PRIMARY Pulse

AUTUMN 2018

MyHR

The future in our hands

PAGE 4

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An Australian Government Initiative

A new voice for primary health care

Welcome to issue five of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

Adj/Associate Professor
Chris Carter | CEO

BABIES INCUBATED IN ARTIFICIAL WOMBS, born with edited genomes giving them protection against genetic conditions and risks of disease. Health wearables that constantly monitor our internal environment, and can provide first aid and summon help in case of emergency. Non-invasive scans that can instantly diagnose any health condition and automatically prescribe treatments and medications.

"No matter how advanced technology becomes, best health practice will always have human interaction and engagement at its heart."

While health technology and research has come a long way in recent times, all the above remain firmly in the realm of science fiction – for now at least. But science and technology have shaped the practice of medicine throughout history, and new advances are changing the definition of what is possible in health care every day.

In this issue we look at a health technology initiative that's somewhat less futuristic than the examples above, but could have an equally large health impact on health delivery. My Health Record, or MyHR for short, promises to provide everyone in Australia with a reliable, usable and universal health record that can be accessed and updated by all the health professionals responsible for their care.

It's not the first push to get everyone using an online health record, but this time the system will be opt-out, guaranteeing almost all Australians will have a MyHR before the end of the year. Our feature on page four explores the potential benefits of the system, as well as some of the barriers that have been holding back more meaningful use by patients and practitioners.

No matter how advanced technology becomes, best health practice will always have human interaction and engagement at its heart. Likewise, we can only be successful in our mission to improve the health outcomes of our community if we directly engage with that community, and let their experiences and needs guide our work.

One of the key ways we do that is through our Community Advisory Council, who have been working alongside us since our early days as a PHN. Turn to page 12 for an in-depth profile of our Council and the major projects they have helped us deliver for our region.

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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to the owners past and present.

Editor: Jeremy Kennett

In this issue

We have also recently completed our Health Needs Assessment (HNA), a major piece of work undertaken every year, that helps us identify the key health needs in our region and develop our priorities to meet those needs. The full HNA will be released on our website soon; but you can get a preview of some of the most notable data in our centre map spread, broken down by Local Government Area.

That's all for this issue, but as always if you have any questions, comments or concerns about anything you read in this magazine or our work in general, please do get in touch either at (03) 9347 1188, at nwmphn@nwmphn.org.au or via our website at nwmphn.org.au.

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Front cover:
Dr Jill Tomlinson
Photo: Penny Stephens

Photo: Penny Stephens

Australian Digital Health Agency CEO Tim Kelsey says digital health is a potential life saver

Photo: Australian Digital Health Agency

Benefits and barriers as My Health Record comes of age

After much time and effort getting established, Australia's electronic patient health record system is set for game-changing year as it moves to an opt-out registration system. But will this be enough for the potential benefits of the system to be realised?

— Jeremy Kennett reports

IT HAS BEEN NEARLY SIX YEARS SINCE the launch of Australia's e-health record system on 1 July 2012, when it was known as the Personally Controlled Electronic Health Record, or PCEHR for short. It's fair to say it failed to garner much public attention at the time, and raising awareness and encouraging meaningful use of the system has been an ongoing battle since then.

The two main original proponents of the system, the National E-Health Transition Authority and Medicare Locals, have both gone; replaced by the Australian Digital Health Agency and Primary Health Networks respectively. The system itself has been reformed and rebranded, shedding the clunky PCEHR title to become My Health Record (MyHR).

But the mission has remained the same – creating a central, lifelong depository that allows a person's important health information to be easily accessed and updated by all their current and future health care providers, when and where they need it.

5.5 million individual registrations, more than 10,000 health care provider registrations and around 4.5 million uploads of clinical documents show that there has been some success in convincing people to set up a record and use the system. But most people still don't have a MyHR, and many providers use the system rarely, if at all.

