

Learnings from the My Health Record Opt-Out Trial

Table of Contents

EXECUTIVE SUMMARY	4
INTRODUCTION.....	6
Background and Context.....	6
Nepean Blue Mountains Primary Health Network	6
Overview of the My Health Record Opt-Out Trial	6
LEARNINGS.....	10
Overview	10
Planning	11
Stakeholder identification.....	11
Roles and Responsibilities.....	11
Lessons Learned	14
Mobilisation	15
Resource and capabilities	15
Lessons Learned	16
Delivery	19
Program Oversight.....	19
Communications Strategy.....	20
Consumer Engagement.....	23
GP and General Practice Engagement	28
Pharmacy Engagement	33
Allied Health Engagement.....	36
Medical Specialist Engagement	39
Residential Aged Care Facilities (RACF).....	41
Private Hospitals	44
Public Hospitals	45
My Health Record Learnings Evening	48
Post-Trial	49
Awareness raising initiatives.....	49
Adoption and usage across the region	50
Appendix I: Interviews conducted	51
Appendix II: NBMPHN Trial Documents reviewed.....	52
Appendix III: Sample Position Description	53
Appendix IV: Digital Health Forums – My Health Record and ePIP Incentive	54

Appendix V: Sample Digital Health Needs Assessment	55
Appendix VI: Digital Health Forum – My Health Record in Pharmacy.....	56
Appendix VII: Invitation to My Health Record Learnings Evening	57
Appendix VIII: Invitation to My Health Record Awards Evening.....	58
Appendix IX: Shared Health Summary Individual Upload Tally Sheet	59
Appendix X: Sample Run Sheet for Community Forums	60
Appendix XI: Newspaper Advertising for Community Forums	61
Appendix XII: Flyer (front and back) for Community Forums	62
Appendix XIII: Case Study: Ray and Lorraine Gardner	64
Appendix XIV: School newsletter insert advertisement	65
Appendix XV: Sample email – Playgroup NSW (targeted to our region)	66
Appendix XVI: Sample email – Hawkesbury library	67

EXECUTIVE SUMMARY

In October 2015, the Nepean Blue Mountains Primary Health Network (NBMPHN) was one of two regions selected to undertake trials of opt-out participation arrangements for the My Health Record (“Trial”).

The Trial commenced in January 2016 and ended in October 2016. **Across a population of 440,000 (comprising 360,000 from Nepean Blue Mountains and 80,000 from areas bordering the region), My Health Records were created for 98% of people, with an opt-out rate of 1.9%.** This opt-out rate is in line with international experience and was deemed to be a success.

The number of shared health summaries uploaded by general practice to My Health Record has risen from below 100 per month before the trial to approximately 2,000 per month by June 2017. The number of computerised general practices register to participate in My Health Record **increased from 40% to 80%** and the number of general practices **uploading Shared Health Summaries increased from 15% to 70%.**

Following a formal evaluation, the Trial was assessed as being a resounding success.

This Learnings Report outlines the lessons learned by NBMPHN during the Trial, which has been prompted by a large number of requests NBMPHN has received to share this information. The report incorporates an analysis of project documentation and feedback given through interviewing NBMPHN staff and external stakeholders who were involved in the Trial to identify key insights that may prepare other regions for a national rollout of the My Health Record.

The Trial was implemented using a phased approach: Planning, Mobilisation, Delivery and Post-Trial. This report outlines the activities NBMPHN undertook during each phase and provides our lessons learned; including barriers, critical success factors and proposed future considerations.

The objective of the Trial was for NBMPHN to increase consumer participation and healthcare usage of the My Health Record.

This was achieved by engaging with consumers and healthcare providers at a local level: raising awareness of the My Health Record; enabling consumers to make an informed decision in relation to the choice to opt out; and providing extensive healthcare provider support to assist them in registering for My Health Record, and encourage adoption by integrating the usage of it into practice workflows.

In undertaking the Trial, NBMPHN was provided with resources to create a small Digital Health team, to develop focused healthcare provider and consumer support strategies to facilitate adoption of Digital Health, (which were supplementary to the existing Practice Support Team at the PHN).

During the Planning phase, NBMPHN collaborated closely with the Department of Health (DoH) and the then National eHealth Transition Authority (NEHTA) in the development of stakeholder engagement strategies. The DoH, supported by NEHTA, was responsible for high level engagement with key stakeholders at the national level, including peak associations and organisations. NBMPHN was responsible for the local delivery of consumer and healthcare provider engagement activities, which included delivering communications collateral to key consumer locations, local media advertising, hosting Digital Health Forums for consumers in each Local Government Area (LGA) and providers, face to face engagement with stakeholders and supporting the registration and connection process for

healthcare providers. eHealth NSW was another key partner throughout the trial, particularly in relation to supporting strategies to increase the population of information to the My Health record from the Local Health District/hospital sector.

Key observations prior to the Trial include:

- Consumer awareness of the My Health Record was relatively low
- Although general practitioners were familiar with the Personally Controlled Electronic Health Record (PCEHR), the commitment for My Health Record use was low and readiness to participate was minimal
- Other health provider awareness was low including the acute sector

Key lessons learned during the Trial include:

- Setting-up an appropriate program governance structure is crucial, particularly with the challenge of short time frames. Governance needs to be clear and powerful
- The co-design of engagement strategies supported the development of a trust-based partnership between NBMPHN, DoH, NEHTA, eHealth NSW and the Local Health Districts (LHD)
- The My Health Record registration and configuration process remains complex for healthcare providers
- The PHN has a critical role to play in supporting the end-to-end user experience of healthcare providers as they register, configure and use the My Health Record
- The lead times required by external partners to complete deliverables must be clearly understood and factored into the timeline
- Broad and multi-pronged consumer engagement is critical to driving not only consumer participation, but to drive healthcare provider awareness and participation
- Rate and extent of uptake within the Trial period was influenced by level of skill of workforce and peer training
- Resource planning is critical to the success of the project, particularly for a small scale PHN to upscale for the size of the program. Dedicated program resources are required, in addition allocating a dedicated resource to develop communications collateral was necessary given the workload and dependency on communications material. This proved a critical resource in the ability of the PHN to keep the momentum of the Trial continuing within the time period.

INTRODUCTION

Background and Context

The purpose of this report is to consolidate the learnings of the NBMPHN My Health Record Opt-Out Trial. The target audience for this report includes Primary Health Networks, healthcare providers and other stakeholders with an interest in these learnings.

The lessons learned that are identified throughout this document are specific to the Nepean Blue Mountains region and PHN, and the conditions of the My Health Record Opt-Out Trial, and therefore may not be directly applicable to all other PHNs or scenarios.

The lessons learned are compiled from:

- Interviews with the NBMPHN Digital Health Team and nominated external stakeholders (*Refer Appendix 1*)
- A review of the existing internal NBMPHN Trial project documents (*Refer Appendix II*)

Nepean Blue Mountains Primary Health Network

NBMPHN (provided by Wentworth Healthcare Limited) is responsible for improving the health needs of the Nepean Blue Mountains region of NSW.

The borders of the region incorporate four local government areas (LGAs), including:

- Blue Mountains
- Hawkesbury
- Lithgow
- Penrith

NBMPHN shares geographical boundaries with the Nepean Blue Mountains Local Health District (NBMLHD) and encompasses regional, rural and outer metro areas. The region has a diverse population of approximately 360,000 people, with 5% Aboriginal and Torres Strait Islander peoples and large areas of social disadvantage. It spans an area that has both suburban and rural pockets.

The key challenges anticipated in advance of the Trial were:

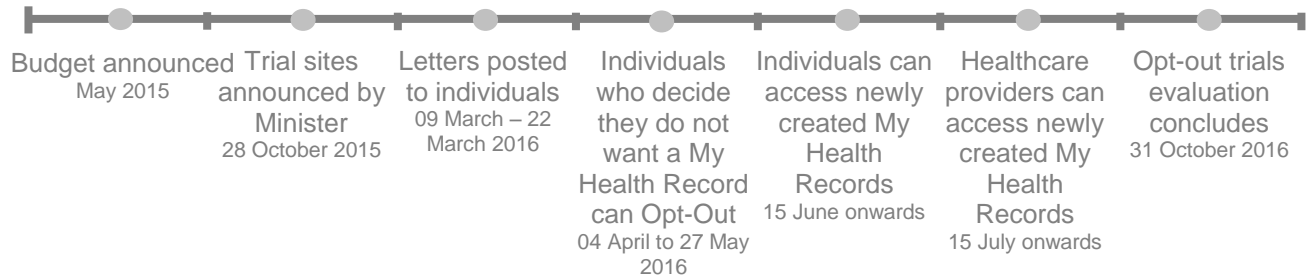
- Achieving effective engagement with culturally and linguistically diverse communities;
- Addressing any negative public sentiment associated with the former Personally Controlled Electronic Health Record (PCEHR) experience;
- Managing negative messages about privacy and security of the system by small, but vocal, community groups;
- Providing sufficient information for consumers to make informed decisions.

Overview of the My Health Record Opt-Out Trial

The My Health Record (previously known PCEHR) is an electronic summary of an individual's health information that can be shared between registered health professionals involved in their care to support improved decision making.

The timeline of the My Health Record Opt-Out Trial (Trial) is portrayed below (Figure 1)

Figure 1. Key Trial milestones



At the time of the trial, there were a number of clinical documents that could be stored in a consumer's My Health Record. These include: shared health summaries, event summaries, prescribed records, dispensed records and discharge summaries (since the trial, pathology and digital imaging reports have been added). Each of these documents can only be uploaded by certain healthcare professionals.

As part of the Opt-Out arrangements, approximately 360,000 in the Nepean Blue Mountains PHN and plus 80,000 people just outside their borders (within the Bathurst, Mudgee and Oberon areas) had a My Health Record automatically created for them. It should be noted that since the completion of the Trial, the following major events occurred:

- The functions of NEHTA and the respective DoH divisions were combined into a new Australian Digital Health Agency (the Agency) from the 1st July 2016.
- In the 2017 Budget release the Australian Government announced a commitment to funding a national expansion of the My Health Record Opt-Out participation model¹.

NBMPHN was responsible for engaging with consumers and healthcare providers at the local level, raising awareness of the My Health Record and the Trial. The objective was to increase participation and awareness of the benefits of the My Health Record system by consumers, and usage by healthcare providers (Figure 1).

¹ Department of Health, 2017, media release, 09 May 2017, viewed 10 July 2017, <<http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2017-factsheet47.htm>>

Figure 2. Participation and Use

Consumers	Choosing to not Opt Out, and to have a My Health Record	Controlling their own My Health Record and discussing their record with their healthcare provider
Healthcare providers	Registering to the My Health Record, (either through compliant Clinical Information Software or to the Provider Portal)	Uploading into and viewing the My Health Record
	Participation	Use

The Trial was evaluated by an independent body which measured outcomes across consumer and healthcare provider groups including:

- Level of awareness and understanding of the My Health Record
- Level of healthcare provider confidence to use the My Health Record
- Participation and use of the My Health Record
- Level understanding of the effectiveness of different approaches for driving participation and use of the My Health Record

By the end of the Trial, 1.9% of consumers within the two Trial regions opted-out of having a record, in line with international experience² – as illustrated in the infograph below.

The Opt-Out Trial was recognised as a success. This success was measured by the increase and improvement of consumer and healthcare provider awareness and participation and usage in comparison to the baseline Opt-Out and Accelerated Opt-Out models.

² Siggins Miller 2016, *Evaluation of the Participation Trials for the My Health Record*, Brisbane.

My Health Record Opt-out Participation Trials

Nepean Blue Mountains and Northern Queensland

As part of the My Health Record opt-out participation trials, individuals in Nepean Blue Mountains and Northern Queensland had an opportunity to have a My Health Record automatically created for them.[^] As a result of the trial:



More than
9 out of 10
people across the two trial areas had a My Health Record created for them

Only **1.9%** of the population* in the two trial areas opted-out of having a My Health Record created for them.

Nearly 1 million individuals joined the 2.8 million people who are already benefiting from having a My Health Record.

~1m people



2.8m people, have a My Health Record

What's next in the My Health Record Trials?



- Individuals were able to access their newly-created records for the first time.

- Individuals can set access controls and add emergency contact information to their My Health Record.



- Healthcare providers can view patients' newly-created My Health Records.

- Authorised doctors and healthcare providers connected to the system can upload to their patients' My Health Records.

[^]unless they already had a My Health Record or previously cancelled one.

*Defined as the number of individuals registered with Medicare or the Department of Veterans' Affairs.

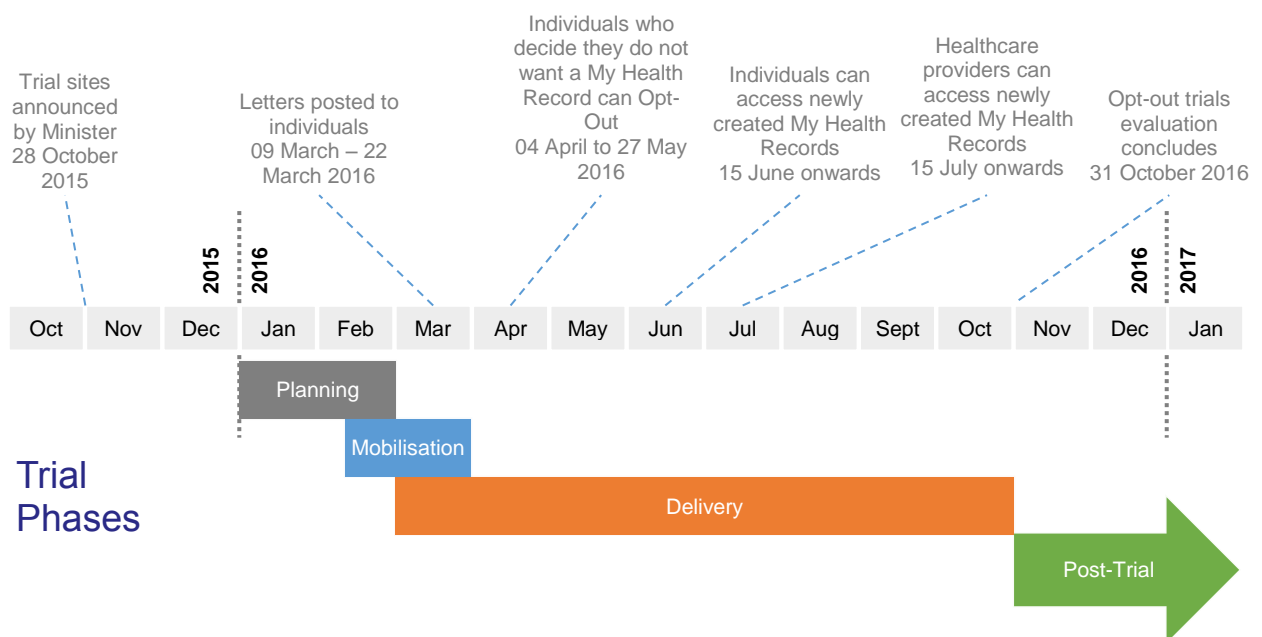
LEARNINGS

Overview

The learnings from the Trial will be described through the following key phases as shown in Figure 3:

- Planning
- Mobilisation
- Delivery
- Post-Trial

Figure 3. Trial timeline and key phases



Planning

The planning phase occurred from January 2016 through to the end of February 2016. The DoH organised and facilitated a high level planning workshop for the Opt-Out Trial in mid-January 2016. The purpose of this workshop was to collaboratively and rapidly plan the high level Trial activities. This included identifying the indicators of success, determining key stakeholder groups that would need to be engaged and training modes over the course of the Trial, and determination of high level roles and responsibilities. Attendees included nominated representatives from the DoH Digital Health Division, NEHTA, NBMPHN and North Queensland PHN (NQPHN).

