

# My Health Record Mental Health Pilot Project

Evaluation Report Summary  
and Distribution Protocol



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February 2009

# Foreword

*My Health Record* was developed in 2002 by the NSW Chronic Care Program following broad consultation with stakeholders. It was initially designed for patients with chronic diseases such as cancer, respiratory and cardiovascular disease who need to attend many doctors and health service providers to help them keep a record of their care and treatment.

A key priority of the *New South Wales Interagency Action Plan for Better Mental Health* is to better coordinate agencies to provide the appropriate service at the right time as part of the NSW Government's broad vision to improve mental health care.

One of the initiatives to achieve this priority is the adaptation of *My Health Record* for people with chronic mental illness. A pilot project was commenced to trial the use of *My Health Record* with consumers with a mental illness in partnership with NSW Health, North Shore Ryde Community Mental Health Service (previously Ryde Community Mental Health Service), Macquarie Hospital and a non government organisation, New Horizons Enterprises.

This unique project found that consumers with a mental illness embraced and used *My Health Record* enthusiastically, particularly consumers who also had other chronic diseases.

The *My Health Record Mental Health Pilot Project – Evaluation Report Summary and Distribution Protocol* describes in a summary form the background planning, consultation and distribution of the consumer-held record.

Resources developed to support the pilot project, including flyers, information brochures and educational materials, are available from the NSW Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

We commend this tool, *My Health Record*, to assist consumers and their families and carers to be informed partners in the management of their illness.

As one consumer said, "It helps me keep track of everything – where it's all going".



John Della Bosca MLC  
Minister for Health



Barbara Perry MP  
Minister Assisting the Minister for Health  
(Mental Health)

# Acknowledgements

Helen Favelle and Katy Dix of Collaborative Health Solutions evaluated the pilot project and prepared this report.

Thank you to the North Shore Ryde Community Mental Health Service for conducting the pilot project, particularly to Sheila Nicolson and Paula Hanlon for their leadership.

Sincere thanks is also extended to all of the members of the project steering committee who developed the resources included as appendices to this report, strengthened local partnerships, provided education and championed My Health Record.

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# Evaluation Report Summary

## 1.1 Background and Introduction

My Health Record (MHR) is one of the key initiatives of the NSW Chronic Care Program. It is a patient held personal health record, developed to improve service provision and quality of life for people with a chronic illness and their carers.

During 2004/05 a review was undertaken of MHR, with the aim of increasing uptake for consumers with chronic illness and their carers, and ultimately contributing to the improvement of disease management and communications between consumers and multiple health service providers. This review involved consultation with consumers, health service providers and NSW Health, and made a number of recommendations, which were incorporated into the current version of MHR. This adaptation of MHR also included changes to make it more user-friendly for people with a mental illness. The updating of MHR and piloting this resource with mental health service consumers is a key priority of the *NSW Interagency Action Plan for Better Mental Health (2005)*.

*"It gives you even more power and a feeling of being in control of your health information."*  
Consumer.

In 2005, the North Shore Ryde Community Mental Health Service (NSRCMHS) in Northern Sydney Central Coast Area Health Service was chosen by the MHDAAO, NSW Health, as a pilot site for the implementation of MHR with mental health service consumers. The pilot project was conducted as a partnership between NSW Health, NSRCMHS, Macquarie Hospital and the non-government supported accommodation provider, New Horizons Enterprises. The purpose of this pilot was to improve communications and enhance continuity of care for mental health service consumers with ongoing health care needs who interact with multiple service providers, including general practitioners and emergency departments.

The aim of the project was to pilot the revised My Health

Record (2005), developed as part of the NSW Health Chronic Care Program (Phase 2) with mental health service consumers, their families and carers and service providers.

The objectives of the evaluation were:

- To determine the acceptability, user-friendliness and usefulness of MHR for:
  - consumers of mental health services
  - families and carers of consumers of mental health services
  - health and community service providers working with consumers of mental health services.
- To evaluate if the distribution protocol has been followed, and to what extent.
- To evaluate whether the project has progressed according to the project plan, and to what extent.

## 1.2 Overview of the Pilot Project 2005-2007

There were a number of steps in the establishment and implementation of the pilot project. A project steering committee was established. Membership included consumer representation; managers and clinicians from NSRCMHS, Macquarie Hospital and New Horizons Enterprises; the GP Shared Care Coordinator and a representative from NSW Health.

