Community Pharmacy

Quick links to topics:

Glossary of terms

https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/glossary

Consent requirements

Q1. Do I need to check with the individual each time I view/access their My Health Record?

No, provided that access is for the purpose of providing healthcare to the individual as defined by the My Health Records Act 2012[1]. Depending on the policies and procedures set up by the individual pharmacy and the dispensing software capabilities, dispensary staff can view an individual's My Health Record, provided it is for the care of that individual.

Q2. Do I have to check with the individual each time I dispense medication (knowing that, if they have a My Health Record, the dispense information will be automatically uploaded to it)?

No. When registering for My Health Record, the individual provides "standing consent" for healthcare organisations involved in their care to upload clinical information, such as dispensed prescriptions, to their My Health Record. Therefore, healthcare providers are not required to obtain consent every time they upload clinical information including dispense records.

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1   https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/legislation

Australian Government
Australian Digital Health Agency

My Health Record

Q&A

Q3. When dispensing HIV medication, am I required to check with the individual before dispense information is uploaded to their My Health Record?

There are obligations under some jurisdictional legislation to seek explicit consent to share sensitive information such as a HIV-positive test result. You may wish to discuss this with the individual patient at the time of making the request. Refer to the PSA My Health Record Guidelines for Pharmacists for additional information.

What is included in a My Health Record?

Q4. What information can be included in an individual's My Health Record?

An individual's My Health Record might contain clinical, Medicare (MBS/DVA/PBS/RPBS), and personal information. This may include:

a. Clinical information

- Medications (prescription and dispense record information)
- Shared health summaries
- Event summaries
- Hospital discharge summaries
- Pathology and diagnostic imaging reports
- Specialist letters
- eReferral letters

b. Medicare information

- Medicare claims ,i.e. MBS information
- PBS/RPBS information
- Australian Organ Donor Register information
- Australian Immunisation Register (AIR) information

c. Personal information

- Personal health summaries and personal notes entered by the individual (e.g. over- the-counter, complementary, and herbal medicines)
- Advance Care planning documents
- Advance Care custodian
- Emergency Contact Details

Q5. Is information about over-the-counter medicines (OTC) and complementary medicines or extemporaneous dispense records or private prescriptions uploaded to an individual's My Health Record?

Medications that are dispensed via the pharmacy's conformant dispensing software will be uploaded to the My Health Record system. This includes any OTC, complementary medicines and extemporaneous dispense records or private prescriptions.

All other medicines that are provided to the individual which are not dispensed via the pharmacy's dispensing software, for example via Point Of Sale (POS), will not be uploaded to My Health Record. Individuals can record any medicines in their My Health Record Personal Health Summary which is viewable by healthcare providers.

Q6. What information is required from an individual to view/access their My Health Record?

- First name
- Surname
- Date of birth
- Sex
- Medicare number (and individual reference number)/Department of Veterans' Affairs number

Q7. How much historic MBS/PBS/RPBS data is uploaded to a newly created My Health Record?

Individuals can choose to have their Medicare data included in their My Health Record. This can include up to two years of previous MBS and PBS/RPBS billing transactions, from when an individual first creates their My Health Record.

Q8. How soon will MBS/PBS/RPBS data start being uploaded once a My Health Record has been created?

Future MBS and PBS/RPBS transaction information will start being uploaded almost immediately.

Q9. What type of event summaries can pharmacists upload (for example, primary care consultation; conversation with patient discussing medicine concerns/non-compliance; decision to not supply/dispense an item; wound care consultation; clinical interventions)?

Yes, technically, registered pharmacists with a Healthcare Provider Identifier - Individual (HPI-I) are able to upload event summaries for patients.

However, currently the majority of pharmacy software has limited functionality to allow for pharmacists to upload event summaries to the My Health Record.

For example FRED and Aquarius have the functionality to upload event summaries when updating allergy and adverse drug reaction information only. Other software which is conformant with My Health Record does not currently have the ability to upload any event summaries at all.

The Australian Digital Health Agency (the Agency) is working directly with pharmacy software vendors to support the meaningful use of the My Health Record system and make improvements to software on an ongoing basis so updates to this space will be made in the future.

Q10. Does the My Health Record capture information about travel vaccines (for example typhoid, hepatitis A) or just "childhood" vaccines and influenza/pneumococcal?

