

PracSavvy

Clinical Systems Support and Training

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April 2019 — Newsbrief

Welcome to the April newsletter.

Templates

The following new templates were created during the last month and are available [here](#):

- ◆ Quitline Referral Form
- ◆ DASS 21 (Black Dog version)
- ◆ LGH Home Oxygen Supply Request
- ◆ Community Dementia Service Referral (THS-North)

There have been a few mentions lately of wrong fax numbers on rhh referrals. As mentioned in the recent southern [GP Liaison Officer's newsletter](#), the latest RHH clinic referral templates are dated February 2019 and are downloadable from PHT [here](#). That newsletter also provided details of the most up to date versions of several commonly used templates. It's worth repeating below, and you should check the footer date in your installed templates against this list.

- ◆ Asplenia Jan 2019
- ◆ Hepatitis C Dec 2018
- ◆ THS Paediatric and Adult referrals Feb 2019
- ◆ Palliative Care May 2016
- ◆ Statewide Mental Health May 2018
- ◆ Child and Adolescent Mental Health Service February 2018
- ◆ Statewide Antenatal referral Jan 2019
- ◆ Cardiology investigations Nov 2015

MyHR

A little under 10% of the population does not have a My Health Record, MYHR. These people decided to opt-out before the 31st January deadline. I believe a good number of people opted-out because it was the easiest thing to do given the media-induced uncertainty around privacy and consent issues. It may be delusional on my part, but I feel some of these people will drift back towards the system as everybody becomes comfortable with it and some of the myths and misconceptions are laid bare.

So practices should remember that they can still sign people up if they wish, and this method does remain the easiest way to get a MyHR. To assist with both this and MyHR usage generally there is a nice collection of 1-2 page "cheat-sheet" type resources for GP clinical systems to be found [here](#).

eReferral

The specialists at CPR surgery in the north are the latest ones to be available for e-referral, namely:

- | | | |
|--------------------------|------------------------------------|----------------|
| ◆ Mr Richard Cetti | Urology | <i>cprsurg</i> |
| ◆ Dr Nishanti Gurusinghe | General and Colorectal Surgery | <i>cprsurg</i> |
| ◆ Mr Mikko Larsen | Plastic and Reconstructive Surgery | <i>cprsurg</i> |
| ◆ Mr Michael Thomson | Plastic and Reconstructive Surgery | <i>cprsurg</i> |

As always my full list can be found [here](#).

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TopBar

The [February](#) newsletter contained an introduction to the [PenCS TopBar](#) tool. I thought it might be good to talk about some of the individual TopBar apps.



The Data Cleansing app appears in the Topbar if there are any data issues with the patient record. The number in the corner of the app icon signifies the number of issues found with that patient's record. Clicking the app reveals the Data Cleansing page in full.

Data Cleansing DEMOGRAPHIC 3 CLINICAL 5 INDIC 5

Action Required [hide](#)

Patient demographic data status is shown as follows:

ITEM	STATUS	ACTION
Next of Kin	✗ Missing	ADD IN CLINICAL SYSTEM DEFER
Emergency Contact	✗ Missing	ADD IN CLINICAL SYSTEM DEFER
Private Health	✗ Missing	ADD IN CLINICAL SYSTEM DEFER

Completed [hide](#)

The following patient demographic data is completed:

ITEM	VALUE	STATUS
Last Name	ANDREWS	✓
First Name	MICHAEL	✓
Date of birth	08 May 1924	✓

Data Cleansing DEMOGRAPHIC 3 CLINICAL 5 INDIC 5

Action Required [hide](#)

Patient clinical data status is shown as follows:

ITEM	VALUE	STATUS	ACTION
Alcohol	✗ Missing	ADD IN CLINICAL SYSTEM	DEFER
Smoking	✗ Missing	ADD IN CLINICAL SYSTEM	DEFER
Family History	✗ Missing	ADD IN CLINICAL SYSTEM	DEFER
Immunisations	✗ Missing	ADD IN CLINICAL SYSTEM	DEFER
Physical Activity	✗ Missing	ADD IN CLINICAL SYSTEM	DEFER

Completed [hide](#)

The following patient clinical data is completed:

ITEM	VALUE	STATUS
Allergies	NKA	✓
Height	180	✓

The page shows items identified under 3 broad categories, namely: *Demographic*, *Clinical* and *Indications*. Demographics is the immediately available section and you move to the other areas by clicking the category area at the top of the screen. The app icon told us that there were 9 issues with this record, and we can see that 3 of them are demographic issues and 5 are clinical ones.

