

My Health Record: A South Australian General Practice Case Study

Final report

Discipline of General Practice
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Executive summary

Background

The Australian Digital Health Agency commissioned the Flinders University College of Medicine and Public Health to research perceptions and use of My Health Record by GPs, practice staff and patients in a single site primary care setting in South Australia.

Tailored My Health Record training was delivered at s47G s47G in June 2018, as part of the practice's continuing professional development program. The research case study examined whether GP and practice staff perceptions and use of My Health Record changed after receiving the training, leading to greater engagement.

The study also canvassed the views of patients who are registered My Health Record users to determine whether the system has delivered value to consumers as a useful health resource.

s47 case study

s47 is a leading general practice in s47G, with an excellent tradition of research and innovation and awards for the quality of their care. The surgery offers a comprehensive range of services including both acute and preventive services. s47G s47G. One GP partner s47G s47G has been taking a lead role in encouraging practice-wide uptake of the technology. Therefore, s47 is both a receptive and well-positioned primary care setting to test professional readiness and factors that influence the uptake of My Health Record.

Study context

Contextual factors of note included:

- the relative immaturity of the My Health Record system in South Australia; principally, the insufficient connection of primary, secondary and tertiary care data flow across the health system
- the unanticipated introduction of the My Health Record opt out period between 16 July and 15 November 2018, coinciding with the completion of the training.

Research method

Twenty face to face interviews with health professionals were conducted pre-training on site at s47 in May 2018. Of these, 16 participated in the post-training interviews in August 2018.

Findings – GPs and practice staff

Understanding of My Health Record

Members of the s47 team ranged along a spectrum of awareness, understanding and acceptance of My Health Record as a digital health tool, with most expressing some ambivalence but an open mind to using it.

The practical training was successful in giving participants the knowledge, skills and confidence to navigate My Health Record and reassured them that My Health Record is quick and easy to navigate.

Perceived benefits of My Health Record

The main perceived benefits associated with a well-designed and properly functioning My Health Record system were relatively consistent across the pre- and post-interviews and included:

- the ability to share health information seamlessly across the primary, secondary and acute sectors and thereby reduce medication errors, aid in informed diagnoses and enable GPs and practice staff to receive timely directions about follow up treatments
- potential workflow efficiencies, not having to chase up test results and discharge summaries or having to probe for patient histories
- patient empowerment through increased access to their health information and involvement in their care.

Utilisation of My Health Record in s47

My Health Record uptake was low before the training with minimal change after the training. The main reasons for the lack of change – in spite of recognising the many potential benefits – included:

- data privacy and security concerns associated with the opt out debates
- limited wider health provider buy in and unavailability of information such as pathology and diagnostic imaging results and hospital discharge summaries
- perceived unreliability of My Health Record information (e.g. incomplete, not up to date, edited by patients)
- lack of time in pressured consultations and other priorities taking precedence
- patients not asking for My Health Record and lack of other triggers for use.

However, training and the wider dialogue surrounding My Health Record activated interest in and uptake of My Health Record among several s47 team members.

Key facilitating factors for the uptake of My Health Record

Uptake would be facilitated by:

- comprehensive buy-in from providers across the health sector and systematic uploading of relevant health information
- demonstrable evidence of clinical benefits, workflow efficiency and patient satisfaction
- practice-level support to ignite and maintain momentum, e.g. encouraging ongoing conversation and promoting, recognising and rewarding the use of My Health Record.

Reflections on the training

GPs reflected upon the need for:

- hands on training, rather than an overhead screen demonstration walk through of My Health Record.
- opportunities to practice – ‘to play’ – with the technology during and after training, preferably with a dummy patient or equivalent
- more training specifically addressed to non-GP participants’ roles and expectations in administering My Health Record
- follow up training after the closure of the opt out period, to regain the momentum, refresh their practical skills, and to knowledgeably respond to patient concerns about data privacy, security and other contentious components of My Health Record.

Findings – **s47** patients

The patients interviewed were an older cohort, 70 years of age on average – some with complex health conditions while others were in reasonably good health – who were targeted because they had reasonable IT literacy and a keen interest in charting their health journey.

Reasons for signing up to My Health Record

Most signed up on the advice of their GP and considered it a good idea that their health information could be shared/accessed anywhere, anytime, by any health provider involved in their care.

Many were experiencing a growing sense of vulnerability associated with ageing, and My Health Record was seen as a valuable health management tool (e.g. for mitigating memory loss/cognitive decline), particularly the event of health emergencies (providing on the spot, accurate health information).

Patient interaction with My Health Record

Patients ranged from actively interacting with their My Health Record to a passively allowing the tool to be managed by their GPs and practice nurses.

Direct interactions involved accessing and monitoring information and reports uploaded by their GPs (most common), discussing their records with their GP (relatively common) and entering their own information into the record (least common).

My Health Record gave these patients a sense of confidence, autonomy and control over their health management. In particular they valued:

- the increased transparency in the health exchange between patient and GP offered by My Health Record
- the ability to access information and results independently, without having to go directly through their health provider.

Issues and concerns raised about My Health Record

Patients were concerned by:

- technical issues experienced while trying to sign up or activate their records
- insufficient information in the record, e.g. the lack of test results
- the need for information that is relevant, easy for patients to read, interpret and manage.
- privacy and security; however, most believed that the health-protecting and potential life-saving benefits of My Health Record outweighed any privacy and security risks.

Real life benefits of My Health Record

No patients provided an explicit example of My Health Record delivering a life-changing health impact, as none of them had yet had a critical health event or emergency necessitating its use.

Two respondents described adverse situations where a My Health Record, had it been operative at the time, could have made a key difference to their health encounters.

Recommendations

Recommendations for supporting increased uptake of My Health Record – in **s47G** SA general practice more widely and the SA patient community – relate to four key focus areas.

1. Build confidence in primary, secondary and tertiary My Health Record connections in South Australia

Recommendation 1: Continue to fast track My Health Record connections (noting key developments scheduled for 2019) and ensure that GPs, practice staff and patient users of My Health Record **are well informed** about progress in bringing diverse health providers and data/test results into My Health Record (e.g. pathology, radiology, SA Health, and allied health).

2. Develop targeted training and education

Recommendation 2: Design and deliver My Health Record training and education:

- equipping GPs and practice staff with the **practical knowledge and skills** to navigate My Health Record
- providing more **hands on training**, incorporating laptops and a dummy patient or equivalent to practice on
- improving health practitioner knowledge and confidence **to discuss the privacy and security issues** raised in the opt out debates and associated protections built into the tool
- equipping GPs and practice staff to **assist and advise patients about how use** the tool;
- specifically addressing **non-GP practice staff roles and functions**
- providing the **s47** team with **follow up training** after the opt out period has concluded to address the issues raised, refresh practical skills and reignite the momentum lost following the opt out experience
- exploring avenues for **peer-to-peer education** both within the **s47** GP and practice staff team and in broader a cross-general practice context.

Recommendation 3: Develop a stronger focus on patient community information and education through:

- a **positive public awareness campaign** to engage the interest of the wider community and counter the negative messaging produced in much of the opt out media
- **targeted information resources** (online and brochures) for patients, addressing privacy and security concerns and how to apply protection mechanisms built into the tool.

3. Maximise features which will support rollout of My Health Record

Recommendation 4: Select and prepare key general practices for successful uptake of – and a leadership role in promoting – My Health Record in South Australia, noting the following facilitating factors:

- having one or more **digital health champions** within the practice to drive and support the process
- projecting a **positive practice culture** that encourages and supports staff uptake of My Health Record

Recommendation 5: Recognise and reward health practitioners for committing the extra time and effort required to clean data in preparation for setting up a patient's My Health Record. This could include:

- considering a **non-attendance based My Health Record set-up rebate**; potentially time limited until sufficient momentum is underway
- **exploring other mechanisms** (e.g. practice-based) to minimise and account for the time involved in setting up a My Health Record with clean and adequate data.

Recommendation 6: **Address technical issues** in My Health Record and **make the tool as user-friendly** as possible, by:

- streamlining and simplifying **patient activation and login procedures**
- resolving **interface issues** between My Health Record and **s47G** software (e.g. problems in the medication view)
- developing swift resolution processes to **rectify data errors** in My Health Record (e.g. incorrect medications).

4. Leverage the progress of **s47** to encourage broader acceptance of My Health Record

Recommendation 7: Assess the change readiness of general practices in South Australia and **develop a diffusion strategy** to grow regional and state-wide momentum. The strategy should:

- maximise the digital health strengths and advancement of **s47** to establish it as a **lead South Australian practice** in the utilisation of My Health Record
- build a **digital health network** to diffuse the capabilities of **s47** to other receptive practices and beyond.

s47B

The introduction of the My Health Record opt out period coinciding with the completion of s47 training

The original intention of the My Health Record case study was to examine changes in attitudes and behaviour relating to the uptake of My Health Record by s47 GPs and practice staff, after receiving tailored training. The change focus has remained a consistent research objective; however, the unanticipated introduction of the My Health Record opt out period between 16 July and 15 November 2018, coinciding with the completion of the training, has exerted a significant impact on GP and practice staff thinking about the technology. Unless Australians actively opt out, they will automatically receive a My Health Record as of January 2019 there has been significant and frequently heated debate about the relative merits of an opt in or opt out approach. A proliferation of media highlighting data privacy and security risks coincided with s47 GPs and practice staff completing the training. In the context of the present study, participant responses to My Health Record training must be understood in light of this context.

2. The research study

The aims the research study were to:

- ⇒ identify current attitudes toward and uptake of My Health Record by GPs and practice staff, in a single general practice setting s47G and assess whether this changed after receiving tailored My Health Record training
- ⇒ better understand s47 patients' direct experience with My Health Record and identify associated benefits, barriers and facilitators, from the consumer perspective.