An individual's My Health Record will capture all immunisations that are recorded in the AIR.

Q11. Can I upload vaccination administration details through my dispense system to the My Health Record?

Not currently. The Agency is working with software vendors to introduce this capability.

If the pharmacy has provided this information through the AIR which they have the ability to do, then this information will be captured in the My Health Record. See Q10.

Q12. What access will dispensary or pharmacy assistants have to the My Health Record?

Depending on the software vendor, and the policies and procedures set up by the organisation (for example, community pharmacy or banner group), a dispensary or pharmacy assistant whilst under the supervision of a registered pharmacist may have the ability to view a patient's My Health Record, but will not have the permission or capability to upload information to the My Health Record.It is a criminal offence for anyone other than a registered clinical professional to access a patient's My Health Record and it is a criminal offence for a registered clinical professional to open a record unless this is done in the context of care provision.

Q&A

Community Pharmacy

Q13. Can registered nurses working in pharmacies, for example conducting clinics, access the individual's My Health Record?

If a registered nurse is employed by the pharmacy and the pharmacy is connected to the My Health Record system then the nurse will be able to view and access an individual's My Health Record, as they are directly involved in the individual's healthcare and are authorised by the healthcare organisation (pharmacy) to access the My Health Record system.

If a registered nurse is working independently and has registered for a Healthcare Provider Identifier - Organisation (HPI-O), they would access the My Health Record system through the National Provider Portal (similar to an accredited pharmacist working independently).

If the pharmacy is accessing the My Health Record system through the Provider Portal then the registered nurse would be required to link their HPI-I to the pharmacy's HPI-O with the Healthcare Identifiers Service and apply for a National Authentication Service for Health (NASH) certificate for an individual healthcare provider.

Q14. In an emergency, how can I access an individual's My Health Record (for example, when an individual is unconscious)?

You may access an individual's My Health Record information in an emergency, where all information can be accessed except for:

- Documents that have been removed by the patient, and
- Information entered by the individual in the personal health notes section of their My Health Record.

Emergency access is recorded in the access history of the My Health Record system which can be viewed by the individual or their authorised representative. The individual can also choose to be notified if and when an organisation gains emergency access to their My Health Record.

Emergency access is granted for five days from the time the organisation asserts an emergency exists. Once this period ends, the organisation will only be able to access the individual's My Health Record in accordance with their access controls. If the emergency still exists, the organisation can gain emergency access again (for another five days).

Note: To gain emergency access to the individual's My Health Record, the pharmacist will still require the individual's information (including date of birth and Medicare number) to view the record. This is to ensure the correct individual's record is being accessed.

What can individuals see and do?

Q15. What information entered into the system by an individual can pharmacists see?

Individuals can upload <u>four</u> types of information to their My Health Record:

- personal health summary information (viewable by the provider);
- advanced care planning information (viewable by the provider);
- emergency contact information (viewable by the provider); and
- personal health notes (not viewable by the provider).

These are explained in the My Health Record Glossary.[2]

Q16. What information can an individual see? Can they see all clinical documents?

Yes, an individual can see all clinical documents, including dispense records that have been uploaded to their My Health Record.

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2   There is a link to the glossary of terms from the resources section at the bottom of any page on the My Health Record website.

[Pathology and diagnostic imaging reports](#)[3] can be viewed by individuals after one week of the upload. This gives a healthcare provider the opportunity to check the report and contact an individual about the results, if needed.

There is a [Consumer Portal simulator](#) in the *On Demand Training* environment on the Agency's website for additional information.[4]

Q17. Can an individual remove clinical documents from their My Health Record?

Yes, an individual can remove a record or a clinical document from their My Health Record. However, the document will be stored and is accessible via the System Operator for medico-legal reasons or other reasons authorised or required by law. Individuals are also able to subsequently restore documents they have removed from view. Also, it is important to note:

- An individual cannot edit any document that has been uploaded by their healthcare providers to their My Health Record. This means they cannot change or remove parts of any document uploaded by their healthcare provider.

Q18. How can individuals control which healthcare providers organisations can see their My Health Record and what specific information they can see within their record?

Individuals can control which healthcare providers organisations access the information in their My Health Record by enabling privacy controls. An individual can control healthcare providers' access to:

- their record (using a Record Access Code) or
- particular documents (using a Limited Document Access Code).