Plastic, reconstructive and hand surgeon Dr Jill Tomlinson is a regular user of the MyHR system, but knows that she is the odd one out among her colleagues.

"There are many reasons other specialists haven't taken the plunge yet, and many perceived and actual barriers to MyHR use. It takes time and energy to apply to access MyHR, to set up your IT system to access MyHR and to learn how to use it, and most doctors are time-poor."

Dr Tomlinson said one way to overcome this would be through financial incentives for specialists to use the system, similar to the practice incentive payments available to general practitioners. Dr Tomlinson began using MyHR in her practice

after receiving a grant from medical indemnity insurer Avant Mutual, which allowed her to dedicate the time needed to start using the system.

A lack of compatibility between MyHR and some brands of medical software may also be holding some providers back. The Australian Digital Health Agency (the Agency) acknowledges that some providers may not be able to use the MyHR system, or enjoy full functionality, through their current clinical information software (CIS). The Agency is encouraging all providers to upgrade to the latest version of their CIS to ensure their system can connect with MyHR, and benefit from new innovations being added to the system, such as increased pathology and diagnostic imaging report capabilities.

Being able to use MyHR will become more important for all providers this year, as the move to an opt-out system for patient registration means almost all Australians will soon have a MyHR. The Agency is preparing for the national roll-out by implementing a range of improvements, including streamlining the registration process for healthcare organisations (who will still need to register for and connect to the system to participate) and working with the clinical software vendors to upgrade their products to integrate with the system.

The Agency is also partnering with Primary Health Networks and other stakeholders to deliver face-to-face education and training to healthcare providers, to help those who have not been using the system get up to speed.

Australian Digital Health Agency CEO Tim Kelsey said the implementation of MyHR nationally this year will deliver a system that provides universal functionality, clear and concise content and critically, a safe and secure clinical health service for all Australians.

The list of potential benefits of the MyHR system highlighted by the Agency is long, including better access for providers to health information wherever treatment is taking place; improved safety through listing of allergies, adverse reactions and medical conditions; and greater convenience for patients, who won't have to remember and repeat their entire health history with different or new healthcare providers.

On a day to day basis, the MyHR system promises to deliver what many people would already expect to be the case – that their health information should be available to them and all their approved health providers, whenever and wherever they need it.

In an emergency situation, especially when a patient is unable to communicate, the benefit of having reliable health information immediately accessible through a MyHR could literally be the difference between life and death.

"My Health Record can reduce the risk of medical misadventures by providing treating clinicians with up-to-date information," Mr Kelsey said.

"The benefits of digital health for patients are significant and compelling. Digital health can improve and help save lives."

While the benefits of the MyHR system may seem obvious, a number of concerns have also been raised, particularly around the security of the information being uploaded to individual MyHRs.

Dr Tomlinson says some of her patients have raised significant privacy concerns about the system, and that they are likely to opt-out of having a record. But she has also managed to allay the concerns of others, who believed that their personal information would be available online to anyone with a simple username and password.

"It has been a relief to them to know that the system isn't that basic and that even my administrative staff cannot determine if they have a MyHR, let alone read it."

Other concerns have been voiced about the risks of providers relying on the information in a MyHR, without taking a medical history from the patient themselves. Dr Tomlinson says she only uses the MyHR as a starting point when investigating a patient's history.

"MyHR doesn't supplant my direct communication with referring general practitioners," she said.

Now more than a year in to her own MyHR journey, Dr Tomlinson says the biggest benefits promised by the system are still out of reach. But she is confident that giving everyone in Australia a MyHR automatically will provide the momentum needed for the system to flourish.

> ***"The benefits of digital health for patients are significant and compelling. Digital health can improve and help save lives."***
>
> TIM KELSEY

"At this stage most patients do not have much information listed in their MyHR, which certainly limits the usefulness of the system, but that is changing steadily," Dr Tomlinson said.

"As a hand surgeon I'm very excited by the prospect that in future years I won't have quite so much trouble trying to track down patient radiology results."

