HEALTH CONSUMERS' COUNCIL

## EMR PROJECT – PATIENT PORTALS

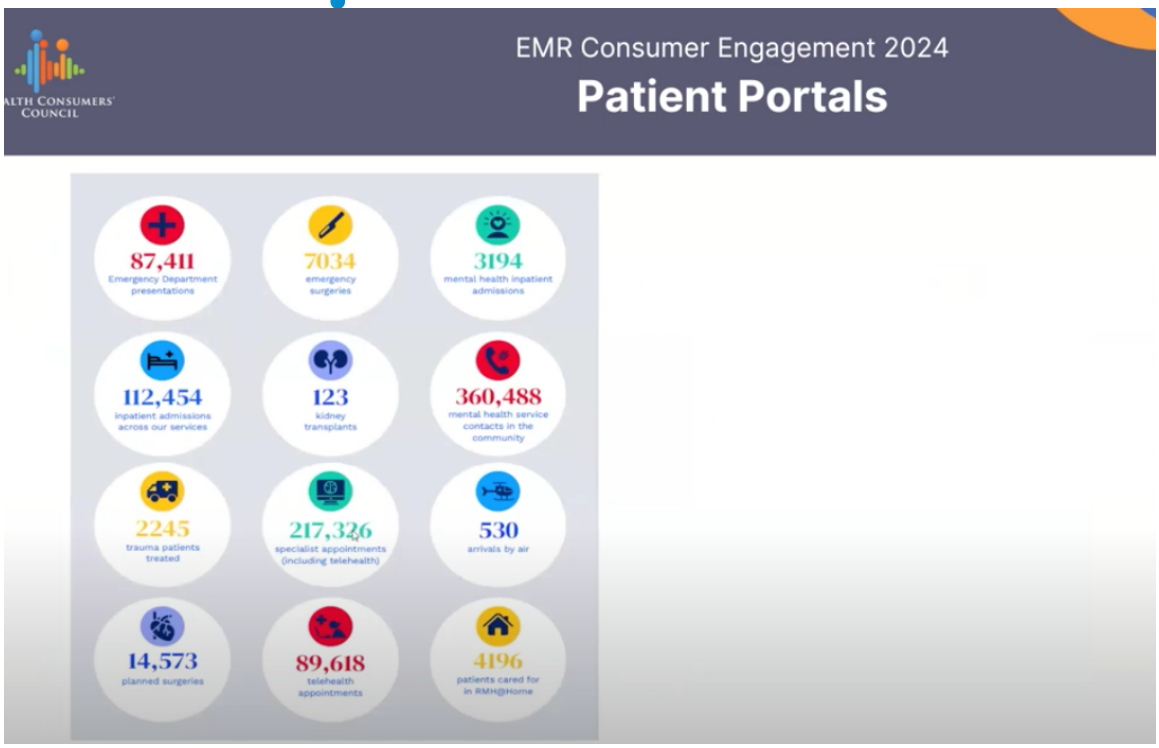
### Royal Melbourne Hospital Presentation for the WA EMR Consumer Reference Group on Patient Portals - Transcript

Speakers Liz Cashill (LC) Mary Oti (MO)

LC: So I'm the Director of Patient Experience and Consumer Engagement at the Royal Melbourne and we're coming to you from the Wurundjeri Lands of the Kulin Nation and really very delighted to have Mary Oti with me. Mary is a consumer who has worked with us now for a number of years Mary I think that's fair to say isn't it? And who is always an enthusiastic and very helpful participant in in the work that we do. Mary would you to just quickly introduce yourself?

MO: No not really! I'm joking. My name is Mary Oti, I've been working with Liz now as a consumer for Royal Melbourne for about two and a half years now and primarily focusing on patient portals, which has been something that I've been really passionate about since I started annoying my care team about it, and they had no idea what I was talking about so pointed me in a different direction. Yeah so that's what I do and help Liz along wherever she needs it.

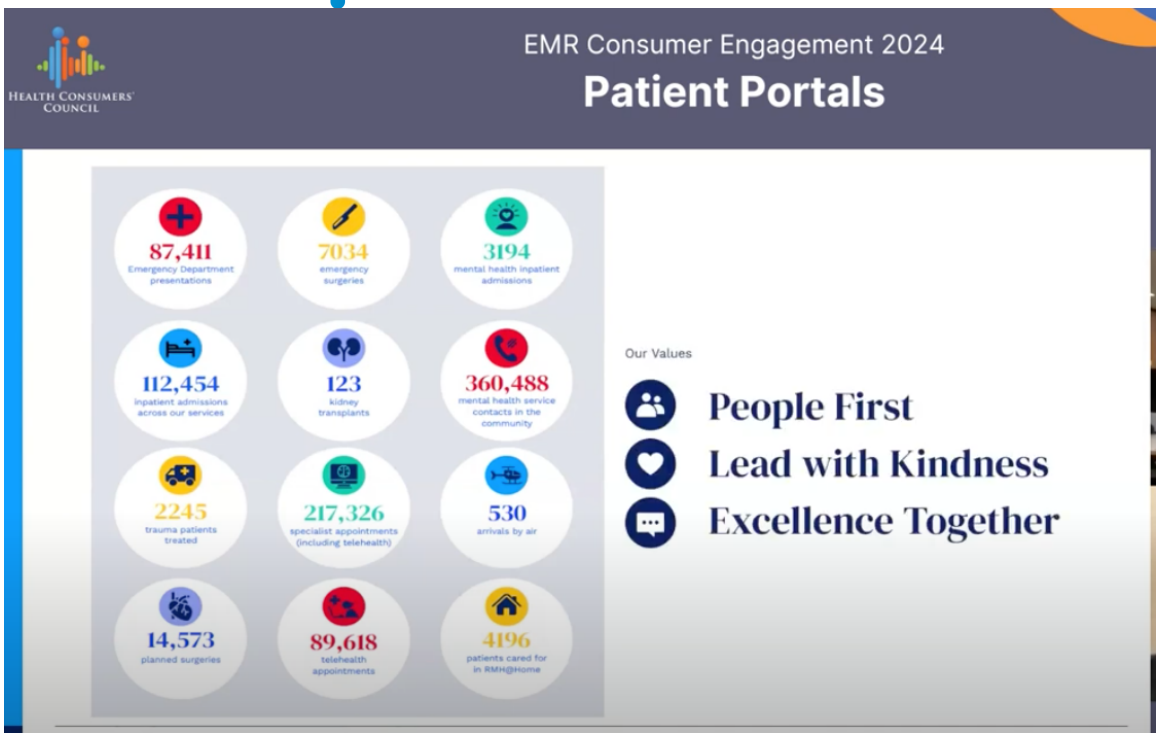
LC: Thank you Mary, so we we've got some slides to run through quickly and hopefully it addresses some of the questions that had been sent through. Obviously very happy to subsequently discuss any of the information. So now can people see that the slide?