2.1. Research methodology

Permission was granted by s47 for the Flinders University College of Medicine and Public Health to undertake the My Health Record: A South Australian General Practice Case Study research project using s47 as the single site case study after obtaining approval by the Flinders University Social and Behavioural Ethics Committee. The surgery is a larger practice with a shared medical record and exclusively uses the s47G medical software package.

All s47 GPs and practice staff were invited to participate in a pre- and post-training interview. A pre-prepared email invitation from the Flinders research team was circulated to all GPs and practice staff by the s47 Business Manager. A project information sheet and consent form were included in the email.

Twenty s47 primary care practitioners participated in the pre-training interviews in May 2018. This included 13 GPs, 1 registrar, 3 RNs, 1 specialist (located a day a week at the surgery), 1 pharmacist and the business manager. Three training sessions were delivered in June 2018. The study allowed a period of four weeks for the training to settle before conducting post-training interviews in August 2018. Sixteen s47 primary practitioners participated in the post-training interviews, with four withdrawing from the original group on the grounds they did not do the

training. s47G [REDACTED]
 s47G [REDACTED]. Data was collected via one-on-one interviews using a semi-structured interview schedule (see Appendix 1).

Purposive sampling was used to recruit patients identified by s47 as registered and active users of My Health Record. Twenty potential participants were identified from the s47 patient database. The Flinders Research team prepared an invitation letter, which was mailed to them together with the project information sheet and consent form by the s47 Business Manager. Fourteen s47 patients consented to participate in the study over August and September 2018. Data was collected via telephone interviews using a semi-structured interview schedule (see Appendix 2).

2.1.1. GP and practice staff interviews

A trained interviewer from Flinders University conducted the pre- and post-training interviews. The majority of interviews were conducted face-to-face onsite at the s47 premises. Two post-training interviews were conducted by telephone to accommodate the work schedules and requirements of these participants. All participants gave informed consent with all interviews digitally recorded with participants' permission. The recordings were backed up with reflective notes taken by the researcher during the interviews. Participants were able to withdraw from the study at any time. Interviews focused on:

- baseline knowledge of My Health Record
- perceptions of the utility and value of My Health Record
- whether participants are using My Health Record:
 - if yes, how is it being used and do they mention it to patients they see during consultation?
 - if no, what are the reasons for not using it?
- whether there are particular groups of patients they believe get more benefit from My Health Record
- anticipated benefits/drawbacks of My Health Record, including implications for work flow efficiency.

GPs and practice staff received a \$50 payment for their involvement in the study interviews, which were undertaken during work hours on-site at s47G. Payment was disbursed to s47G which distributed individual payments to study participants.

2.1.2. Patient interviews

A trained interviewer from Flinders University conducted the patient interviews by telephone. All participants gave informed consent with all interviews digitally recorded with participants' permission. The recordings were backed up with reflective notes taken by the researcher during the interviews. Participants were able to withdraw from the study at any time. Interviews focused on:

- how and why patients signed up for My Health Record, including how they found out about it
- how much do they know about My Health Record and what they think it is principally designed to do

- how long they have been registered and how much they use My Health Record as a health self-management tool (e.g. regularly in health consultations, intermittently, rarely and the reasons for this)
- how they would describe the role of the GP and other practice staff in mediating their experience of My Health Record – encouraging and supporting their use of it (or otherwise)
- what, if any, specific benefit they gain from being My Health Record users
- whether they have any concerns about using My Health Record and any aspects of My Health Record they don't like.

Patient participants received a \$50 shopping voucher to compensate for their time. The vouchers were provided to **s47** which posted them to participants at the conclusion of the interview process.

2.2. Data analysis

All GP and practice staff interviews were transcribed by the researcher, with the patient interviews transcribed by a professional transcription service. Interviewee contributions were de-identified, with names replaced by number codes. Transcripts were analysed using thematic (inductive) analysis, which is a qualitative method for identifying, analysing, organizing, describing, and reporting themes found within a data set, informed by grounded theory methodology.

3. Findings

3.1. GPs and practice staff perspectives on My Health Record pre- and post-training

Members of the **s47** team range along a spectrum of awareness, understanding and acceptance of My Health Record. At one end are a small number of digital health enthusiasts and deep engagers with the My Health Record technology. At the other end were several team members who maintained a resistance to My Health Record over the course of the project. Most respondents occupied a middle ground, drawn to some elements of My Health Record and deterred by others.

While the current study has sought to gauge positive changes in **s47** team member attitudes to My Health Record following training, the unanticipated implementation of the My Health Record opt out period, which happened immediately after the training, was a key confounding factor. The negative messaging about data privacy and security made a deep impression on many of the practice team, winding back some of the attitudinal gains achieved by the training. However, while some of the respondents lamented the timing, others considered that the debates were important to recognise and address early in the process.

3.1.1. Awareness and understanding of My Health Record

Prior to receiving My Health Record training, **s47** GPs and practice staff were asked to rate their current level of understanding about the tool and where it fits into modern medical practice. Most

respondents rated their understanding about My Health Record as slight to somewhat, with the few My Health Record enthusiasts rating their understanding as moderate to extremely good. After the training most respondents reported greater awareness and knowledge about My Health Record; however much of the credit for increased awareness was attributed to the heightened media and debates surrounding the commencement of the opt out period. In rating their level of understanding at this point in time, most had shifted from slight or somewhat to moderate or greater understanding.

Respondents had a competent grasp of My Health Record as an electronic database for the centralised storage of people's health information, intended as a platform for communicating and sharing information across the health sector. My Health Record was conceptualised in ideal rather than realistic terms, as containing an overall summary of people's health status, including detailed patient histories, medications, allergies, immunisation histories, hospital discharge summaries, pathology and radiology results and specialist and other external health provider reports: 'All info that you want to know when you meet a patient for the first time'. Many went on to express uncertainty about what, if any, of this information is currently available in My Health Record, who is able to upload and view information and when My Health Record in South Australia will be fully functional.

3.1.2. Perceived benefits of My Health Record

There was widespread agreement – both pre- and post-training - that a properly designed, configured and executed system would have the potential to deliver key benefits to patients and providers in the South Australian health system.

Seamless sharing of health information

My Health Record's greatest potential is in the seamless sharing of individual patient health information across primary, secondary and acute care sectors. The s47 experience is that patients assume that information is automatically communicated between hospitals and specialists and their local GPs, whereas this is rarely the case. There is frustration that the GP role is pivotal in following up care to external health interactions and yet they are rarely looped into the process in a timely manner. If My Health Record was able to provide access to relevant real time or near real time patient health information, fed in by all providers involved in the care of a patient – then everybody would be much more likely to use it.

Specific benefits to flow from seamless information sharing across health sectors include:

- **improved clinical decision-making**, drawing on comprehensive medical histories/notes including external health interactions, for example hospital admissions, and diagnoses and health treatments provided by other doctors

Patients often forget or disregard crucial details about past health interactions in discussions with their primary care provider. The ability to source these on the spot has key potential to influence healthcare decisions.

'The fact that people can fly in from interstate, which they frequently do, and appear on your doorstep for a script or appear on your doorstep with a urinary infection and we don't know what they're allergic to. It's just being able to freely

access that information. Or the patient [with dementia] that comes in and you don't know a thing about them and they are very poor historians; you can grasp a bit of what's being going on for them just by looking up their record. When you've got your regular patients that come through it doesn't matter, you don't need the My Health Record because you already know what's going on, but it's the new patients that out of the blue come in and [you] don't have a clue or anything about their medical background. And then there are the things that nobody thinks is important, they don't bother to tell you: you know I've actually got a genetic problem, but I didn't bother to tell you because I didn't think it was important for this when it is very important. And so, having that accessible and saying oh you've got this – ok that changes this, it's really quite helpful.'

- **improved patient safety and clinical benefit** particularly in reducing/avoiding medication errors and adverse allergic reactions

A priority is having access to patient medication lists updated by all health providers involved in the care of a patient (including hospitals, specialists and other GPs) who may have prescribed new medications or changed the dosages of existing medications.

- the ability to **identify and action follow up treatments** recommended by specialists and/or hospitals on patient discharge, where it is important that these treatments are implemented without delay

Some respondents commented that an alert system within My Health Record would be a valuable feature, to prompt GPs to call patients into the surgery and commence recommended treatments.

'It's going to improve that continuity of care – if you've had a hospitalisation, for example, so that we can see what's happened in hospital, what medications might have been altered, what procedures they've had, any of that type of information, what follow up is required, from an outpatient side of things, what blood tests need to be ordered, are they potentially at risk in their own home, do they need follow up in the community.'

- **enhanced team care arrangements and communication**, which was of particular concern to practice nurses

'I think there's limitations in [My Health Record] from my understanding at the moment of what information is on there... Practice nurses can upload shared care plans but if patients saw a physio or a podiatrist or an optometrist, for chronic disease management, that's the information that I would love to be able to link in there and say yep you've seen your optometrist, you've seen your podiatrist and it's all on there or you've seen your specialist.'

Workflow efficiencies

A number of respondents identified efficiencies that could flow from using My Health Record. These included:

- **time savings** from the ability to access new patient medical histories, removing the need to probe for historical details, and including details the patient may forget or omit during the consult

'You don't have to ask the patient twenty questions if it's all there. You just quickly confirm if Dr Smith, your GP in Queensland put this up on your My Health Record.'

- not needing to **chase up test results or discharge summaries** which can be prohibitively time consuming

'Now, we're writing to people for a medical request of information where the patient has to sign, we fax it off, we then wait for the hospital to find the records and send it back. So it can be really long and sometimes never happens and sometimes we don't want to do it because it's just hard and doesn't happen so if we could just find it quickly that would be much more efficient and better patient outcomes.'