The individual will need to provide their access code for the provider to access their My Health Record. A provider will be prompted by their dispensing software if an access code is required. Additionally, a healthcare provider can continue to upload dispense records, as uploading dispense records to the My Health Record is automated.

Please note:

- In an emergency, a provider can use the emergency access functionality, which will override the existing access controls for a specified period (up to five days).
- Individuals can also remove documents from view.
- If an individual has opted not to use privacy settings, healthcare providers do not need to be granted access to their My Health Record in order to view the record.
- Currently the number of individuals opting to use these privacy settings is fewer than two out of every 1,000 individuals registered.

Dealing with errors

Q19. What should I do if incorrect information is uploaded to an individual's My Health Record?

If you made the error

Currently clinical documents, such as prescriptions or dispense records, cannot be edited once they have been uploaded. If you have made the error during dispensing/while uploading a document, you should:

- correct dispense information in your dispense software;
- upload a new, corrected version;
- record this action in your own notes i.e. in your dispensing software;
- if you are unable to upload a new, corrected version:
  - notify the System Operator via the My Health Record Helpline on 1800 723 471; and
  - record your actions in your own notes.

Each dispensing software operates slightly differently, the Agency recommends you contact your software vendor on how you may edit and upload the correct clinical information. *(continues overleaf)*

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3   See https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/Pathology+and+diagnostic+imaging+reports

4   Available from: https://www.digitalhealth.gov.au/using-the-my-health-record-system/digital-health-training-resources/on-demand

If another healthcare provider made the error

If you identify an error in a clinical document that has been authored by another healthcare provider, you should:

- contact and inform the individual that you have identified an error in their My Health Record;
- encourage the individual to exercise their right to have it corrected by the healthcare provider who uploaded the information; OR
- follow up with the healthcare provider yourself;
- notify the System Operator via the My Health Record Helpline on 1800 723 471, if the healthcare provider cannot be contacted; and
- record your actions in your own notes.

Q20. If a pharmacist incorrectly dispenses a medication for a wrong patient, are they able to delete this record from the My Health Record?

If you have made an error in a document/dispense record you have uploaded, you should:

1. delete (in the dispensing software) the incorrect document immediately (insert incorrect identity as the reason). If you are unable to delete, please contact the My Health Record Helpline on 1800 723 471 and they can insert a note within the dispensing software to document a reason;
2. upload a new, corrected version; and
3. record this action in your own notes.

Q21. If the individual does not consent to having their dispense information uploaded to their My Health Record, what do I need to do to ensure it is not uploaded?

The default setting is generally "Upload". In the dispensing software, there is a pre-populated checkbox confirming that the patient consents to having the dispense information uploaded to their My Health Record. If the patient does not consent, you must untick the box.

PBS information will continue to be uploaded to individual's My Health Record. Should they wish to change this preference, they can do so themselves through the consumer portal.

Q22. What happens if I accidently upload a dispense record to the individual's My Health Record after they have asked me not to?

For some dispensing software systems, you may be able to untick the consent or the upload box after dispensing and this will remove the dispense record from the individual's My Health Record. However, as each dispense software operates slightly differently, please contact the vendor or refer to the guide to ensure this feature is included.

If you are unable to delete the erroneous document, contact the My Heath Record Helpline on 1800 723 471 for further assistance.

Q23. What if I accidentally view an individual's My Health Record?

If you are at all concerned about having accidentally accessed a My Health Record you should notify the individual and the System Operator (via the My Health Record Helpline on 1800 723 471) that you have accidentally accessed the record.

The individual's My Health Record will show a history of when it has been accessed and by which organisation. The individual can elect to be notified via email or text message when their record has been accessed or certain changes are made to it.

Misuse of a person's health information is a serious matter. The potential for damage is significant and this is reflected in current professional and legal obligations on persons such as healthcare providers to protect patient information. The My Health Record system contains health and other important information so penalties (both civil and criminal) are used, among other measures, to protect this information. *(continues overleaf)*

The penalties for misuse of the My Health Record system are for reckless or intentional misuse. For more information about penalties see the My Health Record penalties fact sheet[5]

The Privacy Commissioner has extensive enforcement and regulatory powers with respect to misuse of personal information. Further information can be found at www.oaic.gov.au

Q24. If I cancel a dispense record, how is the dispense information removed from the patient's My Health Record?

