

***Your patient just asked ChatGPT about their results ... now what? Navigating AI-informed patients and the new My Health Record landscape***

**Wednesday 18 March 2026**

*The content in this session is valid at date of presentation*



## *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



# Housekeeping – Zoom Meeting



**All attendees are muted**



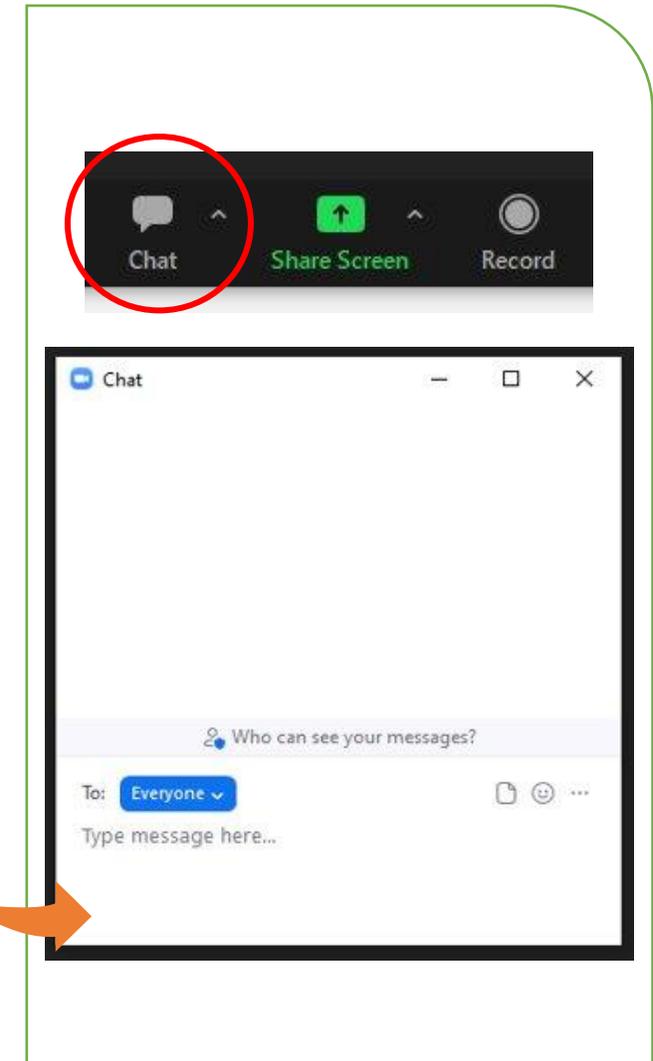
**Please ask questions via the Chat box only**

- Questions will be at the end of the presentation



**This session is being recorded.**

You will receive a link to this recording and copy of slides in post session correspondence.



# Housekeeping – Zoom Meeting

## Is your session name the same as your registration?

To ensure we can issue your certificates and CPD please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in).

