



# DIGITAL HEALTH TOOLKIT

## for allied health providers

### 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 allied health professionals such as optometrists, audiologists, speech pathologists, occupational therapists, dietitians and more.

Allied health professionals 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 Australians with an individual record. It also provides a significant opportunity to better connect allied health professionals to the broader health team and to increase understanding of the role and importance of the supports they are providing.

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

- Secure messaging fact sheet and use case
- My Health Record fact sheet and use case
- My Health Record registration information
- Policies relating to My Health Record use
- Telehealth fact sheet and use case

This document can be used in conjunction with AHPA's *Digital Inclusion Assessment and Planning Tool for Allied Health Providers* to prepare for engaging with digital health platforms.

AHPA has also developed a range of policy templates to help allied health providers meet their obligations when using My Health Record and other digital health platforms.

# Secure Messaging Fact Sheet for allied health providers

## 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 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 more secure option than fax and regular email systems as these are not 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 allied health providers 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 [CorePlus](#), [Healthlink](#), [TelstraHealth](#), [Medical Objects](#) and [ReferralNet](#) who all provide secure messaging products that can work with your existing practice software. To select a secure messaging product, we recommend you identify the one most commonly used in your region as this will mean you can exchange documents with the most practitioners. The easiest way to do so is to contact the general practitioners and other health professionals you work closely with to ask them which secure messaging systems they use.

We also recommend checking if the secure messaging provider is integrated with other systems. For example, CorePlus is integrated with both Argus and HealthLink, which means that one secure messaging system will allow you to connect with GPs and other health practitioners using any of those three secure messaging systems. Many of the major Australian secure messaging providers are working together to increase interoperability between systems and we recommend checking their websites or contacting those providers for the most up-to-date guidance about which other systems they integrate with.

Secure messaging can be used by allied health providers even if you are not using clinical software that integrates with the secure messaging product. Secure messaging products typically offer options such as Microsoft Word plugins with many of the same benefits. We recommend speaking to secure messaging providers for further information about the options available to you. Further Information about secure messaging is also available from AHPA's *Secure Messaging Connection Guide* and from the [ADHA website](#).

## Case study | George

### Background

George is 30 years old and was diagnosed with Type 1 diabetes mellitus at the age of 10. His GP and diabetes educator help him manage his diabetes, but he admits that when he was younger he didn't always look after himself. He now has some health complications as a result of his diabetes and sees a range of healthcare providers including an endocrinologist, optometrist, dietitian and podiatrist, as well as his GP and diabetes educator.

During a regular eye check, George's optometrist noticed that there were some changes to the retina in one of George's eyes. This was an early sign of damage due to the diabetes.

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

After talking to George, the optometrist accessed George's My Health Record to get more information about his current clinical status. They were able to see shared health summaries from his GP, the results of blood tests, and a recent summary event summary from George's diabetes educator. These supported George's statement that he had struggled to control his blood glucose in recent months.

Retinal damage is a significant complication of diabetes and the optometrist was concerned about this deterioration in George's eye health. They were not able to upload an event summary to his My Health Record but used secure messaging to contact his GP and highlight this change, suggesting that a referral to an ophthalmologist would be appropriate.

When George visited his GP later that week, the GP updated his shared health summary in My Health Record and used secure messaging to send a referral for George to see an ophthalmologist. Adding the new finding to George's shared health summary meant that his other healthcare providers could also see this clinical change if they accessed his My Health Record as part of their consultations.

Before George had a My Health Record, he found it difficult to keep track of all his medical information and his visits to health practitioners often involved them trying to find his most recent test results. Now he encourages all his healthcare providers to access and add to his My Health Record so the digital record is an accurate summary of his health in the context of his diabetes. He also feels confident that if he has a medical emergency, the information available in his My Health Record will ensure he receives the best care.