- **streamlined communication with other health providers**, such as referrals to specialists, without need for paper and faxing, which are seen by many as increasingly anachronistic

'Down the track it would be good if we could use it as a referral base so we didn't have to send referrals, you know the referral's on My Health Record ... Put it all in one spot and then they can access it, would be fantastic.'

- reduced **duplication of testing**, which saves cost to the broader health system, inconvenience, and over-exposure for the patient.

Enhanced patient self-management of health care

While most GPs focused on potential clinical benefits associated with My Health Record, a few highlighted the engagement of patients in their own health care as a potential strength of the tool. This also tended to be a heightened focus of non-GP practice staff.

My Health Record is well-positioned to facilitate:

- **patient empowerment and control over their health journey**, as they can access and review their health histories and results, add further information they see as relevant to their health experience, and better manage their health behaviours
- **greater transparency** of the doctor–patient interaction, whereby patients have a right to know what doctors have written/reported about them, patients can have confidence that the doctor is aware of their issues, and more proactive patients may take it a step further and provide the doctor with feedback.

3.1.3. Utilisation of My Health Record

Utilisation of My Health Record among GPs prior to training ranged from one GP who reported consistently uploading *'the lion's share'* of shared health summaries, a couple of GPs who uploaded shared health summaries in the dozens, several reporting limited use, to the remainder not using My Health Record at all.

Pre-training reasons for not using My Health Record more consistently included:

- **insufficient knowledge about/familiarity with the features of My Health Record** and how to navigate through registration and implementation

'I think that comes down to me not understanding it completely. I think that's a big thing of it. I need to sit down and spend time with it and know exactly what I can access, how to. Because I've only done it a few times I feel like at the start, when I was doing a few uploads, I felt a bit uncomfortable signing people up through §47G but then I haven't signed anyone up for a few months.'

- **perceived limitations in the utility of My Health Record in the South Australian context**
 - respondents were not aware of any useful information currently worth looking up in My Health Record and considered it futile to upload information if nobody else was referring to it (limited clinical value)
- concerns about **the amount of time it would take** to implement My Health Record, on two levels:
 - the §47G – My Health Record interface would be clunky, difficult and time-consuming to navigate
 - the amount of time it would take to explain My Health Record to patients and step them through the registration process.
- My Health Record is **not seen as part of routine practice**; in the context of busy work schedules and complex consultations, practitioners do not think of raising the topic of My Health Record unless they are specifically 'triggered' to do so, for example by a patient asking for it (which is rare), or patients raising travel plans where the GP thought a My Health Record would be warranted
- while there is encouragement at the practice level for non-GP practice staff (practice nurses and the pharmacist) to take a more hands on role in implementing My Health Record, they were **uncertain about the specifics of their role and expectations around their involvement.**

Many respondents considered the training helped in addressing a number of these concerns. The practical training sessions increased most participants' confidence in engaging with My Health Record, particularly in accessing and navigating their way around it, and uploading shared health summaries (i.e. the nuts and bolts, what buttons to press).

The training sessions helped them to understand what information is currently available and how to access useful functions (e.g. the medications view), what information is pending (e.g. pathology and radiology results) and more general intentions of bringing other health providers into the frame (e.g. SA Health, specialists). Respondents were reassured that the process is not overly complicated, onerous or time consuming.

The training flagged limitations in currently available information for users to be aware of (e.g. incomplete or non-updated prescription/dispensing data). Post-training, many respondents

indicated confidence that they would be able to set up and use a My Health Record if required (from a 'how to' perspective).

However, in spite of improving their practical knowledge and skills, and recognising the many benefits that could potentially flow from My Health Record, there was minimal change in utilisation rates after training.

The reasons why utilisation remained static among the majority of respondents included the following:

- **for some it was about entrenched resistance:** a small number of GPs and practice nurses who were resistant to My Health Record before training remained so after training

This position tended to be aligned with a lack of confidence in computer and computer systems in general, a disinclination to change established practice, and a wariness of the 'big brother' aspects of My Health Record (i.e. a mistrust of data governance, and data being accessed for non-legitimate purposes).

- **negative media messaging associated with the My Health Record opt out period coinciding with the post-training period**

Many participants emerged from the training with a positive mindset and intention to increase their engagement with My Health Record; however they were subsequently deterred by the surge of negative media associated with the opt out phase. A number of respondents reported pulling right back as a result.

'My feelings are mixed, probably. Immediately after the training they were good and then with all the media stuff, now it just raises some uncertainty, mainly because I don't necessarily know the answers to the issues raised about security and ease of opting out and things like that so if somebody asked me about it now in regards to those issues.'

One My Health Record supporter commented, *'we had them and then we lost them! I feel like we lost them. And that's a bummer'*.

The main issues raised by the opt out debates included:

- **concerns about privacy and data security**

'I'm still very on the fence about it, I love the concept of it, I think it's a fantastic concept but I have trust issues with it just the same as a lot of people I speak to in that you're putting an awful lot of your information online which is not hackable which is what they're saying which is utterly ridiculous in that everything is hackable if it's on the internet. I don't care how many times you tell me it's not, it is.'

- **potential misuse of the data**

Participants had concerns about the government operating in 'big brother' mode,

providing access to other agencies such law enforcement or social security, and the information being accessed by employers, insurance companies and other private organisations. Some considered that the passing of proposed legislation to regulate access to My Health Record should help to allay these concerns.

- **lack of across-the-board health provider engagement and timely uploading of data, and compromised data quality**

Many continued to express a lack of confidence in the completeness, currency and accuracy of the information contained within My Health Record. This included:

- **key gaps in clinical information**

'How I really want to use it is for that medicines view, because that's where I think it would have been useful if I could have remembered how to do it and if it was actually giving me what I want and I don't think it's all got there. I can see why other GPs who are not quite as keen on it would think oh this is just crap, I'm not going to be bothered.... I do know the advantages of this, I know it's got lots of potential so I'm a bit of a convert anyway.'

- **patient control over/self-editing of files**

'Just knowing they can edit so much is a worry to me. To me it's going to come down to that time where you're like, ok can I treat this person with this or can I do this potentially risky thing, can I rely 100% on this record to provide me with the truth and all the facts I need to know about the patient – no. So would I make a life and death decision based on it – no. Because if there are things missing could you really give someone a treatment you're just not 100% sure about?'

- **continuing concerns about the amount of time and effort involved**

While pre-training concerns about the amount of time involved in navigating the My Health Record – **s47G** interface were generally allayed, post-training concerns focused on the amount of work and time involved in a) explaining and guiding patient engagement with My Health Record, and b) tidying up notes in preparation for uploading shared health summaries into My Health Record, particularly past medical history.

*'We're going to have to tidy up absolutely everything that's on our notes. It's past history as well as active which strikes me as insane. When **s47G** first came out and everything everyone was putting on as part of their past history, colds, contraceptive pill, come in for a pap smear, we're going to have to actually delete all of that off the past history because you don't want that on My Health Record, so there's a lot of work, I see a lot of work, extra work in it.'*

Some respondents are not currently raising My Health Record with patients because they believe that accounts will be automatically created post opt out, circumventing the need (and associated time and effort) to sign people up.

- **absence of a direct circumstance or compelling need to raise the subject of My Health Record with a patient in a consultation since training**

Some respondents observed that while they have no explicit objection to using My Health Record, they haven't been 'triggered' by patients going travelling or by a need to check the prescribing history of new patient or to source a hospital discharge summary. Even consistent **s47** users of My Health Record only raise it with patients when they perceive a compelling reason or a clear associated benefit for the patient (rather than with everybody). This is compounded by the limited clinical information available in My Health Record.

'So that's probably good feedback, why didn't someone like me who's comfortable with using it not use the extra functions? I guess I haven't felt compelled to, I haven't felt that there was critical information for me on that record yet that I needed to know how to access. Yet.'

- **not enough time to play and gain familiarity with the technology**

One respondent noted that after the training his feelings about My Health Record basically stayed the same.

'I think purely that is me not putting the time in at the moment to play with it. It's not an instinctual thing. We're so used to the way this practice works, like our medical software, that that's where my comfort is. I can navigate my way through that really easily. But then seeing how My Health Record operates, it appears clunky. Like, it's not a straightforward thing for me. That's just me being, it's a new thing. So you need to spend time on anything new, and I haven't spent time with it yet.'

- **confusion about how My Health Record will operate post opt out**

For example, are all people who haven't opted out automatically activated when the opt out period ends, or is there still an activation process that needs to be performed (by the GP and/or patients)? Is it purely a case of clicking the green button and GPs can start uploading? Is there information that will upload automatically or is a manual process still required? Is it ethical to upload information without the direct consent (face-to-face) of patients? Some respondents report still feeling a little overwhelmed about how My Health Record will work once the opt out phase ends.

'I don't know what's going to happen after the opt in phase finishes, whether we can just upload a health summary willy-nilly with no consent from the patient whatsoever. That I can just be sitting here, say a summary has come in from the hospital about the patient and I think oh gee it might be useful for that person to have a shared health summary up on their My Health Record, do I do that because I'm happy to sit here and do it and the patient's not here and I just do it, but I'm assuming that I know what they want included and not included and I don't know whether I'm prepared to do that ... and I don't want to be the one who has the patient ranting and raving because there's something on their health record that they didn't want on there.'