[1:36] So this this is the Royal Melbourne Hospital, people may or may not know we're a large tertiary metropolitan hospital. We've got a number of acute and Subacute Services.

[1:53] We have a large Mental Health Service. We're situated within the Biomedical Precinct in Parkville so we work in very, in fact we are literally connected to the Royal Women's Hospital and the Peter McCallum Cancer Centre down the road from The Royal Children's Hospital, across the road from the University of Melbourne so incredible it's an incredible Precinct to be part of, because that in itself provides lots of opportunities.

Now we are busy, were a busy organisation so just to give you a sense, we have 90,000 emergency presentations a year at the Royal Melbourne. We have 218,000 odd outpatient appointments and 90,000 telehealth appointments so this is busy, we've got incredible capacity when we're trying to look at new partnership models and work in new ways. We've certainly got lots of opportunity to test and to make sure that what we're doing is helpful for the community that we serve.



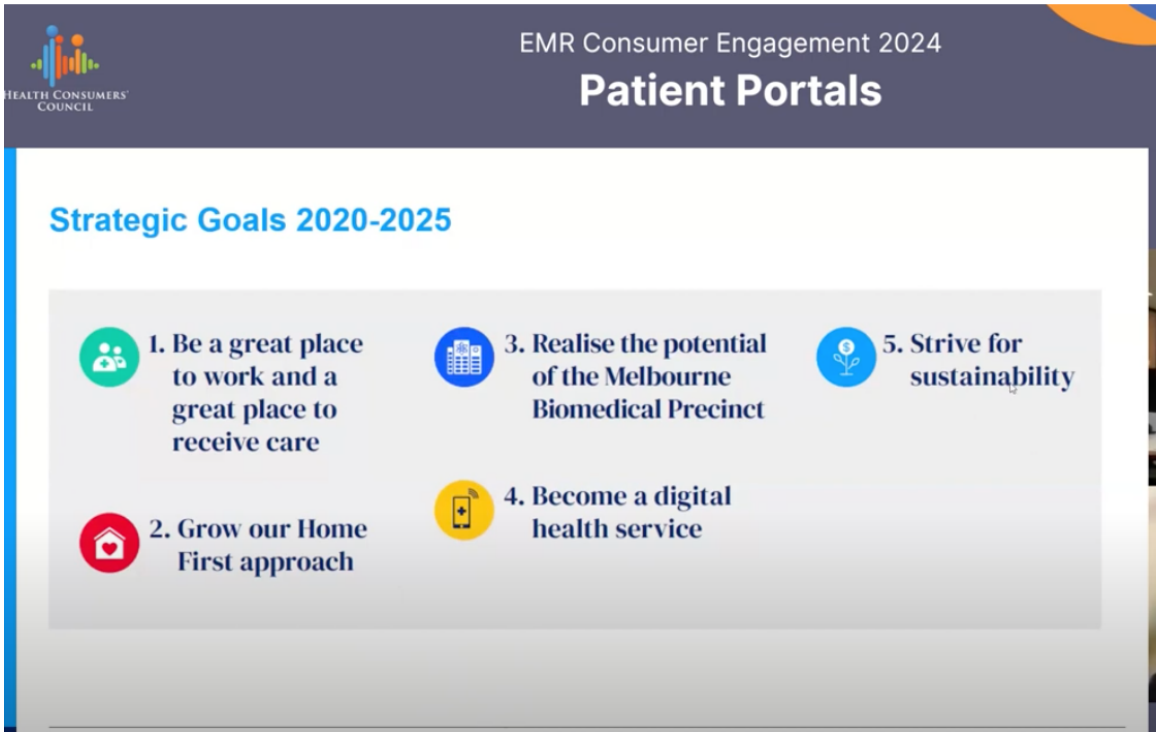

[2:43] These are our organisational values and I always like to mention that “Lead with kindness” is one of those core values and it's something that we try and demonstrate in all of the care that we provide, all of the services that we deliver, all of the improvement activities that we that we undertake.

[2:47] Now consumer engagement is really important to us and Pip's just mentioned Ricky Spencer who I'm very proud to say is one of the members of our Community Advisory Committee, so that's a nice connection to have as well. We have had now for some time a consumer as the Deputy Chair of our Community Advisory Committee. We have extensive community and consumer engagement throughout the organisation. We've got over 90 committees, working groups, projects at any point in time that consumers are engaged with and we have some pretty comprehensive processes around bringing people onto the consumer register, and then internal processes about ensuring that staff members who want to work with consumers that they have a good understanding of what it is that they think a consumer will bring. Then we match consumers with staff members and where possible engage in co-design.

We've got incredibly committed and engaged consumers that you know that our work could not occur without that engagement so we're very grateful to people like Mary for her time and her commitment.

