DIGITAL HEALTH TOOLKIT
for allied health providers of mental health services

Introduction

More than 22 million or 90% of Australians now have an individual My Health Record. In addition, most general practices and pharmacies, over 700 public hospitals and health services, and a further 208 private hospitals are connected to My Health Record. With the addition of diagnostic imaging and pathology and an increased push to connect specialists and allied health providers, My Health Record is becoming increasingly relevant and potentially useful for allied health mental health professionals such as psychologists, occupational therapists and social workers.

Allied health professionals play a crucial role in the health and wellbeing of many Australians. They are frequently part of a broader team of care providers though these may not be coordinated. Use of My Health Record can improve patient care by connecting the healthcare team for Australians with an individual record. It also provides a significant opportunity to better connect allied health professionals to the broader health team and to increase understanding of the role and importance of the supports they are providing.

This toolkit has been developed specifically for mental health professionals by Allied Health Professions Australia (AHPA), and supported by the Australian Digital Health Agency (ADHA), to support use and understanding of the system. The toolkit takes into account clinical practice for allied health providers and patient needs. It contains information to help you understand and engage with digital health options available to allied health professionals, including:

- Secure messaging fact sheet and use case
- My Health Record fact sheet and use case
- My Health Record registration information
- Policies relating to My Health Record use
- Telehealth fact sheet and use case

This document can be used in conjunction with AHPA's *Digital Inclusion Assessment and Planning Tool for Allied Health Providers* to prepare for engaging with digital health platforms.

AHPA has also developed a range of policy templates to help allied health providers meet their obligations when using My Health Record and other digital health platforms.

Secure Messaging Fact Sheet
for providers of mental health services

What is secure messaging?

A safe, secure system for the exchange of clinical information between healthcare providers. Secure messaging is software that is similar to email with the added benefit of encryption. It is used by general practitioners, pathology providers, specialists, hospitals and allied health providers for the secure exchange of clinical documents.

How does it work?

Secure messaging systems transmit encrypted information to a single entity whose identity is confirmed prior to sending, and confirm delivery and receipt of information. These systems can be integrated into clinical software or as a plugin. Secure messaging is a more secure option than fax and regular email systems as these are not confidential means of transferring patient documents such as treatment reports, investigation results, referrals and care plans. Secure messaging works by encrypting the message so that sent documents cannot be read by anyone other than the intended recipient.

What are the benefits for allied health providers and their patients?

- **Reduced paper use:** reduced environmental impact and lower costs due to reduced paper consumption for correspondence, discharge summaries and reports
- **Less time spent** chasing referrals, scanning, faxing, printing and mailing documents
- **Faster delivery of documents**: referrals, results and treatment reports are delivered without delay
- **Improved confidentiality**: documents are transferred directly between healthcare providers without the need for printing and handling by additional personnel
- **Better informed treatment**: the right information is available at the point of care
- **Improved patient journey:** more streamlined patient experience and greater patient confidence as a result of better access to information
- **Improved auditability**: system notification of successful document delivery so you know the message has been received

Getting started

There are a number of secure messaging providers including [CorePlus](#), [Healthlink](#), [TelstraHealth](#), [Medical Objects](#) and [ReferralNet](#) who all provide secure messaging products that can work with your existing practice software. To select a secure messaging product, we recommend you identify the one most commonly used in your region as this will mean you can exchange documents with the most practitioners. The easiest way to do so is to contact the general practitioners and other health professionals you work closely with to ask them which secure messaging systems they use.

We also recommend checking if the secure messaging provider is integrated with other systems. For example, CorePlus is integrated with both Argus and HealthLink, which means that one secure messaging system will allow you to connect with GPs and other health practitioners using any of those three secure messaging systems. Many of the major Australian secure messaging providers are working together to increase interoperability between systems and we recommend checking their websites or contacting those providers for the most up-to-date guidance about which other systems they integrate with.

Secure messaging can be used by allied health providers even if you are not using clinical software that integrates with the secure messaging product. Secure messaging products typically offer options such as Microsoft Word plugins with many of the same benefits. We recommend speaking to secure messaging providers for further information about the options available to you. Further Information about secure messaging is also available from AHPA's *Secure Messaging Connection Guide* and from the [ADHA website](#).