The record is "virtually removed" where it is still stored in the backend of the system but it is not available to view by the patient or any subsequent healthcare providers.

Accredited pharmacists

Q25. How can accredited pharmacists access the My Health Record system?

If the accredited pharmacist is working at a pharmacy or GP practice connected to the My Health Record system, they will be able to access the system. Alternatively, accredited pharmacies may access the My Health Record system through the National Provider Portal. Go to the Provider Portal fact sheet[6] for more information on how to connect to the National Provider Portal.

They will need to register for an HPI-O, individual NASH certificate and also link the HPI-O to HPI-I. This will allow them to view the individual's My Health Record through the National Provider Portal.

Q26. Can an accredited pharmacist access an individual's My Health Record if conducting a Home Medicines Review (HMR) for another pharmacy or direct referral from a GP?

Yes, there are a number of ways (see below) through which accredited pharmacists may access individual's information for conducting a HMR:

Option 1:   Accredited pharmacists may access individual's My Health Record through the Provider Portal. To access the Provider Portal, pharmacists will need to register for an HPI-O, individual NASH certificate and also link the HPI-O to HPI-I.

Option 2:   The accredited pharmacist may consider establishing a working relationship with the community pharmacy, which allows them to work on-site and access the My Health Record system directly for conducting HMRs (this would be a case-by-case basis). The accredited pharmacist would need to link their HPI-I in the pharmacy system.

Option 3:   The accredited pharmacist may ask the community pharmacy to access the individual's My Health Record and print relevant documents for conducting a HMR (providing the individual has given their consent).

Q27. I am a pharmacist, but I do not work in a community pharmacy, can I still access the My Health Record system (for example, when performing a medication review)?

Yes. Firstly your company must register for an HPI-O, this is the case even if you are the only person working for the company. If you have conformant software you may then follow the steps outlined in Q34. If you do not have access to conformant software you may access the My Health Record via the Provider Portal. To do this you must register for an individual NASH certificate and link your individual HPI-I to your HPI-O.

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5   https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/penalties-fact-sheet

6   https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/provider-portal-fact-sheet

Q&A

Legal obligations

Q28. What legal liabilities do pharmacists need to be aware of when accessing or failing to access an individual's My Health Record?

The pharmacy industry peak organisations developed professional guidelines and My Health Record security and access policy for use in pharmacies, aiming to provide guidance on liability issues concerning the My Health Record.

Q29. If an individual is able to hide document or events from view, can pharmacists still view this record as up-to-date and comprehensive?

The My Health Record is not intended to be a 'sole source of truth' and is not meant to replace direct communication between healthcare providers. It is another source of health information that you may not have otherwise been able to access.

Q30. How will age of consent/age of capacity transition be managed? For example, dispensing contraception medicines to patients aged 14-18. From what age will a young person be able to separate themselves from their parents MHR "ownership" and become owners of their own MHR?

Ages 0-14: Generally, an authorised representative (usually a parent or guardian) will have control over a child's My Health Record until the child's 14th birthday. This control includes the power to make decisions on which healthcare providers have access to the child's My Health Record and which documents healthcare providers can view. Authorised representatives will not be able to view the MBS, PBS details of children aged over 14.

If a child is under 14 and would like to take control of their existing My Health Record or register for a new record they will need to prove to the System Operator that they can make decisions about their healthcare and manage their record. They can do this by providing a letter from a healthcare provider or a legal document regarding their capacity.

Ages 14-17: From the age of 14, a young person may choose to take control of their My Health Record. If they don't do this, the parent or guardian can continue as an authorised representative until the child's 18th birthday. For more information see Privacy Fact Sheet 21[7]

Q31. At what age will a parent not be able to access their children's record?

From the age of 14, a young person may choose to take control of their My Health Record. If they don't do this, the parent or guardian can continue as an authorised representative until the child's 18th birthday.

Q32. Can health insurers (health funds) access individuals' My Health Records?

Section 68 of the My Health Records Act does not allow an individual's personal health insurance company to access information in the My Health Record system although an individual is able to permit such access under section 66 (collection, use and disclosure with an individual's consent), if they wish.

Registering your pharmacy for the My Health Record system

Q33. How can I access the My Health Record system at my pharmacy?