A positive outcome for increased use of My Health Record

One GP who reported knowing very little about My Health Record and perceiving it as an administrative burden in the pre-training interview, was transformed into a My Health Record supporter and user by the time of the post-training interview. The interesting feature was that this particular GP was away from the practice and did not attend any of the training sessions, and so arrived at this position via an alternative route. In this case, it was the heightened profile of My Health Record within the practice by virtue of the study being promoted at practice level, the debates stimulated by the opt out media, and conversations among peers in the practice prompted by both. In essence, My Health Record went from invisible in his world to topical and relevant to his practice. It helped that he was technologically competent and curious, and confident within himself to follow up and explore the technology under his own steam. This particular case indicates that uptake of My Health Record can be a simple function of a heightened profile reinforced by messages of relevance to clinical practice:

I think my reservations at the time [pre-training] were just not having done it, and no experience in it, but I'm more comfortable using it now. Actually, I found it quite useful last week, I had a patient from another practice that came here for the first time and it was very useful to be able to get access to the patient's medications, they were already set up. A couple of times actually it's been really useful, so it was useful about six weeks ago, I saw a patient, she came in from [interstate] and she had a couple of discharge summaries... she went [interstate] for several years with her family and so during that time frame you know accessing mental health services and she went into hospital a few times so it was really helpful to read those and have access to those... so when the patient was here we went through it together to talk about it because it's obviously hard for patients to remember it all.

The primary motivation for this GP to refer to My Health Record was the ability to source information not otherwise readily available; he commented that he would use it in any patient cases where there is a perceived information gap (i.e. not specifically targeted to older people or travellers): *'I think because you know you've got a lack of information in what you're doing and the patient doesn't know and then you raise well let's check the My Health Record.'*

3.1.4. Suggested approaches to accelerate the uptake of My Health Record

GPs and practice staff were asked what factors, supports or resources would encourage and facilitate their uptake of My Health Record. Their responses included the following:

- **fast-tracking the engagement of diverse health providers and ready availability of useful information** such as pathology and radiology results, hospital discharge summaries, and other health investigations on My Health Record would motivate health practitioners to use it

Universal uptake of My Health Record is key to its success, namely confidence that all relevant parties are engaged and using it: SA Health, specialists, allied health and pharmacists.

'For me it was more the broader perspective on it, like what's the buy in going to be like, you know across all hospitals, specialties, where is it heading, how useful is all this? My big problem is it's an all in all out thing, if it's not 100% all in you can only use it as a little bit of a tool, as a supportive agent rather than The Record.'

And according to another respondent:

'If I knew that it's not just GPs using, it if the hospitals are actually on board... at the moment it just seems to be GPs and you know I think the system is only as good as what's put into it and if the hospitals aren't putting anything into it like a discharge summary I don't see a lot of benefit for me.'

- **general practice needs to see clear and real benefits** associated with using My Health Record: these can be expressed on a professional basis for clinicians, on a health outcomes basis for patients and at practice level

'If there was something in it for us [GPs], something in it for them [patients] then we'd probably all be more on board with it'.

One respondent noted that trying to promote My Health Record to general practice solely on the basis of the benefit for patients may not be sufficient to win over reluctant GPs; however, facilitating access to specialists' reports, discharge summaries, investigations outside the public system and whether prescribed medications have been dispensed is likely to make the difference. Respondents recognised *in theory* the potential for workflow efficiencies, for example not having to probe for patient histories or chase up test results; however, they need to see how these time-savings work *in practice* to appreciate their real value. At a practice level, practice incentive payments for uploading shared health summaries is an important motivator, but more so for practice partners than associate GPs.

- **enhancing optimum user-friendliness**

While the interface between My Health Record and §47G is relatively seamless, elements of the §47G software data display are sub-optimal, for example the medications view interface with §47G: *'When a patient is on lots of medications it's quite confusing to look at, it's not clean.'* My Health Record needs to be designed in a way that requires minimum effort on the part of general practice users; any minor roadblocks encountered in using the technology will cause them to backtrack.

Several GPs set up their own My Health Record in order to play with it, to get a better grasp of what is involved. In this process, some were faced with problematic 'patient-side' access and information issues, particularly navigating through the MyGov website.

'The detail required of them to be able to remember which practitioner they saw on a particular day, it had to be, it was date specific – a month and a year was not sufficient and so I found that was hard, I could name the date but I couldn't name the practitioner. And then it just said you do not have sufficient information to proceed.'

- **recognising and/or compensating for the time it takes to set up My Health Record for patients** is a recurrent theme

For example, a time or non-attendance-based rebate dedicated to setting up a record may help, rather than expecting doctors and patient to absorb this into their regular consultation time. The rebate could be applicable to an initial, one-off block of time to set up the record: *'because why wouldn't you want me to tidy up your file, and why do I have to do it with you sitting here, so why can't I just know that I could put aside this time or do it after hours or whatever it is to tidy up these files.'* This might potentially address the concerns of health practitioners who are daunted by the prospect of having to clean up their data for entry into My Health Record.

- **measures to keep My Health Record at the forefront of practitioners' minds and maintain enthusiasm/momentum**

Some GPs and practice staff emerged from the training feeling energised but this fell rapidly away in light of *'too much other stuff to do'*. One GP commented that post-training he was *'More motivated [but] I'm still lacking time, and I think it's one of those skills that unless you do it a couple of times then you're quite likely to forget ... I think we need to just do a few but we're not going to get the time to do the few you know what I mean?'*

Recommended strategies:

- **Identify the key triggers for doing My Health Record** in order to overcome the problem of practitioners not prioritising and/or simply forgetting to do it, e.g. patient plans to travel. Make uploading shared health summaries for all pending travellers a practice priority, in the process building familiarity and user comfort among health practitioners.
 - **Make My Health Record a routine part of regular patient health reviews**, for example when doing or reviewing a health care plan. These consultations are more conducive for using My Health Record as they are general in scope rather than addressing a specific problem on a given day.
 - **Maintain conversations and encourage and reward the use of My Health Record** within the practice team, e.g. regularly present My Health Record statistics to the team (e.g. rates of uploading); set, monitor and report on goals; offer more training, roundtables and awareness promotion activities; and promote My Health Record through the newsletter including good news stories to counter the negative publicity.
- **presenting a stronger case for how and why My Health Record can a positive force in general practice**

Part of this involves the government driving a positive public awareness campaign:

'Frankly, and I'm sure I'm not the first to say it, the public awareness and information campaign has been woeful, it's been dreadful... they just need mums and dads, just need some proper advertising to reassure the everyday person that

this is a great idea, just three or four different scenarios, you know your elderly father is in hospital and the emergency physician can pull up his notes; you're stressed, you can't remember what blood pressure medicine he's on and what antibiotic he's allergic to – it's all there. And the voice over, you know the federal government is making [a difference], you know its simple stuff like that. Patients will be drivers for change if they're educated well enough.'

- **maximising patient-driven demand for My Health Record**

Respondents often commented that patients are not coming into the practice and asking for a My Health Record. If patients do raise the subject, it is often focused on their fears and concerns rather than an interest in setting one up. There is a firm belief that if patients take a more proactive stance, then general practice would respond positively.

'One of the drivers has got to be patients and the patient education and reassurance. I think is critical ... I have had one young couple come in and say that they'd organised their own My Health Record and they wanted some data uploaded, I thought that was cool. They were Gen Z Millennials and they were keen to use what was a very common technology, everyday technology, and they just assumed that the rest of the world would be on board with that. So I think one of the things that would drive me to use it more, start with the patients saying, if the patients can be reassured and educated that it is a useful, safe tool, they're going to be drivers for change as well.'

- **more information and education**

- The **general community/patients** need to be better informed about the range of benefits associated with having a My Health Record, the protections and mechanisms that safeguard their electronically-stored data, and how to use the tool to best effect in monitoring and managing their own health status.
- **GPs and practice staff** need to be better informed so they are able to advise their patients on the full range of issues and concerns. Many respondents commented that another My Health Record training session would be highly valuable, preferably after the conclusion of the opt out phase. The training session could double as a technical refresher and strengthen GP and practice staff confidence in responding to current debates about My Health Record, particularly around data privacy and security, and layers of consent within the tool.

- **targeted support and training for non-GP practice staff**

Practice nurses **s47G** specifically identified a need for:

- greater clarity around roles and expectations and targeted training to build knowledge and confidence to perform their roles (i.e. less GP-focused); otherwise, their concerns and needs are similar to GPs – universal engagement, consistency and reliability of information, data privacy and security
- My Health Record to facilitate team working (particularly with Allied Health providers), as this is their key area of focus.

Training played an important role for respondents in reinforcing the value and potential of My Health Record; however post-training there is a focus on the need to acquire skills and confidence, practicing with My Health Record, and nutting out accessibility glitches for nurses: *'We've got every opportunity, we do home health assessments, we do care plans so we've got the time, we've got the contact with the patient and so it really is being confident in setting it up and uploading.'* Practice staff are confident that if they are given the opportunity to access My Health Record and support to practice it a few times, it could become part of their routine practice.

GPs and practice staff more broadly identified a further range of facilitating factors, post-training:

- **having committed practice level support** - practice champions are crucial for engagement and confidence building; practice management plays a crucial role in encouraging and supporting uptake; and having people to ask for advice and technical support is important.
- **time and opportunity to play with My Health Record** - this could include a dummy patient to practice on (respondents observed that they cannot link the s47G test patient to My Health Record because it doesn't have a health identifier). Respondents stressed the importance of practicing within their own software system, quarantined from My Health Record. They will not do it if they are forced onto an off-site website/system. The practice team reiterate that *'It's just practice, with doing it'* and *'practice actually uploading a document, practice if there is a modification I can make to their medication, you know a summary that might be there, things like that.'*
- **practice software-specific training videos** would be useful.
- **information or resources** that the practice team can provide or refer patients to for additional information, support and guidance, for example a commonly asked questions/FAQ resource; support packs for GPs, Q&A resources for concerned patients; and an effective public awareness campaign.