Eight education sessions were held - three sessions with consumers, and five sessions with the staff of all involved services including GPs, Ryde Hospital Emergency Department, New Horizons Enterprises, Macquarie Hospital, and NSRCMHS.

The resources developed as part of the pilot project are available as appendices at <http://www.health.nsw.gov.au>

MHR were distributed to consumers. Promotional pamphlets and MHR was promoted through consumer forums. A total of 73 consumers were recruited to use MHR.

*"I find it gives me a sense of security, especially if I can't speak for myself in a situation."*

Consumer.

Additional education for clinicians and consumers on how to use MHR was conducted, and an information sheet was developed for GPs about how to use MHR.

### 1.3 Evaluation Process

The evaluation process comprised of an evaluation framework which was developed and included a number of evaluation questions to determine whether the objectives of the pilot project had been met. A mid-point evaluation was conducted on 18 July 2006. Focus groups were held with 9 consumers and 14 service providers.

On 24 April 2007 focus groups with 10 consumers and 13 service providers were conducted. Ten consumers agreed to an audit of their MHR. The final report and report summary was submitted to NSW Health.

### 1.4 Evaluation Findings

Overall, the mental health service consumers liked and found MHR useful, embracing and using it enthusiastically. The health service providers had more concerns and believed that MHR was only appropriate for a small percentage of consumers.

*"The Red Book is far too hard to use for our population - not everybody, but the majority, find it too hard to achieve consistent use."*

Clinician.

There are a number of key findings from the evaluation of the mental health service pilot of MHR in Northern Sydney. These findings include:

- MHR is best suited to consumers with mental illness who also have chronic diseases. Younger consumers and those with stable mental and physical health conditions did not find MHR useful, as their health needs did not change frequently enough to warrant maintaining a comprehensive personal health record.

*"I don't really use it here [at the mental health centre] but I mainly use it for my general health problems."*

Consumer.

*"If I am on holiday and need to see a doctor, he'll have a really good idea about my health because it's all here in the book."* Consumer.

*"I have one consumer who has Parkinson's and their medications are changing all the time and they're quite complex, so you have to have a very good record of what's happening and that's what this book is really good for."* Clinician.

- Some consumers are more suited to using MHR than others<sup>1</sup> (eg. consumers who like to be organised). Some consumers leaving institutional care after many years liked MHR.
- Consumers and service providers reported that those using MHR successfully felt more empowered and were able to be more proactive with service providers. It was found to be particularly useful when going to new doctors.

*"It prompted me to ask for copies of results. In the past, they'd take your blood pressure but they wouldn't tell you what it was. But now that I'm more involved, I'll say, "What was it?" and write that in my book."*

Consumer.

*"It showed that I wanted to be involved in my health care."* Consumer. Use of MHR resulted in this consumer's GP developing a care management plan for their chronic illness.

- While initially, service providers had assisted consumers to start using MHR, by the final evaluation these consumers all wrote in MHR themselves, and updated it at home even if they did not take it to appointments.

- Service providers estimated that 25% of consumers that had been given MHRs were still using them after twelve months. This was because usage by consumers declined over time and many consumers forgot to bring their MHR to appointments.
- Those consumers using MHR well had added extra pages to their MHR which they found very useful (eg. care plans, personal participation plans).
- As MHR format had recently been updated there were few changes that most consumers felt were required.
- Some consumers and most service providers thought MHR was too big and indiscreet.
- While a major complaint raised about MHR was the large size, those consumers that were using MHR did not have a problem with it.
- Local champions are essential for the successful uptake of MHR within a health service. These should include consumer, service executive, senior clinical and medical champions.
- Consumers who are using MHR be encouraged to continue with it.
- When MHR is next updated, consideration is given to adding charts for consumers to record their blood pressure, blood glucose readings and number of cigarettes smoked.

## 1.6 For further information

Resources developed to support the pilot project, including flyers, information brochures and education materials, are available at: <http://www.health.nsw.gov.au>. The My Health Record page on the NSW Health website also has useful information for staff and a consumer brochure.