Stakeholder identification

Key stakeholders

The key consumer and healthcare provider groups to be engaged over the course of the Trial were segmented into the following groups across both the Trial regions, in collaboration with DoH and NEHTA (Figure 4).

Figure 4. Key Consumer and Healthcare provider stakeholder groups

Hard to Reach Groups	Target Groups	Healthcare Providers
<ul style="list-style-type: none"> • Culturally and Linguistically Diverse (CALD) • People with a disability • Veterans • Adult Prisoners • People in Detention • People Under care • Defence Personnel 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islanders • Aged citizens • Patients with chronic disease or complex illness • Parents of newborns • Parents of newborns • Healthy Individuals • Mental Health\Drug and alcohol 	<ul style="list-style-type: none"> • General Practitioners • Pharmacists • Allied Health Providers • Medical Specialists (chronic and complex) • Residential Aged Care • Private Hospitals • Public Hospitals

Roles and Responsibilities

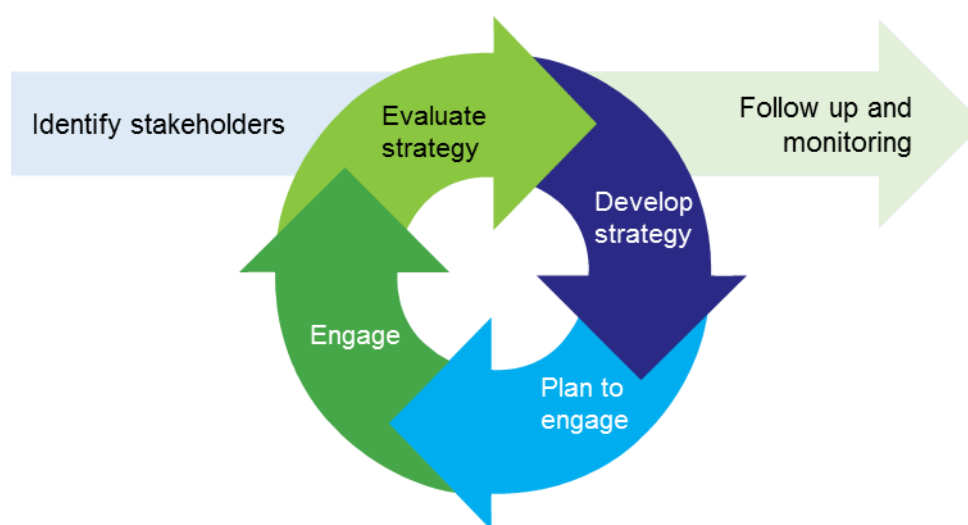
NBMPHN

The role of NBMPHN was to develop the local engagement strategies with each of the identified consumer and healthcare provider groups, in collaboration with the DoH and NEHTA, then engage with these key stakeholder groups within the region. This involved raising awareness of the Trial leveraging

national communications material, including tailored messages on the benefits of the My Health Record, and informing of the pathways for further information or for opting-out of the Trial.

It should be noted that many of the healthcare provider and consumer strategies developed during the Planning Phase were done so on limited information of the characteristics, behaviours and digital health maturity of each of these respective groups. As such, NBMPHN’s strategies were, at the outset, dynamic and subject to a “test and learn” approach during implementation as demonstrated in Figure 5. This agile approach utilised participation and use data provided by DoH as the basis for evaluating and developing engagement strategies for all stakeholder groups.

Figure 5. Test and learn approach of the My Health Record team



Healthcare Providers

To engage with healthcare providers, the engagement strategies developed by NBMPHN were based on the process of building an understanding of the healthcare providers in the region, their level of digital health maturity, then targeting healthcare providers who had Clinical Information Systems (CIS) that were compliant with the My Health Record, followed by those who were interested in connecting to the system. These activities are listed in Table 1:

Table 1: Key activities to understand and engage with healthcare providers in the NBM region:

Activity	Description
Mapping	Identifying all of the practices within the region
Digital Health Readiness Assessment	Contacting the Healthcare Provider to determine: <ul style="list-style-type: none"> • Level of digitisation • Existing Clinical Information Software (CIS) used by the Practice • Current state of registration to the My Health Record and connectivity with the CIS • Where digitised but not using a CIS – level of interest in registering with the My Health Record Provider portal

Local engagement	Raising awareness and providing training and education through: <ul style="list-style-type: none"> • Forums for healthcare provider groups • Face-to-face meetings • Group-training sessions for practice teams
Digital Health Maturity Process	Facilitating the registration and connectivity process by: <ul style="list-style-type: none"> • Supporting the completion of the required My Health Record registration forms (including those for the Provider Portal) • Tracking the digital certificate and registration process • Supporting the connectivity of the software • Troubleshooting • Supporting the integration of My Health Record use into clinical workflows • Consumer and provider benefits • Establishing the connectivity with Acute sector for patient care community

Further information on the engagement strategies for each of the healthcare provider sectors can be found in the respective healthcare provider sections.

NEHTA supported NBMPHN through the provision of training and education materials for the various healthcare provider groups, the development of the online healthcare provider training portal and the delivery of national webinars.

Consumers

To support NBMPHN and NQPHN in the engagement of consumers, the DoH was responsible for high level engagement with consumer and healthcare provider national organisations, peak bodies and associations, in addition to the development and delivery of the My Health Record communications collateral.

The DoH led the development and delivery of national My Health Record communications collateral such as brochures, the website and other promotional material. The DoH also dedicated internal resources to the development of collateral specific for the Opt-Out Trial regions. This allowed for the development of tailored material and the communication of different messages to various stakeholder throughout the timeframes of the Trial.

Lessons Learned

Barriers to Planning

- **Short time frames for planning** – this impacted the ability to effectively identify the required activities, schedule and assigned tasks
- **A new partnership** – the Trial involved a new partnership between the DoH and NEHTA each carrying different team dynamics

Critical success enablers to Planning

- **A collaborative partnership** – between DoH, NEHTA and the PHNs through a joint commitment to succeed
- **Establishing a trust-based relationship** – between the partners by:
 - Frequently and transparently sharing information on progress of engagement activities
 - Attendance of DoH and NEHTA representatives at NBMPHN Digital Health forums to provide subject matter expertise demonstrate support of the PHN's activities

Future considerations

1. **Spend more time planning** – this includes understanding stakeholder characteristics, scheduling and aligning activities at the level of the PHN and nationally, and the determination of key messages and communications requirements well in advance. Major considerations during the planning phase should include clear analysis on the change readiness behaviours in the provider settings
2. **Autonomy for the PHN to drive local activities** – to Implement and deliver engagement activities with the stakeholder groups whilst communicating status, risks and issues, regularly and frequently with the Agency
3. **Partnership with the Agency** – to deliver local engagement strategies through:
 - a. The provision of technical and legal expertise in the My Health Record system
 - b. Representation at forums engaged by the PHN
 - c. High level engagement with stakeholder groups (i.e. the national organisations, peak associations etc.) raising awareness of the My Health Record
4. **Clear definition and understanding of roles and responsibilities** – this includes:
 - a. Clarity on the activities that each team will be leading, for example: the delineation of activities between the PHN and the Agency communications teams and how they would be delivering the activities.
 - Transparency on the dependencies and constraints for each partner. For example, development of consumer collateral pertaining to legislation was led by the DoH Communications team, but was dependent on the advice by the DoH Legal team.

Mobilisation

To carry out the proposed engagement activities within the short timeframe required it was necessary to expand the existing NBMPHN Digital Health Team (the “Digital Health Team”). To conduct all the necessary activities required for the Trial, NBMPHN recruited a small team of My Health Record Practice Support Officers in addition to the existing My Health Record Program Lead and one three-day per week PHN Communications officer, dedicated to the development and delivery of My Health Record communications materials.

Resource and capabilities

NBMPHN had developed a good understanding of the healthcare providers within their region. This included an understanding of the characteristics, digital health maturity and business models, and development of a relationship between the PHN with the various healthcare provider practices within the NBM region.

Over the course of the Trial, NBMPHN's workforce required skills in project management, event management, communication and stakeholder management, problem solving, change management, and consumer engagement.

Before the trial, NBMPHN had already established a strong and well-respected consumer & stakeholder engagement framework, with existing, long-term community advisory groups in operation. The resources and capabilities utilised to set up the new consumer networks/audiences needed for the trial went on to become an ongoing component of NBMPHN's community engagement department, expanding after the trial to be broader than My Health Record engagement alone.

The figure below illustrates the organisational structure that was established for the Trial:

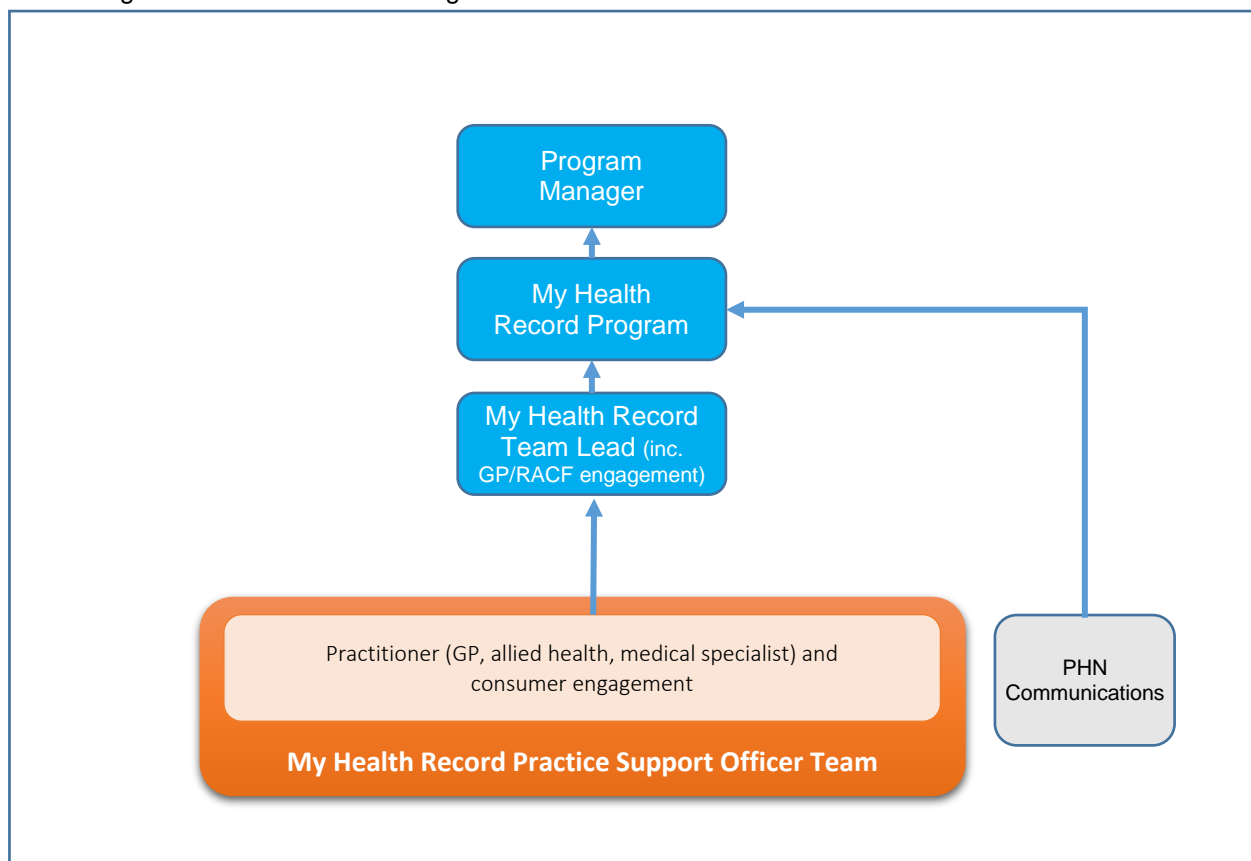


Figure 6. My Health Record team structure

Lessons Learned

Barriers to mobilisation:

- **Shortage of digital-health skilled workforce in the region** – there were few people with experience in digital health readily available to the organisation for external recruitment. This posed a risk of “cannibalisation” of existing PHN staff in order to deliver trial requirements within the short timeframe
- **Short recruitment window and immediate start for candidates** – an immediate start for new team members was required and there was a risk that the team would be underprepared
- **Short employment periods offered in the contract** – employment was on a temporary basis and future employment could not be guaranteed, reducing the appeal of the role
- **Flexibility of role expectations** – due to the ‘test and learn’ nature of the work activities, exact role tasks and requirements were not defined

Critical success enablers to Mobilisation:

- **Recruitment was initiated early** – including development of the position description and role requirements, with an understanding of potential flexibility in the roles during implementation
- **Training sessions to upskill Digital Health staff** – whilst the recruitment process was underway, NBMPHN scheduled a number of training sessions that were delivered by subject matter experts (trainers) from NEHTA:

