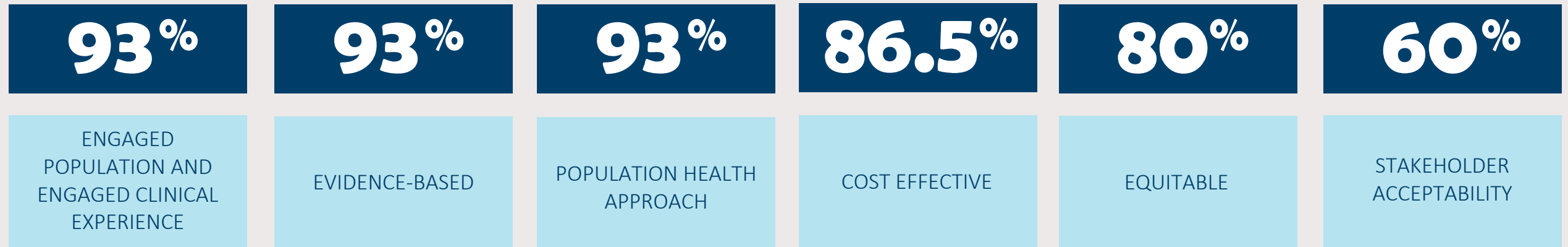


THE COMMUNITY ADVISORY COUNCIL (CAC) SUPPORTED THE GCPHN PRIORITISATION CRITERIA. FOLLOWING DISCUSSION MEMBERS NOTED THEIR AGREEMENT WITH THE INDIVIDUAL ELEMENTS AND PROVIDED FEEDBACK.



### PERCENTAGE OF MEMBERS THAT AGREE OR STRONGLY AGREE WITH IMPORTANCE OF CRITERIA



### ADDITIONAL FEEDBACK AROUND THE PRIORITISATION CRITERIA

- Cost effectiveness was discussed across the group, with an emphasis on thinking long-term and considering cost and value across all areas i.e. employment, housing, education.
- Evidence based was also discussed with members expressing the importance of gathering evidence and results. Members raised concerns around vested interests of all kinds and that cost and evidence are often interlinked, with evidence sometimes taking years to gather.
- Important to consider the longer-term potentially changing demographics and landscape of the Gold Coast i.e. urban development and population migration.

## 66 PERCENT

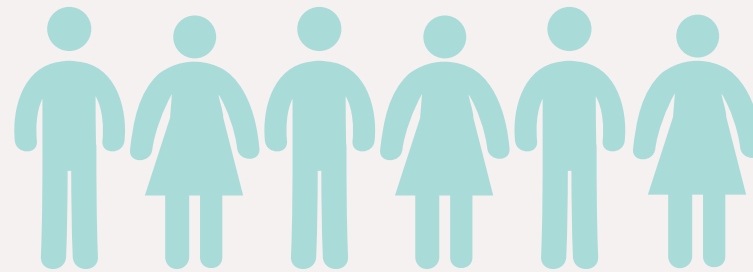
of CAC members felt one criterion was more important than the others, however there was no standout on which criterion this was.

Many members felt **cost-effectiveness** and **evidence-based** were closely linked and difficult to separate as concepts.



## 40% OF CAC MEMBERS HAD A MHR

## 60% OF CAC MEMBERS DID NOT HAVE A MHR



### 20%

OF CAC MEMBERS HAD USED THEIR MHR

»» Members who had a MHR used it to upload personal details, look up current information and monitor updates, and liked that they could access it in the comfort of their own home.

### 26.6%

OF CAC MEMBERS HAD NOT USED THEIR MHR

»» CAC members identified that limited awareness and knowledge of the MHR, privacy and security concerns, and limited confidence and abilities in using the internet, were reasons for not getting/using a MHR.

## DID CAC MEMBERS WHO USED THEIR MHR THINK USING IT WAS VALUABLE?

»» Some found the My Health Record useful because they could use it in the **privacy of their home**, at their **leisure** and will be **useful in emergencies**.

»» One CAC member stated it would be easier to **keep their own records**, as they've been the only person to access and contribute data to it.



CAC MEMBERS IDENTIFIED MULTIPLE BENEFITS AND RAISED SOME CONCERNS IN RELATION TO THE MHR.



## Benefits

- ✓ Individuals don't have to remember their medical history (including medication type, dosage, reactions), especially when they are travelling interstate or experience a medical emergency.
- ✓ Health professionals will have the ability to monitor prescriptions and pharmaceutical drug misuse.
- ✓ A MHR could diminish medical records and information "going missing".
- ✓ It collects information across a lifetime.
- ✓ Carers and guardians will be able to access the record of the people they care for.

## Concerns

- ✗ Security and privacy around personal information.
- ✗ The MHR is not mandatory for health professionals to use.
- ✗ The process of setting up and maintaining is too complex and takes too much time for the clinician and consumer.
- ✗ Some members felt information in the MHR was too limited, whereas others were concerned it was too detailed and questioned consumer's ability to control this.
- ✗ Uncertainty among some in the community around MHR rollout (opt-out), specific support needed for these groups.



**Some members had discussed the MHR with a health professional, feedback included:**

- Recent graduates and medical students embraced the MHR.
- A general hesitation and a reluctance toward using the MHR.
- Members felt uptake of the MHR among health professionals would increase over time.

