Submission to Department of Health on Review of the My Health Record legislation

(submitted via online survey)

Please provide your feedback in relation to the general themes identified in the consultation paper on the operation of the My Health Record system.

The Society of Hospital Pharmacists of Australia represents more than 5,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. The hospital pharmacy sector is integral to Australia's healthcare system, with clinical pharmacy embedded across most specialities helping to ensure the safe and effective use of medicines including the reducing the risk of polypharmacy, poor adherence, and adverse medicine events. This means that hospital pharmacists are at the forefront of MHR use with an acute knowledge of its benefits and challenges.

SHPA recently completed a survey for hospital pharmacists regarding MHR use in hospital settings, and produced the report *My Health Record in Hospital Pharmacy Settings: Adoption, Barriers and Challenges*. The report was provided to the Australia Digital Health Agency. The key findings included:

- Hospital pharmacists felt positively about My Health Record, rating it on average 7.2 out of 10 as a tool to improve the delivery of safe and high-quality health care.
- The majority (65.7%) of respondents who reported using My Health Record (75.1%) use it multiple times per day.
- Barriers identified to greater use were largely structural; with a lack of integration with conformant clinical software raised most frequently, or cultural; relating to negative beliefs regarding the accuracy and completeness of patient information.
- For a significant number of hospital pharmacists, hospital specific factors, i.e. staffing, access to computers and concerns about hospital priorities, were a barrier.
- Training emerged as a key factor to enhance engagement with My Health Record for hospital pharmacists, with those who have undertaken more training reporting fewer negative concerns across a range of factors.

1. Is MHR providing important practical healthcare benefits to consumers and providers? Could more be done to improve the benefits that are provided? Could more be done to generate better public understanding of the healthcare benefits of MHR?

MHR plays an important role contributing to the delivery of safe and high-quality healthcare particularly in areas of high risk such as transitions of care where medicine errors occur more frequently leading to poor health outcomes for patients[1]. MHR can provide timely access to a patient's health information such as recent discharge summaries or dispensing records making it a key tool in medicines safety. This allows hospital pharmacists access to important information and aids them in the delivery of high quality and safe healthcare.

During a hospital admission, changes to medicine regimens frequently occur, creating a risk of medicine discrepancies upon discharge back into the primary care setting. These discrepancies can often lead to

patients taking the wrong medicines, the wrong doses, or not taking the required medicine at all, and can have harmful consequences that require readmission back into hospital.

It is therefore vital that health records accurately reflect these changes and that these changes are visible to other healthcare providers. Electronic health platforms, such as MHR, are key to facilitating the streamlined transfer of information and reduce medicines discrepancies[2, 3]. MHR can significantly improve the transfer of information between hospitals and primary care settings enabling continuity of care and improving patient health outcomes. For this to be possible, however, there are certain cultural and structural factors that need to be addressed to enable greater use and benefit from MHR.

SHPA's survey demonstrated an overall positive view of MHR with hospital pharmacists rating it on average 7.2 out of 10 as a tool to enhance the delivery of safe and high-quality healthcare. Hospital pharmacist also gave indication that they were comfortable using MHR rating it on average 7.7 out of 10. MHR is used by the majority (65.7%) of hospital pharmacists with 75.1% of those who use it reporting that they use it multiple times per day.

Despite the overall positive sentiment and widespread use of MHR among hospital pharmacists more could be done to improve the benefits to patient safety and further increase MHR's contribution to high-quality healthcare. SHPA's report uncovered major barriers to greater use amongst hospital pharmacists. These were largely structural; with a lack of integration with conformant clinical software raised most frequently, or cultural; relating to negative beliefs regarding the accuracy and completeness of patient information.

The majority of hospital pharmacists (54.6%) felt that not enough patients have information uploaded to MHR and many (37.5%) did not trust the accuracy of the clinical information on MHR. Successfully implementing new tools or changes to clinical workflows in acute health services, in particular e-health, depends on effective cultural and change management. Providing a new tool or software to healthcare providers, without organisational support and commitment, has tended to be less successful, regardless of the merit of the resource and it is important that these changes are preceded by many months of collaborative planning and scoping, training, and credentialing before 'go live' dates.

To further progress the benefits of MHR it is important that these cultural challenges and negative beliefs be address. Education is vital in reducing many barriers to broader uptake of MHR with those who have undertaken more training being less likely to report barriers and concerns including those related to completeness and accuracy of the information uploaded.

A significant number of hospital pharmacists also detailed hospital specific factors including; staffing, access to computers and concerns about hospital priorities, as key barriers. These on the ground challenges need to be addressed to allow hospital staff the ability to most effectively use the MHR program.

To further public understanding it is important that widespread education surrounding the benefits and purpose of MHR is utilised to incite broader cultural adoption of the MHR system. This will then increase the completeness of data on MHR in turn making the system more useful to healthcare practitioners.

[1.] Wheeler, A. J., Scahill, S., Hopcroft, D., & Stapleton, H. Reducing medication errors at transitions of care is everyone's business. (2018). *Aust Prescr*, 41(3), 73-77. doi:10.18773/austprescr.2018.021

[2.] Hunt, S., & Chakraborty, J. (2020). *Electronic Health Records in Hospitals: Preventing Dosing Errors in the Medication Administration Context*, Cham.