- Two intensive My Health Record training workshops for the Digital Health Team to coincide with the commencement of employment, focusing on:
 - Technical aspects of the My Health Record including the registration process
 - Benefits of My Health Record
 - Key messaging when communicating with healthcare providers
 - Addressing frequently asked questions (by healthcare providers) on a variety of topics including privacy and security and legislation
 - Role-playing interactions with healthcare providers
 - Guidance on accessing further information sources
- Two Training workshops organised and co-facilitated by DoH and NEHTA in Sydney and Melbourne in May 2016. These My Health Record training workshops were offered to My Health Record Practice Support Officers from all PHNs and focused on providing attendees with communication and change management skills for dealing with healthcare providers, and refresher training on content knowledge for the My Health Record.
- **Training sessions to raise awareness amongst the wider NBMPHN staff** – Many staff from other NBMPHN programs were also participants in the Trial, and had an extensive relationship network that could be leveraged for wider communication of the My Health Record. Training sessions were organised and delivered by NEHTA trainers to promote awareness of the Trial and promote consistent messaging across NBMPHN’s networks.
 - Two general My Health Record training workshops were delivered by NEHTA trainers for the wider NBMPHN teams including:
 - Practice Support
 - Closing the Gap (CTG)
 - Access to Allied Psychological Services (ATAPS) program staff
- **Strengthening of knowledge and experience in the Digital Health environment** – the NBMPHN has increased competencies in the following areas:
 - Project management
 - Event management
 - Communication and stakeholder management
 - Problem solving
 - Change management
 - Consumer engagement.
- **Consumer network and community partnerships** – able to leverage consumer engagement capabilities from the trial to other areas and programs within NBMPHN

Future considerations:

1. **Spend more time planning the resourcing requirement** – including the full tasks and roles of the Digital Health Team
2. **Recruit people with diversity of health backgrounds, digital literacy, stakeholder engagement and transferrable skills** – The diversity of the My Health Record Practice Support Team was seen a key contributor to the breadth and depth of engagement with consumer and healthcare provider groups. *(Refer Appendix III)*
3. **Dedicate a full time resource to the communications activities** – to focus on the development and delivery of tailored communications collateral leveraging national materials in collaboration with the Agency
4. **Organise in-depth training sessions early** – the training sessions that were conducted were seen as critical for:

- a. Preparing the NBMPHN Digital Health Team to engage with healthcare providers with the required knowledge, skills and the confidence to discuss the My Health Record and the Opt-Out Trial, including how to manage challenging conversations, and how to effectively support the healthcare provider team in registering with and using the My Health Record
 - b. Providing the wider NBMPHN teams with the necessary awareness of the Trial, and the knowledge to communicate the benefits of the My Health Record throughout their stakeholder networks,
 - c. Providing all NBMPHN staff members who were also participants in the Trial, with the knowledge and understanding of the My Health Record and how it would impact them and their families
5. **Organise and conduct training sessions to build up the skillsets of the My Health Record Practice Support Officers'** – in the following areas:
- a. Change management – to effectively and efficiently support healthcare provider practices and teams throughout the digital health maturation process and manage expectations
 - b. Communication – to engage in challenging discussions with healthcare providers, and to clearly articulate the benefits of the My Health Record
 - c. Project Management – to effectively plan and schedule activities, and report risks and issues arising during the Delivery Phase

Delivery

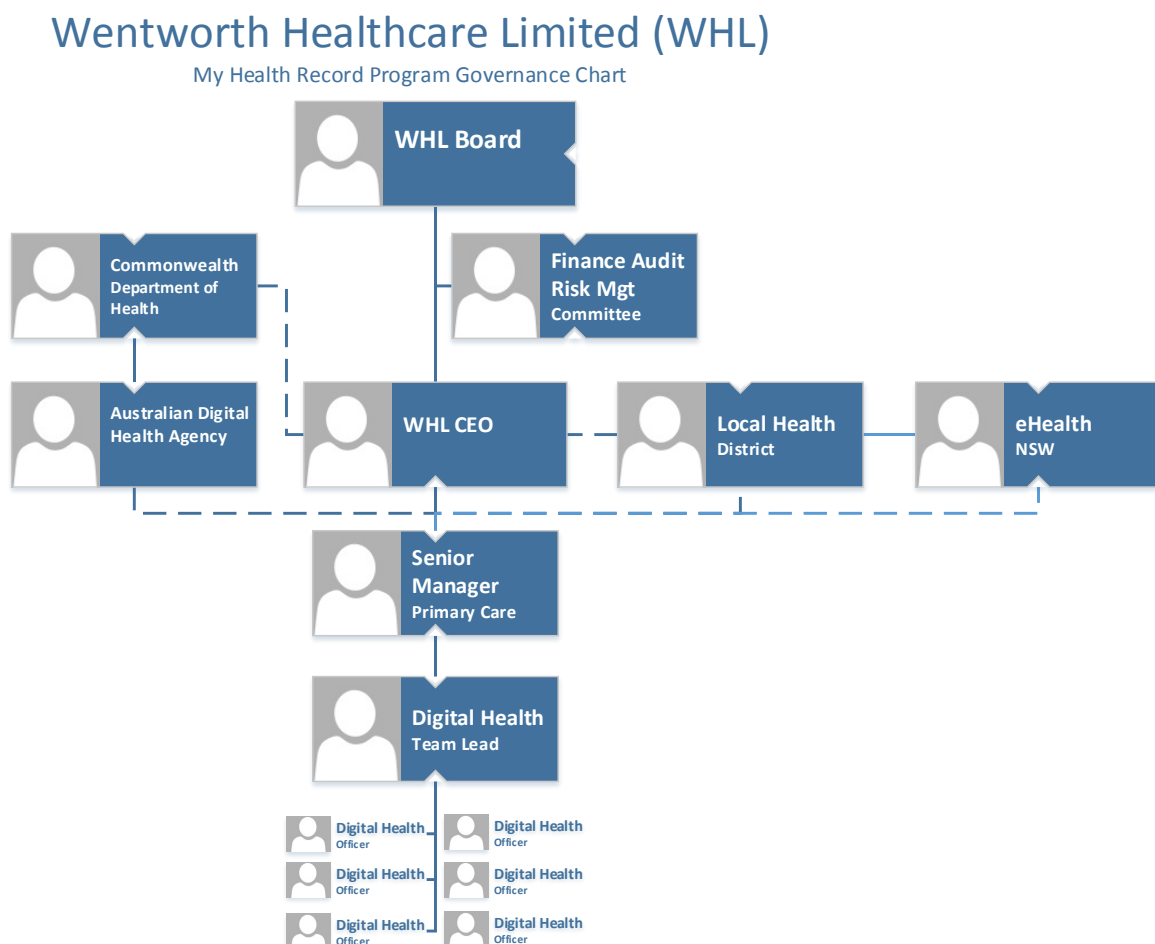
Program Oversight

Stakeholder engagement commenced in March 2016 through to the end of October 2016. Based on the engagement strategies and activity schedule, the DoH distributed letters in mid-March 2016 to consumers within the Trial region to inform them of the Trial and the period for opting-out of having a record created for them. The opt-out period was between 4 April and 27 May 2016. Records were created in mid-June 2016, and were accessible by connected Healthcare providers from mid-July 2016.

To monitor the implementation of stakeholder engagement activities, the NBMPHN Digital Health Team established a program governance structure and embedded progress, risk and issue reporting processes into their daily tasks and routines.

The diagram below portrays the governance structure of the Trial (Figure 7):

Figure 7. Program Governance structure



Lessons Learned

Barriers to Program Oversight:

- **A newly formed team** – with different working dynamics, skills and backgrounds
- **Highly mobile team** – requiring the capability for remote communication

Critical success enablers to Program Oversight

- **Program Governance** – To monitor the implementation of stakeholder engagement activities. This involved establishing a program governance structure and embedded progress, risk and issue reporting processes into their daily tasks and routines, including:
 - A weekly catch up with the Program lead and the Digital Health Team
 - Daily catch ups between Team leads and Sector leads
 - A centralised, accessible tool enabling the measurement and tracking of the digital health maturity of each of the healthcare providers in the region
 - A centralised technical issue log, enabling the tracking and management of system issues e.g. technical issues accessing the My Health Record through the Healthcare Providers' Clinical Information System
 - Registering all occasions of service into the PHNs' Customer Relationship Management system
 - Agile reporting and escalation of ad-hoc risks and issues

Future considerations for Program Oversight

1. **Processes for regular and frequent reporting** – of progress, risk and issue reporting of the engagement activities, with escalation processes to the Agency
2. **Develop and implement a central technical issue register** – to track the technical issues across all work streams, for escalation to the appropriate team (i.e. the Agency) for resolution, ie. NBMPHN Digital Health Readiness Tracker
3. **Be agile and dynamic** – where a strategy does not appear to be delivering to the intended outcomes (i.e. participation and use), review the progress to date, determine if any future benefit can be reasonably realised and if required, revise the strategy and action plan.


Communications Strategy

Underpinning the engagement strategies implemented by NBMPHN, was a significant focus and effort directed towards the communications activities of the Trial, the My Health Record and the eHealth Practice Incentives Program (ePIP) across the region. This included an extensive range of communications collateral, including brochures, pamphlets, posters and other collateral was developed by the DoH Communications Team with feedback and input from the PHN, particularly in relation to material developed for GPs, including letters, brochures and training materials. As such, many of the consumer and healthcare provider engagement strategies were dependent on the communications collateral.

The strategy for communicating with consumers involved targeted messaging over the different phases of the Trial with awareness, training and education materials tailored to the stakeholder groups, local advertising and face-to-face engagement.

The consumer communication plan included:

Figure 8. Timeline of consumer-messaging during the Delivery Phase

Phase	Content	Collateral
Awareness: April – May 2016	<ul style="list-style-type: none"> Raising consumer awareness of the My Health Record its benefits and the Trial to minimise Opt-Out rates prior to the creation of My Health Records. Activities included: Consumer forums throughout May 	Letter/Brochure Website General Brochure/Poster/Tent card in waiting rooms Forums/Town Halls Newspaper advertising Community group publication advertising (eg. school newsletters, library enews, etc...) Fact sheets (eg. parents, chronic disease, etc...)
Educate: June – July 2016	<ul style="list-style-type: none"> Educating consumers on using their My Health Record and its features, including the ability set Access Controls, before healthcare providers started using the records 	Newspaper Advertising Community group publication advertising (eg. school newsletters, library enews, etc...) Cinema Advertising/Videos F2F community groups/events Brochure/Poster/Tent card in waiting rooms Indigenous brochure Step by Step brochure Merchandise (eg. balloons, drink bottles, etc...) Website Fact sheets (eg. parents, chronic disease, carers, older persons, etc...) Local testimonials (Ray & Lorraine Gardner) 
Encourage: July – end of Trial	<ul style="list-style-type: none"> Prompting and reminding consumers to use their My Health Record Encouraging consumers to discuss use of the My Health Record and upload information. 	Newspaper Advertising Cinema Advertising F2F community groups/events Revised indigenous brochures Fact sheets (eg. parents, chronic disease, carers, older persons, etc...) Community group publication advertising (eg. school newsletters, library enews, etc...)

(Refer Appendices XIII - XVI for Case Study, School Newsletter insert and emails from Playgroup and Libraries)

Figure 9. Timeline of healthcare provider messaging during the delivery phase:

The healthcare provider communications plan included:



GP key messages:

1. Are you ready to use My Health Record? - Updating digital certificates
2. Cleanse your Data
3. Education and Training
4. Start using the My Health Record

Lessons Learned

Barriers to Communication Activities

- **Generic communications material** – the PHN required communication collateral that was tailored to meet the local needs of their diverse stakeholder groups
- **Lead Times** – the pace of the Trial was rapid, and lead times for development and approval of communications collateral by NBMPHN, NEHTA and the DoH were critical dependencies
- **Different working dynamics** – and different constraints and limitations between NBMPHN, DoH and NEHTA

- **Low awareness amongst the community** – the general public had low awareness of the My Health Record prior to the Trial and were impacted by misinformation in the press

Critical success enablers to Communication Activities

- **Developing a close relationship** – between the PHN Communications Team and the DoH communications team, to listen, understand and appreciate the requirements, constraints and limitations of both partners.
- **Understanding the lead times and working dynamics of the different parties** – the DoH and NBMPHN collaborated closely, often on the same site, which facilitated the communication and understanding of each other's constraints and external dependencies
- **Social media activity needs to be underpinned by a national My Health Record social media presence and strategy** – and involve clear governance and role clarity

Future considerations

1. **The provision of communications material templates** – for example brochures and pamphlets, which can be amended and tailored to the PHNs' local needs (e.g. culturally appropriate materials for indigenous groups within the region)
2. **Planning of clear and concise, targeted messaging for local stakeholder groups** – with associated communications collateral to promote local relevance of messages
3. **Identify the dependencies** – of both the PHN and the Agency that cannot be controlled, and understand these factors to help manage the expectations of the PHNs stakeholders, for example, some aspects of the My Health Record are subject to the specific language of the legal framework that underpins the topic that cannot be amended by the PHN, or in some cases, the Agency
4. **Social media activity needs to be underpinned by a national My Health Record social media presence and strategy** – and involve clear governance and role clarity

Consumer Engagement

A series of My Health Record communications collateral were developed throughout the trial. Historically, the audience for NBMPHN has been healthcare providers, particularly general practices. Engagement with large consumer audiences has not been a core function, which meant NBMPHN had not developed the grass roots networks the My Health Record strategy required.

For the purpose of the Trial, NBMPHN was responsible for raising consumer awareness, leveraging and aligning with the activities of the DoH. NBMPHN was specifically responsible for delivering the following local engagement activities in collaboration with the DoH:

1. Hosting the Minister's Launch of the Trial
2. Organising and hosting Consumer Digital Health Forums
3. Advertising of the Trial through local media channels
4. Engagement with local consumer groups

Hosting the Minister's Launch of the Trial

The Minister for Health launched the Trial at the Nepean Blue Mountains PHN office in Werrington on 4 March, 2016, and received national media coverage. It was hosted by NBMPHN and the Minister for

Health, with attendance from a wide range of stakeholders including consumers and consumer organisations, health professionals including GPs, general practice staff, and allied health, health professional organisations and peak bodies such as the Royal Australasian College of Surgeons, Allied Health Professions Australia, Medicines Australia, and Health Consumers NSW, Aboriginal organisations, local, state and federal government department representatives, including DoH, NeHTA, eHealth NSW, tertiary education institutes, the Local Health District and Hawkesbury District Health Service, NBMPHN board members and local media.