Copies of My Health Record can be ordered free of charge through the NSW Health Department's Better Health Publication Warehouse:

Address: PO Box 672,  
North Ryde BC, NSW 2113

Tel: 02 9887 5450  
Fax: 02 9887 5452

Or through the publications section of the NSW Health Department website: <http://www.health.nsw.gov.au>

## 1.5 Recommendations

- The usage of MHR by mental health service consumers focuses on those with a chronic physical illness in addition to their mental health condition.
- Clinics and community health services other than mental health services should be encouraged to give MHRs or similar patient-held records to consumers who have a mental health condition in addition to their chronic physical health condition.
- MHR may be particularly suitable for consumers who are clients of Specialist Mental Health Services for Older People, or non-government organisations (NGOs) including those involved in the Housing and Accommodation Support Initiative (HASI).
- Consumers of mental health services in rural and remote areas of New South Wales are an important group of clients who should be targeted to use MHR.<sup>2</sup>
- For all mental health service consumers, the decision to offer MHR should be assisted by a protocol.

<sup>2</sup> This is also in line with findings of the review of the MHR conducted for NSW Health in 2004.



# Distribution Protocol

## 2.1 Background

My Health Record (MHR) is a personal health record held by the consumer, which aims to improve service provision and quality of life for people with chronic illnesses and their carers. MHR is a unique initiative worldwide, targeting a broad range of health consumers with complex diseases. MHR aims to track important information in the process of service provision affecting a consumer's health care. It is a tool to assist consumers and their families and carers to be more informed partners in the management of their illness.

Usage of MHR has been evaluated with general chronic care consumers and with mental health service consumers. Consumers in both pilots identified similar benefits and limitations. This protocol is based on best practice, as identified through these evaluations.

## 2.2 Offering MHR

It is the consumer's choice whether they use MHR.

**Consumers who found MHR to be most useful and acceptable were** clients of the following services for adults and older people:

- Community Mental Health Teams
- Community Mental Health Rehabilitation Services
- Non-Acute Inpatient Units
- Specialist Mental Health Services for Older People
- Non-Government providers of services for people with a mental illness

**and met at least one of the following criteria:**

- Multiple care providers involved in the management of their mental illness
- A diagnosis of a chronic physical health condition eg. diabetes, cardiac disease, Parkinson's Disease, high blood pressure etc
- Were long-term clients of the mental health service
- Had a Care Plan in place with identified goals to maintain/improve their physical health eg. healthy diet, increase exercise, reduce smoking, have health checks etc

- Liked to be organised
- Were returning to community living after a lengthy period of institutional care

Consumers who ask for a copy of MHR should also receive one.

**Consumers who found MHR to be less useful and acceptable were:**

- Younger consumers
- Consumers new to the mental health service
- Consumers with stable physical and mental health conditions
- Acute service consumers

## 2.3 Consumer Information

When distributing MHR inform the consumer that:

- MHR is their record, and they own it
- They can fill in sections themselves
- They can add information in the plastic sleeves
- They should bring it with them to all mental health appointments. It could also be used for home visits, when going to see their GP or attending the Emergency Department
- They can also take it to other health appointments

Go through the different sections with the consumer and ask if they would like any assistance with completing the information.

## Using MHR on an ongoing basis

Have you included / updated:

- Medication list?
- Care Plan?
- Consumer Recovery Plan?
- Advanced Care Directive?

<sup>1</sup> This is in line with findings of the review of the original MHR conducted for NSW Health in 2004.

Consumers with MHR attending subsequent appointments:

- Ask the consumer whether they have brought MHR to the appointment
- Ask the consumer whether they would like any assistance with updating the information.

## 2.4 Roles

### Role of Consumer Participants

- Participate in health care as usual
- Decide whether and how to use MHR
- Complete sections of MHR with or without assistance

### Role of Mental Health Service

- Establish a formal point of contact, such as a Working Group, to champion the implementation process and develop and deliver the education and communication programs.
- Engage the following MHR champions as members of the Working Group to support the implementation: medical / GP; consumer; carer and mental health executive / management.
- Develop clear communication with consumers, staff and stakeholders on MHR.
- Develop and implement education strategies for consumers, staff and stakeholders.
- Establish effective feedback systems to identify and address issues arising in the implementation process.

### Role of Service Staff

- Attend and participate in education and training initiatives.
- Issue MHR to eligible and interested consumers.
- Support and assist participating consumers to maintain and update their MHR.
- Keep any records required to evaluate and monitor the use of MHR, as determined by the service.

### Role of other Stakeholders

- Representatives attend the Working Group.
- Be invited to attend and participate in education and training initiatives.

- Distribute relevant promotional materials developed by the Working Group.
- Assist consumers to complete sections of their MHR, eg, GPs can print off the consumer's current medication list for inclusion in MHR.