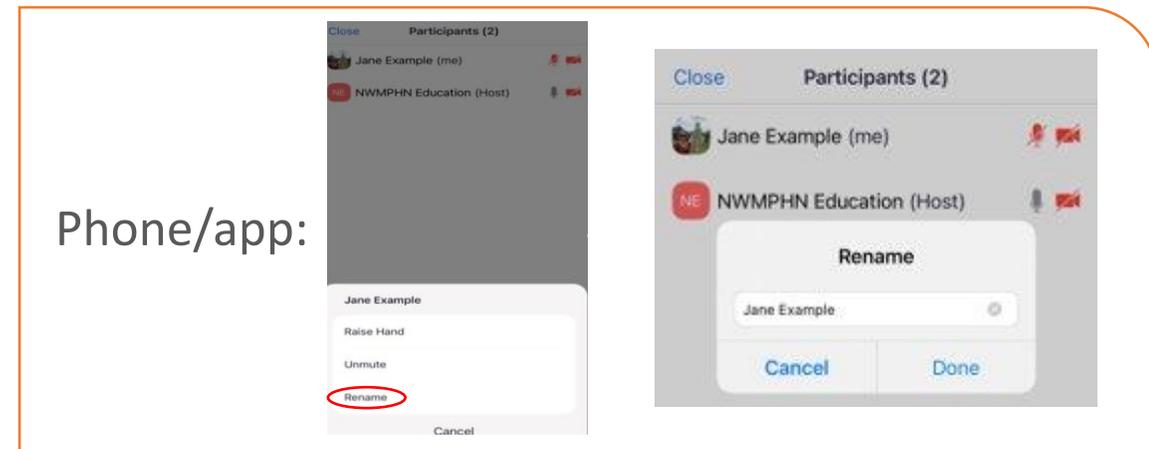
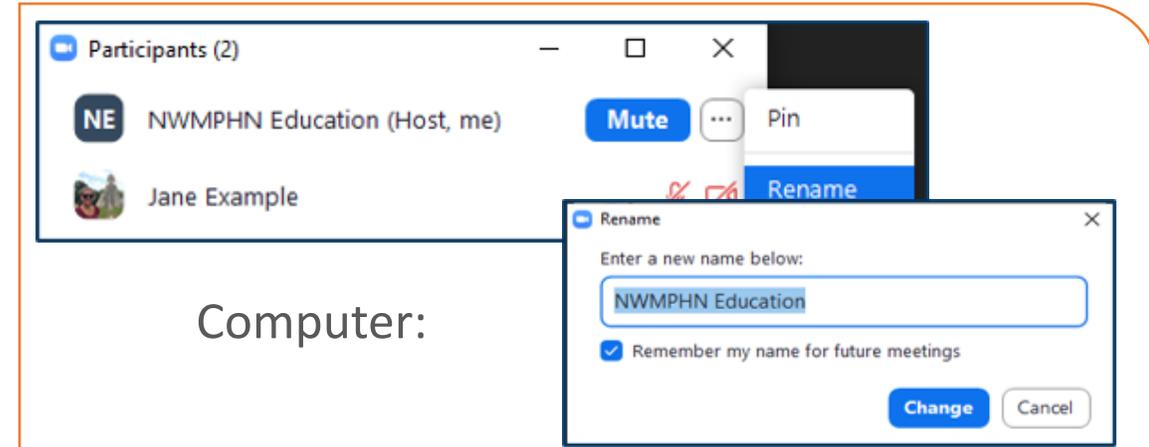
**Not sure if your name matches,** send a Chat message to 'NWMPHN Education' to identify yourself.



# Housekeeping – Zoom Meeting

## How to rename yourself

1. Click on **Participants**
2. If using
  - App:** click on your name
  - Computer:** hover over your name and click the 3 dots
  - Mac:** hover over your name and click More
3. Click on **Rename**
4. Enter the name you registered with and click **Done / Change / Rename**





# Welcome to HealthPathways Melbourne





### Localised Clinical Pathways

(Evidence-based guidance adapted for Melbourne clinicians)



### Referral Information

(Clear referral instructions for local health services and hospitals)



### Regular Updates

(Pathways reviewed and updated regularly by Clinical Editors)



### CPD Hours

(Track and record CPD activities directly through Pathway page)



### Collaborative Development

(Created by GPs, specialists, allied health and other health professionals)



### Easy Access

(Web-based platform, mobile-friendly for point-of-care use)



### Streamlined Workflow

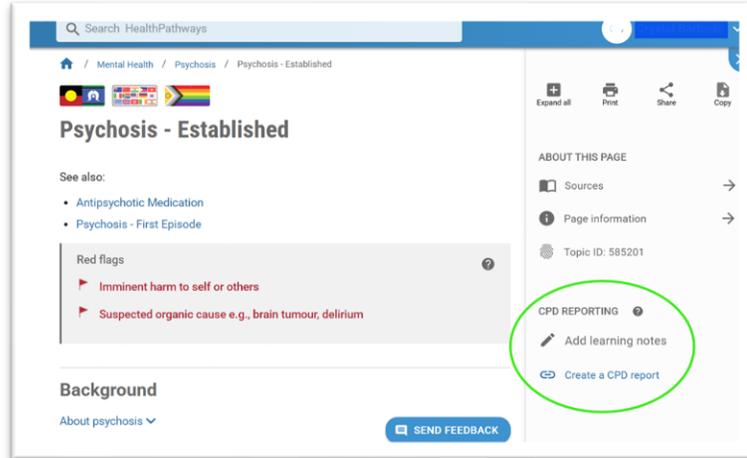
(Quick navigation with Assessment, Management and Referral sections all in one place)



### Free for Clinicians

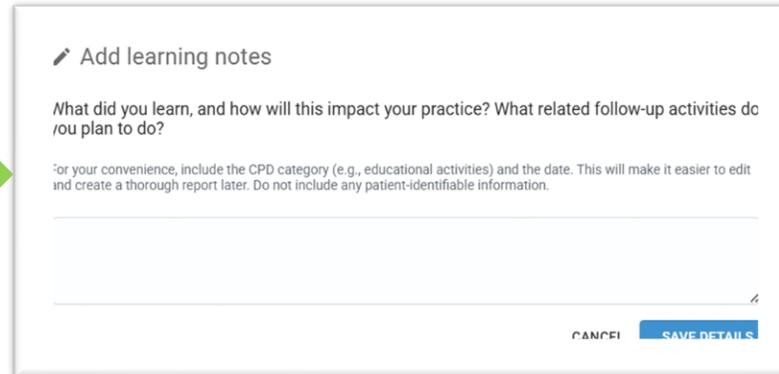
(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)