Presentations were made by the Minister for Health, the Hon Sussan Ley, the federal members for Macquarie and Lindsay, as well as a local GP champion sharing the benefits of the My Health Record and lending support for the Trial.



Organising and hosting My Health Record Public Forums

NBMPHN organised five My Health Record Public Forums throughout May 2016. The My Health Record Public Forums were advertised throughout local media channels, including newspapers. Speakers at the forums included the DoH and NEHTA, along with local GP champions. The My Health Record Public Forums were held to:

- Provide an opportunity for interested consumers to learn more about the My Health Record and the Trial, including how to opt-out if they did not want a My Health Record created for them
- Allow consumer concern about the Trial and My Health Record to be heard and addressed by subject matter experts representing DoH and NEHTA
- Provide information on privacy, security and controls related to the use of My Health Record

(Refer Appendices X, XI and XII for samples of Forum advertising and Run Sheet)

Advertising of the Trial through local media channels

Awareness of the Trial and the My Health Record was raised through local media channels identified by NBMPHN, including:

- Advertising in local newspapers
- Advertising in local cinemas across the region, leveraging movie scheduling aimed at target audiences (eg. popular movies during school holiday periods)
- Media releases by NBMPHN

Engagement with local consumer groups

Consumer engagement through connecting with new grass roots groups was a capability that the NBMPHN needed to develop. In recognition of this and to mitigate the skill gap, a member of the PHN Team was assigned to be the dedicated resource to focus on the engagement of consumers at the local level. The local consumer engagement strategy was developed by the PHN Communications Officer and implemented by the Consumer Engagement Officer. The strategy was based on:

1. Identifying existing relationships within the NBMPHN region, engaging with these key stakeholders and groups, and then extending these network
2. Forming relationships with new consumer groups, and tapping into their publications as well as F2F opportunities within these groups

The My Health Record Consumer Engagement Officer attended a range of community groups and community events to present directly to consumers on the My Health Record and the Trial, distributing communications collateral and identifying further community groups to engage with. These included:

- Aboriginal and Torres Strait Islander community groups and events, such as NAIDOC
- Early parenting and playgroups such as Blissful Babies
- Multicultural centres and events
- Networking groups established by the local Councils such as the Blue Mountains Aged Care Forum, Child and Family Forum and the Community Outreach Forum
- Conducting Consumer Health Checks at the local RSL, to initiate discussions about the My Health Record and the Trial
- Local disability and aged care expos and events
- Organising a My Health Record Kiosk at the local libraries across the region and advertised through local media, where consumers could attend and address their questions and concerns about the Trial
- Presentations to residents of retirement villages
- Outreach events for the homeless
- Education and Training providers such as Nepean Community College, Tri Community Exchange and the University of the Third Age who could adopt a 'Train the Trainer' approach – NBMPHN was successful in integrating on a session on My Health Record into the 'Tech Savvy Seniors' education series to raise awareness and participating amongst older persons.

Lessons Learned

Barriers to participation and awareness:

- **Consumers typically have concerns regarding privacy and security** – these concerns are often influenced by misinformation
- **Some consumers groups maintain a philosophical opposition to the My Health Record** – eg. Some had ‘big brother’ misconceptions
- **Most consumers do not read the letters** – that were posted to them by DoH, although they helped provide a conversation starting point during F2F engagement events
- **Short time periods** – available to roll out large scale communications initiatives were a significant constraint to the ability to communicate effectively

Critical success enablers to participation and awareness:

- **Consumer Digital Health Forums** – with reputable representation from DoH and NEHTA were well received as allowing consumers to voice and have their concerns addressed by subject matter experts
- **Advertising through local multiple media channels** – including newspapers and cinemas about the Trial and of the various information avenues that consumers could access
- **Direct face-to-face engagement** – with consumers through community groups, including the Hard to Reach groups, was considered the most effective method for raising awareness and participation
- **Engagement led by a My Health Record Practice Support Officer with a health background facilitated consumer awareness** – a My Health Record Practice Support Officer with a health background, and the empathy to engage in discussions about a consumer’s health was considered an effective method of initiation My Health Record discussions
- **Use each network opportunity to identify additional networks** – at each community group event, there is an opportunity to identify more groups/networks to make contact with and engage
- **Conduct consumer stakeholder analysis** – to identify the key audiences within the region, the required messages and their preferred communication channels
- **Leverage the existing consumer relationships within the PHN network** – branching out and growing the network from this foundation
- **Identify Clinical Champions (eg. GPs)** – and nominated subject matter experts from DoH and NEHTA to support the benefits messaging of the My Health Record
- **Reach consumers directly by attending and presenting at community centres, events and forums** – Consumers at these events typically:
 - a. Were open to discussing health topics, which is a good method of then introducing the My Health Record
 - b. Had concerns regarding privacy and security of the My Health Record
 - c. Respected information being provided to them by a person with a clinical background who is confident in the topic and passionate about digital health
- **Utilise consumer training organisations** to conduct peer training and or ‘Train the Trainer’ sessions

Future considerations:

1. **Developing new grass roots, consumer networks needs a long lead time**

2. **Consumers can be powerful change agents** – driving the My Health Record conversation with their healthcare provider (and potentially motivate healthcare providers in adopting the My Health Record), however they require resources and the right information to enable these conversations
3. **Organise and conduct Consumer Digital Health Forums early, but not before the opt-out period** – aligning advertising of these forums with the letters that were received by consumers informing them of a My Health Record being created for them
4. **Ensure communications are practical, digestible and targeted** – to the relevant consumer stakeholder group and subgroup, for example, the topic of Nominated Representative and Authorised Representative was a key topic of interest for carers and consumers with a disability
5. **Face-to-face engagement is the most effective method for raising awareness, clarifying misconceptions and responding to concerns** – consumers are more responsive to being aware and discussing the My Health Record when talking to a person with a health background
6. **Ensure key areas of concern for consumers are addressed early** and openly by subject experts e.g. privacy and security.

GP and General Practice Engagement

General Practitioners (GPs) are typically the first point of contact for consumers with health-related questions and concerns. The buy-in of GPs and general practice staff was therefore seen as a critical driver for consumer participation with the My Health Record.

To achieve buy-in from GPs and general practice staff, the NBMPHN conducted the following activities:

1. Digital Health Forums – My Health Record and ePIP Incentive
2. Engaging with local chapters of peak-associations
3. Conducted Digital Health Needs Assessment
4. Face-to-face support and engagement with general practice staff

NBMPHN engaged with GPs early in the Implementation Phase, organising forums to raise awareness of the Trial, the My Health Record and the ePIP, followed by face to face engagement. These activities supported the capability of GPs and general practices to respond to consumer queries and questions.

Over the course of the Trial, NBMPHN achieved a significant increase in the number of general practices that were registered and able to access the My Health Record during the short timeframes. The number of computerised general practices registered to participate in My Health Record increased from 40% to 80%. The number of Shared Health Summaries uploaded by GPs each month increased from below 100 per month before the trial, to nearly 2,000 per month by June 2017³. The number of computerised general practices uploading Shared Health Summaries to My Health Record increased from 15% to 70%.

Digital Health Forums – My Health Record and ePIP Incentive

NBMPHN organised four Digital Health Forums – My Health Record and ePIP Incentive (one per LGA) for general practices throughout March 2016. NBMPHN arranged for a host of reputable speakers including representatives from the DoH and NEHTA, along with local GP clinical champions to support the provision of credible and transparent information during the Trial. (*See Appendix IV for a sample of the Digital Health Forum – My Health Record and ePIP Incentive advertising*).

The forums were held to:

- Raise awareness of the My Health Record and Opt Out Trial
- Update GPs and general practice staff on the ePIP requirements
- Provide attendees with the opportunity to voice their concerns, and clarify their understanding of digital health
- Educate about the benefits of My Health Record to Providers for both patients and clinicians

The forums were attended by over 100 GPs, general practice staff (including practice managers and practice nurses) and other interested healthcare providers.

³ Wentworth Healthcare Annual Report 2017

Engaging with local GP agencies and representatives

NBMPHN leveraged their existing relationships with GPs across the region to support awareness of the Trial and the PIP. Key relationships included GP representatives on the NBMPHN Board, Clinical Council and GP Advisory Committee, who were also invited to speak at the NBMPHN Digital Health Forums as GP champions.

NBMPHN utilised its existing communications channels with healthcare providers to regularly share information and updates during the Trial. This included the weekly publication, Practice News, PHN Bulletins and the NBMPHN website.

Conducted Digital Health Needs Assessment

The Digital Health Team was initially assigned GP practices across the region based on geography. This team structure was crucial in the early stages of the Trial given the high priority of the GP sector and the anticipated information needs of this group. The Digital Health Team undertook activities to first understand the digital health maturity of general practices across the region. This included:

- Mapping to update information on all current general practices in the region
- Digital Health Readiness Assessment of all general practices in the region, including the identification of:
 - Computerisation of the practice
 - Type of Clinical Information Software (with specific regard to compliance to My Health Record)
 - Currency of PKI and NASH certificates

(Refer Appendix V for an example of the Digital Health Needs Assessment.)

To support the Mapping and Digital Health Readiness Assessment of general practices, the team developed a Digital Health Readiness Tracker (the Tracker). The Tracker:

- Incorporated measures from the Digital Health Readiness Assessment
- Incorporated data entered by the My Health Record Practice Support Officers following their Digital Health Readiness Assessments
- Was centrally maintained and monitored by the Program Lead to determine the progress of general practices digital health maturity across the region

Face-to-face support and engagement with general practice staff

As part of their onboarding, the My Health Record Practice Support Officers were initially paired with NBMPHN Practice Support Officers and introduced to the general practices. Following these introductions, the Digital Health Team independently:

- Scheduled individualised, face to face meetings with practice teams to:
 - Raise awareness of digital health and provide My Health Record communications collateral
 - Conduct Digital Health Readiness Assessments
 - Support the general practice with the My Health Record registration and certification process and act as a point of contact for troubleshooting

- Organise and conduct face to face training with GPs and general practice staff
- Initiate regular contact for ongoing technical support and troubleshooting and as
- Provided support in the registration and certification process of practices based on their assessed digital health maturity
- Provided communications collateral (including My Health Record advertising material) for use in the waiting rooms to further promote consumer awareness
- Regularly monitored the data on usage (uploads and views) by general practices

In monitoring the number of uploads by general practices as required for the ePIP, it was identified that the typical trend reflected a significant increase in the number of Shared Health Summaries uploaded to My Health Record just prior to the end of the quarter followed by a sharp decline. This rise and fall occurred over a number of quarters, indicating that:

- The ePIP drove usage (uploads) intermittently
- My Health Record use was not embedded into workflows across the Practice for all GPs

The My Health Record Practice Support Officer Team actively re-engaged with general practices that had relatively low usage rates, to understand any issues and provide refresher training.

Case study

Integrating the My Health Record into workflow into general practice

One particular general practice, prior to the trial was not aware of My Health Record.

A My Health Record Practice Support Officer was introduced to the general practice and over the course of the Trial:

- *Delivered several in-depth education sessions on the My Health Record and its benefits to support conversations with consumers*
- *Developed an understanding of the clinical workflow, emphasising occasions when a document could be uploaded*
- *Provided responsive technical support to immediately address any issues throughout the registration and configuration process*

Now My Health Record is a part of core clinical processes, and the practice is one of the highest uploaders across the region, with the GP uploading all Shared Health Summaries into My Health Record.

Lessons learned

Barriers to adoption and usage:

- **GPs are concerned with privacy, security and legislation** – this was a recurring theme from the Digital Health Forums and through face-to-face engagement
- **Some GPs are reluctant to transition to digital** – from paper based practices. Through the Digital Health Forums and face-to-face engagement this was noted as being due to:
 - Cynicism following the PCEHR initiatives

- Philosophical opposition to digital health and the sharing of locally held patient information
- Lengthy and complex registration and certification process to connect a practice's CIS to the My Health Record
- Technical issues in connecting, viewing and uploading documents to the My Health Record, negatively impacting expectations and the overall end-user experience
- The ePIP financially incentivised a bare minimum level of effort, resulting in rise and fall of uploads by registered GPs, however did not necessarily support integration of My Health Record use into workflow.
- **GP's are often time poor** – scheduling lengthy periods of time to discuss My Health Record is difficult
- The main drivers for General Practitioners to view My Health Records was the availability of the following functions, which are heavily dependent on other organisations (e.g. the Agency and State and Territory jurisdictions)
 - Discharge Summaries
 - Event summaries (from other Practices)
 - Pharmaceutical Dispense records
 - Pathology and Diagnostic Imaging results
- **The My Health Records did not have documents uploaded to them** – this was dependent on timing of other healthcare providers registered and uploading to the system. GP expectations therefore needed to be managed closely.
- **The registration process was complex and difficult** – and many GPs did not know of or have the required documents to register

Critical success enablers to Adoption

- **Engage with general practices and GPs regularly, and continually monitor their usage (views and uploads)** – supporting practices through the registration process and re-engaging with practices that demonstrate low usage
- **Digital Health Team introduced to general practice staff by Practice Support Officers** – leveraging the existing relationships, expediting the building of the relationship, and adding credibility to the Digital Health Team
- **Identify Clinical Change Champions** – who can confidently support My Health Record usage
- **Conduct a Digital Health Readiness Assessment** – of all the general practices in the region, identifying the current state of each of the practices and their digital certificates
- **Regularly and frequently manage the expectations of GPs and general practices** – throughout the digital health maturity process. This included the functionality and level of interoperability their Clinical Information System may have with the My Health Record system, and the information available in the record.
- **Prepare practices for the My Health Record** – by consistently communicating key messages through the Digital Health Forums and face-to-face engagement:
 - Are you ready for the My Health Record
 - Data Cleansing
 - Education and training
 - Start using the My Health Record

Future considerations:

1. **Segment general practices and tailor the engagement strategy for each segment** – this includes developing work plans for practices that require significant engagement and support for registration to the My Health Record system, whilst change management only may be required for general practices who are already registered and connected
2. **Optimise the time with the GP** – by communicating the benefits of digital health concisely and confidently
3. **Focus on communicating the occasions when a GP should view and upload to the My Health Record** – avoid communicating the minimum requirements for ePIP, as general practice staff will typically aim for this number. Communicating the occasions when a GP should upload a document facilitates the number of uploads of Shared Health Summaries and integration into workflow. For example, uploading of a Shared Health Summary can occur when a consumer has received immunisation, changed their medication or has a new care plan
4. **Co-develop a strategy and associated work plan with the general practice** – for integrating and embedding My Health Record use (views and uploads) into the workflow of the practice
5. **Maintain a comprehensive understanding of the updates to Clinical Information Systems, and of the enhancements to the My Health Record System** - Different Clinical Information Systems have different levels of functionality and interoperability with the My Health Record. Furthermore, these levels of functionality and interoperability are expanding at different rates
6. **Target education and training to Practice nurses** – GPs and practice nurses both contribute to uploading Shared Health Summaries. It is opportune at the time of developing a GP Management plan or Team Care arrangement which may be shared at practices pending workflows. Hence practice nurses provide a key opportunity to drive behavioural change within the practice.
7. **Engage with general practices and GPs regularly** – and continually monitor their usage (views and uploads), supporting practices through the registration process and re-engaging with practices that demonstrate low usage to raise benefits of usage for provider and patient
8. **Practice Support Officers to introduce Digital Health Team to general practice** – leveraging the existing relationships to expedite the building of the relationship, and adds credibility to the Digital Health Team
9. **Identify Clinical Change Champions** – who can confidently support My Health Record usage
10. **Conduct a Digital Health Readiness Assessment of all the general practices in the region** – identifying the current state of each of the practices and their digital certificates
11. **Regularly and frequently manage the expectations of GPs and general practices** – by maintaining a comprehensive understanding of system updates to the My Health Record, and changes to Clinical Information Systems by Software Vendors that could impact the GP's experience
12. **Certain clinical documents uploaded to the My Health Record will drive GP viewing behaviour** – these documents are heavily dependent on the functionality of the system and connectivity of other organisations (e.g. the Agency and State and Territory Jurisdictions):
 - a. Discharge Summaries
 - b. Pharmaceutical Dispense records
 - c. Pathology and Diagnostic Imaging results
13. **Address privacy, security and legislation concerns with the GPs early** when discussing MHR with GPs.