## 2.5 Promotion

- Utilise existing consumer and staff programs and forums to promote MHR.
- Co-ordinate the promotional campaign across inpatient and community facilities.
- Provide education targeting consumers, families and carers; service staff and other stakeholders eg. GPs, Emergency Department.
- Develop and distribute information pamphlet/s about MHR.
- Keep any records required to evaluate and monitor MHR education and information strategies, as determined by the service.

## 2.6 Ordering

- Designate a member of staff to order and store copies of MHR.
- MHR is available through the Better Health Publication Warehouse -

Address: PO Box 672,  
North Ryde BC, NSW 2113

Tel: 02 9887 5450  
Fax: 02 9887 5452

Or through the publications section of the NSW Health Department website: <http://www.health.nsw.gov.au>

## 2.7 Suggested Evaluation Parameters

- Review the project implementation process, including the education strategy
- Incorporate the ongoing review and monitoring of MHR as part of existing quality improvement and data collection processes.

### Suggested Key Performance Indicators

- Number of MHRs distributed.
- 25% of consumers issued with MHR are still using it after 12 months.

Services may develop additional KPIs for local use.

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2 This is also in line with findings of the review of the MHR conducted for NSW Health in 2004.

# My Health Record: Frequently Asked Questions

## What are the benefits?

MHR was developed to help consumers self-manage their ongoing health conditions. It also assists with communication between multiple health providers. The results of evaluation show that MHR is a very useful tool in assisting consumers with **disease self-management**, and is somewhat useful as a **communication tool**.

MHR helps mental health consumers manage their **physical health**. It also sends the message to primary care providers that mental health consumers are interested in and able to manage their health care.

Some mental health consumers find MHR **empowering**. For these consumers, MHR is a resource assisting in their **recovery** journey.

## What are the limitations?

**It's big and red.** The plastic sleeves in MHR are designed to fit an A4 page folded in half, so that test results, care plans and fact sheets can all be kept in the one place. It was designed to be found quickly in the event of a health emergency. Some consumers found MHR to be bulky and indiscreet; however, the consumers who used MHR well did not find this to be an issue.

**Consumers will lose MHR and forget to bring it to appointments. People don't like to be reminded they have an illness.** This was all found to be true for some consumers in both the general and mental health evaluations. Usage tended to decline over time for both groups.

## Is it extra work for staff?

Both the generic and mental health evaluations found that consumers needed help to begin using MHR. However, the mental health pilot project found that by the end of the twelve-month period, consumers were completing MHR by themselves, and filled it in at home even if they didn't bring it along to appointments. It is recommended that GPs at least print off a copy of the consumer's current medication list to include in MHR if they find it too time consuming to fill in other sections.

# My Health Record Checklists

## MHR Planning and Implementation Checklist

PHASE	STAFF RESPONSIBLE	ACTIVITIES
Planning	Working Group	<p><b>Understand MHR, the implementation resources available and what has happened before</b></p> <p><b>Define the task</b></p> <ul style="list-style-type: none"> <li>■ Identify your target group/s (rehab, older persons, HASI etc).</li> <li>■ How to implement? As a stand-alone resource or to support another initiative eg. healthy lifestyle groups; shared care; use of the MH-OAT Care Plan or CoRE (consumer recovery plan) etc?</li> <li>■ Who needs to be involved in the Working Group? Identify key stakeholders.</li> </ul> <p><b>Begin to plan</b></p> <ul style="list-style-type: none"> <li>■ Map out a draft action plan, determine key milestones</li> <li>■ Set the timeframe for the overall planning period (should be 3-6 months only or people will lose interest)</li> <li>■ Establish who will be responsible for monitoring progress reports</li> <li>■ Develop Key Performance Indicators. Incorporate into routine quality processes.</li> </ul>
	<p><b>Working Group</b> Needs to include all key stakeholders and particularly:</p> <ul style="list-style-type: none"> <li>■ GP / medical champion</li> <li>■ Management / executive champion</li> <li>■ Consumer champion</li> </ul>	<p><b>Develop the operational protocols</b></p> <ul style="list-style-type: none"> <li>■ Review the protocols developed – adopt or adapt.</li> <li>■ Establish who will order and store MHR.</li> <li>■ Establish who will hand out MHR.</li> <li>■ Consult and engage all staff to provide feedback.</li> </ul> <p><b>Develop the communication / education strategies</b></p> <ul style="list-style-type: none"> <li>■ Identify key newsletters / meetings / forums and other opportunities to reach all key stakeholders.</li> <li>■ Develop flyers / posters / newsletter articles.</li> <li>■ Develop education sessions for MH and NGO staff, consumers and carers on the protocols.</li> <li>■ Other stakeholders eg. GPs, ED staff may also need education sessions.</li> <li>■ How to engage new staff? Eg. include MHR in orientation to clinical area.</li> </ul>
Implementation	Working Group	<p><b>Engage broader staff and consumers and other stakeholders</b></p> <ul style="list-style-type: none"> <li>■ Deliver the communication / education strategies.</li> <li>■ Distribute the protocols.</li> </ul>
	Service Staff	Distribute MHR according to the protocols after attending education session.
Evaluation	Quality processes	Evaluate use of MHR.
	Working Group / Steering Committee	<p><b>Periodically monitor implementation</b></p> <ul style="list-style-type: none"> <li>■ Make any adjustments to protocols</li> <li>■ Determine actions to address any local issues that arise</li> </ul>

