aspects of her treatment to support other members of the care team.

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Secure Messaging Fact Sheet for dietitians

What is secure messaging?

A safe, secure system for the exchange of clinical information between healthcare providers. Secure messaging is software that is similar to email with the added benefit of encryption. It is used by general practitioners, pathology providers, specialists, hospitals and allied health providers including dietitians for the secure exchange of clinical documents.

How does it work?

Secure messaging systems transmit encrypted information to a single entity whose identity is confirmed prior to sending, and confirm delivery and receipt of information. These systems can be integrated into clinical software or as a plugin. Secure messaging is a better option than fax and regular email systems which are not a confidential means of transferring patient documents such as treatment reports, investigation results, referrals and care plans. Secure messaging works by encrypting the message so that sent documents cannot be read by anyone other than the intended recipient.

What are the benefits for dietitians and their patients?

- **Reduced paper use:** reduced environmental impact and lower costs due to reduced paper consumption for correspondence, discharge summaries and reports
- **Less time spent** chasing referrals, scanning, faxing, printing and mailing documents
- **Faster delivery of documents**: referrals, results and treatment reports are delivered without delay
- **Improved confidentiality**: documents are transferred directly between healthcare providers without the need for printing and handling by additional personnel
- **Better informed treatment**: the right information is available at the point of care
- **Improved patient journey:** more streamlined patient experience and greater patient confidence as a result of better access to information
- **Improved auditability**: system notification of successful document delivery so you know the message has been received

Getting started

There are a number of secure messaging providers including Healthlink, TelstraHealth, Medical Objects and ReferralNet who all provide secure messaging products that can work with your existing practice software for dietitians. To select a secure messaging product, identify the one most commonly used in your region as this will mean you can exchange documents with the most practitioners.

Secure messaging solutions are also available for dietitians not using clinical software. Talk to the providers above for further information and available options. Further Information about secure messaging is available from the ADHA website.

Case study | Billy

Background

Billy is a 20-year-old man with high functioning autism who lives independently with some support from his family and funding through the NDIS.

After moving out of home, it was determined that Billy's food intake was not meeting his nutritional requirements due to his sensitivities to food textures. Billy began using nutritional supplements to meet his daily requirements with support from a dietitian. However, as Billy's circumstances changed, he began overusing nutritional supplements and was admitted to hospital.

After being discharged he was referred back for additional support from a dietitian. This has been approved as part of his NDIS plan to reach his goal of managing his food intake and living a happy, healthy life. Billy also sees a psychologist who helps him with social skills and strategies to manage his anxiety.

How My Health Record and secure messaging were used in Billy's case

Billy's individual My Health Record included a shared health summary from his GP including his diagnosis of autism spectrum disorder. It also included an event summary from the dietitian that first worked with Billy to help identify which foods he had an aversion to due to their texture and to prescribe oral supplements. A hospital discharge summary indicated that Billy had recently been admitted to hospital for kidney problems related to overuse of nutritional supplements. Pathology results confirmed the levels of blood renal markers. These documents and the medicines view indicated that Billy was not taking any medications.

Billy was anxious about meeting with the dietitian as he was unable to remember much detail about the hospital visit. He was also worried about having to change his diet and how he would do that.

The dietitian met with Billy and performed a nutritional assessment. Using additional information available from My Health Record, the dietitian was able to prepare a suitable dietary plan that took into account Billy's clinical situation as well as his abilities, budget, communication skills and family support. With Billy's consent, the dietitian added a new event summary to Billy's My Health Record. This included a summary of the anthropometric assessment and dietary plan.

With the event summary available in My Health Record, Billy's GP and psychologist could view information about his dietary plan. The dietitian also used secure messaging to notify Billy's GP of the dietary plan and how this would help him self-manage his food sensitivities and nutritional intake. The GP and psychologist were able to talk to Billy about his progress with the dietary plan and how that made him feel. They reinforced the importance of sticking to the plan and reassured him that this was a good thing. Billy felt more confident that he could meet his nutritional needs without the trauma associated with eating certain foods.

Registration for My Health Record

Dietitians can access their patients' records in the My Health Record system through either conformant clinical information systems or via the web-based (read-only) National Provider Portal (the portal).
Access the Australian Register of Conformity to determine if your clinical software is compatible with My Health Record.

Option 1

To register for My Health Record using conformant software:

1. Register for a PRODA account
2. Register your Seed Organisation (via PRODA)
3. Request a NASH Certificate
4. Link your existing PKI Certificate (to your organisation's HPI-O)
5. Contact your software provider for instructions on how to setup and configure your software

See the following page for more information about digital access for health professionals.

Option 2

To register for My Health Record using the National Provider Portal (if your software is not compatible or you don't use clinical software):

1. Register for a PRODA account
2. Register your Seed Organisation (via PRODA)
3. Link your healthcare provider individuals (add the HPI-I for each dietitian to your HPI-O)

The dietitian working in your organisation can now access the portal by clicking the My Health Record tile in their PRODA account.

Option 3

To use My Health Record in a registered organisation (such as a general practice, hospital or multi-disciplinary healthcare facility) using conformant clinical software:
Provide your HPI-I number to the healthcare organisation you work at. Your HPI-I will be linked to their HPI-O number to provide you with My Health Record access as part of your work. Providers can locate their HPI-I by accessing their account on the AHPRA website

Note: If you work exclusively for a healthcare organisation that is registered for My Health Record and they use conformant clinical software, there is no need for you to register independently for My Health Record. The organisation can link your HPI-I to their HPI-O number to provide you with access while at work.

