

CareSync Exchange and My Health Record

CareSync Exchange and My Health Record are complementary health information sharing systems to support you in the care of your patients.

The comparisons below outline the key differences between the two systems:

| Element | CareSync Exchange | My Health Record |
|------------------------|---|--|
| System Operator | Statewide health information sharing system operated by the Victorian Government | National health information sharing system operated by the Federal Government |
| Legislation | The Health Services Act 1988 permits the sharing of health information and there is no provision for individuals to opt out | Operates under the My Health Records Act 2012 . Individuals are able to opt out. |
| Data available | Information from Victorian public health services only | Information from public and private providers including general practitioners, community pharmacies and private hospitals and private pathology and diagnostics. |
| Access | Only accessible by authorised clinicians at the point of care to inform treatment and care decisions | Can be accessed by the patient, their authorised representative and healthcare providers involved in their care |
| Notifications | Displays number of recent information available outside of the local electronic medical record for pre-determined period. Ability to group by health service and date range | Mobile version includes a listing of available documents with the ability to filter by date range. |
| Pathology | Displays data which allows graphing of results along with histopathology reports | Includes final pathology reports |

Case Study – How CareSync Exchange complements My Health Record

The Patient:

Jack is 70 years old, has type 2 diabetes, glaucoma and is being managed proactively by his GP. He has been newly diagnosed with hypertension, and his GP has prescribed some new medication, and his Shared Health Summary is uploaded to My Health Record. Jack has also recently had a short stay at his local public hospital for cellulitis and received IV antibiotics.

Jack is on holidays, staying with his son and taken to the nearest Emergency Department as he is feeling unwell and developing a fever.

The Emergency Doctor:

- accesses Jack's **My Health Record** to view the recent Shared Health Summary, notes that Jack has hypertension and had Dithiazide dispensed by his community pharmacy.
- accesses **CareSync Exchange** to see the details on the recent hospital visit, views the discharge summary with Jack's procedure details and discharge medication of Clindamycin. The doctor notes that the cause of Jack's cellulitis was streptococcus on review of his previous blood tests.

Clinical decision making:

By reviewing information in **CareSync Exchange** and **My Health Record**, Jack's ED doctor can make well informed clinical decisions quickly and efficiently:

- As a diabetic, Jack is at increased risk of soft tissue complications such as non-healing ulcers or osteomyelitis, which will need to be assessed.
- The recent use of Clindamycin as an antibiotic for cellulitis suggests previous anaphylaxis to beta lactams (penicillins and cephalosporins). The use of a broader spectrum agent like Piperacillin-tazobactam for infected diabetic leg ulcers might be contraindicated if Jack confirms this allergy.
- The recent introduction of Dithiazide raise concerns of possible acute kidney injury. Renal function tests are ordered.

To receive this document in another format, email the [Health Information Exchange program team](#).

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