"If patients have a MyHR and their radiology report is routinely uploaded to MyHR that will allow me to readily identify which radiology provider portal I need to log in to see the images, saving me and my practice staff the hassle of trying to phone around and get reports urgently faxed to the practice during a consulting session."

"I am pleased to say that one of the hospital networks that I operate at, Ramsay Health, offers patients the option of a discharge summary upload to MyHR, so gradually the MyHR reach is expanding. Currently none of the radiology or pathology providers that I use upload results to MyHR but I know it's only a matter of time before those uploads will commence."

Dr Tomlinson has also found becoming more familiar with the MyHR system has been a positive in and of itself, given the increasing role the system will take in medical practice in Australia over the coming years.

"A benefit for me has been getting to understand MyHR – what it is, and what it is not. There are a large number of misconceptions about MyHR, including who can access it, how it is accessed, what information can be uploaded, what information is routinely within a patient's MyHR, and what the role of MyHR is."

"Using the system has given me a great understanding of where the technology is currently at, and the capabilities and limitations of the system. It comes in handy when I see or hear inaccurate information about MyHR, as I can provide an informed opinion."

A MyHR will be automatically set up for every Australian later this year, following a three month opt-out period where individuals will be able to choose not to have a record. North Western Melbourne Primary Health Network will be providing training for providers in using the MyHR in their practice and with their patients throughout the year.

Information on how patients can opt-out of the system will be provided as soon as it is available. You can get more information about MyHR by getting in touch with our MyHR team at MyHR@nwmphn.org.au

To stay informed of the latest MyHR news and training, as well as many other health topics and useful practice information, you can subscribe to our fortnightly newsletter – Network News. Please visit nwmphn.org.au/subscribe

My Health Record in brief

- Launched on 1 July 2012, under the name Personally Controlled Electronic Health Record.
- Designed to be a lifelong depository of health information, which can be accessed, used and updated by an individual and all their current and future health providers.
- Name changed to My Health Record in 2015, shift to an opt-out system of registration announced.
- 5,589,716 individuals currently registered for My Health Record, representing approximately 23 per cent of the population.
- Young people are more likely to be registered than older people – 36 per cent of people under 20 have a MyHR, compared to only 14 per cent of people over 65.
- 10,754 healthcare provider registrations, including 6,311 general practices and 793 public hospital organisations.
- 4,689,698 clinical documents have been uploaded to the system, as well as 162,337 consumer documents.
- NWMPHN is currently assisting pharmacies in our region to register to upload dispensing information to the MyHR, as well as giving them access to patients records to assist in their care.
- MyHR will move to an opt-out system later in 2018, with everyone in Australia to be provided with a record unless they choose not to have one.
- A three month 'window' to opt-out of the system, along with information on how to opt-out, will be announced soon.

Dr Jill Tomlinson says she has learnt a lot from using MyHR

Photo: Penny Stephens

"There are a large number of misconceptions about MyHR, including who can access it, how it is accessed, what information can be uploaded, what information is routinely within a patient's MyHR, and what the role of MyHR is."

DR JILL TOMLINSON

Health Needs Assessment Snapshot

Macedon Ranges

- High number of deaths from suicide and self-inflicted injuries
- Low avoidable deaths – respiratory conditions

Moorabool

- High rates of positive bowel cancer screening results
- High Aboriginal population as proportion of total population

Melton

- High levels of high to very high psychological distress
- High fully immunised rate for five year olds

