

RACGP Position Statement: My Health Record

July 2018

Position

The Royal Australian College of General Practitioners (RACGP) supports the vision for a national electronic health record. The current national system is My Health Record.

The RACGP is committed to ensuring its members have the necessary knowledge to make an informed decision about participation in My Health Record.

The RACGP:

- supports the use of My Health Record as an additional source of information for healthcare providers
- advocates for the implementation of an appropriate incentive scheme to support GP participation in My Health Record
- advocates for the implementation of systems and processes that support My Health Record data quality, improve usability, and minimise the administrative and regulatory burden on general practice
- champions healthcare consumer ownership and control over their My Health Record
- supports the appropriate secondary use of My Health Record data for public health purposes.

Background

Originally launched in 2012 as the Personally Controlled Electronic Health Record (PCEHR), My Health Record is Australia's national eHealth record system. It is a repository for healthcare information that is accessed online by healthcare providers and healthcare consumers. It can contain information created and uploaded by healthcare providers and healthcare consumers and from other sources such as Medicare.

My Health Record is a tool that supports healthcare consumers and carers. It allows consumers and carers to access and aggregate the health information contained within a My Health Record and make that information available to their healthcare care team if they choose. With continued uptake by the healthcare sector, this has the potential to improve clinical decision-making and continuity of care.

Following regional trials in 2016, a decision was taken to replace the existing registration model with a national opt-out participation model to bolster the sustainability and scalability of My Health Record.¹

In 2017, the Australian Government announced that in 2018, every person with a Medicare or Department of Veterans' Affairs (DVA) card who has not already registered for a My Health Record will automatically have one created for them, unless they choose to opt out of the system.

With an increase in healthcare consumer participation, general practice teams are more likely to encounter questions from patients about My Health Record. GPs and their teams will also have questions about system functionality, safety, medico-legal responsibilities, and impacts on clinical workflow.

Issues

Use of My Health Record as an additional source of information

For GPs, My Health Record can provide an additional source of patient information that is not readily available via normal communication channels (for example, information that was uploaded to a patient's My Health Record by another healthcare provider who saw the patient for urgent or unscheduled care). It should be emphasised that My Health Record is not designed to be used as a means of direct communication between healthcare providers. It therefore remains essential for healthcare providers to continue to communicate directly with each other, ideally via secure electronic communications.

The RACGP regards interoperable secure electronic communications as an integral part of the broader eHealth system. It is incumbent upon the Australian Government to ensure all healthcare providers are educated about the appropriate use of both secure electronic communications and a shared record system such as My Health Record.

Recognising the role of general practice

General practice teams generate a large amount of data for My Health Record, including authorship of Shared Health Summaries (SHSs). A SHS is a key clinical document of the My Health Record system. It provides an overview of specific health information for a patient at a particular point in time, and contains current medicines, medical history, allergies, adverse reactions, and immunisations. This information might be particularly helpful to healthcare providers outside of the patient's usual general practice who are seeing the patient for urgent or unscheduled care.

In addition to creating clinical content for documents such as SHSs, participating in My Health Record also involves ensuring the necessary practice policies and processes are established and maintained to meet technological and regulatory requirements. This time and effort might appear to have no initial direct benefit to the general practice, as the relevant information is already in the local clinical information system. There is, however, a potential benefit to other healthcare providers and therefore the patient. As a key contributor to My Health Record through the creation of SHSs and other forms of health data, general practice should be financially supported to participate through an appropriate incentive scheme.

Incentives should be service-based, paid to the individual healthcare provider responsible for upload, and support the upload of accurate, high-quality data. The RACGP does not support the current Practice Incentive Payment – eHealth Initiative (ePIP), under which benefits are paid solely to the practice, and which uses arbitrary upload targets as a criterion for eligibility.

Data quality

Data uploaded to My Health Record should be accurate, relevant, and consistent at the time of upload. All healthcare organisations that actively participate in My Health Record should ensure their local data is fit to be shared across the healthcare sector. However, in addition to the lack of an incentive model to support improvements in data quality in general practice, there are currently no agreed requirements to ensure information uploaded to My Health Record is fit for sharing. The RACGP supports the development of initiatives that would drive data quality in the sector, which would in turn support the quality of information that is uploaded to My Health Record.

Patient consent

When a My Health Record is established, the healthcare consumer provides 'standing consent' for all healthcare organisations involved in their care to access that record and upload information. This standing consent applies until a patient explicitly communicates withdrawal of consent. **There is no legal requirement for a healthcare provider to obtain consent from a patient on each occasion prior to uploading clinical information, or to provide an opportunity for a patient to review clinical information prior to upload.** However, where a patient explicitly requests that specific information is not uploaded to My Health Record, the healthcare provider must comply with that directive.²

The RACGP supports this consent model. Healthcare providers are under no obligation to make a decision about whether to upload information to My Health Record on behalf of patients, and should not unilaterally override a patient's standing consent. All decisions to upload content to My Health Record should be considered with reference to this principle.

Where information is of a potentially sensitive nature, it may be prudent to discuss the information with the patient prior to uploading it.

Secondary use of data

In line with the Australian Government's *Framework to guide the secondary use of My Health Record system data*,³ the RACGP supports the appropriate use of deidentified My Health Record data for public health purposes.⁴

References

1. Siggins Miller. Evaluation of the Participation Trials for the My Health Record: Final Report. Brisbane: Siggins Miller; 2016.
2. Australian Digital Health Agency. Patient consent and uploading clinical information to a My Health Record [Internet]. 2018. Available from: <https://www.digitalhealth.gov.au/using-the-my-health-record-system/maintaining-digital-health-in-your-practice/patient-consent>
3. Australian Government Department of Health. Framework to guide the secondary use of My Health Record system data. Canberra: Commonwealth of Australia; 2018.
4. The Royal Australian College of General Practitioners. Submission to the Department of Health on the Development of a Framework for secondary use of My Health Record data. Melbourne: RACGP; 2017.

Author: RACGP eHealth & Practice Systems Unit

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Related resources

- [Agreement to access My Health Record template for general practices](#)
- [Assisted registration policy template for general practices](#)
- [My Health Record policy template for general practices](#)

Version

Version	Date	Description
V1.1	June 2016	
V2.1	June 2018	Restructuring and new content