Case study | Donna

Background

Donna is in her 30s and has a moderate intellectual disability. She has low literacy levels, but lives independently, is employed part-time and can otherwise care for herself. Donna has a long history of depression and multiple hospital stays over the past 7 years (no actual suicide attempts, but a history of suicidal ideation).

Donna has been on different medications for her depression over the years, but she has difficulties remembering the medication names, dosages etc. Donna has also been working with an accredited mental health social worker, which she finds helpful.

Recently, Donna had a meeting with her social worker following a stay at an in-patient mental health unit. She was complaining of excessive tiredness. She mentioned that her medication was changed by the psychiatrist at the hospital but couldn't remember details about how the medication had changed.

How My Health Record and secure messaging were used in Donna's case

Donna's mental health social worker was able to check her current medication to see what had recently been prescribed. In this case, an atypical antipsychotic had been added to the existing antidepressant. They determined that the new medication had a possible side effect of drowsiness.

The social worker was able to discuss with Donna how she could talk about her medication side effects with her GP. They did not have to spend time trying to contact the GP or psychiatrist for confirmation of the medication prescription details.

The social worker used their secure messaging software to look up and contact Donna's GP and alert them about the side-effects Donna was experiencing with the new medication, so the GP could follow up with Donna during her next appointment.

My Health Record Fact Sheet
for providers of mental health services

What is My Health Record?

My Health Record is an online summary of key health information available to all Australians. Allied health providers that have registered to use the system can access their patients' My Health Record to view, and potentially add, health information to inform treatment.

My Health Record is not a complete record of all healthcare encounters (such as detailed consultation notes). Instead it includes a summary of the critical information required to provide safe and effective treatment and to supplement the information included in existing health records.

Who can access My Health Record?

Healthcare professionals including general practitioners, specialists, pharmacists, other allied health providers, and other approved healthcare providers can access their patients' My Health Record when providing treatment. Health practitioners with conformant software can also upload relevant information to share with other healthcare providers and the patient. Individuals can access their own My Health Record securely online via the [consumer portal.](#)

What information is included?

- **Shared health summaries**: allergies, immunisations, medications & significant medical history e.g. chronic conditions, mental health conditions (if not marked confidential), surgeries or other significant conditions that may be relevant for the ongoing management of the patient. It also tells us who the patient's main healthcare provider (GP) is.
- **Event summaries**: details of specific healthcare events such as a visit to the psychiatrist or GP, a change in diagnosis or a new treatment plan.
- **Investigation reports**: results such as pathology tests and medical imaging
- **Discharge summaries:** hospital stays, details of acute episodes, rehab needs and treatment plans
- **Prescription and dispense records:** details of medications both prescribed and dispensed from various sources to provide an overall view of current patient medication usage
- **MBS and PBS information:** Medicare items claimed and subsidised medicines supplied, uploaded by Department of Human Services (Medicare)

What are the benefits for allied health providers and their patients?

- **Save time spent** chasing patient documentation from other healthcare providers
- **Better access** to patient health information at the point of care to inform treatment
- **Improved continuity of care through access to information** such as allergies and chronic conditions
- **Reduction in adverse events** due to medication misadventure
- **Minimises the need for duplicate testing** by sharing previous results
- **Person-centred care** is enabled through the sharing of healthcare information, which can be particularly helpful when patients change locations
- **Patients don't have to retell their story** if the details are documented in My Health Record
- **Improved patient self-management** of their health through online access to health information

Getting started

Allied health providers can register for My Health Record and access further information.

Connection options:

- **Clinical Software** – some allied health providers use software systems that connect directly to My Health Record. Check the Australian Register of Conformity to see if your software is compatible
- **National Provider Portal** – if you don't use clinical software or use a system that's not compatible, access My Health Record via the National Provider Portal

More information about registering for and connection with My Health Record is available later in this document, and in AHPA's My Health Record Connection Guides for practitioners in AHPRA-registered professions and self-regulating professions.

Case study | Shirley

Background

Shirley is in her 50s with a long history of schizophrenia. She occasionally travels long distances, including interstate, to visit family. On one family trip, she had a psychotic episode and was taken to a hospital where she had never previously been. She advised the care team at the hospital that she had a regular psychologist at home. Shirley spent over two weeks in hospital before being discharged and returning home.