I am the Director of Community Engagement and Patient Experience and we have a small team that supports that. But in our Mental Health Service which is one of our divisions we also have Directors of Carer and Director of Consumer Lived Experience and a big Lived Experience Workforce and that's something that we're hoping to expand.

We're also at the moment designing a Community Engagement Strategy so one thing that we've recognized is we've got lots of tools in place, we've got lots of lots of actual on the ground living experience, if you like, of doing this but we what we don't have is a formal Community Engagement Strategy. So just that's just to give you a little bit of a sense about where we're at and that's something that we're in the throes of co-designing.




[4:57] And these are the strategic goals for the organisation that run up until next year.

1. Be a great place to work and receive care.
2. Home First. So this is something that we've got a lot of, we're putting a lot of effort into getting people home and keeping them home.
3. Striving for sustainability is also really important to us I'm pleased to say. But in terms of what we're talking about today we're really concentrating on the these two strategic goals;
4. Realising the potential of the precinct in which we're situated because that's been one of the great success stories about the portal and about our implementation of Electronic Medical Record but also
5. Becoming a digital health service

So there's obviously lots of things that sit under these strategic goals but we have had for the last five years that really strong vision about digital health being something that we really want to invest in and we want to use to make sure that care is optimized.


[6:07] Now for us the EMR, and now apologies for that jargon, I meant to remove the jargon but the EMR is obviously Electronic Medical Record and that's now been in place across the precinct since 2020 so that was initially delayed because of the first wave of the pandemic. But then it was implemented when Melbourne was basically at the height of lockdown in a very significant - because we thought - remember we all thought initially the waves might stop. But the waves didn't stop so we implemented the Electronic Medical Record right slap bang in the middle of Covid.

The Patient Portal was a really key feature of that right from the outset it was always intended to be a feature of what we would have here in the Precinct. And we have you know I think we four years down the track or probably three and a half years down the track we're quite pleased with what we've been able to do.

Obviously there's lots and lots that we still we still need to do now obviously today we're not mentioning you know proprietary software and if I do that please point that out to me. It's hard for me, because we do, you know we're used now to you this is just part of common everyday parlance for us. So we're used to talking about in the way that it's, that we have named it, but essentially the key part of our patient portal is around ambulatory care

So if you remember the that figure of really when you look across probably 300,000 ambulatory attendances for the Royal Melbourne, that will give you a sense of this, is

really important for us if this can do something to support Ambulatory Care that's a very significant venture for us.

So we also have a things that you would essentially call add-ons for virtual care so within the patient portal that we have there's also been something that that we used particularly within Covid.

So for example if you were diagnosed with Covid you might have access to the portal and then have access to a sort of an add-on within the portal where you at home you would get a reminder through your mobile phone to say “please take your temperature now” “please take your respiratory rate” “please read this information now” and “please contact the service if your parameters are outside certain, sorry if your vitals are outside particular parameters.”

So that that was sort of something that came about. Almost none of us knew that that existed until we needed it but it was actually really, really helpful.

And we also have had some exposure to inpatient patient portals and done some trials in relation to that. But we have we have less experience in that, I think that would be fair to say than we do in terms of the Ambulatory Care.

So it's the Ambulatory Care portal that we would be focusing on today. The, now one of the that really key success factor for us was around the Precinct approach. So right from the outset when me the money was; sorry and when I'm talking about the outset I'm talking about the point from which a system was chosen. So the tender was done the system was chosen, then we all came together obviously from an operational aspect at precinct level to think about what that would mean. And to engage in the design and adoption setting phases.

So that was the point at which all sort of my counterparts across the precinct said “we need consumers involved in this, consumers must be embedded in this process from here on in” And that's I think it's fabulous from a Western Australian perspective that you have all been so involved even at this stage of where you are in Western Australia.

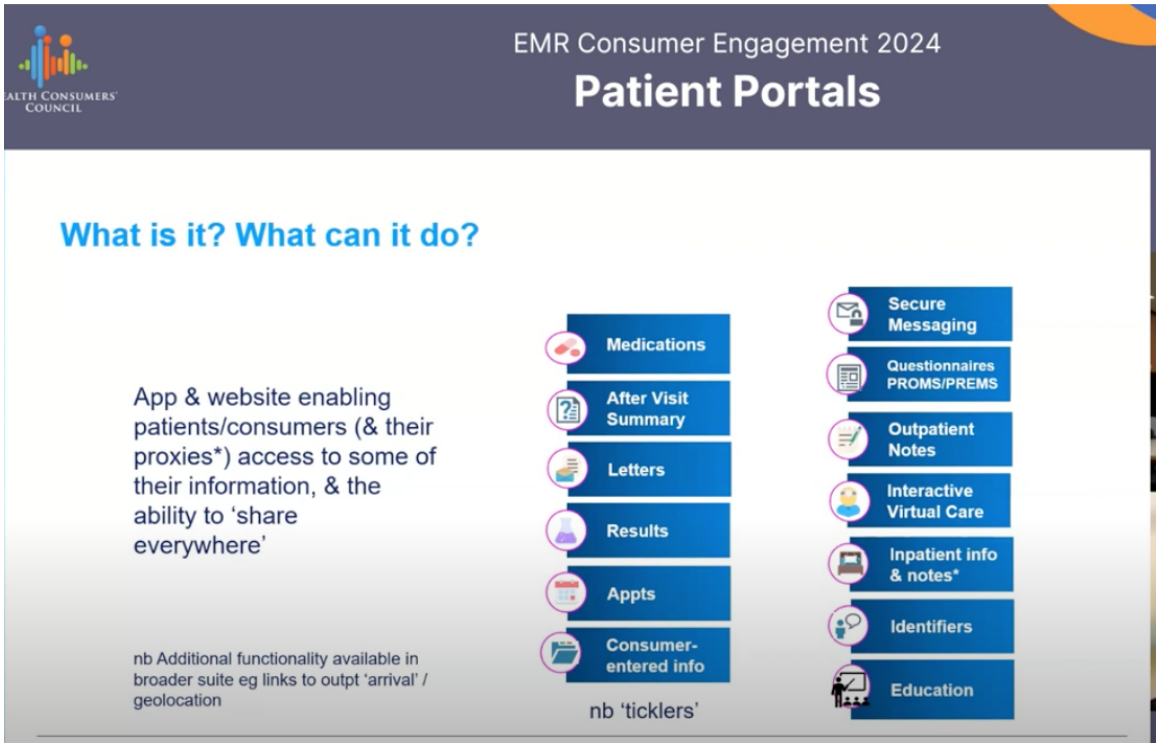
So we didn't we really didn't know what we were getting into at that stage and it was for from really from one perspective we were saying to consumers “please come to the table. We're not sure what being at the table will mean, but we need you at the table to help us with this.”