# Log CPD Effortlessly with HealthPathways CPD Reporting



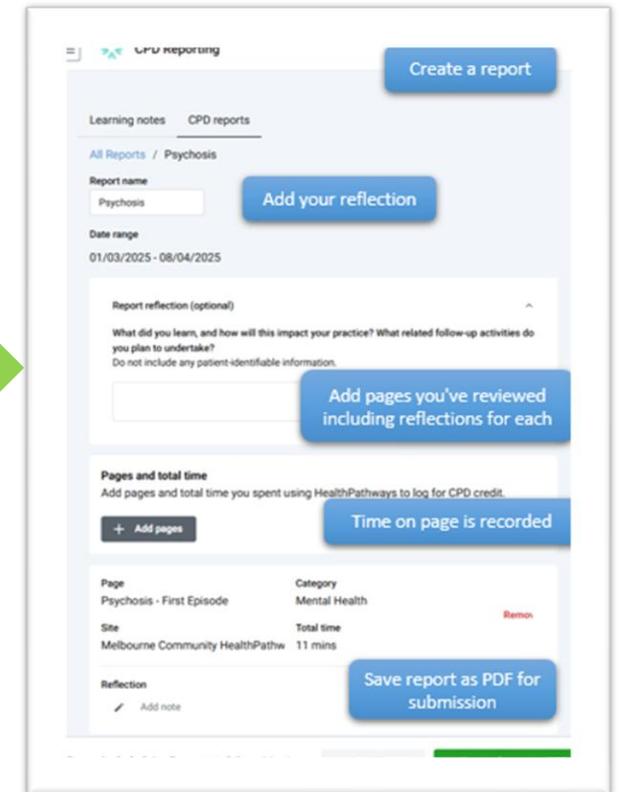
## Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click “**Add learning notes**” or “**Create a CPD report**” to begin tracking your CPD activity.



## Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.



## Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

For further information on the CPD reporting tool, please see these videos:

- [How to create a CPD report](#)
- [How to add learning notes](#)

# Search Pathway easily on HealthPathways Melbourne Homepage

Search bar for **quickly** locating clinical pathways and conditions



The screenshot shows the HealthPathways Melbourne homepage. At the top, there is a search bar containing the text 'Headache'. Below the search bar is a navigation menu with 'Melbourne' selected. The main content area features a large image of a female doctor and the text 'Melbourne HEALTHPATHWAYS'. Below this, there are sections for 'Latest News' and 'Pathway Updates'. On the right side, there is a list of quick-access links. A 'SEND FEEDBACK' button is located at the bottom right.

Browse clinical suites via left-hand menu, organised into easy to navigate categories

Essential **quick-access** links for latest updates, Pathway updates, clinical resources and MBS items

Click **'Send Feedback'** to add comments and questions about this pathway.

# Streamlined Navigation of Headache in Adults Pathway

All Sections in One Place: Assessment, Management, and Referral sections on a single page, making it easy for GPs to quickly navigate the entire clinical pathway without switching screens.

## Assessment

Headaches in Adults

**Practice point**

**Avoid unnecessary imaging**

A detailed history and basic neurological examination is usually enough to differentiate between benign and serious causes. Low-risk headaches generally do not require imaging to exclude a serious cause.

1. Take a detailed history. Look for:
  - [Worrying features](#)
  - Reassuring features:
    - Recurrent episodic headache with long history at presentation
    - No neurological deficit
    - Transient neurological symptoms, and occasionally signs, are common features of migraines
2. Assess for features of primary headaches:
  - [Tension-type headache](#)
  - [Migraine](#)
  - [Cluster headache](#)
  - [Other primary headaches](#)
  - [Medication overuse headache](#)
3. Screen for:
  - [secondary headaches](#)
  - [iatrogenic causes or contributors](#) and ask about over the counter medication use.
4. Suggest using a [headache diary](#) to identify [triggers](#), assess self-medication, and aid diagnosis.

