Submission to the National Digital Health Strategy
31 January 2017

The National Allergy Strategy through a current project funded by the Australian Government has engaged with a number of key stakeholders including the Australian Digital Health Agency and the Australian Commission for Safety and Quality in Health Care, to scope the digital health and clinical education needs for drug allergy. This submission is based on our current findings.

Abbreviations used:

A&AA	Allergy & Anaphylaxis Australia
ACSQHC	Australian Commission for Safety and Quality in Health Care
ADHA	Australian Digital Health Agency
ADR	Adverse drug reaction
API	Application programming interface
ASCIA	Australasian Society of Clinical Immunology and Allergy
CIO	Clinical Information Officers
MHR	My Health Record
NAS	National Allergy Strategy

My Health Record (MHR)

1. Overview

- MHR currently is the only digital health record that has the potential to provide national access to patient medical information including allergy information.
- MHR receives documents from health care organisations, but currently does not allow for the easy listing of allergy information.
- MHR is currently dependent upon the clinician's interpretation of the adverse reaction (can be a statement of fact or assertion which results in some issues regarding the quality of information.
- There are currently two components of MHR - document storage and shared health summary - with no cross talk/information sharing between these documents. MHR is currently functioning as a digital filing system which requires clinicians/health professionals to search for information. Therefore, there is great potential for medical information (including allergy) to be missed.
- Issues that the most recent document uploaded may not be the most up-to-date or most detailed.
- Currently there is no capacity for pop-up warnings/alerts. Warnings or alerts in relation to allergy could be lifesaving, particularly for drug or food allergy.
- Currently consumers can 'hide' their allergy information. We believe allergy information should not be able to be hidden by consumers so that allergy information, particularly drug allergy, can be accessed at all times by health professionals. Consumers need to be educated about the clinical risks of hiding allergy information.

2. Adverse reactions component

- The current definition of adverse reactions is very broad which has some disadvantages for identifying true drug allergy.
- Definitions and codes used to describe drug allergy need to be the same across all applications (e.g. MHR and National Medication chart, hospital records and GP documentation) - this can be achieved already now if guidelines are developed and reinforced with education.

- SNOMED-CT coding can be complex and contains many similar codes for only subtly different diagnosis regarding drug allergy. We would like to recommend different sets of SNOMED-CT appropriate for the clinician's skill level (e.g. basic level for general practitioners and advanced level for specialists).
- Clinical education regarding drug allergy coding to ensure accurate entry of information would be beneficial.
- The information around medicines and allergy is currently 'live' but not easily discoverable which is an issue, particularly for drug allergy.

3. State/Territory interaction

- The standards set by the ADHA for state/territory digital health platforms to interact with MHR need to allow for:
  - All data being shared with MHR whether it is from a hospital, general practice, pharmacy, dietitian or other health provider, as dynamic data rather than opening disparate documents.
  - All health professionals are able to access MHR.
  - Allergy alerts every time a health professional accesses a patient's MHR.
  - Inclusion of out-patient medical information.
  - Integration of medicine and dispensing data within MHR.
- There needs to be a coordinated process to ensure that there is not duplication of data entry. Duplication is not only time wasting but can increase the risk of data entry error.
- Private and public hospitals need to meet the ADHA standards to share patient data with MHR.
- States/Territories may need additional support from the ADHA.

4. Drug allergy de-labelling

- An effective, nationally standardised drug allergy de-labelling program needs to be implemented.
- The Australian Commission of Safety and Quality in Health Care have agreed to work with the National Allergy Strategy to develop a national guideline for drug allergy de-labelling.
- MHR needs to have the capacity to effectively de-label patients. That is, once a patient has undergone a drug challenge and has been confirmed to no longer be allergic to the drug, MHR needs to allow for the 'de-labelled drug allergy status' to remain for that medication.
- The advantage of de-labelling patients for antibiotics in particular, is that patients are able to use common lower tier antibiotics assisting antimicrobial stewardship programs.

5. Other issues

- To give MHR utility, consider feeds from PBS, Medicare, organ donor register, immunisation register.
- We need to be clear about the clinical outcomes (e.g. de-labelling reduces use of second line medications).
- We need to consider how clinical education is linked to MHR – this may assist in increasing adoption of program, particularly in relation to allergy management.
- Health professional education should also incorporate information about how to complete the Australian Commission for Safety and Quality in Health Care standard medication chart.
- It is important to educate consumers and encourage utilisation of MHR to assist in allergy management.
- All aspects of allergy information within MHR need to be improved (e.g. food allergy) not just drug allergy.
- We need to consider the ability of ADR information that is entered into MHR being able to be shared with the Therapeutic Goods Administration (TGA).
- There is the potential for substantial improvement in food and medication allergy management in aged care using MHR. People in aged care are particularly vulnerable due to poor memory and family members may not know all their complete medication history. Drug allergy de-labelling programs in aged care could substantially reduce the number of individuals requiring second tier antibiotics and assist with antimicrobial stewardship.