You may access the My Health Record system through the Provider Portal or conformant dispensing software. Presently *FRED Dispense, Aquarius, Minfos, POS Dispense and RxOne*, are connected. The following vendors have started technical development to connect to the My Health Record system by September 2018: *Corum, Z Dispense, Mountaintop Dispense, ScriptPro Dispense, MyScript*.

This information is current as of May 2018.

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7   https://www.oaic.gov.au/individuals/privacy-fact-sheets/health-and-digital-health/privacy-fact-sheet-21-young-people-and-the-my-health-record-system

Q34. How do I register my pharmacy to access the My Health Record system?

You can register through a new streamlined Pharmacy Registration Form for the My Health Record system.

There are three main steps to connect to the My Health Record system. The steps are:

- Register with the Healthcare Identifiers Service - to obtain a unique identifier for the organisation (HPI-O)
- Register to participate in the My Health Record system
- Obtain a NASH certificate for My Health Record system access.

Note: For *FRED* and *Aquarius* users: Individual pharmacists will need to publish their details in a secure Healthcare Provider Directory (HPD)[8]. This step is to ensure your team of pharmacists is able to contribute and upload dispense record history. If not published, individual pharmacists need to call 1300 361 457.

Q35. What do I do when I receive NASH certificate from the Department of Human Services (DHS)?

You will need to install your NASH certificate to access the My Health Record system via conformant dispensing software. Installation instructions are provided with your NASH certificate. The Agency recommends contacting your software vendor for guidance.

Visit the My Health Record Training website for self-paced learning modules[9] providing an overview of the My Health Record system and step-by-step connection instructions.

Q36. Do hospital departments and hospital pharmacists working in jurisdictions and Section 94 (hospital owned) pharmacies need to register via the same process as community pharmacies/pharmacists?

No, typically a hospital will be registered with its own HPI-O and the pharmacy will use the hospital's HPI-O. Please contact the Agency if you have any questions on how you may get connected.

Q37. How do I link my pharmacists to my community pharmacy (HPI-O) so they can use the My Health Record system?

Each dispensing software operates slightly differently, for example pharmacists using *FRED Dispense* and *Aquarius* are required to publish their details in a secure Healthcare Provider Directory (HPD). This step is to ensure your team of pharmacists is able to contribute and upload dispense record history. If not published, individual pharmacists need to call 1300 361 457.

For other dispensing software systems - pharmacists' HPI-Is need to be entered into the dispensing software system by the authorised person. Software vendors would be able to provide assistance/guidance. Some software systems allow pharmacists to only enter their AHPRA number and the HPI-I will be retrieved automatically.

Q38. Would pharmacist locums, working in multiple sites, need to register with every pharmacy? If yes, how long does it take for them and for pharmacy owners/managers?

Locum pharmacists are treated like other pharmacists and will need to provide their HPI-I. However, each dispensing software operates slightly differently, for example pharmacists *FRED* and *Aquarius* users are required to call 1300 361 457 to have their details published on the Healthcare Provider Directory. This step is to ensure your team of pharmacists is able to contribute and upload dispense record history.

For other dispensing software - pharmacists' HPI-Is need to be entered into the dispensing software system by the authorised person. Software vendors would be able to provide assistance/guidance. Some software systems allow pharmacists to only enter their AHPRA number and the HPI-I will be retrieved automatically.

Note: A pharmacist uses the same HPI-I throughout their career, and is not required to obtain a new HPI-I for each health organisation they work for.

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8   https://www.humanservices.gov.au/organisations/health-professionals/forms/hw034
9   https://www.digitalhealth.gov.au/using-the-my-health-record-system/digital-health-training-resources/it-support-tool

Q&A

Community Pharmacy

Q39. Why do I need a NASH certificate and what is the difference between Medicare and NASH certificate?

The NASH certificate is used by pharmacists and other healthcare providers to securely access and share health information.

The NASH certificate will allow you to access the My Health Record securely.

Medicare (PKI site certificate) certificates, on the other hand, allow pharmacists secure access to online Medicare services, such as prescription claims as well as accessing the Healthcare Identifier service.

Q40. How will I know when the NASH has expired? Will the NASH certificate be automatically generated?

You will receive a new NASH certificate when your previous NASH certificate expires. If you have not received or cannot locate your new NASH certificate, you can apply for it to be re-issued by completing the form available from the Department of Human Services.