# My Health Record Fact Sheet for allied health providers

## What is My Health Record?

My Health Record is an online summary of key health information available to all Australians. Allied health providers that have registered to use the system can access their patients' My Health Record to view, and potentially 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 general practitioners, specialists, pharmacists, allied health providers 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 and chronic conditions. It also tells us who the patient's main healthcare provider (GP) is.
- **Event summaries:** details of specific healthcare events such as a new diagnosis or treatment plan
- **Investigation reports:** results such as pathology tests and medical imaging
- **Discharge summaries:** hospital stays, details of inpatient management 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 allied health providers 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
- **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

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

Connection options:

- **Clinical Software** – some allied health providers use 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](#)

More information about registering for and connection with My Health Record is available later in this document, and in AHPA's My Health Record Connection Guides for practitioners in AHPRA-registered professions and self-regulating professions.

## 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 as her ongoing gastrointestinal problems had taken their toll on her mental health. 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 an event summary in Jenny's My Health Record that she had previously seen another dietitian. The document date and details indicated that this was prior to Jenny receiving a formal 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.

# Registration for My Health Record

Allied health professionals 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. To access My Health Record, all health professionals need a [Health Provider Identifier – Individual \(HPI-I\)](#) number. If you are an [AHPRA](#)-registered practitioner, you have been automatically assigned a HPI-I and should have received this in correspondence sent to you from AHPRA. If you cannot locate this number, you can either login to the AHPRA website or call AHPRA on 1300 419 495. *Note: If you know your AHPRA User ID simply add 800361 to the front of ID to get your HPI-I.* If you are a member of a self-regulating health profession, please refer to the [Services Australia website](#) or the AHPA HPI-I connection guide.

To access My Health Record, you will also require a [Health Provider Identifier – Organisation \(HPI-O\)](#) number. If you are employed by an organisation that has already registered for My Health Record, you will use that organisation's HPI-O (see Option 1 below). If you are a business owner and you have not yet registered, you will need to register for an HPI-O and for My Health Record (see Options 2 and 3).

## Option 1

If you work in a My Health Record-registered organisation (such as a general practice, hospital or multi-disciplinary healthcare facility) you should be able to access My Health Record using the organisation's HPI-O and either the National Provider Portal or the organisation's conformant clinical software. You will need to speak to the practice manager or person who manages access to the organisation's software systems and provide your HPI-I number. Your HPI-I will be linked to their HPI-O number to provide you with My Health Record access as part of your work.

**Note:** If you work across multiple organisations that are registered for My Health Record, you will need to link your HPI-I to each organisation's HPI-O number to ensure that when you access My Health Record, your access is associated with the correct organisation.

## Option 2

To register for My Health Record using [conformant software](#).

1. Start by registering for a [PRODA](#) account. This will allow you to register online. If you are already registered, you can skip to the next step.
2. Login to PRODA, then select **Go to Service** on the HPOS tile. Select **My Programs** and then **Healthcare Identifiers** and **My Health Record**.
3. You will then need to choose [Register Seed Organisation](#) to begin the process of registering your organisation for a HPI-O. Each organisation must register as an HPI-O even if you are a sole provider.



4. Register for My Health Record. While this is a separate registration step, you will do it at the same time as you register for your HPI-O.
5. Once you have completed the registration process and received confirmation that you have registered, you can then contact your software provider for instructions on how to set up and configure your software.
6. Once you have set up your software, you will be able to provide access for any health professionals you employ by adding their HPI-Is to your software. *Remember, you will need to make sure you have an appropriate policy in place before you begin using My Health Record. More information is provided in the following pages.*

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

### Option 3

**To register for My Health Record using the [National Provider Portal](#).** Choose this option if your [software is not compatible](#) or you don't use clinical software.