[3.] Pandya, C., Clarke, T., Scarsella, E., Alongi, A., Amport, S. B., Hamel, L., et al. Ensuring Effective Care Transition Communication: Implementation of an Electronic Medical Record-Based Tool for Improved Cancer Treatment Handoffs Between Clinic and Infusion Nurses. (2019). *J Oncol Pract*, 15(5), e480-e489. doi:10.1200/jop.18.00245

2. Are there any particular features of MHR that make healthcare recipients or providers reluctant or disinclined to use it? Is there unnecessary complexity in MHR legislation?

Integration with conformant clinical software is a key issue identified in SHPA's report, showing that in many hospitals MHR did not fully integrate with other pharmacy software. This creates further issues including requirements to log in multiple times, difficulty of use and challenges in learning the system. These issues represent a significant challenge that hinders the continued use of MHR by hospital pharmacists. The seamless integration of MHR into conformant clinical software is incredibly important to its uptake by clinicians. The digitised healthcare environment is highly complex, with multiple stakeholders and software providers across many different settings, making integration with MHR an increasingly challenging task. Greater integration is likely to lead to additional confidence for hospital pharmacists.

Our report also showed that many hospital pharmacists were unaware of their Healthcare Provider Identifier HPI-I and HPI-O and that this contributes as a further barrier to the use of MHR. This demonstrates that a lack of understanding among healthcare practitioners regarding how to access MHR and what type of access controls they are required to navigate in an increasingly digitised and complex health system.

The issue is symptomatic of a wider problem in Australian hospitals. Hospitals and health services commonly invest in and implement electronic health solutions that are not integrated, thus requiring multiple logins and passwords to access different software, and often further complicated by two-factor authentication. In this environment the reliance on individuals to obtain and manage 'Identifiers' can become onerous. Especially when these numbers require provision of personal and dynamic data such as marital names. Whilst health information security is of great importance to health services, healthcare providers and patients, these security requirements must be complemented by seamless access to key information for healthcare professionals expected to manage them.

3. Is the scope and purpose of MHR clear? Is there a need to define or explain MHR more clearly, and how it relates to other health information systems and practices?

SHPA believes that the scope and purpose of MHR is not clear to all clinicians, especially clinicians who do not regularly use MHR in their practice. Difficulties in understanding the role of MHR in a crowded clinical space is a common issue within hospital pharmacy. Clinical software and electronic medical records in hospitals is already a very complex web which MHR intends to be yet another addition in this matrix. Adding to this complexity is that there exists a lot of variation between jurisdictions and hospital networks on their technology ecosystem, which software they have implemented and how much capacity for integration is planned and funded.

Feedback to SHPA indicated that only 18.9% of respondents' hospital had fully implemented an integrated closed-loop electronic medical record system. The largest group of respondents (43.1%) indicated that whilst their hospital had implemented an electronic medical records software it was not fully integrated with other hospital and clinical software. A further 24.3% stated their hospital was in the process of planning, scoping, or implementing an electronic medical record, with 10.9% of respondents saying their health service did not have plans to implement one.

Whilst MHR is not intended to replace other sources of clinical information, or be used as a platform for different clinicians to communicate with each other, different perceptions of what MHR is capable of, or intended to achieve, has contributed to varied expectations.

This confusion may influence perceptions of the utility of the system. SHPA believes it is important that MHR's role is understood clearly across all key stakeholders including, patients, practitioners and policy makers in order minimise confusion and build confidence in the system. Greater clarity around the role of MHR can contribute to greater cultural adoption of the program thus building the usefulness with more patients having information on their record and more information being available to clinicians.

4. Should the future direction of MHR be spelt out more than at present? What issues should be covered in a futures roadmap or strategic plan?

SHPA believes there needs to be a concerted effort by the federal government to better understand clinical practice and workflows in hospital, as well as the technology ecosystem that is already present and developing in the acute sector. Appreciation and understanding of the significant variation can enable the development of targeted strategies that that meaningfully support the uptake and implementation of MHR in hospitals and integration with existing systems.

Over recent years, and particularly in this current phase of technological growth, healthcare providers have had many experiences of poor change management processes when implementing new systems and workflows. The piecemeal approach to funding and implementation of electronic health solutions means that before healthcare providers have fully adapted to one significant change or new software, another one may be around the corner. This can contribute to fatigue and poor engagement with new electronic health solutions and negative or jaded views based on previous experiences.

It is important that future planning of MHR takes into account the cultural change that needs to occur to support greater adoption, given perceptions of inaccuracy of the records and the completeness of the information remain a key barrier to the use of MHR even among health professionals who have advocated for this type of approach for many years. Even the suggestion of omitted information, or information removed by the patient, requires pharmacists to rely on other resources for information about medicine, which reduces the value of MHR to a secondary source. This invariably disincentivises practitioners under high efficiency pressures.

Future efforts should also be focussed on improving staffing, access to computers, cultural change and adoption, providing clarity on the use of MHR and allaying fears of incompleteness and inaccuracy through strategies that increase education and adoption.