Pharmacy Engagement

Pharmacists were seen as key stakeholders to adoption and usage of the My Health Record system by other clinicians in the healthcare pathway.

Prior to the trial, however, pharmacy had not been a primary audience under the remit of the PHN, so it was important to start building relationships within this sector as quickly as possible through:

- Conducting Digital Health Needs Assessment in collaboration with NEHTA
- Face-to-face support and engagement with pharmacies by a community pharmacist
- CPD-accredited digital health training program

Digital Health Needs Assessment

To support NBMPHN in registering pharmacies within the region, NEHTA contacted the pharmacies within the NBM region to determine digital health readiness and map the type of clinical information (dispensary) software used across the pharmacies. NEHTA also offered pharmacists support for registration and connection with the My Health Record system through each pharmacy's existing Clinical Information System Provider (where compliant) or through the Provider Portal.

NEHTA provided regular status reports to the NBMPHN Digital Health Pharmacy Officer, to inform them of the pharmacies that were registered through NEHTA's process and required further configuration and training, and the pharmacies that had declined registration.

Face-to-face support and engagement

The NBMPHN Digital Health Pharmacy Officer built upon this initial contact with pharmacists by conducting face to face meetings with pharmacies with the region. For pharmacies with compliant software, the Digital Health Pharmacy Officer:

- Provided training and education on the My Health Record and the trial, distributing pharmacy and consumer collateral
- Scheduled a time between with the software vendor and the pharmacist, to configure the Clinical Information Software System so that it could access and automatically upload dispense records to the My Health Record system.

For pharmacies with compliant software that had declined registration through the NEHTA process, or pharmacies without compliant software, the Digital Health Pharmacy Officer:

- Further raised awareness of the My Health Record, distributing pharmacy and consumer collateral
- Determined if the pharmacy would reconsider registering with the My Health Record system (via Provider Portal for those without compliant software)
- Referred pharmacies who had reconsidered and decided to register with the My Health Record system to NEHTA

CPD-accredited digital health training program

NBMPHN organised and facilitated a local Pharmacy Digital Health Forum, which was accredited for Continuing Professional Development (CPD) points through the Pharmacy Guild. The session included a speaker from the Australian Digital Health Agency and a Principal Community Pharmacist as a clinical champion for the My Health Record. Attendees at the Pharmacy Digital Health Forum included community and hospital pharmacists. (Refer Appendix VI)

Case study

Pharmacy support to achieve automatic uploads and workflow integration

A Lithgow pharmacy that had some prior knowledge of PCEHR (due to work in 2013 by the Medicare Local) was not using the system.

The Pharmacist attended a Digital Health Forum and identified their interest in participating.

A My Health Record Practice Support Officer visited the pharmacy, and over the course of the Trial:

- Provided in-depth education sessions on the My Health Record and its benefits to support conversations with consumers
- Provided responsive technical support to immediately address any issues throughout the registration process
- Worked intensively with the Pharmacy and the CIS Software Vendor, facilitating the automatic upload functionality
- Conducted regular follow up visits to provide communication collateral, refresher session

The pharmacy is now recognised as a significant contributor to My Health Record.

"If NBMPHN wasn't there doing that (face-to-face engagement), we probably wouldn't have been involved as much"

Lessons Learned

Barriers to adoption and usage:

- **A general lack of understanding and awareness of My Health Record** – amongst the pharmacies in the region
- **The process of configuring the CIS of registered pharmacies is complex** – requiring significant scheduling effort between the Principle Pharmacist, Software Vendor and My Health Record Practice Support Officer

Critical success enablers to adoption and use:

- **Conducted a digital health readiness map** – NEHTA identified all the pharmacies within the region and their Clinical Information System, with local engagement by the Digital Health Team

- **Engaging with the Principle Pharmacist of a pharmacy** – as the key decision maker for the practice
- **Peer-to-peer engagement** – A My Health Record Practice Support Officer with a pharmacy background, and with an understanding of workflows and CIS issues is a key driver to successful engagement with pharmacists, and to provide technical support
- **Establishment of CPD-accredited training** – Pharmacists in the region were interested in CPD-accredited digital health training programs held locally. The NBMPHN CPD-accredited training program for pharmacists is now being utilised by neighbouring PHNs
- **Automation of uploads of dispensed records** – was the most effective method for integrating into workflows as it did not require additional input from the pharmacist

Future considerations:

1. **Engage early with pharmacies and general practitioners simultaneously** – raising awareness, providing education and training and supporting registration and connectivity with the My Health Record. Both pharmacies and general practitioners are key access points for consumers seeking advice and information on health related issues.
2. **Prioritise engagement with pharmacies that have Clinical Information Software** – that is compliant with the My Health Record System, then engage with pharmacies without compliant CIS to register via the Provider Portal
3. **Develop local CPD accredited training programs** – face to face workshops or online programs pending distance from PHN regional venues.
4. **Engagement of peak associations software mapping by the Agency** – to support the PHNs in identifying the pharmacies with compliant clinical information software
5. **Embed viewing of the My Health Record into workflows** – opportunities exist for further use of the My Health Record by pharmacists through viewing, however it is recognised that this may be dependent on other uploads by other healthcare providers (e.g. hospitals uploading discharge summaries)

Allied Health Engagement

The initial strategy for engaging with the allied health group was to:

1. Identify the allied health providers that were co-located with general practices that were known to have compliant CIS
2. Engage with the co-located allied health providers to access My Health Records through the general practices' CIS
3. Encourage registration to the Provider Portal if CIS not utilised

Significant challenges were identified during the implementation of this strategy. In particular, co-located allied health providers varied in their business model and their use of the general practices' CIS. For example, an allied health provider may be co-located within a general practice's premises, however may only be renting a room and not actually have access to the practices' CIS.

Due to the technical limitations and poor uptake of registration to the My Health Record Provider Portal, the strategy was subsequently redeveloped. This consisted of identifying the allied health providers within the region who were interested in digital health, understanding the allied health operating and business model, raising awareness and offering peer-to-peer support in digital health uptake and maturity.

The strategy for engaging with allied health providers was subsequently redeveloped to:

1. Wide distribution of communication materials to allied health providers to raise awareness
2. Digital Health Forums including orientation to CIS and My Health Record
3. Regular contact with interested allied health providers
4. Engagement with Allied Health Advisory Group to advocate as leaders with their respective disciplines

Wide distribution of communication materials to raise awareness

NBMPHN circulated monthly e-bulletins to their existing allied health providers network. The bulletins incorporated sections on Digital Health to raise awareness in addition to a call-to-action and contact details for interested allied health providers.

Digital Health Forums

NBMPHN organised and facilitated four Allied Health Digital Health Forums (one per LGA). Speakers at the Allied Health Digital Health Forums included representatives from DoH, NEHTA and a representative of the Allied Health Provider Association (AHPA). Allied health software vendors were also invited to present their Clinical Information Systems which were compliant with the My Health Record, and to offer a free three-month use of their products for the purpose of the Trial.

Attendees at the Allied Health Digital Health Forums were from various healthcare backgrounds including (but not limited to):

- Psychology
- Physiotherapy
- Occupational Therapy

- Dentists
- Registered Nurses

During the Allied Health Digital Health forum, the key concerns and considerations of allied health providers were discussed. These included:

- The cost benefit of digitising the allied health business model and subsequent lack of financial incentive
- The lack of ability to upload Care Plans to the My Health Record
- The challenge of learning and utilising a number of different systems ie NDIS

Regular contact with interested allied health providers

Following the forums, NBMPHN Digital Health staff continued to send regular emails to the attendees, with links to further information and offers of support for the registration process.

Towards the end of the Trial, NBMPHN developed a relationship with the Tresillian Nepean facility. Tresillian, is a provider of newborn and early-parenting services to the NBMLHD. The Tresillian Nepean facility has a mixture of allied health and medical staff from various disciplines. Tresillian was not included within the My Health Record Opt-Out Trial strategy and activities for the Local Health District. As such, the NBMPHN Digital Health Team engaged with Tresillian and made arrangements with eHealth NSW for the necessary system upgrades to allow the Tresillian Nepean facility to access and view My Health Records.

Lessons Learned

Barriers to adoption:

- **The allied health provider sector is non-homogenous** – it is diverse, with varying business models and different levels of digitisation, and digital immaturity
- **Low awareness of digital health benefits** – amongst allied health providers in the region, and many had not heard about the My Health Record
- **Most allied health practices within the NBM region are not digitised** – and had operated primarily on a paper base, however this did not apply to all healthcare provider groups, such as dentists.
- **The registration process was complex and difficult** – and many allied health providers did not know of or have the required documents to register
- **Most allied health providers did not see the value in connecting to My Health Record** – many professions, specifically those related to mental health such as psychology, did not see the value of connecting to the My Health Record on the basis of:
 - philosophical opposition to sharing of locally held information
 - not seeing the value in digitising their practice
 - no financial incentives to adopt and use digital health
- **The My Health Record system lacked allied health functionality** – at the time, the system did not offer the functionality to upload allied health specific documents such as Care Plans
- **Communications collateral and value proposition were not tailored** – to specific allied health provider professions
- **Use by allied health providers co-located with general practices** – and able to use the registered and connected CIS' of the practice, the data on the views or upload is assigned to

the practice as a whole rather than provider. This supports the general practices' overall usage statistics, however does not determine the level of use by the allied health provider

Critical success enablers to adoption and use:

- **Peer-to-peer engagement** – is a key enabler of engagement with the respective allied health provider subgroups
- **Digital Health Forums** – facilitated the raising of awareness, and identifying allied health providers with an interest in the My Health Record and digital Health Use by allied health providers co-located with general practices and able to use the registered and connected CIS' of the practice, the data on the views or upload is assigned to the practice as a whole rather than provider. This supports the general practices' overall usage statistics, however does not determine the level of use by the allied health providers.

Future considerations

1. **Further segment the allied health provider sector** – with targeted communications and engagement strategies. This segmentation could be on the basis of profession, level of digitisation or identified benefits from various functionalities of the My Health Record (e.g. the value from Pathology and Diagnostic Imaging functionality)
2. **Further understand the business model of the various allied health provider subgroups** – including the benefits of digitisation of these practices and messaging of value propositions (the value proposition for allied health is likely to increase as the functionality of the My Health Record increases, ie inclusion of pathology)
3. **Communication and awareness raising through allied health peak bodies** – allied health providers are receptive to messaging from their respective clinical peak bodies and can be leveraged as a communication channel
4. **Simplification of the registration process** – the paperwork required for registration was complex, and most allied health providers were not familiar with the details requested in the forms

Medical Specialist Engagement

Medical Specialists incorporated both medical and surgical specialties with practices in the community. Historically, the remit of NBMPHN has not included Medical Specialists as an audience.

The initial engagement strategy focused on specialists involved with chronic disease management including Cardiology, Endocrinology and Renal specialists on the basis that these specialties were linked to the identified needs of the region⁴. Initial Mapping and Digital Health Readiness Assessments of these medical specialties identified very few practices with compliant software. On their initial engagement, NBMPHN communicated the future benefits of the Provider Portal, however medical specialists did not demonstrate an interest.

NBMPHN subsequently revised their strategy to the following:

- Mapping of all medical specialists and surgeons in the region
- Digital Health Needs Assessment of medical specialists
- Building a relationship with NBMPHN and the practice

Mapping medical specialists and surgeons

The mapping process included sourcing contact information for medical specialist and surgical practices through a variety of directories (eg. online, association directories, etc...), contacting the practices to conduct a Digital Health Readiness Assessment, and then targeting the practices with compliant CIS (i.e. Genie).

Digital Health Needs Assessment

The Digital Health Team conducted software mapping of all the known medical specialists in the region. At the time, the Genie software was the only medical specialist-specific software that was compliant with the My Health Record system.

Building relationships

Engaging with medical specialists first required building a relationship between the specialist and the PHN. This involved informing the medical specialist practice about the PHN and its roles and responsibilities, before offering to discuss the My Health Record.

Over the course of the Trial, the Digital Health Team built relationships with medical specialist practices and raised awareness of NBMPHN. However there were few translations to registration and connection with the My Health Record.

⁴ Nepean Blue Mountain Primary Health Network 2016, *Nepean Blue Mountain Primary Health Network Needs Assessment*, Sydney.