## Management

Headaches in Adults

### Management

1. If patient identifies as Aboriginal or Torres Strait Islander, understand their [specific cultural and spiritual needs](#) when discussing and delivering treatment options, including eligibility for [Integrated Team Care \(ITC\) services](#).
2. If any [red flags](#), refer to [Emergency Department](#) immediately via ambulance because of the likelihood of an underlying [serious cause](#).
3. If suspected brain tumour, refer to a [neurosurgeon](#) linked to a multidisciplinary team within 24 hours.
4. For all primary headaches, avoid treatment with opioids, including codeine, due to the risk of medication overuse headaches.
5. Address any patient anxiety about serious pathology. Provide reassurance and offer [non-pharmacological management](#), including patient education.
6. If chronic headaches, monitor for [depression](#).
7. Establish triggers for avoidance.
8. Screen for and optimise other possible contributing factors e.g., [obstructive sleep apnoea](#), alcohol consumption, bruxism, adequate daily hydration, or [optometrist review](#) for refractive error.
9. Manage patients with primary headaches in general practice:
  - [Tension-type headache management](#)
  - [Migraine management](#)
  - [Cluster headache management](#)
  - [Medication overuse headache management](#)
10. If persistent or chronic secondary headache or orofacial pain, and consistent with [statewide referral criteria](#), consider referral to a [Health Independence Program](#) chronic pain service. See Pain Management Referrals.
11. Provide patient pain education, as this plays a key role in management.

## Referral

### Referral

- If any [red flags](#), refer to [Emergency Department](#) immediately via ambulance because of the likelihood of an underlying [serious cause](#).
- If severe intractable migraine attacks, or status migrainosus (a debilitating attack lasting > 72 hours) with significant vomiting and dehydration, refer to the [Emergency Department](#) for intravenous fluids and antiemetics.
- If suspected brain tumour, refer for [acute neurosurgery assessment](#) with access to multidisciplinary team care.
- Request [non-acute neurology referral](#) if:
  - concerning features on neuroimaging (excluding age-appropriate deep white matter hyperintensities).
  - frequent migraine impacting on daily activities despite prophylactic treatment for consideration of calcitonin gene-related peptide antibodies (CGRP) monoclonal antibodies (mAbs) (CGRP MABs) or Botox treatment.
  - migraine diagnosis is in doubt.
  - chronic or atypical headache unresponsive to medical management (tension headache, cluster headache, trigeminal neuralgia, medication overuse headache).
  - acute assessment is not required, but there are [indications](#) for further investigation.
- If severe refractory cases, refer for inpatient withdrawal via [non-acute neurology referral](#) or [chronic or persistent pain referrals](#).
- If prophylaxis for menstrual migraine is ineffective, consider [non-acute gynaecology referral](#).
- If persistent or chronic secondary headache or orofacial pain, and consistent with [statewide referral criteria](#), consider referral to a [Health Independence Program](#) chronic pain service. See Pain Management Referrals.
- If Aboriginal or Torres Strait Islander patient, offer referral to [specific Aboriginal and Torres Strait Islander services](#). For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral.

Click to Expand

Drop-down boxes appear throughout the pathway, click them to view supplementary information.

Click on the Links

Use the interactive links to open related pathways and resources

Case Study



**CASE STUDY 8:**

### HealthPathways and alcohol and other drugs management

The GP first meets Tony, a 53-year-old man, when he presents at the clinic with back pain. The GP is concerned that he may in fact be seeking drugs of dependence, as he exhibits some behaviours of concern:

- Exhibits unusual behaviour in the waiting room. Can be assertive, demanding immediate attention and action.
- Unusual appearance e.g., extremes of over-dressing or under-dressing.
- Gives evasive or vague answers to history questions.
- Reluctant or unwilling to provide information.

The GP consults the [Approach to Patients Seeking Drugs of Dependence](#) page for how best to approach the situation, and offers to provide further support. Tony re-presents a few weeks later and the GP uses the opportunity to explore his history, and assess more broadly for problem or risky substance use with the [ASSIST tool](#).

He tells his GP that he was initially prescribed opiates in the setting of acute pain, but his use escalated over time, and he now fulfils criteria for [dependence](#).

The GP uses the [Opioid Use and Dependence](#) page to further assess Tony's current and past use, and the effects of this use. The GP explores Tony's psychosocial history further and assesses his readiness to change.

phn EASTERN MELBOURNE  
phn NORTH WESTERN MELBOURNE

Monthly Bulletin



**HealthPathways**  
Melbourne

*Putting knowledge into practice*

[melbourne.healthpathways.org.au](http://melbourne.healthpathways.org.au)

Want access to HealthPathways Melbourne? [Register here](#) for your HealthPathways account for up to date guidance on clinical and referral pathways for a range of conditions.

### What you'll find in this edition

- HealthPathways Melbourne GP Mental Health Treatment Plan updates
- Statewide referral criteria news 1: dermatology
- Statewide referral criteria news 2: children's surgery and ophthalmology conditions
- Insight: HealthPathways Melbourne and Mercy Health
- Case study: Healthy travel preparation
- Case study: Assessing suspected melanoma

 Real clinical scenarios for everyday GP practice

- Concise, practical case studies designed to reflect real presentation in General Practice.
- Includes management summaries, pathway links and local service consideration for quick navigation.
- Access all case studies [here](#).