3.1.5. Reflections on the training

At the time of delivery, s47 GPs and practice staff highlighted the need for a **more practical, implementation-focused approach to training**: *'What I needed was: how do we set a record up? How do we access medication lists?'* They were less interested in a high level, theoretical overview style of training as most felt they understood and appreciated the rationale for developing a digital health system.

Most participants emerged from the training with better awareness and understanding of My Health Record generally and its functionality more specifically; it was described as a 'good basic intro'. Some GPs with already established My Health Record knowledge and skills found the training to be somewhat superfluous, but understood and appreciated that it was pitched at the right learning level for the majority of participants. That said, even the most advanced My Health Record users learned something new about the tool; for example, that information deleted from the record by patients can still (and only) be viewed by the practitioner who uploaded the summary. This was illuminating for the GP involved and made the training a worthwhile exercise.

Respondents identified a number of limitations in relation to the training including:

- a lack of guidance about **how to interact with patients around engagement and registering** for My Health Record; including how to explain My Health Record to them, walk them through its functionality from patient perspective
- a need to better acknowledge the experience of and **respond to the needs of non-GP practice staff**

'Be nice to focus towards the practice nurses a little bit more, give us a little section of their time. And I guess steps as to actually how to do it, how would you engage with the patient about informing them firstly and then how to actually go about it on the computer.'

- a lack of opportunity **to consolidate learning post-training**, including opportunities to play and familiarise themselves with My Health Record and 'bed down the learning'.

In light of the opt out experience directly following the training, participants realised that they needed to **supplement their hands-on learning with a lot more information about the issues**. There was an appetite for follow up training with a focus on enabling health practitioners to respond with confidence to patients' concerns and enquiries; for example, being able to advise patients on the layers of consent built into the tool.

Recommendations for an effective training approach:

- Undertake a series of training sessions rather than a one-off session, targeting benefits and drivers, practical skills and implementation, and knowledge and confidence in promoting the tool.
- Target training to different practitioner groups, avoid a GP-centric approach.
- Give practitioners opportunities to go away and play with the tool post-instruction, followed by another group session to workshop issues and ideas arising from engagement.
- Plan a series of refresher sessions, practice level My Health Record updates.
- Focus on doctor-to-doctor, peer-to-peer learning as it is built on deep understanding of the logistics and issues faced by practitioners. This would be a way to structure ongoing training and development at the practice level.

3.2. The experience of patients with an activated My Health Record

Fourteen telephone interviews were conducted with **s47** patients with an activated My Health Record. The ages of interviewees ranged from 54 to 84 years of age, with an average age of 70 years. This signals the propensity of **s47** GPs to target older patients with accumulating health conditions as apt candidates for My Health Record. Eight males and six females participated in the study.

3.2.1. Perceptions of My Health Record

All of the patients interviewed understood My Health Record as a **system for storing people's health information in an online database that is able to be accessed by health providers from anywhere** in Australia, in the event that medical care is required when people are away from their regular providers.

'Well, the way I look at it is that patients' or a person's record is held in a database; probably the health records going back a couple of years, and if there was an emergency situation where a person was overseas or away from their own doctor, then the medical practitioner would be able to access that information which, in my opinion, could be life-saving.'

Around a third of respondents had **limited awareness of the finer points of My Health Record** or how their GPs and other health providers are using it in their care. It is something that seems a good idea, and they are happy to have it working in the background of their health care, but they do not spend time thinking about or questioning its impact on their care. These patients emphasise the high level of trust they have in their doctors and nurses, and their preparedness to leave My Health Record in their hands to manage: *'It's just one of those things that's handy now, and I'm happy to have it in the background'*.

The remaining patients have a **good to excellent grasp of My Health Record**. These tended to be the more health and IT literate patients and described themselves as curious and inquiring when it comes to their health interactions with providers. They also spent some time doing inquiry into various dimensions of My Health Record (in conversation with their GP and through personal inquiry) to determine what value it could add to their health experience and whether it was safe and appropriate to use. One patient described when her GP signed her up:

'It was back in the time when [my GP] said, okay, this is coming on board; I don't know how many doctors are actually doing it, and how much data they've collected, but do you want to go in? My husband has Parkinson's, and at that stage I was going in with [him], and he said it to both of us, and we both said yes, that's good. Then, of course, [my husband's] thinking becomes a bit clouded and he doesn't get into everything, so I just took over and realised that, yes, we were in control, this was a good thing. It was safe for us.'

3.2.2. Reasons for signing up to My Health Record

A few patients were unsure how long they had been signed up to My Health Record and had no clear memory of how the signing up happened. However, most recall **signing up on the advice of their GP**, who is a trusted agent of their care: *'We discussed it the other day when I said I wanted to put it on, and he said it's already there. I think he may have mentioned it a couple of times before but I didn't quite understand what it was, but it didn't really worry me. I trust him.'*

It is clear that GPs are promoting My Health Record as **a way for all relevant health providers to access people's key health information**, no matter where they are, which people generally think is an excellent idea from health safety perspective.

'Well, you can end up in hospital overseas which I did at one stage, and my MedicAlert was a great help. So if you had your health record with you plus all your medications and everything, it just makes it easier for the doctors. They can't give you something that's going to kill you.'

'Well, I wanted to have the medical profession, all the different people that I see, the opportunity to know exactly where I stood health-wise. I thought it was a great tool, one that benefits everyone concerned.'

'I ring §47G, it might be semi-urgent, and I can't see anyone there because they're booked out, right; well, I can go to another doctor up at where I live in §47G, for an emergency or semi-emergency, and it would be nice if they had a history of me on their computer.'

One patient believed his GP targeted him for a My Health Record because he was *'a bit more organised than perhaps some other patients'*, which was tied up with being **highly engaged in his own health journey**. A couple of others noted that their GP targeted them because they are **reasonably IT literate** ('computer savvy') and therefore better able to manage the digital interface of My Health Record. One of these noted that for his age, his health is relatively good. So in this instance, the GP's motivation was less about using My Health Record to manage serious health conditions, and prompted more by the prospect that the patient might be interested and competent in interacting with the technology.

Other respondents were clearly targeted **to assist in better managing their health conditions**. For example, one respondent noted that her GP suggested My Health Record might be useful following a major health event:

'I felt that it was a brilliant idea that if I lobbed up again at §47G, there would be some idea of what had gone before and some communication with my GP had sort of gone on in the interim as well in terms of my recovery and back-up and all that sort of stuff. I think it's very sensible and very worthwhile, given my circumstances.'

Not every instance of signing up was at the suggestion of the GP. One respondent noticed the media about My Health Record and **self-initiated a conversation with his GP**; after it was explained to him, he indicated he would like to join.

Other reasons listed by patients for signing up to My Health Record included:

- **professional reasons**
One patient with pre-existing medical conditions needed to keep meticulous health records in order to maintain his commercial vehicle licence.
- **personal convenience**
A number of patients identified the ability to access details about their health status or history whenever needed, without having to visit the doctor. Notably, people tended to identify this is a valuable feature of My Health Record without having used it: *'Maybe because it's a bit high tech. I'm not sure if I'd be able to get it right. One day I might have a go'*. If people were more aware, confident in how to do this, they may make better personal use of the record.
- **interest in monitoring health reports/results**
Some patients take a very active interest in following their health journey and want to be able to access shared health summaries and other test results without having to ring their

doctor/book health appointments. One respondent harbours curiosity about how health providers interpret her health conditions and experiences:

‘Yes, I was just interested to see what was there and what sort of things – as a patient, you sort of have a reason for going to seek medical assistance. Sometimes it’s translated in a different way and recorded in a different way, and I was interested to see what that might be.’

3.2.3. Patients interaction with My Health Record

Limited interaction

A number of patients were **neither actively interacting with their My Health Record themselves, nor greatly aware of what their GPs were doing with it**. Many do not discuss My Health Record with their doctor in consults, although a few report that the GP refers to their record on occasion, and shows/discusses record content with them in the course of a consultation. One respondent discussed his My Health Record in his six monthly health review and care planning process.

Although patients value the prospect of multiple health providers accessing and using their information (e.g. other doctors, specialists, allied health, hospitals) they are **not aware if anyone other than their regular GP has accessed their My Health Record** it (although one knew enough to say he doubted it otherwise he would have received an access alert).

Higher levels of interaction

A few patients were more personally engaged in their My Health Record. For some, this was **motivated by wanting to enter their own information into the record**. One respondent wanted to track his diet and exercise patterns, although he conceded that this activity trailed off over time: *‘I did intend to do that, but all intentions are very good, but I’m a busy person, and I think it falls very low on the priority list.’* Others were interested in entering information such as personal information that the health provider may not deem important enough to include, family medical history, significant life events relating to their health, and non-PBS medications.

Patients were also engaging with My Health Record to **access information uploaded by their GP and other sources**. Often this was about curiosity to see what has been uploaded; for example, one patient set up the alert system to be notified when anyone altered his record. He reported accessing his record eight to ten times per year to check its content. Another respondent logged into her record around three to four times per year. Both respondents accessed their record to review what has been uploaded and both have prompted their GP to correct omissions. As one noted: *‘obviously doctor puts a summary on my eHealth quite frequently and I go in and check that, and sometimes I find he’s made an omission or two, but he corrects it’.*

One respondent was very keen to interact with his My Health Record but expressed frustration that it did not contain his full spectrum of test results, which is the information of value to him:

‘What should be on it, for want of better words, is not just – I don’t know if you’ve actually had a look at My Health Record; that’s irrelevant – but after it was all set up and everything, the only thing that was available – and this is what really peed

me off and peed a lot of doctors off – is the fact that all they had on there was all my illnesses from 1998 to current date, and the tablets I was on, and we were like, well, woo hoo!’