It would be fair to say that was also a challenge for the vendors because they had not had consumers involved previously either so that was quite new to them. They didn't know the 50 people in the room at any one point in time they didn't know who was a consumer or who was a staff member. And we were all sort of learning about the

possibilities at the same time and also all of us able to put forward whatever we thought would might be helpful.

So we've, that sort of initial phase obviously lasted and until the implementation, a little bit beyond until we moved into business as usual. All the way through, we've maintained consumer membership in terms of governance. So we have a Digital Health Steering Committee for Royal Melbourne. That's a committee that that Mary sits on and also that the Consumer Deputy Chair of our Community Advisory Committee is also on there. And then at a Precinct level we have a Precinct Patient Portal Advisory Group where we have key operational staff and consumers from each site who sit on that group and together nut out some of the issues that come up, think about the opportunities, think about what should be next in terms of a patient portal. Are there barriers that have arisen that we that we need to address? It's really the troubleshooting venue for anything to do with the patient portal, and also the Horizon setting.

And those of you who are involved in different governance groups will appreciate the difficulty of having what is essentially large individual hospitals and then also looking at a Precinct level. But that's, I think that's also where the consumers have really been vital because they're always able to bring that back just to a “this is about care, this is about partnership, this is about a consumer interaction, so you can all leave your egos at home and work out what is going to be best for us around that.” So it's it's been quite a fascinating process to be part of.



[13:16] And probably it might just be worth saying that you know obviously up to the point of implementation and now this is really collaborative work between what we would consider to be our sort of technical EMR teams in our operational staff and our consumers to really make sure that we have an understanding about what is and what could be.

Now if we think a little bit about what a patient portal is and what it might be able to do- This is where I'd really love to be able to show you the proprietary software but we'll just well we'll talk to you about the-about what it's able to do.

So essentially for us the patient portal is an app and a website that enables patients or consumers and their proxies access to some of their information. So that's key. Some of their information.

Also the ability to share everywhere. And what share everywhere means is that the patient, so if I have my portal and I'm going off to my GP I can generate a code and show my GP information within the portal.

Now there is also another whole system that means that the local GPs are connected in to the Electronic Medical Record system but the share everywhere code is something that gives the consumer that choice to, oh I might be going after the physio. I might want to show the physio something that's within the portal, so I can generate a code that will enable the physio to look into that.

Now in terms of the actual what can you do and what can you see so I'll talk through this a little bit and then Mary I might get you to talk a little bit about in in practice what this means for you in terms of your care.

[15:17] But these are the these are the main things. So you open the app, you can see probably first see appointments. So you can see future appointments, past appointments, location, clinic, who that's with, when it's coming up.

You can see, you have a list of medications in there. You can have access to after-visit summaries. So after-visit summaries are generated every time you have an interaction with the hospital. A staff member needs to sort of generate an after visit summary, or push the button that says “I want the after-visit summary to go into the Hub”, but it's essentially a plain language summary of the care that's been provided, whether that's an inpatient episode, or an outpatient episode.

Letters that go from the from the hospital or from whatever care setting you're in to your GP or other providers can be copied into it.

Test results can be made available to you and this is an issue actually that generated lots of discussion. And interestingly from a consumer perspective, the concept about clinicians wanting to hold on to results until they could talk to a consumer and help

interpret it for them, particularly for sensitive results. So at the moment I think we're releasing about 54% of results within about 30 days and we would lots of clinicians would like that to be a lot higher. And lots of discussion about the potential for a missed test result can be offset to some extent by making sure that that result is released to the portal and that the consumer has access to it.

There's capacity to enter consumer entered information. So you can enter something in that says for example “I have an allergy”, “I now have an allergy” or “this is a new medication that I'm taking” so that information can be put in there. If it is something that for example if I'm saying “I now have a peanut allergy,” that will come up the next time I come into the hospital and the clinician who sees me will see that there is some consumer oriented information and can then verify that with me. And once that's verified that can go into the system and that's there's a check and balance on that. Just to be, because in the example of allergies, obviously we just need to be very clear about what's an allergy what's anaphylaxis etc.

There's the capacity for secure messaging. So I can open the app and select a member of my care team and send them a message. Now I have to say at the moment that is not functionality that we have turned on because it absolutely needs to be supported by the workflow in the back end. That means that message is not going to end up in the ether. So that's a key point.

There is the capacity for a questionnaire to be linked. So for example if I'm coming in for, if I'm a new patient coming from a for a dermatology appointment then the Dermatology team. So in the back end, a new dermatology appointment say for psoriasis clinic is linked with the capacity for the psoriasis questionnaire to be sent via the portal to that patient. The patient enters the information via the portal and it's then uploaded and is available for the clinician when I attend the Psoriasis Clinic. So it means that the time within the clinic is not taken up by doing that questionnaire, and the clinician if possible will have reviewed that prior to the appointment or can quickly review it in the appointment.