Alternatively:

- You can check if your NASH certificate has expired in your dispensing software. This approach varies depending on the dispensing software the organisation is using. For more information on how you may check the dispensing software, please contact your software vendor.

- If you have been able to access the My Health Record system in the past but no longer can, your NASH certificate may have expired. Depending on your dispensing software, you may or may not receive an error message when trying to access, view or upload information within the My Health Record system.

Clinical information systems and My Health Record

Q41. Will my dispensing software indicate if there is something new in the individual's My Health Record?

No, although this has been considered and may be introduced in the future.

Q42. Will linking my dispensing software to the My Health Record system slow it down?

There should be no impact on the dispensing software because information exchange between the two systems takes a few seconds.

Q43. What happens if I have to dispense an 'owing' script for an individual? Will it be uploaded to My Health Record?

Yes. For all conformant pharmacy dispensing software products, prescriptions communicated to a dispensing pharmacist by the prescribing medical practitioner verbally or via fax will be automatically uploaded to the individual's My Health Record.

If the dispensing pharmacist chooses not to upload verbally communicated or faxed prescription records (prior to them receiving the original prescription), the pharmacist can change the default (i.e. untick) in the 'Upload to My Health Record' box.

Q44. When I upload a dispense record to the My Health Record system DHS will also send information to the individual My Health Record - would it be duplicated?

The DHS will only upload a PBS/RPBS report, which is more of a "Medicare billing" document rather than a dispense record and does not contain the directions (dosage instructions) associated with a prescription.

Also, the PBS/RPBS report will only be uploaded to the My Health Record when pharmacy claims have been submitted for payment. This process can take between 2 and 4 weeks, whereas information sent to the My Health Record system is uploaded in real time.

The advantage of having PBS scripts uploaded to an individual's My Health Record is that they will be uploaded irrespective of whether the pharmacy that dispenses them is registered and connected to the My Health Record system.

Q45. How will the My Health Record system interact/integrate with real-time prescription monitoring system?

Currently, any real-time prescription monitoring systems in place around Australia will be run independently of the My Health Record system.

System security

Q46. How secure is the system?

The My Health Record system has strong security features. These include very high level encryption, firewalls, secure login and authentication mechanisms and audit logging and to date, there have been no identified instances of malicious attacks on the system.

The security measures of the My Health Record system include, but are not limited to:

- A multi-layered information and communication technologies (ICT) system of firewalls, gateways and portals to ensure only authorised users can access the My Health Record system
- Personal information transmitted or stored by or on behalf of the System Operator will be encrypted to government standards published in the Australian Government Information Security Manual
- Developing education and awareness programs to highlight the need for individuals to protect themselves against security threats and other hoaxes or scamming activities
- Not registering an individual if the System Operator is satisfied the individual may compromise the security or integrity of the My Health Record system, having regard to the matters prescribed by the My Health Records Rules
- Monitoring of access to My Health Records in order to detect suspicious or inappropriate behaviour
- Maintaining a history of access to My Health Records which individuals can view
- Requiring the System Operator, registered healthcare provider organisations, registered contracted service providers, registered repository operators and registered portal operators to:
  - report a data breach to the Australian Information Commissioner (or, in some cases, the System Operator, who in turn must report the breach to the Australian Information Commissioner), as soon as practicable after becoming aware of the breach, event or circumstances
  - contain the data breach as soon as practicable after becoming aware of the breach, event or circumstances
- Requiring the System Operator to notify all affected individuals (or the general public, if a significant number of individuals are affected) if a data breach occurs
- Rigorous security testing of the My Health Record system
- Imposing requirements for participants to comply with specific business rules and other relevant legislation which support security in the My Health Record system
- Educating employees of DHS and other delegates of the System Operator about their obligations when handling personal information
- Requiring employees of DHS and other delegates of the System Operator to individually authenticate themselves when accessing the My Health Record system.
- Compliance by the System Operator with the Australian Government's Information Security Manual and Protective Security Policy Framework.

For more information, visit:

- https://www.protectivesecurity.gov.au/Pages/default.aspx
- https://www.protectivesecurity.gov.au/informationsecurity/Pages/Information-security-core-policy.aspx

Q&A

Q47. Will there be a record captured of who is looking? I understand that this can be followed behind the scenes but will an individual be able to see who has accessed their record?

Individuals can view the access history of their My Health Record and see which organisations (HPI-O) accessed and made changes to their record.