Lessons Learned

Barriers to adoption and use:

- **NBMPHN did not have established knowledge and relationships with many medical specialists in the region** – significant mapping had to be undertaken, which was time-consuming and required dedicated resources, and some medical specialist practices operated within the NBM region, but were registered as a business outside of the region which added to the complexity of the process
- **Most medical specialists were not aware of the PHN** – NBMPHN had to develop a relationship with the medical specialist as a PHN first, before initiating discussions about the My Health Record
- **Most medical specialists did not use compliant CIS** – at the time very few medical specialist practicing in the region utilised CIS that was compliant with the My Health Record
- **Medical specialists did not see the benefit of registering with and using the Provider Portal** – on the basis that they did not expect sufficient content to be in the record, and decided to postponing registering until there was greater uptake by other healthcare providers
- **The registration process was complex and difficult** – and many medical specialist did not know of or have the required documents to register.

Critical success enablers to adoption and use:

- **Mapping and Digital Health Readiness Assessment** – these activities supported NBMPHN's understanding of the medical specialist within the region, and the type of clinical information software used, as a basis for raising awareness and initiating discussions about the My Health Record.

Future considerations:

1. **Mapping of medical specialists within the region is a critical first step to understanding this group** – and understanding the diversity of specialist disciplines across the region
2. **Consumer-driven conversations may drive further uptake** – of My Health Record in the medical specialist sector, but would be reliant on participation and usage by other healthcare providers and consumer awareness
3. **Engagement through the Private Hospital and Public Sector may also reach medical specialists** – Many medical specialists practice within private or public hospitals in the LHD, therefore communication and messaging about the My Health Record through these channels may reach the medical specialist group
4. **Health Care Home Trial may provide an opportunity** - to reinforce connection benefits as a key enabler of the 'Medical Neighbourhood'
5. **The Australian Digital Health Agency prioritises conversations with Software vendors** of specialist software to encourage compliance with the My Health Record

Residential Aged Care Facilities (RACF)

Residential Aged Care Facilities (RACFs) include services that provide accommodation and clinical care to the elderly.

Historically, NBMPHN conducted some activities with RACFs, such as falls prevention initiatives, however, NBMPHN needed to establish a stronger relationship with RACFs, particularly in the digital domain.

NBMPHN assigned a My Health Record Practice Support Officer – GP/RACF with previous clinical experience in a nursing home to engage with the RACF sector. The engagement strategy included the following:

- Mapping and Digital Health Readiness Assessment
- Presenting to staff and residents at the facility on the benefits
- Engaging with the visiting GPs to explore workflow options and patient/clinician benefits

Mapping and Digital Health Readiness Assessment

In addition to the clinical information software used by the RACF, the Mapping and Digital Health Readiness Assessment of RACFs identified:

- The facilities that were independent or part of a larger, multi-site organisation
- Visiting GPs

Significant challenges were encountered in registering RACFs to the My Health Record. Facilities that were part of a larger, multi-site organisation required approval from their head office to proceed with registering the facility with the My Health Record. This required further engagement and an understanding of the lead times to reach approval.

RACFs typically maintained resident's information on local servers. Therefore to connect an RACF to the My Health Record required engagement with the Software Vendor and the RACF's Information Technology (IT) team.

Presenting to staff and residents

The My Health Record Practice Support Officer – GP/RACF engaged directly with the RACFs, offering support to register and connect to the My Health Record, and conducted training and education sessions for the care teams and residents.

Engaging with the visiting GPs

The mapping and readiness assessments identified the GPs that visited RACFs. The visiting GPs with compliant and My Health Record connected software were contacted by the My Health Record Practice Support Officer – GP/RACF and encouraged to upload Shared Health Summaries for their RACF consumers every time there was a clinically significant event (eg. a change in medication).

The GP was further encouraged to upload the SHS in their own CIS to support the achievement of their own ePIP requirements. The intention of this was to increase the number of RACF residents with SHS for the RACF staff to view.

Lessons Learned

Barriers to adoptions and use:

- **RACFs are healthcare provider groups that operate very differently from other sectors** – whilst other healthcare provider sectors typically diagnose and develop treatment plans for patients, the responsibility of the RACF is to deliver the plan
- **The staffing mix of RACFs limits the use of the My Health Record** – most RACFs consist of care attendants, with only a few healthcare providers (such as registered nurses and, in some occasions, allied health), and the My Health Record is accessible only to registered healthcare providers
- **RACF General Managers are often time poor and difficult to contact** – engagement with RACFs is a phased process. Most RACFs are not familiar with PHNs and therefore a relationship with the PHN needs to be developed first
- **RACFs that are part of a larger organisation require approval from their head office** – to proceed with registration and connection to the My Health Record. The process and lead times in engaging with the RACF's head office can be quite lengthy and engagement at a national level (ie. by the Agency) may be more effective
- **The process of uploading records to the My Health Record conflicts with RACF operational processes** – at the time, most RACF CIS that was compliant with the My Health Record did not have auto-populating functionality and therefore required manual entry, adding to the workload. Furthermore, as part of RACF operating procedures, registered nurses are typically not allowed to prescribe medications. This procedural requirement conflicts with the requirement of manual entry of information of some RACF CIS'
- **RACFs had concerns with the privacy and security of the record** – and its misuse by family or other carers coercing a resident to give them access to their record
- **Some RACFs operate with internal servers** – which constrained the ability to connect the CIS to the My Health Record
- **Obtaining training and information materials from software vendors was difficult** – this includes information from the software vendor about how to access the My Health Record through the CIS. Most information was outdated (referring to PCEHR), was not provided in time, or did not exist

Critical success enablers to adoption and use

- **Key drivers for adoption and use was dependent on documents from other healthcare providers** – the key clinical documents that RACFs saw benefit from included:
 - Discharge summaries
 - Medications view
 - Advanced care plans
- **Visiting GPs were inclined to update RACF resident records through their own CIS** – to support their practices' ePIP requirements

Future considerations:

1. **Establish a relationship with the RACF's software vendor and IT provider** – RACFs have server rooms dedicated for the client data, and this can complicate the registration and connection process
2. **The relationship with RACF software vendors could be driven at a national level** – ie. through the Agency, to obtain the necessary training materials (on how to access the My Health Record) from the software vendor
3. **Connectivity could be driven at a national business level** - for national entities such as Uniting Care, Bretheren, Baptist, Catholic, RSL etc.
4. **The benefits of the My Health Record for RACFs are dependent on the accuracy and comprehensiveness of information in the record** – this includes the key clinical documents:
 - a. Discharge summaries from hospitals can support the admission/readmission process to the RACF, complementing paper records
 - b. Shared Health Summaries can be used as evidence for Aged Care Funding Instrument (ACFI) claiming
 - c. The Medication view can support the reconciliation of medications as the consumer is seen by different healthcare providers
 - d. Advanced Care Plans
5. **Further understand workflows** – and how My Health Record use could be integrated

Private Hospitals

There are three main private hospitals within the Nepean Blue Mountains region. While two St John of God services intended to implement new CIS within their facilities, this did not occur by the end of the Trial.

The Nepean Private Hospital (Healthscope) facility was already connected to the My Health Record system and automatically uploading discharged summaries. Furthermore, Healthscope had internally produced their own material regarding the system and so minimal engagement was required.

Lessons learned

Barriers to adoption and use:

- **Private hospital facilities required approval from head office** – to register and connect to the My Health Record and share the respective communications' collateral, and was subject to the organisation's lead times

Critical success enablers to adoption and use:

- **Prior engagement at the national level** – with one of the major private hospitals in the region resulted in the facility already being connected at the start of the Trial
- **Continue to monitor the view and upload data on Private Hospitals** – a technical change in the software at Nepean Private Hospital ceased the upload of discharge summaries but was identified early and escalated by NBMPHN.

Future considerations:

1. **Private Hospital engagement could be led at a national level** – particularly for those that operate as part of a larger organisation with facilities that cover multiple PHN sites
2. **Registering clinics with compliant software within the Private Hospital** – these include after hours or mental health clinical that use compliant CIS, however this tends to require the hospital as an organisation to be registered.

Public Hospitals

The Nepean Blue Mountains Local Health District (NBMLHD) was funded to employ two positions via a subcontract from NBMPHN. In order to employ and deliver on some of the Trial milestones, eHealth NSW seconded the two positions to NBMLHD. These positions included an NBMLHD Project Team consisting of a Project Manager and Change Manager to implement the My Health Record Nepean Blue Mountains Local Health District Opt-Out Trial (My Health Record NBMLHD Opt-Out Trial).

The objective of the My Health Record NBMLHD Opt-Out Trial was to raise awareness of the Trial and specifically to increase uploads and views of the My Health Record by NBMLHD staff between the period of July to October 2016.

Activities included engagement with NBMLHD clinical teams, and training and education on:

- The My Health Record system and the Opt-Out Trial
- The eHealth NSW's HealthNet system as the state-based platform for accessing My Health Record
- The six discharge summary templates identified by eHealth NSW, which were configured and progressively enhanced in functionality to upload automatically to My Health Records.

In conducting these activities, the NBMLHD Project Team built a relationship network across the LHD, scheduled and conducted presentations to the LHD staff at the community clinic, ward and branch level.

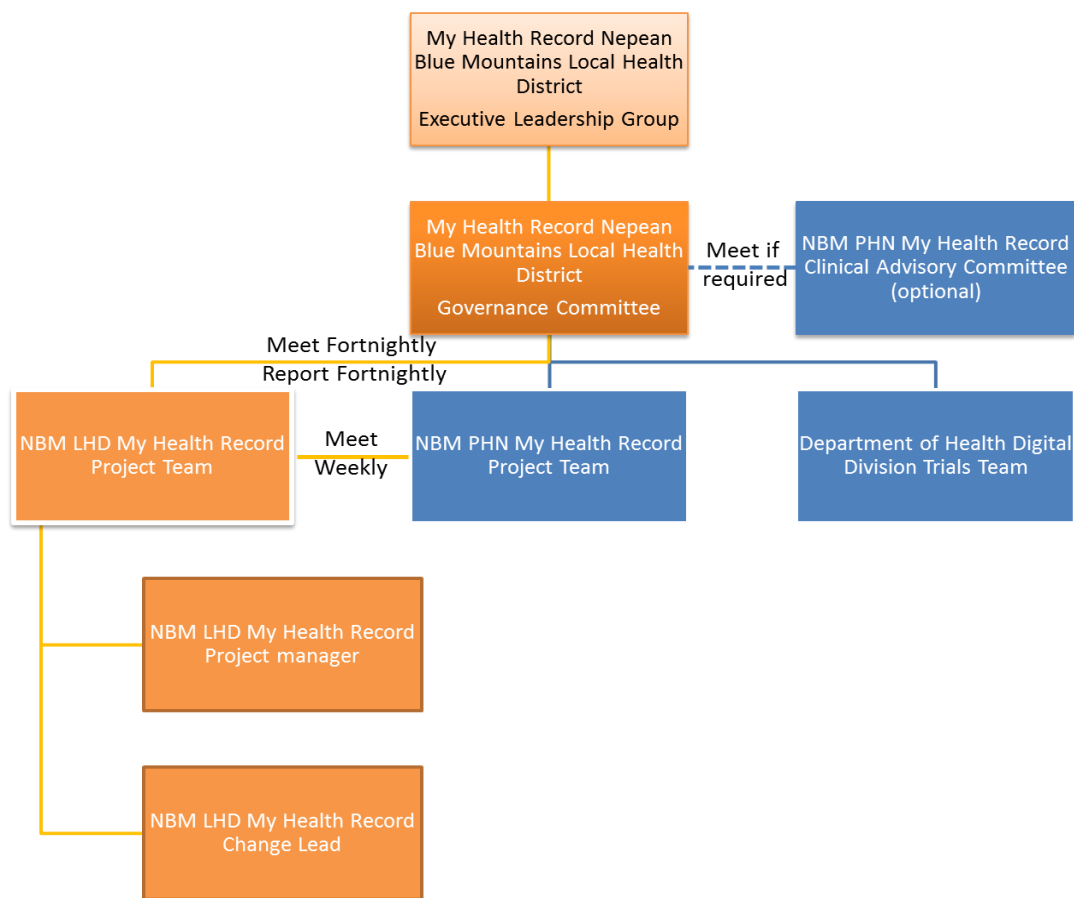
An Executive Leadership Governance Committee was established to provide strategic decision making over the activities of the My Health Record NBMLHD Opt-Out Trial (Figure 10).

Under the Terms of Reference, membership of the Executive Leadership Governance Committee included the respective executives from the DoH Digital Division, NBMPHN, eHealth NSW and NBMLHD, and would meet as required based on escalation by the Chair of the My Health Record NBMLHD Opt-Out Trial Steering Committee.

The My Health Record NBMLHD Opt-Out Trial Steering Committee was established to provide operational oversight over the My Health Record NBMLHD Opt-Out Trial. Under the Terms of Reference, the Steering Committee was chaired by the DoH, with membership of the Steering Committee including the respective senior managers from the DoH Digital Division, NBMPHN, eHealth NSW, NBMLHD and the My Health Record NBMLHD Project Team.

The NBMPHN My Health Record Practice Support Officers supported the NBMLHD My Health Record Project Team in raising awareness through the provision of communications collateral, and co-delivery of the My Health Record awareness initiatives at the various LHD facilities and services. The NBMPHN Program Lead and the My Health Record NBMLHD Project Team also met on a regular basis to align activities between the PHN and the LHD, and to identify communications collateral requirements.

Figure 10 My Health Record NBMLHD Governance structure



Lessons Learned

Barriers to adoption and use:

- **LHD staff had concerns about the privacy and security of information** – particularly for mental health consumers who may not be able to access their own record
- **The awareness of the My Health Record was low across NBMLHD staff** – this was complicated by the low levels of awareness of the HealthNet platform.
- **Short time frames** – for activities to educate and raise awareness impacted the ability to roll out large scale communications campaigns
- **Viewing of empty records by LHD clinicians when they were first created negatively impacted clinicians attitudes** on the usefulness of the record

Critical success enablers to adoption and use:

- **Establishment of both the Executive Leadership Governance Committee and the Steering Committee** – demonstrating a joint partnership between the four groups of the Trial.
- **Clearly defined, transparent and communicated leadership from the Project Sponsors across all partners** – to set and drive behavioural change

- **Evidence-based approach to engagement** – eHealth NSW monitored and reported to the NBMLHD Project team the access and use of My Health Record and HealtheNet, facilitating targeted approaches, for example:
 - Determining usage after a presentation had been conducted
 - Where high, falling or no usage by NBMLHD staff was identified, the NBMLHD Project Team could contact the user to understand their expectations, experience and information needs from HealtheNet and the My Health Record.
- **Alignment of objectives and activities across the PHN and LHD** – to provide a consistent approach and message to healthcare providers.
 - The NBMPHN Digital Health Team provided communications collateral and attended the NBMLHD Project Team’s events and presentations to support communication and consistent messaging. Additionally all State Forum clinician opportunities were leveraged to present on My Health Record such as sponsoring the HealtheNet evening – panel discussion.