[19:00] Now, Open Notes. We've got this here as Outpatient Notes but Open Notes has absolutely been the game changer for the portal and probably the aspect of the portal that created the most consternation amongst staff. So as you can imagine, some clinicians were hesitant about this feature being available and some were hesitant about. I remember a very senior clinician saying to us “but are you are saying that the notes that my Junior Registrar writes will be immediately obvious to the patient?” And we said “Yes, yes, that's it.” And obviously they have always been accessible via FOI, but for some people this was just like a new concept that it would be so readily available. Not at launch, but I think probably 6 to 12 months after launch, we made the decision across the organisation that notes would “share by default.” So unless the clinician individually unticked share, the notes would share. And that has absolutely been a remarkable

success from a consumer perspective. That is, you know I think for many people that is really the number one feature of the portal.

[20:32] There is the capacity for interactive virtual care and that's really what I talked about before about that add-on that that might support Covid care at home or might for example support somebody post-heart attack going home. There might be the add-on that says “Liz, we need you to do this, this and this.” “Liz have you taken this medication,” “Liz please read this information brochure about you know cardiac rehab” for example so it's a repository to help deliver that information.

[21:07] Where we have trialled the portal as an inpatient mechanism, patients in the bed and we trialled this in an Oncology Ward and also in an acute at-home service, patients who were in the either the real or the virtual bed at that point and could see some of the impatient notes that were being written, as they were written and could also see their results. So if you can imagine if you're an oncology patient in oncology Ward you will be very attuned to the Pathology results that you're getting and very keen to see them pretty quickly. And you’re sitting at home so your partner at home who's attached to your portal account as a proxy could also see those results at the same time. So we haven't, that's been limited trialling of the inpatient portal and we've got a, there was a research project that was evaluating that and the results are not quite out. But that's something that we would like to go down further, go down that path further in the future.

[22.22 Then this is a really the identifier again is something, the identification tools within the portal, was something that have been in a relatively recent addition but again would be I think put in the game changer category. So we have the capacity now for a patient who has a portal to open the portal and say “I would like to” for example “identify as being somebody who has a disability.” So then they answer a very short questionnaire that refers to  perhaps the nature of their disability and the nature of the support that they may require when they come into the hospital.

So someone for example might say “I have limited mobility. I will need support to move from A to B within the hospital and I would like to not have an appointment that is at 8:00 in the morning.” Now when a staff member who is doing scheduling for example looks up and has a referral for that person, they will see the disability icon appear in the corner of the Electronic Medical Record, they hover over that and they can see “actually this person is going to need some support.” And they can then you know access the Disability Liaison Officer or they can make a note that says we may need a volunteer to support this person from the car park in.

[23.55] So we've got the disability identifier, and we also have an LGBTIQA+ identifier. So in the same way I can log in, I can fill in a questionnaire within the within the portal that says actually “yes I identify as being trans” for example. So that is then, that doesn't have to be verified, that information's directly- Sorry the disability identifier and the

LGBTIQA+ identifiers are directly uploaded into the system when a patient, the consumer says that. And again the support can be provided. So for example if we had a patient story this morning actually at a Quality Committee where a patient who identified as intersex was coming in for a procedure and was concerned, you know potentially about staff attitudes. Then when Pre-admission Clinic opened the record they're able to see this person has flagged themselves as being intersex and they were able to offer the support of our LGBTIQA+ Navigators who were then able to contact the person and support them through their journey

[25:06] So and the same is true of Aboriginal and Torres Strait Islander identification as well. So we're finding that that is, that's something that has been widely adopted by consumers. We weren't sure how people might respond to that but obviously there's consumer input in the actual idea of that but that's something that we think will be significantly game-changing as well.

[25:37 And then the other major functions around education so what we're trying to do is make sure that through the portal for example, through the app that if you are attending the-if you've just been through neurosurgery and there's standard information that we would normally provide to patients that that is provided through the portal. Now some of that will be via a QR code that you can then, you know can then download further information from. Some of it is actual documents that sit within the within the portal and so that that's work actually that we're looking at now. It might also be that the after visit summary that's available in your app after a visit, after say an impatient episode can have instructions attached to it via your individual therapists. So that information is available to you.

[26:45]  And they the other thing list listed on the slide here is the ticklers. So what that means is via the app you will receive a tickler that says “Liz, you have an appointment” “You've got, Liz you have a new message your app.” And then you will go to the app and it says an appointment has been set up for you for 10th of June or whatever.

That is so that's that really is just a road overview of the functionality that we currently have within the app and I might at that point, Mary would you be happy just to just to talk to people a little bit about how you've been able to use the app in your in your interactions?

[27:29] Mary Oit: Sure thanks for that, Liz. That's a lot of stuff in the app, and I, just after listening to you I thought yep we do have a lot of stuff. Anyhow so just a little bit of background about my journey. I happened to stumble across the app as I was being treated as an outpatient in the Diabetic Foot Unit (DFU) and I guess having a lot of apps for various things on my phone like a lot of people with smartphones do, I started to play around with it. Then every time I went to my DFU Clinic appointment I used to ask a lot of questions because I'm very curious person, And I ask a lot of questions.

[28:15] So what I found really helpful was the appointments when I first started out on my journey using the app. The appointments was really good for me because I don't know -like sometimes you go to a doctor or dentist or whoever and they say “okay here's a card and it's got your next appointment on it”. And to me that's not very helpful because I'm more than likely to put those things in the rubbish rather than carry them home and put them into my phone or whatever app I'm using at the time.

So the appointment reminders, and you have the option to choose how you want the communication to come to you. So you can get it two different ways so I opted for email and text. So I always used to get text reminder for my appointments, and I always used to get an email reminder to say “Check your app, there's a message in there for you.” So I found that really, really good.

[29:09] I like the after visit summaries, because it gave me, it was a reminder for me. “Okay, what did the podiatrist talk to me about? What are the key things that I need to do between visits in order to sustain my care for myself?