Following her hospital stay, Shirley phoned her psychologist to organise an appointment and was surprised to learn that the psychologist had received no information about her stay. She was frustrated at the prospect of having to tell her psychologist the whole story from scratch.

How My Health Record was used in Shirley's case

While on the phone to Shirley, the psychologist was able to access the discharge summary via her My Health Record and re-assured her that it would be read before their appointment.

The discharge summary contained a detailed overview of the events leading up to Shirley's hospital admission, as well as the treatment that followed, including details about changes to her medication.

The psychologist was able to gain an understanding of what had happened without Shirley needing to tell her story over again. This meant that the majority of the next session could be spent discussing future efforts to manage her mental health, rather than going over the details of the previous event. It also saved the psychologist from having to chase up the hospital for the discharge summary.

Registration for My Health Record

Allied health professionals can access their patients' records in the My Health Record system through either conformant clinical information systems or via the web-based (read-only) National Provider Portal. To access My Health Record, all health professionals need a Health Provider Identifier – Individual (HPI-I) number. If you are an AHPRA-registered practitioner, you have been automatically assigned a HPI-I and should have received this in correspondence sent to you from AHPRA. If you cannot locate this number, you can either login to the AHPRA website or call AHPRA on 1300 419 495. *Note: If you know your AHPRA User ID simply add 800361 to the front of ID to get your HPI-I.* If you are a member of a self-regulating health profession, please refer to the Services Australia website or the AHPA HPI-I connection guide.

To access My Health Record, you will also require a Health Provider Identifier – Organisation (HPI-O) number. If you are employed by an organisation that has already registered for My Health Record, you will use that organisation's HPI-O (see Option 1 below). If you are a business owner and you have not yet registered, you will need to register for a HPI-O and for My Health Record (see Options 2 and 3).

Option 1

If you work in a My Health Record-registered organisation (such as a general practice, hospital or multi-disciplinary healthcare facility) you should be able to access My Health Record using the organisation's HPI-O and either the National Provider Portal or the organisation's conformant clinical software. You will need to speak to the practice manager or person who manages access to the organisation's software systems and provide your HPI-I number. Your HPI-I will be linked to their HPI-O number to provide you with My Health Record access as part of your work.

Note: If you work across multiple organisations that are registered for My Health Record, you will need to link your HPI-I to each organisation's HPI-O number to ensure that when you access My Health Record, your access is associated with the correct organisation.

Option 2

To register for My Health Record using conformant software.

1. Start by registering for a PRODA account. This will allow you to register online. If you are already registered, you can skip to the next step.
2. Login to PRODA, then select **Go to Service** on the HPOS tile. Select **My Programs** and then **Healthcare Identifiers** and **My Health Record**.
3. You will then need to choose **Register Seed Organisation** to begin the process of registering your organisation for a HPI-O. Each organisation must register as an HPI-O even if you are a sole provider.

4. Register for My Health Record. While this is a separate registration step, you will do it at the same time as you register for your HPI-O.

5. Once you have completed the registration process and received confirmation that you have registered, you can then contact your software provider for instructions on how to set up and configure your software.

6. Once you have set up your software, you will be able to provide access for any health professionals you employ by adding their HPI-Is to your software. *Remember, you will need to make sure you have an appropriate policy in place before you begin using My Health Record. More information is provided in the following pages.*

Please see the following page for more information about digital access for health professionals.

Option 3

To register for My Health Record using the National Provider Portal. Choose this option if your software is not compatible or you don't use clinical software.

1. Start by registering for a PRODA account or by logging in to your account.

2. Login to PRODA, then select **Go to Service** on the HPOS tile. Select **My Programs** and then **Healthcare Identifiers** and **My Health Record**.

3. You will then need to choose **Register Seed Organisation** to begin the process of registering your organisation for a HPI-O. Each organisation must register as an HPI-O even if you are a sole provider.

4. Register for My Health Record. While this is a separate registration step, you will do so at the same time as you register for your HPI-O.

5. Once you have completed the registration process and received confirmation that you have registered, you can then access the National Provider Portal by selecting the **My Health Record** tile in PRODA.

6. You will also be able to link any health professionals you employ by adding their HPI-I for each to your HPI-O. This is done via the **Manage My Health Record authorisation links** option in PRODA. They too can then access My Health Record via PRODA.