Monthly updates straight to your inbox

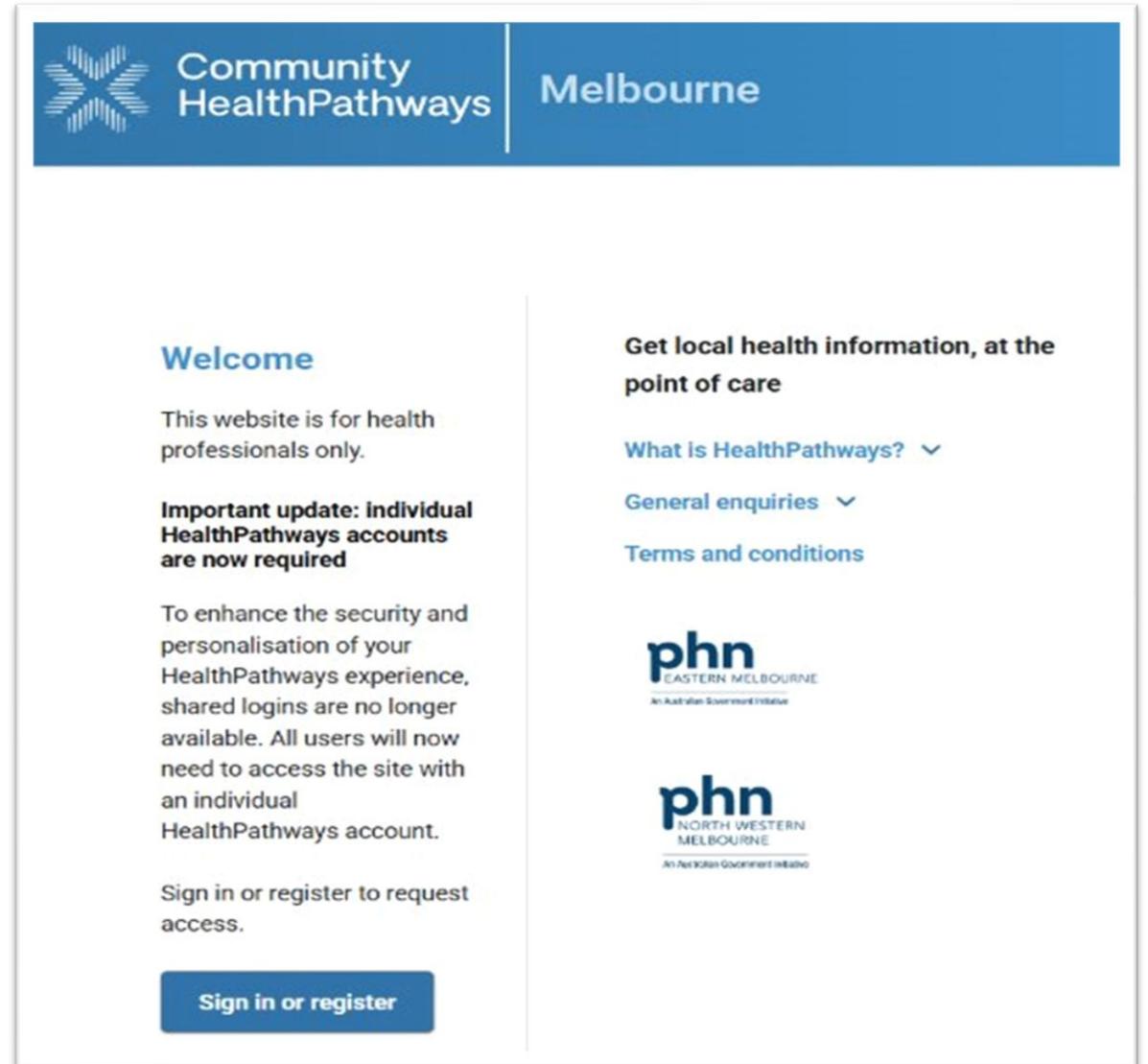
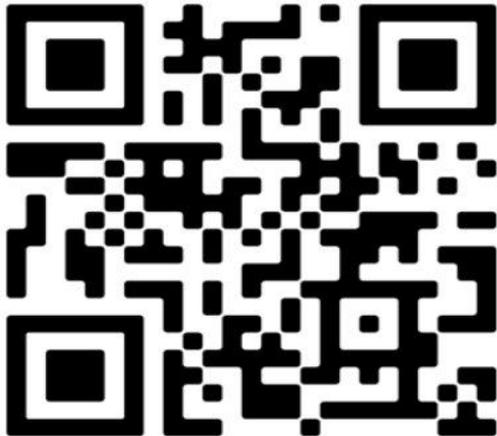
- Be the first to know about pathway updates, service changes, new case studies and employment opportunities

Subscribe to the HealthPathways Melbourne Monthly bulletin or contact us at [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

# Access Now: Sign In or Scan to Register

Please click on the [Sign in or register](#) button to create your individual account or scan the QR code below.

