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RACGP Position Statement: My Health Record

June 2016

1. Position

The Royal Australian College of General Practitioners (RACGP) continues to support the vision for a national shared electronic health record that has clinical benefits for healthcare providers and patients. The RACGP believes that a nationally shared record has the potential to support patient management and continuity of care.

The RACGP remains concerned about safety and usability issues in the current My Health Record, and believes that a majority of general practitioners (GPs) will not willingly engage with the My Health Record until these issues have been addressed.

The RACGP would support a national shared record that:

- brings value to patient care and reflects clinical practice
- gives patients access to essential elements of their own health information
- contains reliable and relevant medical information
- aligns with clinical workflows and integrates with general practice clinical software
- meets legislative requirements regarding privacy, and secure handling of personal information
- is governed by a single national entity
- is fully funded by governments and supported by appropriate incentives, education and training
- is safe and usable.

2. Background

The Personally Controlled Electronic Health Record (PCEHR) was introduced in 2012 and renamed My Health Record in 2016. The current My Health Record is best described as a shared document and data repository where patient information is uploaded from a health professional's clinical information system, government databases and entered by the patient themselves. Patients control what information is and is not visible, what information is included and which healthcare provider organisations (not individuals) can view that information.

The Shared Health Summary (SHS) is one of the foundation documents of the My Health Record and is uploaded from a GP's clinical information system. The SHS is a static document which includes information on past medical history, immunisations, allergies and adverse reactions and current medicines. The information in the SHS is agreed upon between the GP and patient before uploading to the My Health Record. The SHS is the key document that is likely to prove most useful to other healthcare providers seeing a patient for the first time. The SHS is accurate at the time of upload to the My Health Record, however, it is not automatically updated when medical conditions or medications change.

3. Role of general practice in the development of the My Health Record

Over 137 million general practice consultations take place annually in Australia and 85 percent of the Australian population consults a GP at least once a year[1]. Each person's usual GP is the best source of an up-to-date and accurate SHS. Access to a SHS may deliver better healthcare outcomes in urgent and unscheduled care situations where there is currently insufficient patient information to safely guide the decision making of healthcare professionals.

The value of the My Health Record to a patient's usual GP and general practice is very limited and creates additional work. Therefore, general practice needs to be financially supported to participate. For example there is extra work to undertake data cleansing and data quality improvement activities, to ensure that the information uploaded is meaningful, accurate and fit to share. GPs need to receive an incentive payment to participate in the My Health Record since they are providing curated information from their systems for others to use and gain benefit from.

4. Electronic communication and the role of the My Health Record

The My Health Record is not intended, designed, or able to serve as a means of communication between health professionals who are caring for a patient. Even if a patient's My Health Record is available with a current SHS, it remains vital for health professionals involved in each patient's care to continue to communicate directly with each other, preferably via electronic communication (eg. secure message delivery), to ensure that the quality, safety, and efficiency of care is maintained for every patient. It is crucial that attention is paid to facilitating these direct methods of electronic communication.

5. Diagnostic results in the My Health Record

The upload of pathology and diagnostic imaging reports under the current model, which may cause test results that have not been reviewed by a clinician to become visible to patients, may cause significant risks from misinterpretation by patients.

There is also medicolegal risk for GPs accessing a patient's My Health Record where there are multiple diagnostic tests available that may not have been reviewed and actioned by the original requesting clinician. Clear guidance is required on how these reports are to be handled and who is responsible for ensuring these are reviewed and actioned appropriately.

The RACGP believes there is also currently a lack of informed consent for health consumers registering for the My Health Record. The majority of health consumers will not have implemented any restrictions on viewing of their health record by healthcare providers. This has the potential for privacy breaches as health consumers may not be fully aware of what they are consenting to in terms of who can review their record and subsequent results.

6. Conclusion

Improved adoption of the My Health Record across general practice will be achieved by addressing the current usability issues and ensuring documents uploaded are safe, accurate and relevant to clinical practice. However, the entire healthcare sector needs to adopt the My Health Record for it to succeed in improving patient outcomes.

Reference

[1] Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L et. al. General practice activity in Australia 2014–15. General Practice series no. 38. Sydney: Sydney University Press, 2015.