[29:27] The results, I really, like I look at the results because I still have the app open. I'm being treated as an outpatient at the moment and I think the results for me, if I'm going to a new podiatrist I can actually show them what I've got from my previous results if they've not had a chance to look at my file or whatever the case may be.

[29:50] I think the opportunity or the option that you have to put in your own notes to your care team. The fact that you can actually put in person personal notes for your care plan as well and set up some goals that you might want to set for yourself along with your primary care givers there.

[30:00] I think sharing the app for other people. So I share my app with my GP. He doesn't love me for it by the way, but he's interested when, before I get there so he goes and has a look.

[30:25]  Medication and allergies, that records any allergies that you might have as well. Medication's always a good thing to have, it's just a reminder. “Okay, am I supposed to be on this? No, I'm not.” So, along with My Health Record, it’s the same kind of thing. You have a list of medications that you’re on because they’re flagged automatically.

[30:45] But I think that like, “Are there still some things that could they be improved? Possibly. But what are they? And I think there's heaps room for opportunity and I think as more and more things become available or like there's so many projects going on at Royal Melbourne at the moment and that gives us new opportunities to say “okay, how can we leverage some of this and leverage that off into the app,” and “how is it going to benefit our patients more.”

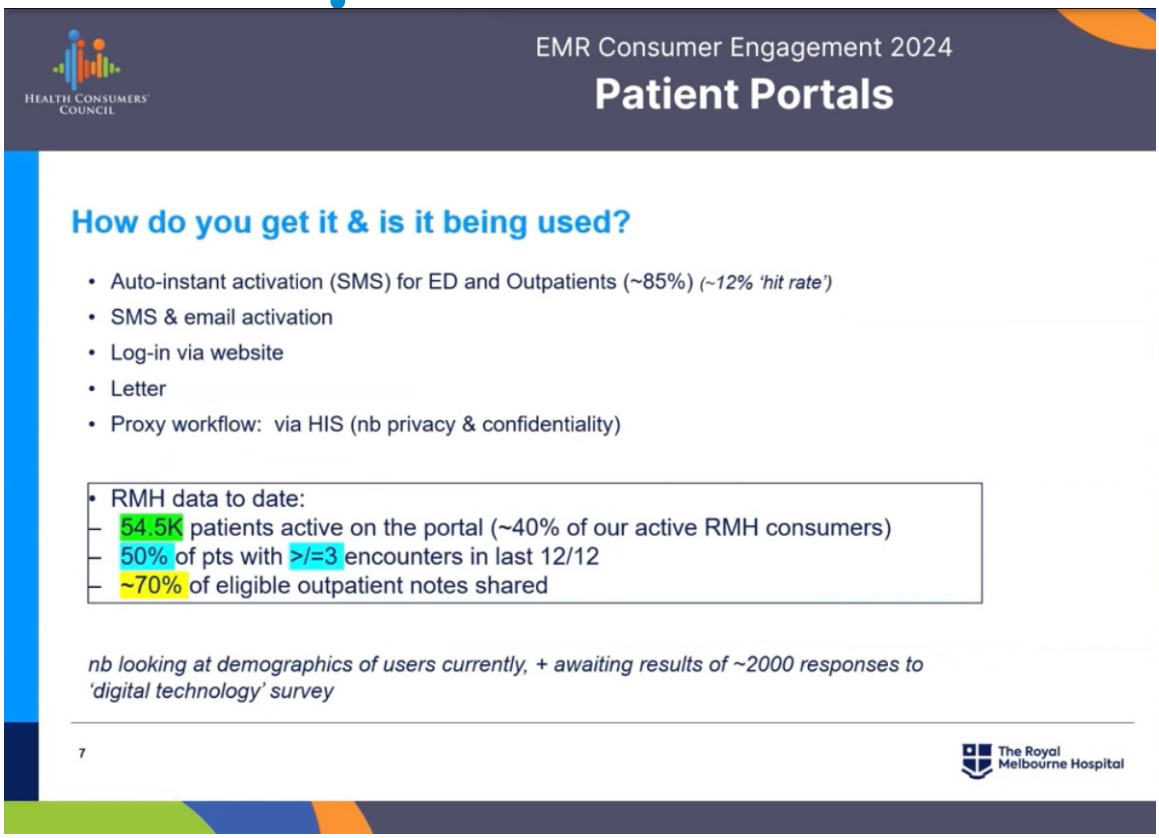
[31:17] Hope that kind of gives you a sense, oh with just one more thing. With the letters. There's all also something that attaches to that is referrals. So any referrals that you've had from whoever your primary physician is they actually go into, are attached into the app as well. So you can keep a track on any referrals that have been made on your behalf. How is that Liz?

[31:49] Liz Cashill.  Yes, that's great Mary, that's great. I have some questions for you myself, but I'll ask those separately. It's actually really interesting. I had my own experience with my son was an impatient the children's last year, and I was an in-patient with him. And it was amazing. Like the app was amazing, there's absolutely no doubt about that. But the number of clinicians who said to me, "Actually I'm not sure. Can you show me? I'm not sure how that works. I'm not sure how your end of it works." Which is a really an interesting point actually. It's something that that we're looking at in training. ut thank you Mary that's a really great really great about how you use it

[32:31] One of the things just to say is, that within the app that we have, it is actually American software and there are a number of other functions that are theoretically possible. And you can imagine the American context, a lot of those are to do with billing. But also things that for example if I'm if I'm walking into a hospital in Cincinnati, say for example and I have an appointment that the app will say oh you've arrived because it is Geo locating me within the hospital. So there's all sorts of functionality like that we aren't-we think is possibly a step too far, I think for lots of people in the Australian context. So it is I guess that's one thing to there had to be some contextualizing for the Australian context in the software that that we chose.

[33.22] Liz Cashill

So just in terms of how do you get it and is it being used




The main way that people access the portal through our hospital is an auto instant activation. Which means if I'm in the Emergency Eepartment today, or if I have a new outpatient appointment, I will get an SMS that says to me you know “you are in the Emergency Department. Would you like to activate your app?” And then it gives a link, so you click on the link, provide some identifiers, and then you can get an auto instant activation.