An individual's My Health Record provides the activity history related to their record, called the access history. The access history displays the name of the healthcare organisation that accessed the individual's My Health Record, when it accessed the record and the nature of that access, for example when viewing a particular document or uploading a particular record. The access history may also display the role of the person who accessed the individual's My Health Record, for example, general practitioner, if that information is available.

The access history allows individuals to identify who has accessed their record.

Other questions

Q48. How soon after dispensing medication does the dispense record reach the individual's My Health Record?

The system is in near real-time, and an individual's My Health Record will be updated almost immediately.

Q49. My pharmacy technicians use their initials in the dispensing system. Will the dispense record still be uploaded to the individual's My Health Record?

No, only pharmacists (with an AHPRA/HPI-I number) are authorised to upload to the My Health Record.

Q50. Are vaccination dispensed by the Local Government Authorities uploaded in to the My Health Record system?

The Local Government Authorities add the relevant information into AIR- which, in turn, will be uploaded into the My Health Record system.

Q51. Does the shared health summary identify whether an individual:

- is receiving their medicines packed in a dose administration aid?
- requires gluten-free medicines?
- wishes to avoid products derived from pork (or other animals)?

Some allergy and adverse reaction information is included in the individual's shared health summary. However, other information such as whether they need a dose administration aid or wish to avoid certain ingredients for personal reasons is not included in the shared health summary. Individuals are encouraged to upload this information into their own My Health Record through the Patient Health Summary

Q52. How far back is the digital information going, for example, if an individual remains as opt-in will all their digital records from the past upload?

Clinical Documents can be uploaded to an individual's My Health Record from the day their record was created. Typically, historical data is not uploaded; the My Health Record captures data from events which occur after the record is created. Individuals, when creating their record, can also choose to have up to two years of historic MBS and PBS/RPBS data uploaded as well and confirm whether they would like future MBS and PBS/RPBS data to be uploaded

Q53. Which mobile apps are currently linked to the My Health Record system?

Consumers are able to interact with their My Health Record using mobile apps. Additional information could be accessed on the below link.
https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/appconnect

Q54. How can My Health Record assist pharmacists with Continued Dispensing?

My Health Record provides pharmacists with an additional source of clinical information that may assist with the supply of medicines via the Continued Dispensing pathway.

Before supplying a patient with an eligible PBS medicine via Continued Dispensing (HMG-CoA reductase inhibitors and oral contraceptives), pharmacists must consider the safety, appropriateness and the patient's understanding of the medicine.

The review of the clinical information in the patient's My Health Record such as Shared Health Summary, Event Summaries, Discharge Summaries, prescription and dispense records and Medicare data, may help the pharmacist establish if the therapy is stable and there has been adequate prior clinic review by the prescriber.

Evidence that could be found in a patient's My Health Record, which may indicate this include:

- if the medicine has been previously prescribed and dispensed with the same dosage regimen

- if the medicine has been taken regularly with no interruption

- the same (not fewer) number of repeats were issued on the most recent prescription

- the medicine has not been dispensed via Continued Dispensing in the previous 12 months

- the patient has not been admitted to hospital since having the medicine most recently prescribed

- the patient has had a consultation with the prescriber in the past 12 months

- if there has been any duplication of therapy (e.g. taking multiple brands of the same medicine)

- if other medicines have been commenced or ceased that may affect the medicine's response

- if the patient has had any major changes to their health status since the medicine was last prescribed that may impact on the medicine

- if the patient has experienced any allergies or adverse effects that could be attributable to the medicine

- the most recent prescriber and dispensing pharmacy.

A patient's My Health Record contains clinical information that could assist the pharmacist when supplying medicines by Continued Dispensing. However, it is not the only source of information and the pharmacist must consult with the patient and provide appropriate counselling. The pharmacist must also provide written communication to the most recent prescriber that the patient has been supplied with the medicine by Continued Dispensing.

For further information about supplying medicines by Continued Dispensing, see *PSA Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists 2012*.

Q&A

Community Pharmacy

About this document

The following is a regularly updated list of questions commonly raised by peak community pharmacy organisations and pharmacists. If you have any further questions, please contact Heather McDonald at Heather.McDonald@digitalhealth.gov.au or Helen Purdy at Helen.Purdy@digitalhealth.gov.au

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