



DIGITAL HEALTH TOOLKIT

Psychology

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 psychologists.

Psychologists 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 psychologists to the broader health team and to increase understanding of the role and importance of psychological interventions.

This toolkit has been developed specifically for psychologists 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 psychologists 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 psychology
- Secure messaging fact sheet
- Sample case for secure messaging use in psychology
- My Health Record registration information
- Policies relating to My Health Record use

My Health Record Fact Sheet for psychologists

What is My Health Record?

My Health Record is an online summary of **key health information** available to all Australians. Psychologists 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 psychologists, 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. chronic conditions, mental health conditions (if not marked confidential), surgeries or other significant conditions that may be relevant for the ongoing management of the patient. It also tells us who the patient's main healthcare provider (GP) is.
- **Event summaries:** details of specific healthcare events such as a visit to the psychiatrist or GP, a change in diagnosis or a new treatment plan.
- **Investigation reports:** results such as pathology tests and medical imaging
- **Discharge summaries:** hospital stays, details of acute episodes, 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 psychologists 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
- **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

Psychologists can [register](#) for My Health Record and [access further information](#).

Connection options:

- **Clinical Software** – some psychologists 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 | Shirley

Background

Shirley is in her 50s with a long history of schizophrenia. She occasionally travels long distances, including interstate, to visit family. On one family trip, she had a psychotic episode and was taken to a hospital where she had never previously been. She ended up remaining in this hospital for over two weeks before finally being discharged and returning home.

Following this hospital stay, she phoned her psychologist to organise an appointment and was surprised to learn that the psychologist knew nothing about her stay. She was frustrated at the prospect of having to tell her psychologist the whole story from scratch.

How My Health Record was used in Shirley's case

While on the phone to Shirley, the psychologist was able to access the discharge summary via her My Health Record and re-assured her that it would be read before their appointment.

The discharge summary contained a detailed overview of the events leading up to Shirley's hospital admission, as well as the treatment that followed, including details about changes to her medication.

The psychologist was able to gain an understanding of what had happened without Shirley needing to tell her story over again. This meant that the majority of the next session could be spent discussing future efforts to manage her mental health, rather than going over the details of the previous event. It also saved the psychologist from having to chase up the hospital for the discharge summary.

Secure Messaging Fact Sheet for psychologists

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 psychologists 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 psychologists 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 psychologists. 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 psychologists 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 | Dave

Background

Dave is in his 30s and has a moderate intellectual disability. He is unable to read or write, but lives independently, is employed part-time, and can otherwise care for himself. Dave has a long history of depression and multiple hospital stays over the past 7 years (no actual suicide attempts, but a history of suicidal ideation).

Psychological therapy has had mixed observable results, but Dave says he still finds it useful. Dave has been on different medications for his depression over the years, but he has difficulties remembering the medication names, dosages etc.

Recently, Dave had a session with his psychologist following a stay at an in-patient mental health unit. He was complaining of excessive tiredness. He mentioned that his medication was changed by the psychiatrist at the hospital but couldn't remember how his medication had changed.

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

Dave's psychologist was able to quickly check his current medication to see what had recently been prescribed. (In this case, an atypical antipsychotic had been added to the existing antidepressant). He ascertained that the new medication had a possible side effect of drowsiness.

The psychologist was able to discuss with Dave how he could talk about his side effects with his GP. They did not have to spend time trying to contact the GP or psychiatrist for confirmation of the medication prescription details.

The psychologist used secure messaging to contact the GP and alert them about the side-effects of Dave's new medication, so they could follow up with Dave during his next visit to the GP.

Registration for My Health Record

Psychologists 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 psychologist to your HPI-O)

The psychologists 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 [OAIC'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](#).