1. Start by registering for a [PRODA](#) account or by logging in to your account.
2. Login to PRODA, then select **Go to Service** on the HPOS tile. Select **My Programs** and then **Healthcare Identifiers** and **My Health Record**.
3. You will then need to choose [Register Seed Organisation](#) to begin the process of registering your organisation for a HPI-O. Each organisation must register as an HPI-O even if you are a sole provider.
4. Register for My Health Record. While this is a separate registration step, you will do so at the same time as you register for your HPI-O.
5. Once you have completed the registration process and received confirmation that you have registered, you can then access the National Provider Portal by selecting the **My Health Record** tile in PRODA.
6. You will also be able to link any health professionals you employ by adding their [HPI-I for each to your HPI-O](#). This is done via the **Manage My Health Record authorisation links** option in PRODA. They too can then access My Health Record via PRODA.

## 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 Record 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 Organisational Maintenance Officer and 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](#).

# Telehealth Fact Sheet for allied health providers

## What is telehealth?

Telehealth consultations involve the use of telecommunications technology to provide healthcare services over a distance. This can include the transmission of voice, images, data and clinical information. Telehealth encompasses diagnostic, preventive (educational) and therapeutic aspects of healthcare.

Telehealth consultations can be conducted by phone or by video conference. Video consultation is the preferred substitute for face-to-face consultations, due to the ability to integrate visual elements such as mobility and body language into the overall clinical assessment. However, the use of telephone may be an appropriate alternative.

## What are the benefits for allied health providers and their patients?

- **Improved access** for patients who may find it difficult to visit their healthcare provider due to physical or time limitations
- **Reduced waiting time** to see a health professional
- **Reduced need to travel** to see a health professional
- **Reduced costs** associated with seeing a health professional in person e.g. travel, parking, childcare
- **Continuity of care** when patients are unable to visit their healthcare provider in person
- **Ability to assess** whether the patient needs to be seen in person for treatment
- **Reduced exposure to illness and infections**, particularly for patients who may be immunocompromised
- **Increased efficiency** of healthcare delivery

Overall telehealth can improve patient engagement and continuity of care due to the convenience for patients and providers, and ease of reviewing progress in between in-person consultations.

## Getting started

AHPA's *Telehealth Guide for Allied Health Professionals* is a practical guide to getting started with telehealth. It includes elements to be considered in relation to privacy and security, technical equipment, getting the most out of a telehealth consultation, and how to prepare for/follow up a telehealth consultation.

## Case study | Jai

### Background

Jai is a six-year-old boy who has been diagnosed as being on the autism spectrum. He is verbal but has difficulties with communication and social skills, including following instructions and knowing how to respond appropriately to people. He was referred to a speech pathologist for early intervention to help him with his speech development and create strategies for social situations.

Jai visited a speech pathologist for assessment and a treatment plan. The treatment plan recommended regular therapy sessions to help support Jai with his communication. After a few months, because of the frequency of the sessions and the effort involved in getting Jai to his appointments, the speech pathologist suggested doing some of the sessions from home via telehealth.

### How telehealth was used in Jai's case

For the speech pathologist, video telehealth consultations have allowed them to observe Jai in his home environment and to develop treatment strategies that included things Jai was familiar with. Technical considerations included setting up equipment so that Jai could make 'eye contact' with the therapist. This was something he did rarely in-person but was significant in terms of personal rapport when he did. It would also be important to capture Jai's non-verbal as well as verbal communication.

Before the first telehealth session, the speech pathologist sent Jai's parents instructions on what to expect from a video consultation and how to prepare e.g. choosing a space for the session where the speech pathologists could see Jai's movements and gestures as well as his face, and where there were limited distractions. Jai would be able to see, hear and talk with the speech pathologist, and show them things he was interested in.

Jai's mum was present during the telehealth sessions to help support his treatment and to speak to the speech pathologist about strategies to use between sessions. The speech pathologist was able to use screen-sharing to engage Jai in book-based activities and Jai was able to show the therapist games and toys that he loved, which were integrated into the treatment plan where appropriate.

The telehealth consultations allowed Jai to receive treatment in his home environment without the stress associated with regular visits to the speech pathologist. It also allowed sessions to be shorter but more frequent. Jai enjoyed continuing his sessions with a familiar face and his mum felt better supported with more frequent, face-to-face contact with the speech pathologist.