The clipped screenshots above show us the specific items that need updating, whilst beneath a list of items that are correctly completed are shown (graphics only shows the top part of these completed lists). When you click on the *Add IN Clinical System* links, you are taken straight to the part of the patient record that needs updating. Once you have entered the relevant information the number of outstanding issues on the app icon is reduced as well as the number displayed in the category menu.

You also have the option to Defer being reminded about that issue for a particular period of time.

Defer until: 03/07/2019

Optional Reason:

For example, there may be a prompt for an immunisation, and you know that the patient is booked in for this in a few weeks. So you may choose to defer this prompt until after that date. When you want to re-enable the prompt, an *Undefers* option is provided. Note that unless you are a TopBar administrator for your practice, deferrals only affect prompting for the user that specified it, so a different user at the practice will still see the prompt.

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TopBar



One prompt that may really interest GPs is the *Indications* prompt. TopBar will flag conditions that it *thinks* are indicated, but not reflected in the Medical History *by a coded diagnosis*. It encircles the condition with a “traffic light” coloured ring that reflects the likelihood of the condition according to it’s algorithms. For example **red** would denote a very strong indication and **green**, far less so. TopBar uses indicators like; pathology results, prescribed medications, Item numbers billed and various other clinical indicators in informing it’s recommendations.

Data Cleansing DEMOGRAPHIC ⁹ CLINICAL ⁹ INDICATIONS ⁹ FILTERS

Action Required [hide](#)

The following diagnosis may be indicated, but is not recorded in the patient's file:

ITEM	STATUS	INDICATION DATE	ACTION
Mental Health	Indicated problem with no diagnosis	12 Feb 2018	ADD IN CLINICAL SYSTEM DEFER CONFIRM INDICATED CONDITION DOES NOT EXIST

Current Diagnosis [hide](#)

Current patient diagnoses are shown as follows:

DIAGNOSIS	CODED DIAGNOSIS	DATE DIAGNOSED
Asthma	✓	16 May 2008
Cardiac arrest	✓	10 Nov 2009
Leprosy	✓	2002
Hypertension	✓	2006
Autism	✓	12 Feb 2018
Hepatitis C treatment side effects - fatigue	✓	10 May 2018

Mental Health

STATUS
✗ Indicated problem with no diagnosis

REASON
Indicated mental illness diagnosis issued on: 12/02/2018 - Pres script: PR02AC 20 Capsule 20mg

ACTION
[ADD IN CLINICAL SYSTEM](#) [CONFIRM INDICATED CONDITION DOES NOT EXIST](#)

In the example above, TopBar has indicated a possible undiagnosed Mental Health condition. As illustrated, if the GP clicks on the condition TopBar reveals the specific criteria it used in arriving at the indication. Note the helpful display of Past History Items both coded and uncoded in the lower part of the screen. Much like the other screens, the Add in *Clinical System* button takes you to the history section of the clinical record where you can enter information as required. You can also log that the condition does not exist for the patient and TopBar will retain that information in it’s database and adjust the indicator accordingly.

I think that some GPs may feel they are being “over-prompted” by their clinical software and any add ons they have installed. Remembering that the TopBar data cleansing app will only appear on the TopBar if there is an issue, the *filters* section of this app gives the user absolute control over what they will be reminded about.

Data Cleansing DEMOGRAPHIC CLINICAL ⁹ INDICATIONS ⁹ FILTERS


Cleansing & Waiting Room Filters [hide](#)

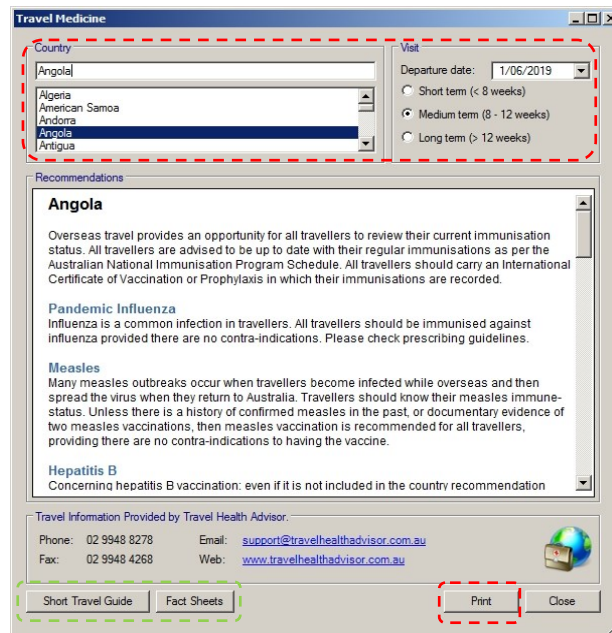
Modify the below filters to exclude items from the Cleansing and Waitingroom apps