Brimbank

- Very high rates of diabetes
- Low hospitalisation for cancer

Maribyrnong

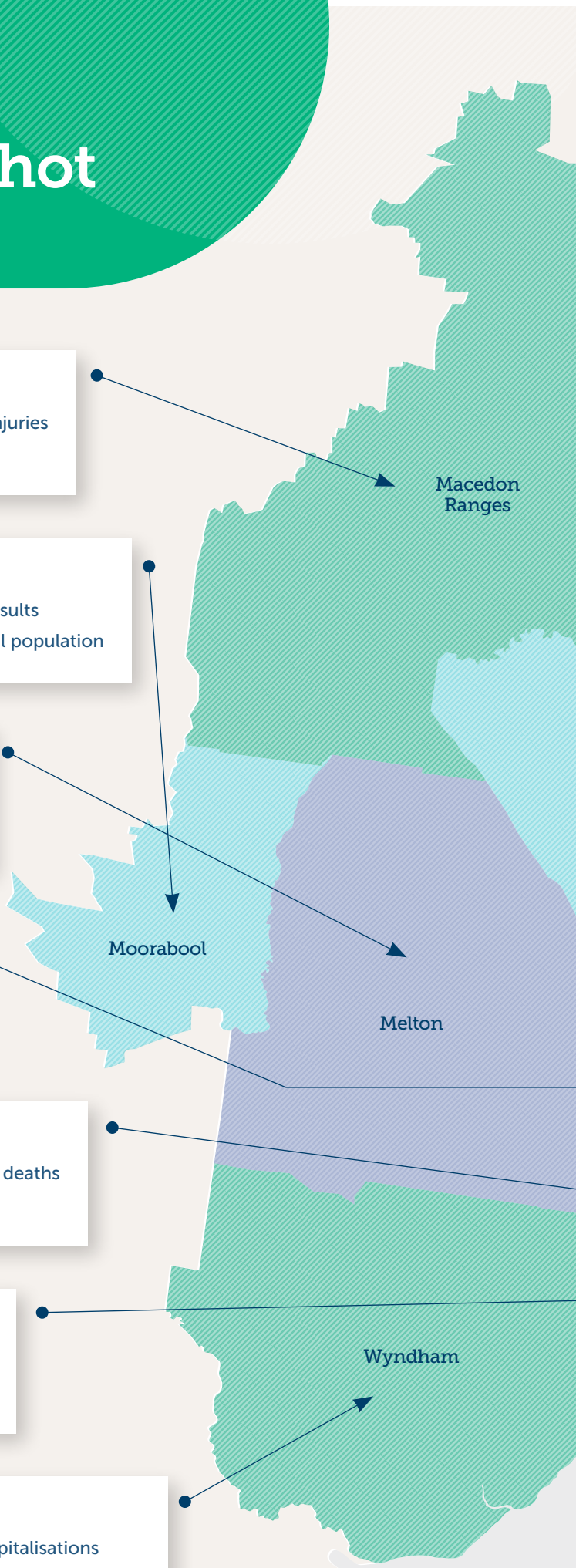
- High circulatory system conditions – prevalance and deaths
- High year 12 completion rates