If you have any questions, please email the team [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

A screenshot of the HealthPathways Melbourne website. The header is blue with a white starburst icon and the text "Community HealthPathways Melbourne". The main content area is white. On the left, there is a "Welcome" section with a heading "Welcome" and a paragraph: "This website is for health professionals only." Below this is an "Important update: individual HealthPathways accounts are now required" section, followed by a paragraph explaining that shared logins are no longer available and individual accounts are required. At the bottom of this section is a blue button that says "Sign in or register". On the right, there is a sidebar with the heading "Get local health information, at the point of care" and three links: "What is HealthPathways?", "General enquiries", and "Terms and conditions". Below the sidebar are two logos for "phn" (Public Health Network) for Eastern Melbourne and North Western Melbourne, both noted as Australian Government initiatives.

# Speakers



## *Dr Janice Tan, GP & General Manager, Bupa Australia*

Janice leads initiatives that leverage emerging technologies and innovative models of care to democratise access to quality healthcare for both clinicians and consumers.

She continues to practice as a GP across NSW with clinical expertise spanning women's health, paediatrics, and mental health, maintaining frontline insight while driving digital health strategy. This dual perspective allows her to advocate for solutions that genuinely improve workflows, reduce inefficiencies, and enhance patient outcomes.

# Your Patient Just Asked ChatGPT About Their Results... Now What?

*Navigating AI-informed patients and the new My Health Record landscape*

Dr Janice Tan  
RACGP PTM-REC Member  
18<sup>th</sup> March 2026



RACGP

# Acknowledgement of Country



RACGP

# Today's 60 Minutes

0–5 min

## The New Reality

Meet Margaret — and the gap that's already in your consulting room

5–15 min

## The Reform Landscape

What changes from mid-2026, who must upload, and what patients can see — and when

15–30 min

## The Proactive GP

Ordering tests differently: setting expectations, defusing time bombs at the time of ordering

30–42 min

## Consulting with AI

Opportunities, limits, and a practical framework for the AI-informed patient

42–45 min

## Your 3-Step Toolkit

One memorable framework to use from your next consult onwards

45–60 min

## Q&A

Open discussion — seed questions provided

# Meet Margaret

*Our case vignette - she'll be with us all session*

**Margaret, 58, retired teacher. Well-known to you. Mild hypertension, on ramipril 5mg.**

You ordered a routine TFT panel at her last visit - TSH came back at 5.8 mU/L (ref 0.4–4.0).

Before you've had a chance to call her, she logs into My Health Record and sees the result. She opens ChatGPT and types:

**"My TSH is 5.8. ChatGPT said this is subclinical hypothyroidism. Do I need thyroxine?"**

She arrives at her appointment - informed, anxious, and convinced she has a diagnosis.



POLL: Has a patient arrived already having consulted AI about a test result? Yes / No / Not sure

SECTION 1

# The Reform Landscape

*What changes from mid-2026 and why it changes everything about ordering tests*



5 – 15 min

# Better & Faster Access: Three Big Shifts

*From mid-2026 - imminent, not hypothetical*

1

## Default Upload & No More Opt-In

Pathology and diagnostic imaging providers must upload results to My Health Record by default. The opt-in model is gone. Ordering = uploading.

2

## Simultaneous Patient Access

For many result categories, patients can access results at the same time as their GP... or potentially earlier. The buffer you relied on is narrowing significantly.

3

## Exceptions Are Narrow

Clinicians can flag results for delayed release (e.g. cancer diagnoses, sensitive tests) but this requires deliberate action. The default is open access.

# When Do Patients See Results?

*Access timeframes by result category — this is what determines your window to call first*

Result Category	Typical Access Window	GP Implication
Routine pathology (e.g. TFTs, FBC, lipids, HbA1c)	<b>Immediate on upload (same day or within hours)</b>	Patient may see before you call
Diagnostic imaging (X-ray, CT, MRI, ultrasound)	<b>Immediate on upload (often within 1–2 days)</b>	Radiologist report visible before GP review
Sensitive/flagged results (e.g. cancer, HIV, genetics)	<b>Delayed release - GP-controlled (requires clinician action)</b>	You must actively flag, not automatic
Results you haven't yet actioned	<b>Visible immediately regardless</b>	Patient can see the result before your review



**Key message: The "results pending, I'll call you" conversation needs to happen BEFORE ordering, not after.**

# Margaret — Vignette Check-in

Under the new reforms, Margaret's TSH result uploaded to My Health Record the same day it was processed by the lab. She had access before you reviewed it, before you called her - and before you'd decided what you were going to say about a borderline TSH of 5.8 in a 58-year-old woman.