Some patients were very keen to interact with their My Health Records for a variety of reasons but had **no success when trying to login**. The access code failed for one respondent who was set up by her GP, and she basically never tried again:

‘That is what I was hoping it was going to do, and that I had the ability to input as well. That, however, wasn’t as successful as I thought it might be. When it was set up, I did come home and I set up a password which, since you’ve been in contact, I’ve actually found again, but I didn’t ever have any success. So I have no idea what’s on there, and that’s basically the bottom line. You can call me a failure in that task.’

3.2.4. Perceived value of My Health Record

The majority of respondents described My Health Record as something they are not using much because they are not in a current state of medical or health crisis, but which **sits behind the scenes as an interim health monitoring, management resource**. The information collecting in their My Health Record is considered highly valuable because they have conditions that are likely to deteriorate over time, so when the need presents, the record will be there. Patients consistently identified the **feelings of confidence, comfort and security** conveyed by having a My Health Record that different health providers can access, anywhere and at any time. Patients frequently describe it as akin to having an insurance policy.

‘I think it’s more a useful thing to have insofar as if there’s an emergency and people need to access it. Apart from that, just seeing [my GP] when I see him, it’s enough, but outside of normal living, I feel it’s great to have it there. I think that’s the way people need to think about it. They think that they’re home and they’ve got a doctor and that’s always going to be the way things are; they’re not. Life changes quickly. It’s like having an insurance policy.’

Respondents consistently identified that My Health Record will be **useful if they travel**; of those who have travelled, none have yet experienced a need for medical treatment where My Health Record would have come into its own; however, they draw comfort from knowing it is there should they need it.

‘We’re hoping that next year we’ll do a bit of travelling probably in the car up to Queensland, around there probably; when we do that sort of thing, it would be handy to know it’s there, just in case. But I know it’s there, and that’s it.’

With the average age of respondents at 70 years, there was a heightened awareness of functional decline over time, with people looking for ways to take better care of themselves: ‘Yes, I think it’s coming to a time, and certainly, you know, I’m bloody not getting any younger, and every day becomes a **s47G** struggle’. The interviews showed that **value of My Health Record becomes more apparent as people get older**:

'Well, if the various people that you see in the medical profession use it, they're going to be able to see immediately, without asking you questions, exactly what point your health is at. That's a good thing, because especially when you get to my age and older, we tend to forget. If someone asks you to relate, for example, what your medications are, and I think, well, I can't do that unless I refer to my records.'

'Yes, I suppose it does [have benefit], especially when you've had a number of different bits and pieces. It all becomes a big blur of appointments and operations and biopsies, and it all blurs into one, and you really just don't have any clue as to where you're at half the time.'

However, respondents also consider that **My Health Record could benefit younger people as well**, by ensuring that their critical health information can be easily accessed in times of need (some may have more need than others). The difference is that older people sense their vulnerability more and are therefore more inclined to rate the health benefits over the security concerns.

Some respondents saw value in the role My Health Record can play **in strengthening the connection between doctor and patient**. Some respondents see it as a way to keep the doctor informed about patients' daily health experience, as some of this information may be of use at a later time.

'I think so long as it provides me with somewhere to jot down stuff that I need to know, but also I guess that link between me, myself and the GP, probably that's probably important so the GP can go: yes, [the patient] says this, or, you know, I had a migraine this day and then I had a migraine the next day, then I had a migraine three days later, and then I had a migraine a week later; then the GP can say, ooh, geez, perhaps we should look at that.'

Patients also see value in the potential of My Health Record to **keep health providers on track and accountable**. It allows patients to review what their doctors have uploaded and helps them to know what doctors are thinking about their health status and treatment, and if they have left anything important out the patient can raise this with them. One respondent noted his doctor's response to this type of intervention: *"It's good to have this double check from you, [patient's name], because we make mistakes as well". I said, "well, you're only human, the same as everybody else"*. Other patients saw value in being **able to review the shared health summaries** because they perhaps did not quite understand what was discussed in the consultation.

Some respondents flagged that My Health Record **can be the voice of the patient if the person and/or next of kin is not in a position to provide the level of detail being sought, for example in an emergency health encounter**, for example identifying allergies, health conditions and what medications people are on. Moreover, people do not always discuss their health wishes with their families; for example, do not resuscitate instructions. It would be useful if these instructions were stored on My Health Record in the event the patient is unable to speak for themselves.

'I think if you ended up in hospital and you had something like this and your children were asked anything about your health, which they might not know. There's always that possibility that you could end up in hospital unconscious and not be able to speak, and someone would need to know something about your health, your medications. So your next of kin has got to know something. Also, a good thing on My Health Record too would be if they have got it on there, whether people want to be resuscitated... that point is rarely discussed.'

None of the respondents to date was able to provide an **example of where My Health Record had contributed substantially to a positive health outcome**. A few however were able to cite circumstances where they believed My Health Record may have provided key benefit if it had been in place at the time and functioning properly.

- In one instance, a respondent was scheduled for an operation, but had a mini-stroke two weeks before. This information was not adequately linked within the hospital which almost led to an adverse outcome for the patient. If My Health Record was able to operate as an effective and efficient information sharing tool, this may have been avoided.

'When I had a recent operation, two weeks before I had a mini stroke, a TIA, and the hospital records – this was all in the public system – the hospital records weren't married up, and they almost went ahead doing an operation on me which would have been catastrophic by all accounts. That was because the fact that I've had the TIA at the same hospital, hadn't been married up with the appointment for my operation... Well, I got to the pre-op appointment and spent all day in the waiting room only to be told it was far too dangerous to do the operation.'

- A second respondent reflected on how My Health Record could have prevented a medication misunderstanding, which had serious personal consequences.

But I'm 100% certain that [My Health Record] is a good thing. I remember going in – I had a major anxiety attack that resembled a heart attack, going back about, I don't know, eight years ago, and because [my GP] was overseas at the time, I presented myself, shopping and all, to s47G and said, I'm in trouble... so they took my obs and rang an ambulance, and then sent me down to s47G, and I was in s47G s47G for a few days. Unfortunately for me they couldn't access my records, didn't believe the meds I was on. My husband brought down the wrong dosage of the OxyContin to cover the pain [for another condition], and the staff didn't believe I was on a higher dosage. As much as I tried to tell them that I needed that dosage to just dull the pain, they didn't believe me. Now, if they could have accessed my medical – the medications I was taking, that would have saved me from Friday night through to Monday in excruciating pain.'

One respondent raised the **lack of information uploaded by the diverse providers involved in his care as a key detractor** from the value of My Health Record. He wanted to be able to look up his test results, to bypass the need to ring health providers direct for results.

'I don't know if it's mundane, but you're ringing up reception, oh hello love, I just wondered, have you got those blood tests through yet? Have you got those x-ray results through yet? Have you got anything through yet? Well, if this My Health Record is set up correctly, taking patients' opinions, views and input in line, then that would eliminate annoying other people... Obviously I've still got to converse with the doctor and follow his procedure, but I also get to read the book at the same time.'

3.2.5. How could My Health Record better respond to the needs of patients?

Respondents in general expressed **few or no personal issues with My Health Record**. Many consider that health providers having access to vital health information, particularly when they are away from home, outweighs any privacy or security risks; some were not concerned about the risks at all.

'I couldn't care less, really. It's just nice that it's there if needed.'

'It was a bit of fuss in the media about the fact that it might be that other people could get hold of the information and that sort of thing, but I felt, well, I didn't think it was going to be a problem what should happen. If worst case scenario, it probably wouldn't worry me anyhow really. What are they going to worry about?'

However, a few respondents were deeply concerned about the **potential for privacy or security breaches** and called for stringent measure to be put in place, for example Centrelink level data security.

'I would hate for anyone else to be able to get into my record. I would have to be assured of the privacy of it all.'

'Now I've seen the publicity, also that there's quite a few other organisations that can look into this. Now I don't feel like the benefits are outweighing anything. I've gone right against it now. I thought the benefits would be, well, it's all centralised, it's controlled, but having read articles in the media and individuals voicing their concerns, I was happy if it was only doctors and hospitals looking at it, but I don't really want other individuals or government departments to be able to access it without my permission. You can put, I know, privacy details on it, but the article that I read about that said it's very involved and quite convoluted. You have to have PINS and things, so the fact is the government might come back with the argument, oh well, yes, you can set it up, but it's actually quite involved to do that.'

One respondent called for **more patient information and education** so that they better understand and feel reassured about protections built into My Health Record:

'I believe that people would be more accepting of it if they had more knowledge. I think at the moment, by what I hear from different people when this subject comes up, that they are fearful. They feel that every intimate detail of their medical or psychological life is going to be documented. They really aren't aware that they can go in and change things. They don't understand that they are in control.'

Technical difficulties signing up for and/or accessing an existing My Health Record proved a significant barrier and disincentive for some respondents, who insisted that it must be easy to set it up, access and use. Some patients tried multiple times to work out their problems to no avail, some gave up immediately, signalling the importance of a foolproof digital system that engages people at the moment they make contact.

'Well, the doctor said to me, you're computer literate; I'm going to give you a code to get into My Health Record, which I presumed was my records would be there so if at any time I wanted to look it up, that would be available to me. So he gave me the code, and I came home and I went through all the procedures and everything to get onto the My Health website, and when I got to the last page, it threw me out.'

'Because I've had that initial lack of success, it's not something that I have revisited or even thought about it, until this came through, and this recent media bits and pieces.'

One respondent signed up for My Health Record and discovered her medications list to be **'riddled with errors'**. The incorrect medications listed in her record were eventually traced to a pharmacy linking medications to an incorrect Medicare card; however, this failure in process and the difficulty experienced in trying to rectify the problem profoundly shook the patient's confidence in the system.