Hobsons Bay

- High rates of avoidable deaths from cancer
- High childhood immunisation

Wyndham

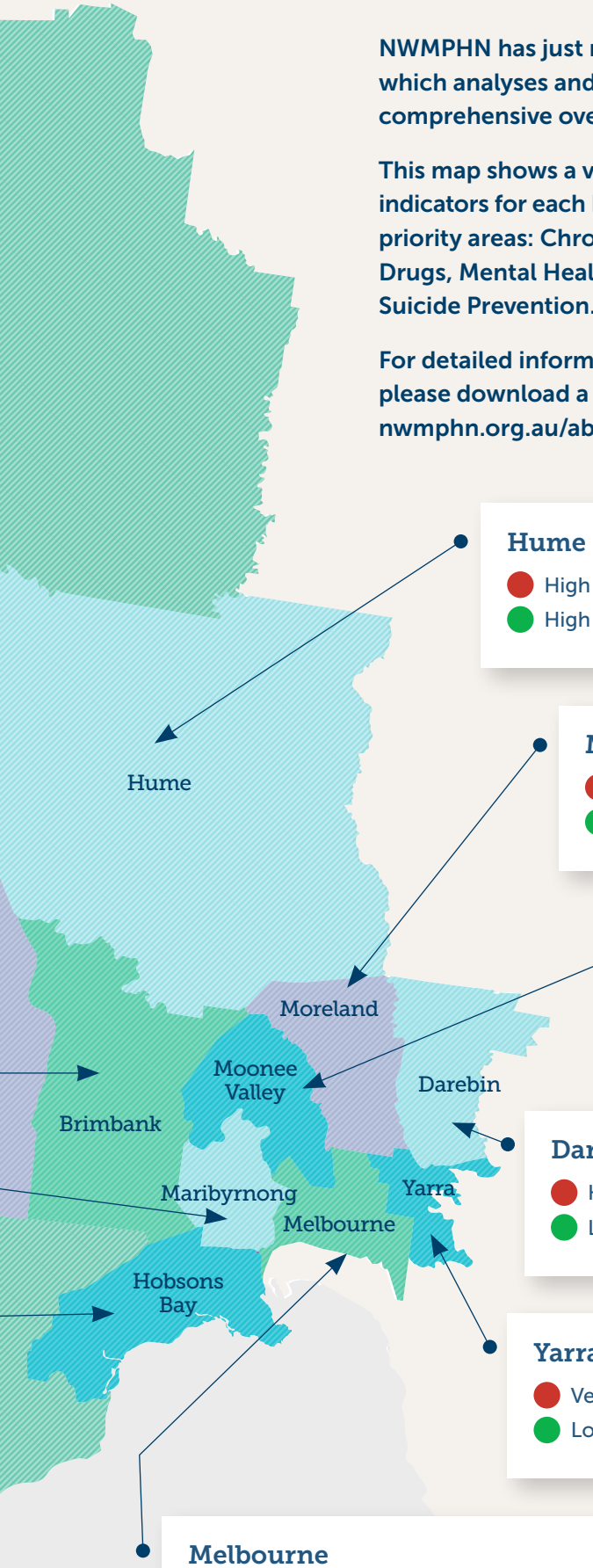
- High potentially preventable hospitalisations
- Low hospitalisation for mental health conditions



NWMPHN has just released the 2018 Health Needs Assessment (HNA), which analyses and collates health data from multiple sources to provide comprehensive overview of the health of our region.

This map shows a very small sample of some of the hundreds of health indicators for each Local Government Area, through the lens of our six priority areas: Chronic Disease, Children and Families, Alcohol and other Drugs, Mental Health, Aboriginal and Torres Strait Islander Health, and Suicide Prevention.

For detailed information about the health issues facing our region, please download a full copy of the HNA at: nwmphn.org.au/about-nwmphn/key-documents



Hume
- High rates of alcohol related assaults
- High use of GP mental health care plan

Moreland
- High prevalence of depression and anxiety for women
- Low number of deaths by suicide

Moonee Valley
- High admissions for depression
- High percent of school leavers in higher education

Darebin
- High admissions for cancer related conditions
- Low numbers of children in low income or welfare dependent families

Yarra
- Very high heroin related ambulance attendance and hospitalisation
- Low childhood obesity

Melbourne
- Very high alcohol related assaults
- Very low obesity

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Funded by North Western Melbourne Primary Health Network (PHN), CAREinMIND Wellbeing Support Service is delivered by On the Line.

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Profile

Dr Nick Rhodes

PRACTICE LEVEL

Tell us something about you and your practice?

I'm a UK-trained GP who moved to Melbourne in 2014. After completing my training in general practice I worked as a cruise ship doctor for six months and toured around Australia and New Caledonia. During that time I made several visits to friends working in Australia who convinced me that Melbourne should be my next move. Although the ship experience was interesting I missed the variety of general practice and even the structure of day to day life.

After moving here I worked in Sunshine for two years until I moved to my current practice at Modern Medical Caroline Springs. I enjoy working as part of a large general practice team where you can draw on each other for knowledge and support.

What do you enjoy most about your work?

