

Gold Coast Primary Health Network (GCPHN) are providing ongoing community support to help consumers manage and access their My Health Record, including giving community presentations and information sessions. The Community Advisory Council (CAC) were given an opportunity to provide feedback on a presentation the GCPHN My Health Record team will be giving to community members in the near future.

13 out of 16

CAC members said that the My Health Record information given in the presentation would be somewhat valuable or very valuable to community members.

“My Health Record is powerful information that can help to keep me alive when I see different doctors out of hours or in an emergency.”
- CAC member

CAC members had **concerns** around how technology can be a **barrier** for some users, particularly **older consumers**.

CAC members all agreed that the term ‘**consumer**’ should be used instead of ‘**patient**’.

75%



of CAC members preferred Slide B to 25% who preferred Slide A.



36% of CAC members felt that additional content could be included in the presentation.

SUGGESTIONS FROM CAC MEMBERS WERE:

- To have an interactive component that allows for open discussion, rather than participants leaving the presentation if they are not “**tech-savvy**”.
- The line in presentation that reads “9 out of 10 Australians have **opted to have** a My Health Record” should be removed or changed to “9 out of 10 Australians **have** a My Health Record” or similar. The current wording suggests that 9 out of 10 Australians **opted in**, which could be misleading.
- Additional explanation is required around what consumers need to do to **activate** and **get the most** out of their My Health Record, including updating their security and privacy settings and asking their GPs to upload information.
- Additional information is required around **what it means for consumers if they have opted out** and end up being admitted to hospital (e.g. what information hospital medical staff will/will not have access to).
- A bigger focus is needed on the **benefits** of the My Health Record and to ensure the security features are presented in a **positive** way. This will hopefully help eliminate some of the fear-based ideas people have around My Health Record.
- Ensure presentation has **clear imaging** and all links working prior to the presentation to reduce delays.

The Community Advisory Council (CAC) were given a presentation on patient-centered care and general practitioners (GPs) by a Griffith University PHD student. The presentation involved an explanation of what patient-centered care is and how integrative reviews are conducted to summarise research and present current results. CAC members discussed each of the criteria that came from a recent integrative review and gave their thoughts and feedback on each area.

UNDERSTANDING THE WHOLE PERSON

75% of CAC members felt that this was **very important** to their healthcare.

Key factors that were discussed by CAC members and deemed important to understanding the whole person:

- Having your GP **remember you** and your personal circumstances.
- Feeling **comfortable** enough to say you don't understand something and there being **no intimidation**.
- How **stigma** and **pressure** still exists against certain conditions (e.g. termination if a child has a disability, anti-vaxxers) and these barriers **do not** take in the whole person.
- **"Patient"** as a term does not encompass the **"whole person"**, and instead the word **"consumer"** or **"person"** should be used.
- **Two-way communication** with the GP and the patient is essential to ensure the **"whole story"** is explained.
- Consumers need to have a role in their **own health**.



FINDING COMMON GROUND

including shared decision-making and partnership building



11 out of 16 CAC members felt that this was **very important** to their healthcare

Key factors that were discussed by CAC members and deemed important to finding common ground between the GP and patient:

- Some CAC members shared feeling **intimidated and pressured with time** in previous appointments. The lack of opportunity to discuss additional health concerns with their GP lead to **misinformation** or CAC members **withholding information** as they didn't want to **"bother"** their GP.
- Sometimes **fear** of what their GP might say about their health concerns caused CAC members to withhold information.
- CAC members discussed how it can be **difficult** for a GP and patient to create a **longstanding partnership** due to clinics rotating through GPs regularly and only keeping them short-term.

The Community Advisory Council (CAC) were given a presentation on patient-centered care and general practitioners (GPs) by a Griffith University PHD student. The presentation involved an explanation of what patient-centered care is and how integrative reviews are conducted to summarise research and present current results. CAC members discussed each of the criteria that came from a recent integrative review and gave their thoughts and feedback on each area.

LONGER CONSULTATION DURATION

9 out of 16 CAC members felt that this was **very important** to their healthcare

Key factors that were discussed around longer consultation duration:

- More education is needed around **when and how** to book longer consultations.
- CAC members discussed the need for there to be **ample time** to discuss all health concerns and that neither the patient nor the GP should feel **pressure** to hurry things along.
- **Financial hardship** can make a difference as to whether a patient can book multiple appointments to discuss **multiple health concerns**. This is something that needs to be considered by a patient's GP if they advise their patients to book multiple appointments to discuss multiple issues.



CONTINUITY OF CARE WITH GP

(repeated visits with the same practitioners over time)

11 out of 16 CAC members felt that this was **very important** to their healthcare

Key factors that were discussed and deemed important to continuity of care with your GP:

- Having **repeated positive experiences** with your GP.
- The development and growth of **trust** between patient and GP.
- GP making the time to **listen** to your **concerns** and also making the time to fit you into their busy schedule.

Many of the items discussed in this area were combinations of understanding the whole person, finding common ground and longer consultation duration, including:

- Having your GP **remember you** and your personal circumstances.
- Feeling comfortable enough to say you don't understand something and there being **no intimidation**.
- **Two-way communication** with the GP and the patient is essential to ensure the **"whole story"** is explained.