Digital access for healthcare providers

Understanding Provider Digital Access

In order to safely manage access to digital information in the healthcare system, it is essential to be able to authenticate users, including organisations and people. In the My Health Record system, this is achieved using digital certificates that conform to the Australian Government endorsed Public Key Infrastructure (PKI) standard.

- PRODA (PROvider Digital Access) is an online authentication system used to securely access government online services. It uses a two-step verification process, so you only need a username and password to access multiple online services.
- A seed organisation is a legal entity that provides or controls the delivery of healthcare services, for example, a general practice, pharmacy or private medical specialist.
- A National Authentication Service for Health (NASH) certificate, issued by the Department of Human Services, is used to allow health care providers to securely access and share health information, this includes My Health Record.

Understanding Healthcare Identifiers

A healthcare identifier is a unique 16-digit number that is assigned to individuals who use health services, and to healthcare providers and organisations that provide health services. These identifiers are used by the My Health Record system to control access by making sure the right record and documents are accessed for each patient.

- HPI-O (Healthcare Provider Identifier – Organisation) is a number that uniquely identifies a registered Healthcare Organisation in the My Health Record system.
- HPI-I (Healthcare Provider Identifier – Individual) is a number that uniquely identifies an individual practitioner. Your HPI-I is linked to the HPI-O of the organisation you work for.
- IHI (Individual Healthcare Identifier) is a number that uniquely identifies an individual in the healthcare system. This number is then added to your clinical software in the patient record.

My Health Record Policies

What you need to know

The My Health Record system is governed by legislation known as The My Health Records Act 2012. The Act outlines who can access My Health Record and for what purpose. It also covers registration, collection, use and disclosure of information, interaction with the Privacy Act, penalties for misuse.

Roles and responsibilities

Healthcare organisations that register for My Health Record must assign the roles of OMO (Organisational Maintenance Officer) and RO (Registered Officer) to nominated persons within their organisation. These roles are required for administering the My Health Record system, maintaining accurate information and ensuring the system requirements are met.

Patient consent

Healthcare providers are only permitted to access a patient's My Health Record when providing healthcare services (i.e. treatment) to a patient. Other individuals or organisations such as insurance companies, government agencies, law enforcement agencies, employers etc are prohibited by law from accessing an individual's My Health Record without a judicial order.

Individuals/patients registered for My Health Record provide 'standing consent' for healthcare providers to access their My Health Record when providing care to a patient. This means that a provider is not required to ask the patient for consent each time they access or upload information to My Health Record. However, it is good practice to advise a patient you are accessing their record to ensure transparency.

Once a child turns 14 their My Health Record is automatically unlinked from their parent or guardian's My Health Record. However, they can give access to a nominated representative to view or help manage their individual My Health Record.

Privacy and security

The Privacy Act requires you to take reasonable steps to protect the personal information you hold from misuse, interference, loss, and from unauthorised access, modification or disclosure. It also requires that personal information is destroyed once it is no longer needed. Refer to the Security practices and policies checklist for a guide to implementing security practices and policies for your healthcare organisation when using My Health Record.

Only appropriate staff within an organisation can access an individual's My Health Record. This means tightly controlling the use of logons and passwords used to access your clinical software system and not sharing this information amongst staff members. Staff must be trained before they can use My Health Record so they understand how to use the system appropriately as well as their obligations regarding access and use.

The My Health Record legislation requires My Health Record information to be stored in Australia (not overseas) to help safeguard privacy and security of records. Bank-strength security mechanisms are used to protect the information from unauthorised access. Further information is available on information security for small healthcare businesses.

Notifiable data breaches

Should a data breach occur (such as unauthorised access by a staff member or if your system is affected by malicious software), you need to notify the System Operator (Australian Digital Health Agency). If the breach involves personal information that is likely to result in serious harm to any affected individual it is necessary to also notify the Australian Information Commissioner (OAIC). More information is available in the OIAC's Guide to data breach notification in the My Health Record system.

Patient record access and control

Individuals with a My Health Record can control access to their record via the online portal and via apps from their Smartphone or internet connected device. There are a number of methods individuals can use to control access to their record including setting a PIN code and nominating specific providers to have access to their record. The online record includes an audit trail of who accessed what information and when, and patients can view this log from the consumer portal.

Emergency access to My Health Record

The Act allows for healthcare provider access to a patient's My Health Record in the event of an emergency situation. Access is only authorised under the My Health Records Act 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).

When granted, emergency access is provided for a maximum of 5 days and the use of this function is recorded in the audit history of the patient record which can be viewed by the individual. Unlawful use of the emergency access function is subject to civil and/or criminal penalties under the My Health Records Act.

Both the provider and patient may be contacted by the Digital health Agency following the use of the emergency access function for verification purposes.

Penalties for misuse

There are strict rules that govern use of My Health Record with serious penalties for deliberate or malicious misuse included in the legislation. Penalties include up to 5 years' jail time and fines of up to $315,000 for misuse of health information.

Participation requirements

There is no requirement for a practitioner to register for, access or upload to My Health Record when providing treatment to a patient. However, a patient may request that you access their My Health Record. Read more about the My Health Record system participation obligations.