I love the variety of general practice and how it allows you to develop interests that complement clinical work. I am passionate about medical education and enjoy teaching medical students from Melbourne University on a regular basis. I find the students here to be so driven and they definitely keep you on your toes; I'm sure I learn as much from them as they do from me.

What are you most interested in at the moment?

Having just started a new role as a HealthPathways clinical editor I am really enjoying the new and different challenges that the role offers. It's very different from the pressures of clinical work but I am enjoying the opportunity.

What would you like to change in the health sector?

One of the frustrations I have found with working as a GP here is trying to care for patients who use multiple providers. GPs are experts in co-ordinating care and chronic disease management but this can be tricky when people dip in and out of care at multiple locations. I do think there is some merit to the Health Care Homes model and would fully support a model that enables us to provide better holistic care for our patients, particularly those suffering from chronic conditions.

How would you like NWMPHN to help change things – for you and your practice, or practices in general?

I feel very privileged that my training and experience has given me the opportunity to live and work in different health economies. Having worked in the NHS for many years I truly believe in universal free healthcare. There is no perfect system but I do believe that by clinicians taking greater responsibility for commissioning of services, advances can be made in reaching a system that is equitable for all.

Photo: Leigh Henningham

Community comes first

Peak Community Advisory Council profile

Working with our community is a crucial part of our efforts to strengthen primary health care and connect services across the health care system. One of the most important ways we collaborate with community representatives and leaders is through our Peak Community Advisory Council.

— Ruby Selwood-Thomas reports

The Community Advisory Council (the Council) is an advisory committee of the North Western Melbourne Primary Health Network Board, and plays an integral role in helping to direct our work and ensure our activities are connected to and supported by the communities in our catchment.

The Council gives advice on issues such as improving the relevance of care and care settings, population health priorities, efficient use of existing health and community resources, and improving health outcomes along with the health care experience.

Currently the Council has eight members, each of whom reflect different voices in our region. These members are appointed for their individual skills and experience in community engagement, representing the interests of the community at large, rather than the interests of their employing organisations.

Nancy Hogan has been Chair of the Community Advisory Council since its establishment in 2015 and is also a member of the NWMPHN Board. She says the Council has been integral for NWMPHN to better understand how to engage the community in its work.

"We've brought together an excellent group of diverse providers in the region, who have all been able to contribute to the Council based on their considerable experience in working with the community," Ms Hogan said. "I think what we have contributed to is a better understanding of consumer engagement when we're preparing our proposals for commissioning.

Long standing Council member Helen Dickinson says she initially joined due to her passion for community engagement and her eagerness to work with NWMPHN.

"The opportunity to work with a group of skilled individuals who are passionate advocates for community engagement is a true privilege," Ms Dickinson said.

"Every time we meet I come away with new ways of thinking or insights into best practice in community engagement and I'm reinvigorated by the beliefs and values of those that I get to serve on the Council with. My role with the Council also keeps me close to what is happening in terms of primary care reform and working alongside some great colleagues from the PHN."

Ms Dickinson said that effective community engagement by primary care organisations is a crucial component in developing health care systems that work for individuals and groups.

"When done well, community engagement can have enormous impacts on designing and delivering the kinds of services that work for people. However, I also know that community engagement is difficult to do and when not done well can be a waste of precious resources and even detrimental to the health and wellbeing of those involved.

North Western Melbourne Primary Health Network's Community Council on 1 March at their first meeting for 2018.

Front row, from left to right: Indigo Daya and Deb Carlon (on behalf of Maggie Toko), Maryanne Tadic, Danny Vadasz, Michal Morris, and Helen Dickinson.

Back row, from left to right: Marc Florio, Joanne Kenny, Nancy Hogan (Council chair) and Chris Gibbs.

Photo: Leigh Henningham

"I wanted to have a role with the Council to help bring my experience and expertise to an organisation that is truly passionate about the commissioning of high quality health services and engaging communities within their commissioning processes."