She sees "TSH: 5.8 mU/L [H]" — and the word HIGH in the flag column, in **red**.



## Chat Prompt for Participants:

*"What do you currently say to patients when ordering pathology ... do you mention My Health Record or when they might see results?"*

*2 minutes - type in the chat*

SECTION 2

# The Proactive GP

*What to say when ordering tests - before the result lands without you*



15 – 30 min

# The Ordering Conversation: Three Things to Say

*Takes 30 seconds. Saves 15 minutes of damage-control at the follow-up.*

1

## Name the platform

*"These results will go onto your My Health Record - you'll be able to see them there, possibly the same day they come back."*

### WHY THIS WORKS

Normalises access. Prevents the 'why didn't anyone tell me?' moment.

2

## Contextualise in advance

*"If something looks out of range, don't panic - lab flags don't tell us whether something needs treatment. That's what the follow-up is for."*

### WHY THIS WORKS

Pre-empts anxiety. Plants the interpretation frame before the result is seen.

3

## Position the follow-up

*"Book a review in X weeks, that's when we make meaning of the numbers together, not before."*

### WHY THIS WORKS

Secures the clinical relationship as the right locus of interpretation.

# What Could Have Changed Everything for Margaret

## What Actually Happened

No mention of My Health Record at ordering

No context about what a borderline TSH means

No expectation set about when to expect a call

Result arrived — "TSH: 5.8 [H]" — Margaret Googled it

Anxiety, ChatGPT consultation, self-diagnosis

Appointment: patient convinced she needs thyroxine

## With the Proactive Conversation

"These will appear on your My Health Record"

"If something's flagged, don't worry - flags don't tell us about treatment"

"Book a review in 4 weeks and we'll go through it together"

Result arrives - Margaret sees the flag, remembers context

Still might Google it - but with a framework

Appointment: productive conversation, patient prepared



Think-Pair-Share (2 min): "What's one thing you could say tomorrow when ordering a test - using the three-step approach?" Share in chat.

SECTION 3

# Consulting With AI

*Opportunities, real limits, and how to consult effectively with the AI-informed patient*



30 – 42 min

# What AI Does Well... and Where It Has No Idea

*Understanding this helps you work with the patient, not against their research*

## Where AI Is Genuinely Useful

- Explaining medical terminology in plain English
- General condition overviews (what is subclinical hypothyroidism?)
- Helping patients formulate questions before their appointment
- Reducing health anxiety through normalising information
- Improving health literacy between visits
- Providing 24/7 availability when you are not accessible

## Where AI Falls Critically Short

- No knowledge of the patient's full context, history, or medications
- Cannot interpret results in the context of symptoms and examination
- Doesn't know what you were looking for when you ordered the test
- Can't distinguish 'statistically abnormal' from 'clinically significant'
- May reflect population statistics, not individual risk
- No accountability - and no therapeutic relationship
- Outputs also corresponding to how it was prompted

**The GP brings: clinical context + individual history + examination + therapeutic relationship. AI has none of these.**

# What ChatGPT Told Margaret



## ChatGPT Response (simulated representative output)

My TSH is 5.8. I don't have a thyroid issue - what does this mean for me in short?

A TSH of 5.8 mIU/L is slightly above the usual reference range (about 0.4–4.0 or 4.5 depending on the lab). In short, it means your body is asking the thyroid to work harder.

### What it usually means

- Mildly elevated TSH often suggests Subclinical hypothyroidism.
- This means:
  - TSH is a bit high
  - Thyroid hormones (T4/T3) are usually still **normal**
  - You may have **no symptoms**.

## What's accurate — and what's missing:



Factually reasonable: Definition is broadly correct.



Missing: Margaret's age, ramipril use, absence of symptoms, and your clinical reasoning for ordering.



Misleading: "Many doctors recommend treatment" — not at TSH 5.8 in an asymptomatic older woman.

# The AI-Informed Patient: What They Bring

*Approaching the appointment as collaboration, not correction*



## Increased health literacy

They've engaged with their health. They know what subclinical means. They're interested. Work with this energy, not against it.