## My Health Record (MHR) - Checklist for Clinicians

This is a guide to assist front-line staff in the distribution and use of MHR. It acts as a reminder of the key points of the training session. It is up to the consumer to ultimately decide whether or not they are interested in MHR. These criteria have been developed to help clinicians identify the sorts of consumers who may be more interested in the record.

The purpose of MHR is to improve communications and enhance continuity of care for consumers with ongoing health care needs who interact with multiple service providers. It is a tool to assist consumers and their families and carers to be more informed partners in the management of their illness. Pilot studies have found that consumers with particular attributes are most likely to find MHR useful.

These criteria are designed for use by services for adults and older people:

- Community Mental Health Teams
- Community Mental Health Rehabilitation Teams
- Non-Acute Inpatient Units
- Specialist Mental Health Services for Older People
- Non-Government providers of services for people with a mental illness

### Offering MHR

Consumers meeting at least one of the following criteria should be offered MHR:

- Multiple care providers are involved in the management of their mental illness
- Have a diagnosis of a chronic physical health condition eg. diabetes, cardiac disease, Parkinson's Disease, high blood pressure etc
- Are a long-term client of the mental health service
- Have identified goals in their Care Plan to maintain / improve their physical health eg. healthy diet, increase exercise, reduce smoking, have health checks etc
- Have a personality type where they like to be organised

- Area returning to community living after a lengthy period of institutional care

It is up to the consumer to decide whether they would like to use MHR.

- Consumers who ask for a copy of MHR should also receive one, even if they do not meet the above criteria. They have still made the decision that My Health Record may be useful for them.

On distribution of MHR inform the consumer that:

- MHR is their record, and they own it
- They can fill in sections themselves
- They can add information in the plastic sleeves
- They should bring it with them to all mental health appointments. It could also be used for home visits, when going to see their GP or attending the Emergency Department
- They can also take it to other health appointments

Go through the different sections with the consumer and ask if they would like any assistance with completing the information.

### Ongoing use of MHR

Have you included / updated?

- Medication list?
- Care Plan?
- Consumer Recovery Plan?
- Advanced Care Directive?

Consumers with MHR attending subsequent appointments:

- Ask the consumer whether they have brought MHR to the appointment
- Ask the consumer whether they would like any assistance with updating the information

# Consumer Brochure - example

## What is My Health Record?

- Personal health information booklet
- Belong to you, the consumer
- Taken to all visits with your Psychiatrist, Care Coordinator, GP, or other healthcare provider.



## What is Recorded?

- Updated Medication/s
- Physical health information such as blood pressure
- Other health problems and treatment plans
- Care plans, recovery plans, relapse prevention plans (advanced directives)
- Relevant health practitioners and support people in your life.

## Why is it important for me to have a Health Record?

- A Record of what medications you are on and how much to take
- To record and track your progress and recovery

- It can improve communication between you and various health professionals
- All treating Doctors and health professionals can be aware of what medications you are taking so that they can identify between prescribed medications.
- Will prevent confusion if someone else (e.g) Care Co-ordinator or family member assists with medications and/or care plans)
- Single place to store all of your care plans, recovery plans and relapse prevention plans
- Easy way to share information with family members if you choose regarding your health care.