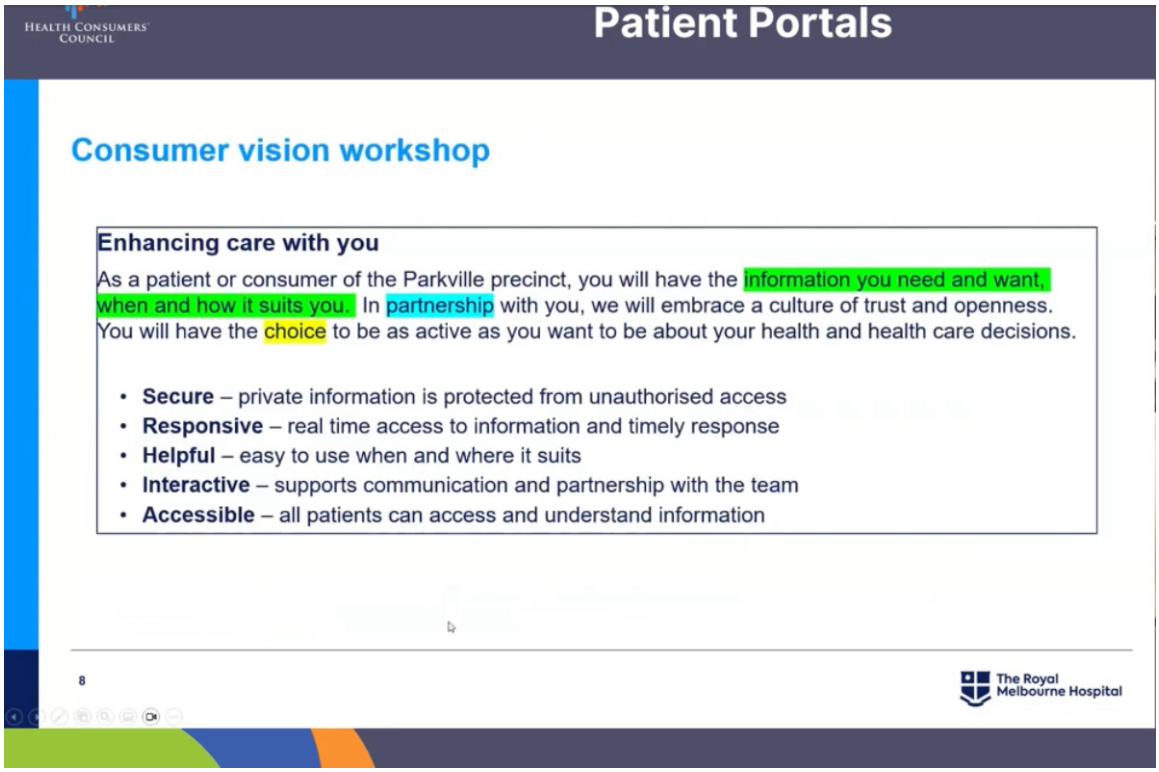
[34:00] And we find that about 85% of our users come by that auto instant activation link and that that has about a 12% hit rate. So of all the texts that we send, about 12% result in an activation. Now you can imagine with that, people had some concerns about “Actually, is this legitimate? Is this really the hospital? What's the story here?” So that's a factor, but auto instant activation absolutely made an enormous difference. We get about 1,400 new activations a month, so that's the- then there's an SMS and email processes. Where I can, if I'm seeing Mary today, and Mary didn't have a [patient portal] I could say “Mary, I'll send you an SMS link now and you can activate. You can also log in via a publicly available website, or letter. So letter, as you can imagine, is a tiny tiny, weeny percentage of how we activate. It's mainly via those electronic methods.

[35:00] But importantly, for proxy workflows, there are separate processes for doing that via Health Information Services which is really around if a patient wants to nominate a

proxy, or if somebody says, “Actually, I need to have that for my daughter, my mother”, etc. There are very clear processes around that.

[35:23] So at the moment, we have around 55,000 patients active on the portal and that represents about 50% of the people who have had greater than or equal to three encounters in the last 12 months. So it's always been a focus, we've always thought this would be really helpful for people in terms of chronic disease management and so we're happy to see that 50% of those people coming three or more times in a year have that, and about 70% of the outpatient notes that could be being shared, are being shared.

And we're doing some work, looking at the demographics of our users at the moment and also awaiting the results of we've had about 2,000 responses to a digital technology survey asking consumers how, and when, and in what format they would like to use technology so we're just awaiting that at the moment