Future considerations:

1. **Clear lines of accountability and responsibility between the delivery partners** – with robust reporting processes to support the alignment of activities between the LHD and PHN
2. **Active and strong Executive sponsorship with identified local department/ward Clinical leadership** - to drive behaviour change with clinicians especially ED, pharmacy, medical and surgical units, community health and post-acute care services
3. **Focus on engaging with clinics or departments that have stable staff** – as opposed to wards with rotating staff. This may enhance the efficiency and effectiveness of awareness, training and education sessions
4. **Competing demands** – understand existing and planned activities to better coordinate timings
5. **Longer lead times to plan and implement engagement activities** – to first raise awareness of My Health Record and HealtheNet platform to LHD staff, before significant views can be demonstrated
6. **Monitoring of adoption and usage following engagement activities** – to understand the behaviours driving adoption and usage and the user-experience of the systems

My Health Record Learnings Evening

On 6 October 2016, just prior to the end of the Trial, NBMPHN held a learnings dinner with key stakeholders and healthcare providers from across the region. Attendance at the event was by invitation only and included representatives from the various healthcare provider groups from across the region and DoH. (Refer Appendix VII)

The event was an opportunity for the NBMPHN Digital Health Team to share their preliminary learnings from the Trial, and to seek feedback on what worked well and what could have been improved in how the Trial was rolled out.

Lessons Learned

- All attendees emphasised the need for awareness raising and education of the My Health Record through various channels to cover all types of healthcare provider availability and learning styles
 - Not all attendees accessed the online training materials provided by the My Health Record website
 - Not all attendees knew about the My Health Record helpline
 - Face-to-face interactions were considered more effective for communicating with healthcare providers than webinars
- Attendees unanimously supported NBMPHN as a fundamental source of information and support for the My Health Record and were appreciative of the My Health Record Practice Support Officer Team
- Some attendees provided further ideas to promote My Health Record to their consumers, including suggestions of:
 - A 'My Health Record' week where practices could decorate their front reception desks with My Health Record materials and paraphernalia, to raise awareness and encourage discussions with the consumer.
 - The development of accredited CPD courses for healthcare providers, which includes a case study on a patient in their practice as a real-life example.
 - Communications collateral such as posters, to spur discussions by consumers.
- GPs relied on practice nurses to upload consumer Shared Health Summaries. The practice nurses in attendance saw this as valuable in supporting the patient healthcare journey, but it was time consuming (approximately 20 minutes to curate and upload a Shared Health Summary).
- Some attendees continued to have concerns regarding privacy and security and legislation.
- Pharmacists were identified as uploading a significant number of dispense records into My Health Record, and this was attributed to the automated uploading function within the CIS. However, the viewing of My Health Records by pharmacists had not been integrated into workflows.

Post-Trial

Awareness raising initiatives

My Health Records Awards Evening

The NBMPHN Digital Health Team held a My Health Records Awards Evening on the 3 November 2016 to mark the end of the Trial. Attendees at the Awards Evening included representatives from each of the healthcare provider sectors, eHealth NSW and NBMLHD, DoH, and local members of parliament. The purpose of this Awards Evening was to celebrate the joint success of the Trial, and to present awards to healthcare providers who had demonstrated My Health Record Excellence, ie. the highest uploader for each healthcare provider sector and LGA region.

My Health Record Week

The Digital Health Team arranged a “My Health Record week” across the region, which ran from 6 – 10 March 2017. A total of nine general practices, allied health providers (physiotherapy) and pharmacies requested promotional support and were provided with a My Health Record promotional pack including balloons, badges and other promotional awareness material. The practices decorated their front reception desks, and a prize was given to the ‘best-dressed’ reception desk. This event further raised consumer and healthcare provider awareness of the My Health Record.

Lessons Learned

- The My Health Record Week supported the raising of awareness amongst healthcare providers and consumers – across the participating practices
- My Health Record promotional materials were well received by healthcare provider practice teams – in supporting the My Health Record Week

Adoption and usage across the region

Since the completion of the Trial on 31 October 2016, adoption and usage of the My Health Record has experienced a sustainable growth. The My Health Record Practice Support Officer positions continued until the end of February 2017 and the continued effort of the PHN has contributed to this growth.

- **General practices** – continued to demonstrate a sharp rise in the number of SHSs uploaded to My Health Record just prior to ePIP cut-off date, which fell shortly after
- **Pharmacies** – continued to demonstrate high rates of dispense record uploads due to automated back-end processes
- **Hospitals** – continued to demonstrate high rates of discharge summary uploads due to automated back-end processes
- **Dentists** – were identified as a healthcare provider group that saw significant value in the My Health record, and a total of nine dental practices have registered for the Provider Portal since the end of the Trial. However the number of views have been minimal and further work is continuing to educate dentists and embed My Health Record views into clinical workflows

Lessons Learned

- **Shared Health Summaries uploaded peaked just prior to ePIP cut-off date** – demonstrating that My Health Record uploading has not been fully integrated into workflows and the PIP remains a driver for uploading Shared Health Summaries for many practices
- **Practice nurses are the primary uploaders of Shared Health Summaries**
- **Practice nurses thought the process of uploading a Shared Health Summary was difficult** – however some of these misconceptions were not based on personal experience
- **Incentivising practice nurses** – the Digital Health team introduced a self-completed My Health Record Shared Health Summary tally sheet with a three tiered incentive program and asked nurses to record every time they uploaded a SHS (*Refer Appendix IX*)
 - Novelty incentives included various medical equipment such as scissors and stethoscopes.
 - Since starting this initiative, SHS upload data has peaked and stay at highest level for the last three quarters post the initiative
- **Targeting education and training to practice nurses** – the Digital Health team developed a Practice Nurse Digital Health Training Workbook which was distributed to all Practice Nurses within the region. The workbook was clinically focused, and included sections describing the clinical contexts when a Practice Nurse could upload to the My Health Record
- **Dentists see value in the My Health Record** – a total of nine dental practices have registered for the Provider Portal since the end of the Trial. Views to date however have been minimal and further work is continuing to educate dentists and embed My Health Record views into clinical workflows
- **Pharmacy Digital Health Training session** – The Pharmacy Digital Health training session that was accredited for CPD was so well received by attendees that other PHNs have approached NBMPHN to run the same training session in their regions to support the professional development of their Pharmacists

Appendix I: Interviews conducted

Interviews were conducted with the following stakeholders:

Date of interview	Interviewee	Role
Monday 03/07/2017	Morag McDonald	My Health Record Practice Support Officer – Consumer Engagement
Monday 03/07/2017	Kelly Schmahl	My Health Record Practice Support Officer – GP/RACF
Tuesday 04/07/2017	Donna Sedgman	Program Manager
Tuesday 04/07/017	Sarah Smeekens	Program Lead
Wednesday 05/07/2017	Sarah Smeekens	Program Lead
Thursday 06/07/2017	Dr Mohammad Shinwari	General Practitioner, My Health Record user
Friday 07/07/2017	Sheryn Phillips	Pharmacist, My Health Record user
Monday 10/07/2017	Nicole Parsons	PHN Communications Officer
Wednesday 12/07/2017	Lisa Brooks	My Health Record Practice Support Officer – AHP/Medical Specialists

Appendix II: NBMPHN Trial Documents reviewed

1. Practice Nurse Digital Health Training Workbook (hardcopy)
2. Copy of MHR Promotional events at NBMPHN
3. MHR Opt Out Trial - NBMPHN lessons learned 17 November 2016.pptx
4. My Health Record Canberra presentation_ - Donna S (002)
5. Nepean Blue Mountains Primary Health Network.docx
6. MHR Opt Out Trial - NBMPHN lessons learned and recommendationsAPRIL2017.pptx
7. Board Report Consumer engagement MHR Nov.docx

Appendix III: Sample Position Description

POSITION DESCRIPTION

Position Title:	Primary Care Support Officer – My Health Record Program
Location:	Level 1, Suite 1, Werrington Park Corporate Centre, 14 Great Western Highway, Kingswood NSW 2747
Reporting to:	Senior Manager, General Practice Support & Development
Conditions of Employment:	Nepean Division of General Practice Enterprise Agreement 2010
Hours:	Part time, full time up to 76 hours per fortnight

Wentworth Healthcare Limited (“WHL”) has been funded by the Commonwealth Department of Health to undertake the Primary Health Network Programme for the Nepean Blue Mountains region. The vision of the Nepean Blue Mountains Primary Health Network (NBMPHN) is improved health for the people in our community. We work with General Practice and other health care providers to achieve this.

1. Purpose of the Position

The Primary Care Support Officer as a part of the My Health Record Program Team, will support general practice and pharmacy with the meaningful use of the My Health Record as a part of the National My Health Record *opt out* trial in the Nepean Blue Mountains region.

2. Key Outcomes

2.1 Successful implementation of the National My Health Record *opt-out* trial within eligible general practices and pharmacies across the Nepean Blue Mountains region will enable the following key outcomes:

- 2.1.1 Greater acceptance of the *My Health Record* by both individuals, the general practice team and pharmacies
- 2.1.2 Mapping of general practice and pharmacy eHealth capability and capacity to support meaningful use of the My Health Record is achieved
- 2.1.3 Identification of barriers that prevent the uptake of the My Health Record with general practice, pharmacies and the participation of individuals
- 2.1.4 Increased communication and sharing of information between general practice, pharmacy and other health care providers is achieved

1. Primary Care Support Officer – My Health Record Program – (January 2016)

Appendix IV: Digital Health Forums – My Health Record and ePIP Incentive



Information Forum

My Health Record and ePIP Incentive

For GPs, Pharmacists, Allied Health, Practice Nurses and Practice Staff

NBMPHN has been chosen by the Department of Health to pioneer the My Health Record. The My Health Record will assist clinicians and patients gain easier access to medical records. Changes to the ePIP will also be highlighted.

Learning outcomes:

Explain the importance and functionality of the My Health Record to patients
Prepare and apply uploads to the My Health Record
Implement the changes to the ePIP

Session & Speakers

6.15 pm to 9 pm - Registration and light supper
Demonstrations of My Health Record Uploads (MD3 & BP)

7 pm - My Health Record Overview
Speaker Department of Health

7:45 pm - My Health Record Journey
Speaker local GP/s

8:15 pm - Practical Application for General Practice
NEHTA, Adoption Education Support Officer, Implementation

HAWKESBURY
Tue 15 March 2016
Windsor Room
Sebel Resort & Spa
61 Richmond Rd WINDSOR
RSVP: Wed 9 March

PENRITH
Wed 16 March 2016
Hornseywood Hall Room
Penrith RSL Club
8 Tindale Street PENRITH
RSVP: Wed 9 March

LITHGOW
Tue 22 March 2016
Auditorium
The University of Notre Dame
2B Col Drewe Dr LITHGOW
RSVP: Wed 16 March

BLUE MOUNTAINS
Wed 23rd March 2016
Ballroom
The Carrington Hotel
15-47 Katoomba St
KATOOMBA
RSVP: Wed 16 March

Appendix V: Sample Digital Health Needs Assessment

Name of Practice Green background means that practice is using eHealth.	
Contact Person	xx
Phone number	xx
Email address of contact person.	xxx
Hello, I'm X from the primary health network/My Health Record Team, how are you? I am calling to gain some information on how I can help your practice use the My Health Record system. Is it okay if I talk to you/PM/nurse? Have you had any contact with the Primary Health Network/Medicare Local before?	Yes, good.
What type of practice is yours?	general practice
What is your role?	Practice Manager
How many doctors work in your practice?	1
How many nurses work in your practice? What procedures and roles do they currently undertake in your practice?	1
How many admin staff work in your practice?	3
How many registrars or medical students work in your practice?	None
Are there any allied health working in the practice that are able to log onto your practice software?	
Which software do you use in your practice?	Medical Director
What version is it? (Help>Version #) Medical Director 3.15.3c	Latest
Is your practice accredited?	Yes
Do you have any particular areas of concern in relation to using your software? (Eg/ they may feel under educated to upload to eHealth)	None
Q for admin staff: In general it was mostly doctors who had training to use eHealth and rarely the admin staff. Do you have any questions for me about eHealth or anything I might be able to make clearer for you?	Spoke to Christine (Reception): "I don't know anything about this, I need someone to come out and show me what to do".
Within your practice, who usually provides training to practitioners on your software?	IT man or from PM
Is your practice currently set-up to access the eHealth record system/My Health Record?	Yes, was done
Do you know if anyone in the Practice has uploaded before?	A while ago.
Who helps with your IT – reloading NASH PKI certificates and checking everything is working properly?	IT man.
Are you using Secure Messaging? (Holding file/Clinical Inbox)	Yes
If yes, which secure messaging provider?	Healthlink.
Have you heard there are expected changes to the Practice Incentive Payments for eHealth linked to usage? (ePIP)	Yes
Do you have a process to ensure clinicians and nurses HPI-Is are entered/ updated when staff changes occur? (can be filled out via form or HPOS - Health Professionals Online Service)	unsure
Would your practice be interested in face to face/eHealth training? What would work best? (eg one on one with GPs or nurses, or presenting at practice meeting?)	yes
Do you have any further comments or suggestions about the eHealth training or the My Health Record system at all?	not at the moment
EXTRA NOTES:	Nurse come back on 11th. Works M W Th

Appendix VI: Digital Health Forum – My Health Record in Pharmacy



FACE TO FACE

My Health Record in Pharmacy

Pharmacists are encouraged to attend this session to learn how to access, view and upload dispense records to My Health Records in the pharmacy setting.

This session will provide practical demonstrations of the Provider Portal and FRED IT.

The Nepean Blue Mountains PHN is one of two sites that are involved in the National My Health Record trial. Your feedback at these sessions will contribute to the learnings of the trial and to future developments in digital health technology.