## Rights and Responsibilities (not a complete list)

- To be empowered to participate in your health care
- To ask for help if you do not understand something
- To be provided with all information on your health concerns and treatment options
- To obtain support and advocacy if you need it

## For further information

Contact your Care Coordinator or Doctor at Ryde Community Mental Health Service, New Horizons or Macquarie Hospital.

If you would like to discuss or receive further information regarding:

- Your rights and responsibilities
- Completion of a recovery and/or relapse prevention plans
- Advocacy or support contact the Coordinator Consumer Participation at Ryde Community Mental Health Service on Mondays, Tuesdays and Wednesdays.

**Ryde Community  
Mental Health Service**  
39-41 Fourth Ave  
Eastwood, NSW 2122  
PH: (02) 9858 7777


Last updated January 2006

## My Health Record



**Keep Well  
Keep Track.**


# Education Program



My Health  
Record -  
*Keep Well, Keep Track*  
Information Session for Staff

Based on the education program developed by Ryde Community Mental Health Service as part of the pilot project

November 2007



## Background

- Developed in 2000 as part of the NSW Chronic Care Program (Phase 1).
- A range of clinical services frameworks and disease self-management models were developed.
- Achieved some success in reducing avoidable hospital admissions.

## Pilot Projects and Evaluation

- Pilot evaluated with respiratory, cardiovascular and cancer consumers as part of the NSW Chronic Care Program.
- Pilot evaluated with mental health service consumers as a key priority of the NSW Interagency Action Plan for Better Mental Health.
- Mental health pilot funded by NSW Health and conducted with Ryde Community Mental Health Service (NSCCAHS) over 18 months from mid-2005.
- Protocol and resources developed based on the evidence obtained from both pilot projects.

## What is My Health Record?

- Consumer-held health record.
- A5 size booklet.
- Pages for recording information.
- Plastic sleeves to store care plans, test results, medication lists, information sheets, business cards etc.
- Facilitates information flow between health service providers.

## What does My Health Record aim to do?

- Encourage consumer participation and self-responsibility in managing their health care.
- Improve the provision of health services for people with a mental illness.
- Empower consumers.
- Improve communication and enhance continuity of care between multiple health providers.



## The Protocol

- Evidence based.
- Aims to make most effective use of the resource.
- Points for distribution and use.
- Role of mental health service and stakeholders to support.

## Offering

- My Health Record was found to be most useful for clients of the following services for adults and older people:
  - Community Mental Health Teams
  - Community Mental Health Rehabilitation Services
  - Specialist Mental Health Services for Older People
  - Non-Acute Inpatient Units
  - Non-Government supported accommodation providers

## Offering

- Who also meet at least one of the following criteria:
  - Multiple care providers are involved in the management of their mental illness
  - Have a diagnosis of a chronic physical health condition
  - Are a long-term client of the service
  - Have identified care plan goals to improve physical health
  - Have an 'organised' personality type
  - Are returning to community living after lengthy institutional care
- My Health Record should also be given to consumers who request a copy.

## Distributing

- On distribution, inform the consumer that:
  - My Health Record is their record, they own it
  - They should bring it with them to appointments
  - They can fill in sections themselves or request assistance
  - They can add information in the plastic sleeves
- Go through the different sections with the consumer.
- Ask if they would like any help with completing the information.

## Using

- Have you given the consumer copies of the following to include in My Health Record?
  - Medication list
  - Care Plan
  - Consumer Recovery Plan (CoRE)
  - Advanced Care Directive
- Ask if they would like any help with completing the information.
- Remind the consumer to bring to the next appointment.

## Realistically

- Some consumers will not be interested or will lose interest.
- Consumers will forget to bring to appointments.
- Usage will fluctuate according to need.
- Some consumers will lose it.
- But for some, it will be a highly valued resource.

## What do consumers say about My Health Record?

- *"It gives you even more power and a feeling of being in control of your health information."*
- *"My doctors all have to interact with one another and it's good for me to have a record of that, because there is a lot of to-ing and fro-ing from one to another."*
- *"My doctor filled it out, but if I forget to take the book with me, I fill it out, so it's 50:50 me and the doctor/ health worker."*

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## What do consumers say about My Health Record?

- *"I find it gives me a sense of security, especially if I can't speak for myself in a situation."*
- *"It helps me keep track of everything – where it's all going."*
- *"It prompted me to ask for copies of results. In the past, they'd take your blood pressure but they wouldn't tell you what it was. But now that I'm more involved, I'll say, "what was it?" and write that in my book."*

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# Questions?

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