Digital access for healthcare providers

Understanding Provider Digital Access

In order to safely manage access to digital information in the healthcare system, it is essential to be able to authenticate users, including organisations and people. In the My Health Record system, this is achieved using digital certificates that conform to the Australian Government endorsed Public Key Infrastructure (PKI) standard.

- PRODA (PROvider Digital Access) is an online authentication system used to securely access government online services. It uses a two-step verification process, so you only need a username and password to access multiple online services.
- A seed organisation is a legal entity that provides or controls the delivery of healthcare services, for example, a general practice, pharmacy or private medical specialist.
- A National Authentication Service for Health (NASH) certificate, issued by the Department of Human Services, is used to allow health care providers to securely access and share health information, this includes My Health Record.

Understanding Healthcare Identifiers

A healthcare identifier is a unique 16-digit number that is assigned to individuals who use health services, and to healthcare providers and organisations that provide health services. These identifiers are used by the My Health Record system to control access by making sure the right record and documents are accessed for each patient.

- HPI-O (Healthcare Provider Identifier – Organisation) is a number that uniquely identifies a registered Healthcare Organisation in the My Health Record system.
- HPI-I (Healthcare Provider Identifier – Individual) is a number that uniquely identifies an individual practitioner. Your HPI-I is linked to the HPI-O of the organisation you work for.
- IHI (Individual Healthcare Identifier) is a number that uniquely identifies an individual in the healthcare system. This number is then added to your clinical software in the patient record.

My Health Record Policies

What you need to know

The My Health Record system is governed by legislation known as The _My Health Record Act 2012_. The Act outlines who can access My Health Record and for what purpose. It also covers registration, collection, use and disclosure of information, interaction with the Privacy Act, penalties for misuse.

Roles and responsibilities

Healthcare organisations that register for My Health Record must assign the roles of Organisational Maintenance Officer and Registered Officer to nominated persons within their organisation. These roles are required for administering the My Health Record system, maintaining accurate information and ensuring the system requirements are met.

Patient consent

Healthcare providers are only permitted to access a patient's My Health Record when providing healthcare services (i.e. treatment) to a patient. Other individuals or organisations such as insurance companies, government agencies, law enforcement agencies, employers etc are prohibited by law from accessing an individual's My Health Record without a judicial order.

Individuals/patients registered for My Health Record provide 'standing consent' for healthcare providers to access their My Health Record when providing care to a patient. This means that a provider is not required to ask the patient for consent each time they access or upload information to My Health Record. However, it is good practice to advise a patient you are accessing their record to ensure transparency.

Once a child turns 14 their My Health Record is automatically unlinked from their parent or guardian's My Health Record. However, they can give access to a nominated representative to view or help manage their individual My Health Record.

Privacy and security

The Privacy Act requires you to take reasonable steps to protect the personal information you hold from misuse, interference, loss, and from unauthorised access, modification or disclosure. It also requires that personal information is destroyed once it is no longer needed. Refer to the Security practices and policies checklist for a guide to implementing security practices and policies for your healthcare organisation when using My Health Record.

Only appropriate staff within an organisation can access an individual's My Health Record. This means tightly controlling the use of logons and passwords used to access your clinical software system and not sharing this information amongst staff members. Staff must be trained before they can use My Health Record so they understand how to use the system appropriately as well as their obligations regarding access and use.

The My Health Record legislation requires My Health Record information to be stored in Australia (not overseas) to help safeguard privacy and security of records. Bank-strength security mechanisms are used to protect the information from unauthorised access. Further information is available on information security for small healthcare businesses.

Notifiable data breaches

Should a data breach occur (such as unauthorised access by a staff member or if your system is affected by malicious software), you need to notify the System Operator (Australian Digital Health Agency). If the breach involves personal information that is likely to result in serious harm to any affected individual it is necessary to also notify the Australian Information Commissioner (OAIC). More information is available in the OIAC's Guide to data breach notification in the My Health Record system.

Patient record access and control

Individuals with a My Health Record can control access to their record via the online portal and via apps from their Smartphone or internet connected device. There are a number of methods individuals can use to control access to their record including setting a PIN code and nominating specific providers to have access to their record. The online record includes an audit trail of who accessed what information and when, and patients can view this log from the consumer portal.