Usability is another key concern for patients. One respondent was open to the notion of being able to look up his health information and test results, but was worried that it will be represented in technical terms that he will not understand.

'The only problem with that is if there's any technical terms. I'm not going to be able to read a report with, you know, like ratios and measurements; it's going to mean nothing to me... So if I'm going to look at it, I need it broken down to be easily understandable.'

Another noted the **need for the notes in the record to be relevant and concise**, and not cluttered with incoherent and poorly organised data.

'When they first put the information in, it needs to be as concise as possible so that it does give an overall picture of the patient, not just little bits here and there. Try and give a good background. There may be things that have happened 10 years ago, just a few things that may crop up and cause a problem, so if the GP thinks that that could be so, pop it in. Make sure that they really think about the information they're putting in... If they put in the information that may be needed down the track, they could save a life. But if they just shove it in and think, oh well, that's done, maybe they haven't done it properly by the patient.'

The same respondent connected with a theme raised by the GP and practice staff interviewees, namely the need to devise a way to ensure that GPs and patients are **not disadvantaged in terms of time or money** by attending to My Health Record matters during the consultation time.

'People are paying for their time. If it can be that if they're coming in, if the patient is coming in to have this done during their appointment, perhaps if it's going to be lengthy, they are not charged for a double appointment because people are mindful these days that they don't have the money for consultations. We read that people are missing out on going to the doctor because they can't afford it. So to spend the 15 minutes making sure that the information is going in correct, perhaps there should be a way of that being bulk billed.'

Two other features that respondents identified would improve My Health Record from the patient perspective included:

- ensuring that information such as 'do not resuscitate' instructions and advanced care directives can be entered in My Health Record, and if this is the case, ensuring that patients know about it.
- ensuring that both hospitals and paramedics can access My Health Record in the event of an emergency.

4. Discussion

4.1. **s47G** GPs and practice staff perspectives, pre- and post-training

The original intention of the My Health Record case study was to examine change in attitudes and behaviour relating to the uptake of My Health Record by **s47** GPs and practice staff, prior to and after receiving tailored training. The change focus remained a consistent research objective; however, the unanticipated introduction of the My Health Record opt out period, coinciding with the conclusion of the training, was a significant factor influencing GP and practice staff thinking about the technology. However, as the study was not designed to evaluate the training per se, but to focus on the change in GPs and practice staff over the period between May and August 2018, the opt out factor provided additional scope for investigating the conditions that support or otherwise the uptake of My Health Record in primary care.

The impact of training on GP and practice staff engagement with, and uptake of, My Health Record

The GP and practice staff interviews indicated a spectrum of engagement with My Health Record with a couple of deep-rooted resisters at one end, a similar number of keen enthusiasts at the other, and the majority occupying the tentative middle ground – cautiously open to the technology but not entirely convinced by the product. The pre- and post-interviews revealed no change at either end of the spectrum in terms of engagement and use, and relative stability in the centre, with a few exceptions where a few GPs signalled positive advancements while several retreated somewhat, principally due to the controversy surrounding the opt out period.

In the context of entrenched resisters

For the more resistant GPs and practice staff, digital aversion, a disinclination to change existing work practices, concerns about additional work burden, and privacy and security concerns (more prevalent in the post-interview) were the main obstacles. As this was largely about preferred ways of working and a general lack of interest in digital health, encouraging uptake through practical training was unlikely to exert an impact. Furthermore, the arguments mounted by

opponents of opt out provided fertile ground for these respondents to cement their non-engagement. The wider view was that this small group is unlikely to change until broader momentum is so great that they will feel compelled to join in or risk professional irrelevancy.

In the context of tentative GPs and practice staff

For the GPs and practice staff occupying the middle ground, barriers to uptake *prior to training* included: lack of familiarity with, and confidence in, how to use the technology; My Health Record not figuring in their daily routine or being at the forefront of their minds; not having enough time in busy consults; an impression that My Health Record contains minimal useful information (either not uploaded and/or patchy and unreliable); and some privacy and security concerns. *Post-training*, most participants had increased their knowledge and confidence in how to use My Health Record on a practical level and felt they could set one up, upload into it and source available information from it with minimal difficulty.

However, in spite of this upskilling, most participants reported little or no appreciable increase in My Health Record activity after receiving training. Many continued to express reservations about inadequate provider engagement across the health sector, missing and unreliable information in the record, lack of time, and lack of time to prioritise My Health Record in busy consults. There were also heightened concerns expressed in the post-training interviews about privacy and security, and patient control over the data posing a risk to data quality. Some of these factors were outside the control of the training, noting that the concerns about privacy and security spiked post-opt out, which occurred after the training was delivered. There was a strong level of interest expressed in My Health Record among practice nurses and the pharmacist both before and after training; however, this was frustrated by a continuing lack of clarity about roles and expectations, and access to the tool which was not enabled for any of them.

A few GPs and practice staff bucked the trend by showing a much more positive response to My Health Record after the training, through increased engagement and use. Some developed enough confidence to discuss and promote My Health Record in their wider health networks; one GP moved from very low level of awareness and engagement to recognising its value and raising it much more consistently with patients. These members of the s47 team, together with the established advocates, represent the beginnings of a core within-practice group well set to lead through example and support wider practice engagement.

Why perceived benefits are not translating to active use of My Health Record

Notably, all GPs and practice staff identified a range of benefits attached to a properly designed and functioning My Health Record. These included scope to share information seamlessly and across the health system, which is extremely valuable both in terms of transferring and receiving key reports and results, in almost real time. Associated clinical benefits included the potential to reduce medication errors, improve diagnosis, and identify and action follow up treatments recommended by hospitals. Key workflow efficiencies were identified, particularly in the area of time savings; for example, not having to chase results or probe for patient histories.

The inherent problem in translating these *perceived* benefits into active use of My Health Record is that *realising* the benefits assumes that all health providers involved in a patient's care are engaged in the process and are systematically uploading and sharing information, whereas this

is not currently the case in South Australia. It is clear that the unevolved functional status of My Health Record makes it difficult to institute a meaningful program a change; however, a number of respondents insisted that change has to start somewhere and that **s47** is better positioned than most to take the lead in South Australia.

Notably, key developments are underway to strengthen My Health Record connections across the health system, which should make a significant difference to practitioner engagement going forward. Key features to note in the South Australian context include (timeframes are indicative and subject to change):

- private pathology connections into My Health Record are currently at 21%, expected to increase to at least 90% by the end of December 2018
- private diagnostic imaging connections into My Health Record are currently at 3%, projected figures unknown
- SA Health is currently connected and can upload but it is not automated, and will have all facilities viewing by Jan 2019
- SA Health will be uploading pathology and diagnostic imaging beginning in March 2019 and adding a HIPS user interface into their ePAS to integrate with My Health Record (i.e. the hit of a button that will bring up a browser to view My Health Record) which will allow regional hospital sites to view it.

How to create and sustain My Health Record uptake, in **s47 and more broadly**

GPs and practice staff identified a range of facilitating factors for the incorporation of My Health Record into their regular practice, including the comprehensive engagement of (committed) health providers to contribute to the database and making the tool optimally user-friendly (including ironing out My Health Record – **s47G** interface issues). Respondents wanted to see demonstrable evidence of clinical benefits, workflow efficiencies, and patient empowerment and satisfaction. Many felt it is important to recognise the time and effort involved in tasks, such as a one-off My Health Record set up, and rebates to compensate for the time involved in cleaning data for uploading into patients' records. Some argued for maintaining momentum by keeping the My Health Record conversation alive, recognising the role of the practice in maintaining a practice-wide program of support and encouragement. More training and education was supported, for GPs, practice staff and particularly the wider patient community as it was emphasised that patient demand is a key motivator for primary care providers.

Finally, GPs and practice staff provided some reflection on the training and how it could be improved for future iterations. A consistent message was the need for practical, hands on training rather than theoretical overview-focused training. Moreover, hands on training means sitting in front of a computer and playing with a dummy record or equivalent, rather than watching an instruction 'walk through' the functions of My Health Record on an overhead screen. Some participants resorted to setting up their own My Health Record in order to 'play' with it, and these GPs recorded the greatest advancement in terms of attitudes and use among the group. However, not all GPs were prepared to take this route, as some still lack confidence in the system. In this context, a My Health Record-enabled dummy patient is the ideal solution for GPs and practice staff alike to practice with the technology. Practice staff further suggested the need

for non-GP focussed training tailored specifically to their roles and needs. There was a general need for more guidance on assisting patients to set up, activate, use and interpret their records.

There was a strong appetite expressed for a follow up training session, after the conclusion of the opt out period, to equip GPs and practice staff to address their own and patients' concerns about privacy and security, including understanding how to navigate the layers of consent and other protections built into the tool.

4.2. **s47G** patient perspectives on My Health Record

s47 patients were interviewed for the study to provide a complementary perspective on My Health Record. The patients interviewed were an older cohort, with an average age of 70 years, which reflects the general profile of patients targeted for a My Health Record in the surgery. Some patients reported having complex health conditions, while others were in reasonably good health but believed they were approached about My Health Record because they had reasonable IT literacy and an interest in charting their health journey. This aligns with GP and practice staff accounts of their target population for My Health Record.