By attending this session you will be able to:

- Access, view and contribute to My Health Records (MHR)
- Know the functions and benefits of the MHR system for pharmacists and consumers
- Be aware of the comprehensive privacy and security measures
- Appreciate the role of MHR in pharmacy

Speakers

	The Digital Health Agency
	The Digital Health Agency
	Department of Health
	FRED IT

For enquiries contact 4708 8100

SESSION—PLEASE NOTE CHANGE IN TIME

6.45 pm Registration & light dinner
7:00 pm - 9 pm Session

PENRITH Mon 24 October 2016

Wentworth Healthcare
Building BR, Level 1, Suite 1,
Werrington Park Corporate
Centre, 14 Great Western Hwy
KINGSWOOD
RSVP: Wed 19 October 2016

KATOOMBA Tues 25 October 2016

Wentworth Healthcare -
Blue Mountains Office
Katoomba TAFE, Parke Street
KATOOMBA
RSVP: Thurs 20 October 2016

This event is currently undergoing
accreditation by the Pharmacy Guild of
Australia.



The Pharmacy
Guild of Australia

Wentworth Healthcare
provider of the
Nepean
Blue Mountains
PHN.



Appendix VII: Invitation to My Health Record Learnings Evening



My Health Record

DR

Nepean Blue Mountains PHN cordially invite you to dine with us for a workshop on My Health Record.

As we near the conclusion of the My Health Record trail, we would like your feedback on the successes and barriers and discuss the way forward.

WHEN: THURSDAY 6TH OCTOBER, 2016

TIME: 6:30PM

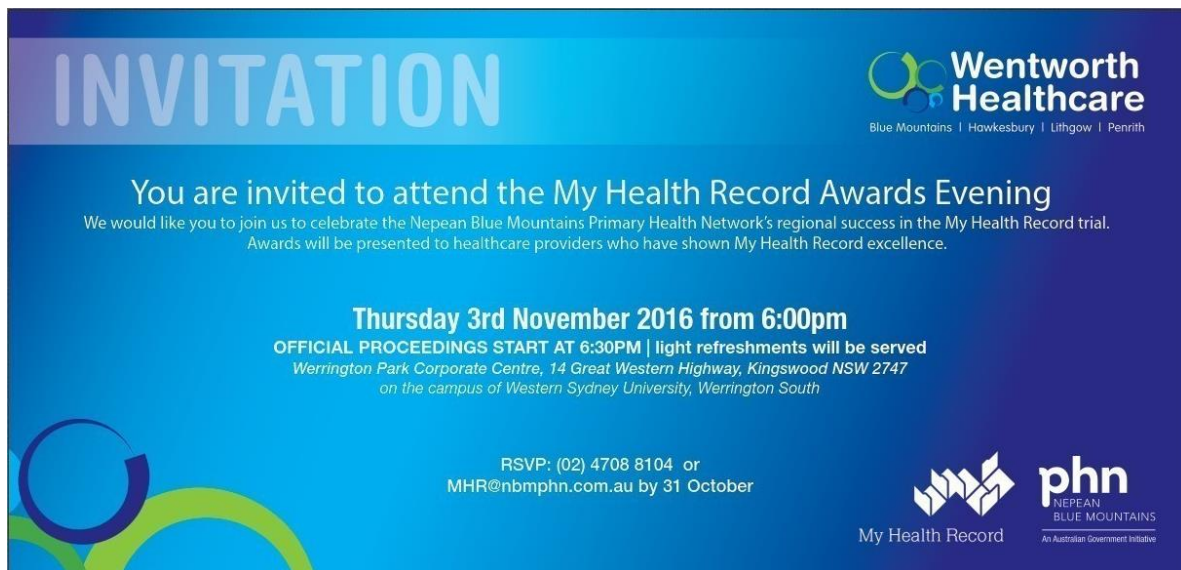
PLACE: PENRITH RSL

RSVP: 15TH SEPTEMBER, 2016

We would like to thank you for your time and commitment to uploading Shared Health Summaries.



Appendix VIII: Invitation to My Health Record Awards Evening



INVITATION

Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

You are invited to attend the My Health Record Awards Evening
We would like you to join us to celebrate the Nepean Blue Mountains Primary Health Network's regional success in the My Health Record trial.
Awards will be presented to healthcare providers who have shown My Health Record excellence.

Thursday 3rd November 2016 from 6:00pm
OFFICIAL PROCEEDINGS START AT 6:30PM | light refreshments will be served
Werrington Park Corporate Centre, 14 Great Western Highway, Kingswood NSW 2747
on the campus of Western Sydney University, Werrington South

RSVP: (02) 4708 8104 or
MHR@nbmphn.com.au by 31 October

My Health Record
phn
NEPEAN
BLUE MOUNTAINS
An Australian Government initiative

Appendix IX: Shared Health Summary Individual Upload Tally Sheet

PRACTICE NURSE NAME: _____

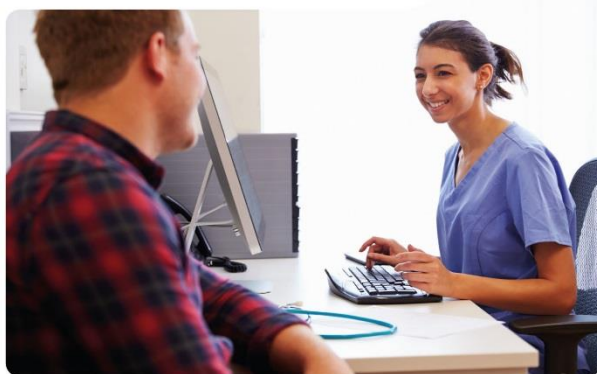


SHARED HEALTH SUMMARY INDIVIDUAL UPLOAD TALLY FOR MAY

1	2	3	4	5	6	7	8	9	10	LEVEL 1 Upload 20 Shared Health Summaries to receive a level 1 incentive
11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	LEVEL 2 Upload 50 Shared Health Summaries to receive a level 2 incentive
31	32	33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	49	50	
51	52	53	54	55	56	57	58	59	60	LEVEL 3 Upload 90 Shared Health Summaries to receive a level 3 incentive
61	62	63	64	65	66	67	68	69	70	
71	72	73	74	75	76	77	78	79	80	
81	82	83	84	85	86	87	88	89	90	

Appendix XI: Newspaper Advertising for Community Forums

My Health Record is in the Blue Mountains



- Like most people in the Blue Mountains, you'll have a My Health Record automatically created for you, but if you don't want one, just let us know by **27 May 2016**.
- It is a summary of your important health information - medical conditions, medications, allergies and immunisations.
- It is **safe, secure** and **protected by law** - you control your record and who sees it.

To let us know or to find out more, visit www.myhealthrecord.gov.au, call **1800 723 471** or visit a **Medicare Service Centre**

My Health Record Public Forums

Experts will explain what My Health Record means for you and answer your questions.

Wednesday 4 May
6.00pm - 8.00pm
Blue Mountains Theatre & Community Hub
104 - 108 Macquarie Road, Springwood

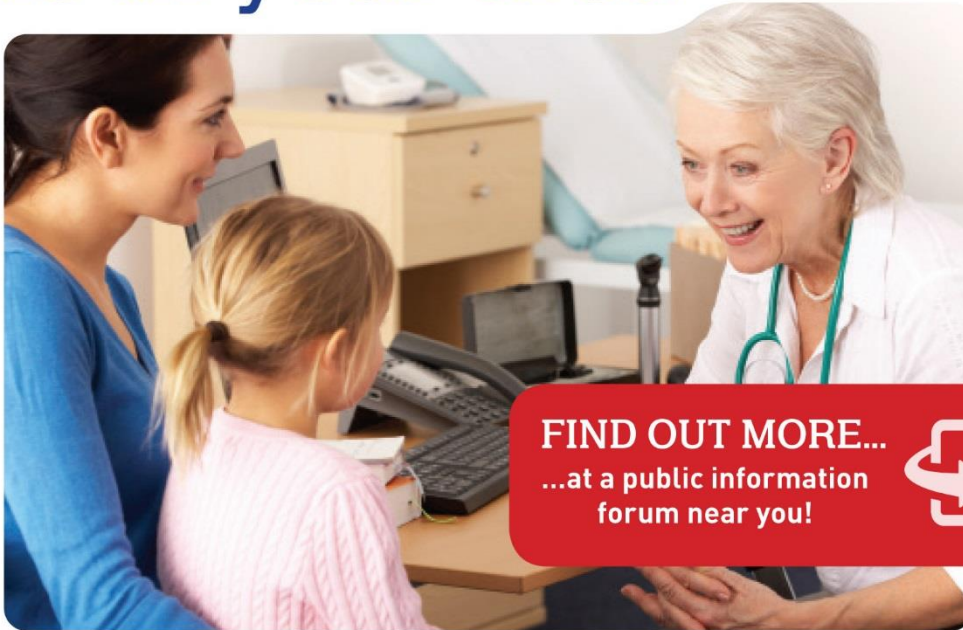
Thursday 5 May
2.00pm - 4.00pm
Blue Mountains Cultural Centre
30 Parke Street, Katoomba

Register your interest at:
mhrforum@nbmphn.com.au
Or for more information visit
www.nbmphn.com.au/MyHealthRecord



Appendix XII: Flyer (front and back) for Community Forums

My Health Record is in your area



FIND OUT MORE...
...at a public information
forum near you!



- If you live in the Blue Mountains, Lithgow, Hawkesbury or Penrith you'll have a My Health Record automatically created for you, but if you don't want one, just let us know by **27 May 2016**.
- My Health Record is a summary of your important health information - medical conditions, medications, allergies and immunisations.
- My Health Record is **safe, secure** and **protected by law** - you control your record and who sees it.

To let us know or to find out more, visit
www.myhealthrecord.gov.au, call **1800 723 471**
or visit a **Medicare Service Centre**



My Health Record

My Health Record Public Forums



My Health Record

Experts will explain what My Health Record means for you and answer your questions.

Blue Mountains

Wednesday 4 May
6.00pm - 8.00pm
Blue Mountains Theatre
& Community Hub
104 - 108 Macquarie Road,
Springwood

Thursday 5 May
2.00pm - 4.00pm
Blue Mountains
Cultural Centre
30 Parke Street, Katoomba

Hawkesbury

Wednesday 11 May
6.00pm - 8.00 pm
Windsor RSL (Windsor Room)
36 Argyle Street,
South Windsor

Penrith

Thursday 12 May
2.00pm - 4.00pm
Penrith RSL (Macquarie Room)
8 Tindale Street

Lithgow

Tuesday 17 May
2.00 pm - 4.00pm
University of Notre Dame
(School of Medicine)
2B Col Drewe Drive



My Health Record

Appendix XIII: Case Study: Ray and Lorraine Gardner

How My Health Record works for us



Ray & Lorraine Gardner - North Richmond

A decade of travelling vast distances and rugged terrain both in Australia and overseas has taught Ray & Lorraine Gardner to be prepared. Before setting off, their motorhome is checked for mechanical issues, food and water supplies are stocked, their phones are charged and their My Health Record information is up to date.

The retired couple from North Richmond signed up for the Personally Controlled Electronic Health Record (PECHR) as it was then known in 2012. Since then, they have shared the record with their local GP, Dr Michael Crampton, so he can add health information that can assist GPs or healthcare professionals in other states.

Now known as the My Health Record, the online health information is on the top of their travel preparations checklist. With a myriad of chronic health conditions between them ranging from diabetes to melanoma, a back fusion, a nerve operation and a penicillin

allergy, they know that their health records are the key to other healthcare professionals being able to treat them effectively when they're away from home. Their My Health Record is almost as valuable as taking their long-time trusted GP on holidays with them!

'Dr Crampton is a fabulous GP but we can't take him with us. My Health Record means he is never far away,' says Ray.

From as far away as Fremantle when a rash broke out, to Sale where Lorraine needed intravenous antibiotics to Albany where blood tests were required, the online health information summary means information can be viewed securely online, anywhere, anytime.

"You don't need to worry about having to remember and repeat your health history like medicines, details of conditions and so on when you go to other doctors," Lorraine says.

"Our health history travels with us. It gives us peace of mind so we can get on with enjoying the journey."

To find out more, visit www.myhealthrecord.gov.au, call 1800 723 471 or visit a Medicare Service Centre

Appendix XIV: School newsletter insert advertisement

Your Child's Important Health History, in One Place.



- If you live in the Blue Mountains, Lithgow, Hawkesbury or Penrith you and any dependants listed on your Medicare card, or individuals for whom you are the nominated carer will have a My Health Record automatically created, but if you don't want one, just let us know.
- My Health Record is a summary of your important health information - medical conditions, medications, allergies and immunisations.
- My Health Record is **safe, secure** and **protected by law** - you control your record and who sees it.
- You can apply to access and manage your child's My Health Record online. When your child is over the age of 14 years old, they can apply to manage their own record.

To let us know or to find out more, visit
www.myhealthrecord.gov.au, call **1800 723 471**
or visit a **Medicare Service Centre**



Appendix XV: Sample email – Playgroup NSW (targeted to our region)

Email not displaying correctly? [view online](#)



Message from
Playgroup NSW

Your child's important health information, in the one place



- My Health Record enables you keep track of your child's immunisations, developmental milestones and other important medical information.
- Doctors will be able to access it when they need to, like in the case of an accident or emergency.
- You can apply to access and manage your child's My Health Record and add information.

Appendix XVI: Sample email – Hawkesbury library

MY HEALTH RECORD

[View this email in your browser](#)



Community Information – My Health Record

A Wentworth Healthcare representative will be at the library between 10am and 12.3pm on the following dates with information about the new [My Health Record](#), a digital snapshot of important health information about a person, that can be shared among their health care providers.

Please just turn up, no need to make a booking.

17th November Richmond Library

21st November Windsor Library

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

Level 1, Suite 1, Werrington Park Corporate Centre
14 Great Western Highway, Kingswood NSW 2747
Post to: WHL, Bldg BR, Level 1, Suite 1,
Locked Bag 1797, Penrith NSW 2751
www.nbmphn.com.au | 02 4708 8100



Australian Government



Wentworth Healthcare Limited (ABN 88 155 904 975) as Nepean Blue Mountains PHN.

www.nbmphn.com.au/reports

© 2017 Wentworth Healthcare Limited 224_1217