The Council acts as a focal point for regional community engagement and advocacy to support NWMPHN's objectives and work across the commissioning cycle. Chair Nancy Hogan says it has however required quite an involved process to get the Council to where it is today.

"It took some time for the federal government to create the framework for commissioning, so it was a process that we had to go through, and the process was a fairly steep learning curve for NWMPHN, the Community Advisory Council and the Clinical Advisory Council," Ms Hogan said.

"It was a very different way of approaching how services could be delivered and this meant that individuals were asked to think in new and creative ways and I think we have done that and we have responded in a very positive way."

Maryanne Tadic, another integral member of the Council, also believes the team has been successful in guiding NWMPHN around best practice in community engagement.

"I think the Council has made some great progress in understanding the catchment and community needs via the population health needs assessment, and is also working towards consolidating and solidifying a community engagement framework which will be incredibly useful across the catchment.

"The Council has also provided some pertinent perspectives and advice to commissioning frameworks, project proposals and various other works in progress."

Ms Hogan believes that this greater understanding and connection to the community view has changed not only how NWMPHN identifies needs and commissions services, but also how it sees itself and its ability to improve community health.

"I believe the Council has given the PHN an opportunity to reflect on how they've done their services in the past, how they can do them right now, and also set a framework for what will need to be done in the future.

"We're examining new and different ways of delivering services for people who have a mental health background, people who are homeless, new immigrants and refugees, and we're tackling some of the issues that have always been in the too hard basket for public health."

The Community Advisory Council had its first meeting of 2018 in February, and will be meeting again later in the year to continue their important work advising the PHN board.

Out & about

State Member for St Albans Natalie Suleyman MP was on hand to launch the pop-up shop

Photo: Ian Currie

Let's Talk About Cancer

Pop-up shop launch

Sunshine Plaza was buzzing on a recent Wednesday morning as local health workers, community members and volunteers came together for the launch of the *Let's Talk About Cancer* pop-up shop.

Natalie Suleyman MP (pictured above) officially launched the community focused initiative, which aims to get people talking about cancer with their friends, family – and most importantly – their health professionals.

Brimbank Mayor Cr Margaret Giudice and Western Health Volunteer Manager Jo Spence also spoke at the event, each highlighting the importance of breaking down taboos around cancer in order to boost prevention and early detection.

The pop-up shop ran from 6 February to 2 March, with hundreds of local people coming in to talk with volunteers and trained cancer nurses about their risk factors, potential lifestyle changes and where they could get testing and more information.

Another Let's Talk About Cancer pop-up shop is being planned and will be coming to a new western suburbs location soon – stay tuned!

Doctors in Secondary Schools launch in Hoppers Crossing

The Grange P–12 College has become the latest school to join the Doctors in Secondary Schools program, opening a new clinic on campus where students will be able to access GP and nurse services one day a week.

12 schools in the NWMPHN region are now part of the program, with more set to come online in the coming months.

Nurse Katherine Lomas (left) and GP Dr Adam Smith (right) will provide care to students at the Grange P–12 College in Hoppers Crossing

Photo: Jeremy Kennett

Sponsoring Pride

For the second year in a row, North Western Melbourne Primary Health Network (NWMPHN) was proud to be a sponsor of the NAIDOC LGBTIQ float at this year's Midsumma Festival Pride March.

An annual celebration of arts, diversity and culture, the two-week festival has become a staple for the Aboriginal and Torres Strait Islander LGBTIQ community who last year led the march for the first time.

NWMPHN staff Christopher Schildt (left) and Nicki Russell (right) enjoyed the sun at Midsumma this year.

Office dog competition

Photo: Leigh Henningham

And in other news...we've entered our therapy dog Quinn into a competition to find Australia's best office dog. We think he's a shoe-in of course (just look at that grin!), but whatever happens he'll still be here, lightening our hearts with cuddles and love **#bemorelikeQuinn**

Improving health outcomes for everyone in our community

PRIMARY pulse

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