Perceived value of My Health Record and why patients signed up

Most patients reported that their GP broached the subject of My Health Record with them, although two instigated the conversation themselves. This supports the general observation made by GPs and practice staff that patient-driven demand is not very apparent. However, patient receptiveness is apparent, if the GP brings it up and explains it in a manner that patients can relate to. It was clear from the way patients described their general understanding of My Health Record – as an online system for storing and sharing health information able to be accessed anywhere and anytime by any health provider involved in their care (subject to their consent) – that this is how GPs are communicating its value. Patients consistently identified this as an extremely valuable feature of the tool. Part of this can be attributed to an increasing sense of vulnerability associated with ageing and the sense that health complications could arise at any time or place, hence the value of readily accessible health information. Many patients are also very aware of impending signs of cognitive decline and memory loss, and value their My Health Record for containing critical information that they may struggle to remember or voice in a health encounter. Many shared the view that the health benefits provided by My Health Record in the context of ageing and/or increasing health vulnerability significantly outweighed the privacy and security risks highlighted in the media.

How patients interact with My Health Record

Patients related to having a My Health Record in variable ways. Some interacted with their record in a highly active and inquiring manner, while others were content for it to sit in the background, managed by their GPs and practice nurses, as a type of 'insurance' should something go wrong. These patients tended to emphasise the high level of trust they have in their GP; in other words, if their GP recommended My Health Record then they were open to considering it. This highlights the role that a GP who is confident and skilled with My Health Record plays in building engagement with My Health Record in the wider community. It also contrasts with the GP view that patient demand should drive the uptake of My Health Record; patients clearly see a role for their health practitioners in leading and guiding the process.

The more engaged users of My Health Record interacted with it two ways, most commonly by accessing and monitoring information and reports uploaded by their GPs and less frequently by entering their own information into the record. Patients who used My Health Record to monitor their health information were also likely to discuss their records with their GP, particularly if they felt that something significant had been left out of the health summaries. This monitoring activity contributed to patients' sense of confidence in and transparency around the health exchange between patient and GP. It also provided patients with a sense of autonomy and control over their health management, with a number of patients placing value on their ability to access information and results independently, without having to go directly through their health provider.

How My Health Record could be improved to enhance the patient experience

Patients raised a number of issues with My Health Record. Several reported technical issues while trying to sign up or activate their records, which aligns with the experience reported by some GPs who set their own record up to practice with. Patients and GPs both stressed that the system must be simplified and streamlined to facilitate the user experience. Another issue was the lack of valued information in the record such as pathology and radiology test results. There is a need to educate and inform the patient community/activated users of My Health Record about what to expect now and in the future regarding functionality, in order to moderate expectation and frustration. One highly engaged, interested and informed patient discovered medication errors and other information anomalies in her record and lost critical confidence in the system. While it is difficult to ensure perfect fidelity in a system that relies on human-mediated input, the risk of error can have an impact on community and professional confidence. Finally, some patients emphasised the need for My Health Record to contain information that is relevant, easy to read and interpret, and easy to manage if patients are to derive full value.

My Health Record making a difference to patients' lives

When asked, patients could not provide any examples of where My Health Record had delivered a life-changing health impact on their lives, as none of them had yet had a critical health event or emergency where it was used. However, two respondents were able to describe adverse situations where a My Health Record, had they had one at the time, might have made a major difference to their health encounters. Both incidences occurred within the hospital system, one where information about concurrent health conditions was not linked up in the hospital records and the other where the patient was unable to communicate important medication information to hospital staff resulting in inadequate pain relief for a separate health condition. The ability to quickly and easily access their health information on My Health Record would have saved both patients from adverse, or near adverse outcomes. While other patients did not relate to its value in the same intimate terms, they recognised and understood its potential life-saving and health preserving value in their lives.

5. Key messages and recommendations

Study findings reflect the singular timing of the project, coinciding with the very formative stage of the My Health Record rollout in South Australia and the introduction of the opt out period by the Australian government. s47 staff requested and received training with a highly practical focus, designed to build their skills and confidence in interfacing with the tool. While the training proved

valuable in terms of up-skilling GPs and practice staff in this respect, it was apparent that attitudinal and behaviour change in general practice depend on more than accomplished practical skills; what is required is a wider My Health Record support system to **inform, encourage, enable** and **sustain** change.

Recommendations for supporting increased uptake in **s47G** SA general practice more widely and the SA patient community relate to four key focus areas.

1. Strengthen/build confidence in My Health Record Connections in South Australia

Recommendation 1: Continue to fast track My Health Record connections (noting key developments scheduled for 2019) and ensure that GPs, practice staff and the patient users of My Health Record **are well informed** about progress in bringing diverse health providers and data/test results into My Health Record (e.g. pathology, radiology, SA Health, and allied health).

2. Developing a well-rounded training and education focus

Recommendation 2: Design and deliver My Health Record training and education targeted at:

- Equipping GPs and practice staff with the **practical knowledge and skills** to navigate My Health Record (e.g. upload shared health summaries and access information stored on the record);
- Providing more opportunity for **hands on experience** in training, incorporating laptops and a dummy patient or equivalent to practice on;
- Improving health practitioner knowledge and confidence **to discuss the privacy and security issues** raised in the opt out debates and associated protections built into the tool;
- Equipping GPs and practice staff to **assist and advise patients about how to interact productively** with the tool;
- Specifically addressing **non-GP practice staff roles and functions**; ensuring that access to My Health Record is working for relevant practice staff;
- Providing the **s47** team with a **follow up training session** after the opt out period has concluded to address the issues raised, refresh practical skills that have lapsed during the period of uncertainty and reignite the momentum lost following the opt out experience;
- Exploring avenues for **peer to peer education** within the **s47** GP and practice staff team and in broader a cross-general practice context.

Recommendation 3: Develop a stronger focus on patient community information and education through:

- A **positive public awareness campaign** to engage the interest of the wider community and counter the negative messaging produced in much of the opt out media;
- **Targeted information resources** (online and brochures) for patients, addressing privacy and security concerns and how to apply protection mechanisms built into the tool.

3. Maximise enabling features/mechanisms to support the use of My Health Record

Recommendation 4: Select/prepare general practice settings for successful uptake of and a leadership role in promoting My Health Record in South Australia, noting the following facilitating factors:

- Having one or more **digital health champions** within the practice to drive and support the process;
- Projecting a **positive practice culture** that encourages and supports staff uptake of My Health Record; noting the key role of practice management (particularly the business manager) in building and sustaining the profile of My Health Record in the team environment, providing encouragement and support, promoting conversations and debate, and continuing training and development opportunities.

Recommendation 5: Recognise and/or reward health practitioners for committing the extra time and effort required to clean data in preparation for setting up a patient's My Health Record:

- Investigate the potential for a **non-attendance based My Health Record set-up rebate**; possibly time limited until sufficient momentum is underway;
- **Explore other mechanisms** (e.g. practice-based) to account for/alleviate the time involved in setting up a My Health Record with clean and adequate data.

Recommendation 6: **Address technical issues** in My Health Record and **make the tool as user-friendly** as possible for users across professional and community groups:

- Streamline and simplify **patient activation and login procedures**;
- Resolve **interface issues** between My Health Record and **s47G** (e.g. problems in the medication view);
- Develop swift resolution processes to **rectify data errors** in My Health Record (e.g. incorrect listed medications).

4. Leveraging the progress of **s47** to encourage broader acceptance of My Health Record

Recommendation 7: Assess the change readiness of general practices in South Australia and **develop a diffusion strategy** to grow regional and state wide momentum. The strategy should:

- Maximise the digital health strengths and advancement of **s47** to establish it as a **lead South Australian practice** in the utilisation of My Health Record;
- Build a **digital health network** to diffuse the capabilities of **s47** to other receptive practices and beyond.

Appendix 1

GP and Practice Staff interview questions

Baseline interviews

1. How would you rate your current level of understanding about My Health Record? Please describe what you know about the technology.
2. Are you currently using/have you ever used My Health Record?
If yes:
 - a. How long have you been using it?
 - b. Do you mention it to patients you see during consultations?
 - c. How are you using the technology as part of your work practice/work flow?
If no:
 - d. What are your reasons for not using My Health Record?
3. Do you think My Health Record is/could be a useful tool for managing client records? If yes how so, if no why not?
4. Are there particular groups of patients that are likely to receive more benefit from using My Health Record?
5. Can you pinpoint any specific benefits or advantages associated with using My Health Record? (e.g. workflow efficiency).

Post-training interviews

1. How would you rate your current level of understanding about My Health Record? Please describe what you know about the technology.
2. Are you currently using My Health Record?
If yes:
 - a. Do you mention it to patients you see during consultations?
 - b. How are you using the technology as part of your work practice/work flow?
If no:
 - c. What are your reasons for not using My Health Record?
3. Do you think My Health Record is/could be a useful tool for managing client records? If yes how so, if no why not?
4. Are there particular groups of patients that are likely to receive more benefit from using My Health Record?
5. Can you pinpoint any specific benefits or advantages associated with using My Health Record? (e.g. workflow efficiency).

Appendix 2

Patient interview questions

1. How familiar are you with My Health Record? Can you describe what you think My Health Record is about or what it is designed to do? From your point of view, what do you think is its principal purpose?
2. Can you remember when you signed up for My Health Record? Around about how long have you been on it?
3. What were your reasons for signing up to My Health Record? How did you find out about it?
4. How often would you say you use My Health Record/refer to it? (E.g. regularly, intermittently, rarely, in health consultations and/or privately at home, and the reasons for this.)
5. Do you ever talk to your GP/other practice staff about My Health Record when you visit the Surgery? Do they ever bring it up, encourage and/or support your use of it (or otherwise)?
6. Do you think that My Health Record is/has the potential to be a useful tool in helping you to keep track of/manage your health conditions?
 - a. If yes, how so?
 - b. If no, why not?
7. Can you describe what, if any, specific benefit/assistance you get (or could get) out of using My Health Record?
8. Do you have any concerns about using My Health Record? Are there any aspects of My Health Record you don't like? Can you think of ways to make it a better tool/health resource from your point of view?