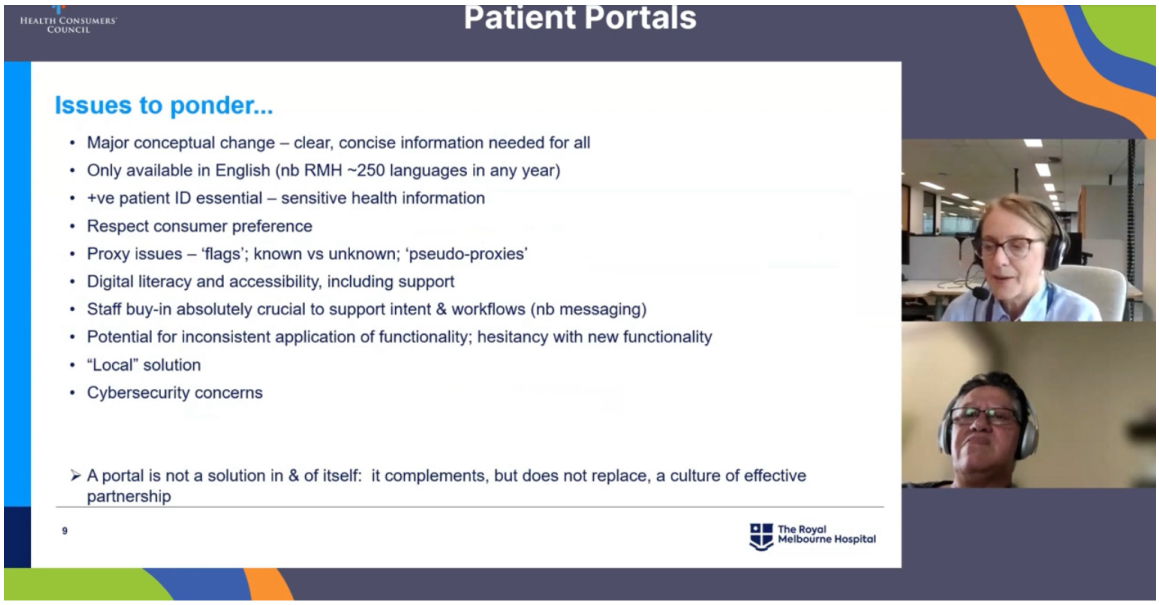



[36:18] So we’ll just finish up shortly, but we've we did have, probably about two years ago now, so after we'd had an initial phase obviously of people using the app, we had a Consumer Visioning Workshop or series of workshops to say “what is it that that patients of the precinct would like?” And so the sorts of things that that were emphasized in that or that consumers really highlighted was they wanted something;

- To be secure - was the absolute key thing. No surprises
- To be responsive, so that there was real-time access to information

- Something that was easy to use
- Interactive so really supporting that communication partnership and
- Accessible

So again, no surprises but it was good to go through that exercise to have our consumers say, “these absolutely are the things that are important to us.”




[37:00] So I guess this, we'll discuss some of those further, but these are some of the things that when I think about this and our experience of it, it really was a major conceptual change to implement a portal. I remember in the first series of workshops, it was really hard for any of us to get our head around what it meant. And so it's really important to have that clear information and particularly in that design-setting phase. It was hard to visualize and hard to imagine. So that's really important to get as much clarity as possible at the outset.

[37:56] The number one the absolute number one limitation for us is around the availability in English only now. There are some, Arabic is a language that that is theoretically available, our software is US-based, so Spanish and Arabic are available. But it's obviously, as you will all know, it's not just as simple as saying “oh here's a few words in Arabic.” There is a whole issue about how that might be implemented and used. And in any year we have 250 to 300 languages that we are required to interpret for in the hospital. So something that is in English only is limiting

[38:37] Just that concept that reminding people that this is someone's sensitive health information. And that positive patient ID is absolutely essential. So we need to be really, really clear about that.

You need to respect consumer preferences. So some people will never want something like this or having had it will say, “actually I don't want that, take me off that,” we need to really respect that.

[39:03] There are lots of issues around proxies I think. So we again have systems that very clearly indicate where, flags that might indicate the potential for elder abuse, potential for a family violence situation. And if somebody who is who has that flag requests the portal, then there is a separate workflow where health information and social work services need to be involved to make sure that that the appropriate people are having access.

[39:38] And also the concept of pseudo-proxies. So for example where someone might say oh I might say “I'm Mary's mother, Mary's got I'm putting my number down as the contact number for Mary.” And then when Mary comes in and the auto instant activation text goes to me. So this is something I feel very strongly about particularly with our CaLD (culturally and linguistically diverse) community, that it's not okay. You know if the proxy workflow, a proxy is a proxy if properly constituted, but we need to be careful to not have pseudo proxies kicking in.

[40:13] Obviously issues around digital literacy and accessibility and I think one of the things there is to not make assumptions about who can and can't use digital means, but also to be aware that it's not going to be somebody it's not going to be the option for everybody.

And also the importantly the mechanisms for support. So if you're somebody who's having difficulty with your portal and you ring the main hospital switch you say “actually I've got no idea what you're talking about” and that's the end of it you're never going to use it again. Whereas if you do have a responsive help desk that can be really helpful.

[40:50] Staff buy-in is absolutely essential. Absolutely, because you just cannot support the workflows if staff do not know what it's about or don't appreciate what it's going to bring to them and to the consumer. We had some we had some areas where we piloted different things. Some areas were piloted, some areas weren't and also actually importantly, lots of our patients move around the precinct. They might go to for cancer care at Peter Mac and then come to the Royal Melbourne for surgery. There needs to be consistent consumer experience.

[41:20] One of the things that we would recognize is that this is a this is a local solution if you like. And I know Pip, there's a question around My Health Record. All of our discharge summaries for example are uploaded to My Health Record but there's not a direct connection between My Health Record and the portal.

[41:40] And those sort of concerns that people have around cyber security. So if a text purporting to be from the Royal Melbourne offering access to the hub is that actually you

know legitimate? And also once I've got the app is that is that confidential? Can I be really confident that there will not be a cyber security breach of my information? And that's you know so that's part of that assurance for consumers that we really need to be clear about.

[42:12] And I guess I would just say overall that the portal is fabulous, I'm an absolutely avid supporter of the portal but it's not a solution in and of itself. So it complements something, where you have a culture of real partnership that is between consumers and clinicians. That we're in it together to enhance care, but it's not something that is a solution that would that would change anything. So thank you Mary I don't know if you want to add anything to that? Mary I have to apologize because we've done this very much at the last minute and so Mary has not had the opportunity to input as much as she would like. So I'm very grateful to her for her forbearance.

[42:57] MO: No I think you've summarised everything pretty well, Liz. Like Liz was saying, it's not the be-all or end-all. It is a local solution, but considering what we've actually got to what we didn't have it's pretty good. I sit on a couple of the same committees as Liz and it's good to have a voice and to be able to say, and Liz knows, you're that - I don't actually say much in the meetings but when I do talk I do have something to say. Nice work Liz!