Emergency access to My Health Record

The Act allows for healthcare provider access to a patient's My Health Record in the event of an emergency situation. Access is only authorised under the My Health Records Act if:

- there is a serious threat to the individual's life, health or safety **and** their consent cannot be obtained (for example, due to being unconscious); or
- there are reasonable grounds to believe that access to the My Health Record of that person is necessary to lessen or prevent a serious threat to public health or safety (for example, to identify the source of a serious infection and prevent its spread).

When granted, emergency access is provided for a maximum of 5 days and the use of this function is recorded in the audit history of the patient record which can be viewed by the individual. Unlawful use of the emergency access function is subject to civil and/or criminal penalties under the My Health Records Act.

Both the provider and patient may be contacted by the Digital Health Agency following the use of the emergency access function for verification purposes.

Penalties for misuse

There are strict rules that govern use of My Health Record with serious penalties for deliberate or malicious misuse included in the legislation. Penalties include up to 5 years' jail time and fines of up to $315,000 for misuse of health information.

Participation requirements

There is no requirement for a practitioner to register for, access or upload to My Health Record when providing treatment to a patient. However, a patient may request that you access their My Health Record. Read more about the My Health Record system participation obligations.

Telehealth Fact Sheet
for providers of mental health therapies

What is telehealth?

Telehealth consultations involve the use of telecommunications technology to provide healthcare services over a distance. This can include the transmission of voice, images, data and clinical information. Telehealth encompasses diagnostic, preventive (educational) and therapeutic aspects of healthcare.

Telehealth consultations can be conducted by phone or by video conference. Video consultation is the preferred substitute for face-to-face consultations, due to the ability to integrate visual elements such mobility and body language into the overall clinical assessment. However, the use of telephone may be an appropriate alternative.

What are the benefits for allied health providers and their patients?

- **Improved access** for patients who may find it difficult to visit their healthcare provider due to physical or time limitations
- **Reduced waiting time** to see a health professional
- **Reduced need to travel** to see a health professional
- **Reduced costs** associated with seeing a health professional in person e.g. travel, parking, childcare
- **Continuity of care** when patients are unable to visit their healthcare provider in person
- **Ability to assess** whether the patient needs to be seen in person for treatment
- **Reduced exposure to illness and infections**, particularly for patients who may be immunocompromised
- **Increased efficiency** of healthcare delivery

Overall telehealth can improve patient engagement and continuity of care due to the convenience for patients and providers, and ease of reviewing progress in between in-person consultations.

Getting started

AHPA's *Telehealth Guide for Allied Health Professionals* is a practical guide to getting started with telehealth. It includes elements to be considered in relation to privacy and security, technical equipment, getting the most out of a telehealth consultation, and how to prepare for/follow up a telehealth consultation.

Case study | Aiden

Background

Aiden is a 16-year-old boy who has always struggled with his schooling and self-care. He also has some sensory sensitivities and has been something of a fussy eater due to food textures. Aiden has difficulty socialising and fitting in, and he says this makes him feel depressed.

Following a late diagnosis of high-functioning autism, and creation of a mental health plan under the Better Access initiative, Aiden is seeing an accredited mental health occupational therapist to help him cope physically and mentally with his daily tasks. He is embarrassed about needing help and doesn't want to be seen going to a health professional. After some initial face-to-face sessions, the occupational therapist suggested telehealth sessions at after-school times as an alternative.

How telehealth was used in Aiden's case

Before the first telehealth session, the occupational therapist sent Aiden information about how it would work, and let him know that his parents could participate in the meeting if he wanted them to.

During the sessions, the occupational therapist balanced practical elements, such as exercises for fine motor skills and flexibility, with developing Aiden's skills for daily tasks that would increase his independence and boost his confidence and self-esteem. These included strategies for time management, hygiene and grooming, social skills, and planning for part-time job applications.

The telehealth sessions allowed Aiden to access support for his mental health and life skills, without the inconvenience or stigma (real or perceived) of attending sessions in person.

Aiden's parents did not have access to his My Health Record and he told the occupational therapist he didn't want anything about his sessions shared in event summaries in his My Health Record. However, he was happy for them to send a progress report via secure messaging to his GP.

Although Aiden wanted to participate in the telehealth sessions alone, his parents were happy because they could see that he was more willing to try things and more positive overall.