The Gold Coast Primary Health Network (GCPHN) Community Advisory Council (CAC) attended a meeting on Friday, 1 March 2019. A total of 16 members were present and the following feedback was recorded from the discussion about the Australian Charter of Healthcare Rights Draft 2nd Edition.

100% of CAC members agreed that the 2nd Draft Edition of the Charter was an improvement from the current version.



14 out of 15

CAC members agreed that the language in the Charter was **easy to understand**.

14 out of 15

CAC members felt that the rights in the Charter were **clearly explained**.

COMMENTS ON DESIGN OF THE CHARTER:

- Suggestion that the **rights be numbered for easy reference**, auditing and raising concerns.
- **Add a telephone number** as well as a website link.
- Perhaps an additional note of a **consumer's responsibilities** in relation to their rights.
- Some CAC members believed the **“Safe and high-quality health care”** statement (under the Safety sub-heading) needed to begin with a **verb**, similar to other statements.
- While the Charter is more broadly targeted, having **Indigenous designs** in the layout may encourage **Aboriginal and Torres Strait Islander engagement** with the material.



- ✓ Simpler and easier to read.
- ✓ It does not display as a threatening document.
- ✓ Layout is clear, bright and more personalised.
- ✓ Mix of technical terminology and layman's terms.
- ✓ Lessened amount of writing.

SUGGESTIONS RAISED:

- Valuable additions in relation to the rights to **mental health care** could be considered.
- In general, CAC members felt that the statement relating to **“Be engaged in informed consent ...”** was confusing. This implied the patient has given consent and understands the implications of the consent.

Some suggestions for this statement included:

- ♦ it to have its **own** line
- ♦ a more **detailed explanation** and for it to be moved to under the **‘Partnership’** sub heading.

The Community Advisory Council (CAC) were presented with three versions of a poster developed by the Primary Sense team. A final version will ultimately be produced and distributed to hang in waiting rooms of Gold Coast general practices. CAC members were asked to review each poster and give feedback around the design, layout and content and to provide suggestions on what they think would be the most effective and meaningful poster for consumers.

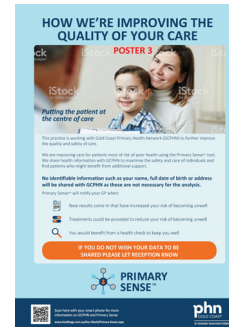
HOW DID CAC MEMBERS INTERPRET THE MESSAGING ON THE POSTERS?

Most CAC members recognised that:

- The posters were informing patients that their practice would be using de-identified data to improve quality of care and notify general practitioners (GPs) of potential health issues.
- That the practice displaying the poster would be putting the patient in the centre of care and working on ways to help with patient health.
- Identifiable information would not be shared.
- Patients would have the option not to participate.

60% 

OF CAC MEMBERS VOTED FOR POSTER 3



40% 

OF CAC MEMBERS VOTED FOR POSTER 2



WHAT CONCERNS DID CAC MEMBERS HAVE WITH THE MESSAGING ON THE POSTERS?

CAC members had some concerns including:

- There could be potential implications for practices, GPs and patients, if patients don't see the poster and their de-identified data is used without their consent.
- CAC members felt that the program being an "opt-out" process was a risk for practices and GPs involved.
- Some CAC members felt that this was not about person-centered care and came with potential risks.

SUGGESTIONS FROM CAC MEMBERS:

- Some CAC members felt the program should be an opt-in process, rather than an opt-out process.
- There should be wording added to the poster to advise patients they can ask reception for further information.
- Diagram on Poster 1 is seemingly ineffective for people who are colourblind, as they will not be able to differentiate between the coloured lines. Perhaps dots and dashes could be used instead.
- Create material that includes imagery that could promote Aboriginal and Torres Strait Islander engagement.

In 2018, Gold Coast Primary Health Network (GCPHN) and Gold Coast Health ran the Emergency Alternatives Campaign, a public health awareness campaign developed to inform people of their options for medical care, particularly after hours. Community Advisory Council (CAC) members were presented with information on the proposed campaign and were asked for their feedback and opinions around the promotion and deliver.

14 out of 16

CAC members said the information presented would help them in choosing the most appropriate service if they had a health concern.



SUGGESTED CHANGES TO COLLATERAL:

- Supplying collateral in languages others than English.
- Having a .org address instead of a .com as it more likely to create trust with the public.
- “Only visit the emergency department in an emergency” line should be moved towards the top and in larger font.
- Additional spacing was required between the two separate statements on top of the image.
- Suggested that the red box and the blue box swapped positions to have more of an impact.
- Noted that the white lettering on the pale blue background was difficult to read and should be changed.

SUGGESTED WAYS TO PROMOTE THE CAMPAIGN:

- In public places such as tram stations and bus stops.
- Via schools and school newsletters.
- Utilising online mediums such as social media, Google ads and Search Engine Optimisation.
- Community newsletters and community radio.
- Medical centres, community centres and shopping centres (including in toilets).
- Tourist hot spots such as theme parks, tourist information desks and hotels.
- TV advertising
- Australian Competition and Consumer Commission publications.
- Attached to rates notices.

CAC members discussed the need for Gold Coast Primary Health Network to find a way of ensuring the poster ends up in people’s homes.