## Better prepared questions

They've often formulated specific questions. This can be a gift, it focuses the consultation and signals what matters to them.



## Premature conclusions

They've arrived at a diagnosis. Your job is to hold this lightly and validate the curiosity while gently widening the frame.



## Population-level thinking applied personally

AI gives statistics. Your patient isn't a statistic. The shift from epidemiology to individual is yours to make... and only you can make it!



POLL: When a patient arrives having researched their condition with AI, my first instinct is... (A) Concern (B) Curiosity (C) Depends on what they found (D) I haven't encountered this yet

SECTION 4

# Your 3-Step Toolkit

*A memorable framework ready for your next consultation*

# The ACE Framework

For Every Consultation

A

## Acknowledge

*What did you find?*

Start by asking what they discovered before correcting anything. Show genuine curiosity about their research journey. This takes 60 seconds and changes the entire tone of the consultation.

TRY SAYING:

*"It sounds like you've been doing some reading on this. What did you come across? I'd love to hear what you found."*

C

## Contextualise

*What does this mean for you?*

Now add what AI cannot: your patient's individual context. History, medications, symptoms, examination, your clinical reasoning. This is where you shift from population statistics to this person.

TRY SAYING:

*"ChatGPT is giving you the general picture — let me add what I know about you specifically, which changes things significantly."*

E

## Empower

*Here's the plan — together*

Close by reinforcing the therapeutic relationship, confirming the plan, and giving them something concrete. Avoid leaving them with 'just watch and wait'... that's a Google spiral waiting to happen.

TRY SAYING:

*"I want you to feel clear on what we're doing and why. Let's make sure you leave today knowing exactly what happens next."*

# ACE in Action: Margaret's Consultation

## Acknowledge

A

*"Margaret, it sounds like you've been doing some reading about this. Tell me... what did you find? ... Okay, so ChatGPT flagged subclinical hypothyroidism and mentioned thyroxine. That's actually a pretty reasonable starting point. Let me build on that with what I know about you."*

## Contextualise

C

*"Here's the thing: your TSH is 5.8, and the reference range is up to 4. But that range is based on the general population. For you - 58, no thyroid symptoms, no fatigue, your weight's been stable, and you're on ramipril - this is a borderline result that's far more likely to be a variation than a problem requiring treatment. The guidelines actually don't recommend treating this in someone without symptoms. What ChatGPT couldn't know is your whole picture."*

## Empower

E

*"Here's our plan: we'll repeat the TFT in 3 months to see the trajectory. If it's staying stable or improving, we watch it. If it's rising or you develop symptoms - fatigue, weight change, cold intolerance - we revisit treatment. I'll send you a summary in My Health Record. Does that make sense? What questions do you have?"*

**Outcome: Margaret leaves clear on the plan, without a diagnosis, and with trust intact. She's an active participant - not a passive receiver.**

# Take This Into Your Next Consultation

*A one-page reference: Screenshot this slide*

## WHEN ORDERING

- Name it: "Results go to My Health Record"
- Context: "A flag doesn't mean a problem"
- Anchor: "Let's review in [X weeks] - that's where we make sense of this together"
  
- Flag sensitive results BEFORE uploading
- For concerning results: call before patient checks MHR

## WITH THE AI-INFORMED PATIENT

- A - Acknowledge: "What did you find?"
- C - Contextualise: Add what AI can't know — your patient's full story
- E - Empower: Clear plan, clear next steps
  
- Don't correct; build on
- Patient context > population stats
- End with a concrete action

# Thank You

## Three Things to Do This Week

1. At your next test order: try the three-sentence ordering conversation
2. In your next AI-informed patient consult: use ACE - Acknowledge, Contextualise, Empower
3. This week: check your My Health Record access settings and explore what patients see when results upload

## Resources

- Australian Digital Health Agency  
[myhealth.gov.au](https://myhealth.gov.au)
- Better & Faster Access reforms  
[adha.gov.au](https://adha.gov.au)
- RACGP — Using Digital Health in General Practice
- Choosing Wisely Australia  
[choosingwisely.org.au](https://choosingwisely.org.au)

# Thank you for attending. What's next?

After this session you will receive:

**1** Slides, resources and the recording of this session within the week

**2** RACGP CPD hours will be uploaded within 14 days.

**3** Attendance certificate will be received within 4-6 weeks.

- **Register for more education sessions here:**  
[nwmpnh.org.au/resources-events/events](http://nwmpnh.org.au/resources-events/events)
- **Past education sessions can be found here:**  
[nwmpnh.org.au/resources-events/resources](http://nwmpnh.org.au/resources-events/resources)

## Feedback - QR code

We welcome your feedback.  
Let us know if you got what  
you needed from this session.