Demographic Items	Clinical Items	Indicated Conditions
<input type="checkbox"/> Date of birth	<input type="checkbox"/> Allergies	<input type="checkbox"/> CVD
<input type="checkbox"/> Gender	<input type="checkbox"/> Allergy Reaction	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Address	<input type="checkbox"/> Height	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Suburbs	<input type="checkbox"/> Weight	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease
<input type="checkbox"/> Postcode	<input type="checkbox"/> Smoking	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Contact	<input type="checkbox"/> Alcohol	
<input type="checkbox"/> First Name	<input type="checkbox"/> Family History	
<input type="checkbox"/> Last Name	<input type="checkbox"/> Immunisations	
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Physical Activity	
<input type="checkbox"/> Next of Kin	<input type="checkbox"/> Diagnosis Coded	
<input type="checkbox"/> Medicare Number	Start Date	
<input type="checkbox"/> Emergency Contact	<input type="radio"/> * All Time	
<input type="checkbox"/> Private Health	<input type="radio"/> Last 3 months	
	<input type="radio"/> Last 6 months	
	<input type="radio"/> Last Year	
	<input type="radio"/> Last 2 years	
	<input type="radio"/> 03/01/2019	
	<input type="radio"/> Fixed Date	


In the example above, the user has disabled all the demographic prompts by clicking the slider at the top of this section. The user also believes a lot of possible mental health conditions are marginal or temporary and has therefore disabled the Mental Health Indicated Conditions prompt. The user will continue to be prompted for all the items with green buttons. So full control over what a user is reminded about. Go [here](#) for a more comprehensive guide to the TopBar Data Cleansing app.

MD

Unless you are running a Travel clinic, you may not have visited MD's Travel Medicine module, which is accessed via the  icon on the toolbar in the patient record. The information used is via [Travel Health Advisor](#), (formerly MASTA) and is updated monthly as part of the MDRef update.

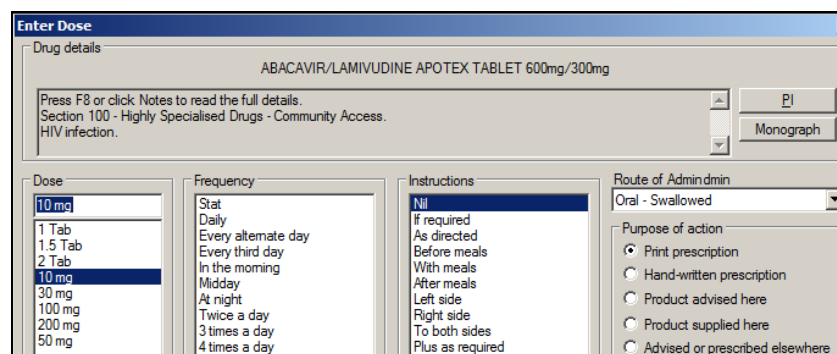


Select the intended destination at the top of the screen as well as the intended duration of the trip and importantly the *Departure* date. The *Print* button will now give you a vaccine schedule with associated information. There is also generic information to be found including fact sheets for different vaccinations etc, via the buttons at bottom left.

If you want further information, the [Healthshare](#) fact sheets  widget in your sidebar has Travel and vaccination advice.

Prescribing - Quick Tip

As a GP, are you sick of ditching the mouse to type in dosage information via the keyboard? If you are, visit *Tools..Options..Lists..Dose* and you can build a clickable dosage list that replaces MD's empty *Dose* field, as per below.



Using the same *Tools..Options..Lists* function you can also add your own items to the pre-defined *frequency* and *Instructions* fields.

Indigo Service Pack 1 Part 2..

In the [March newsletter](#) we highlighted the online provider directories that were implemented as part of Indigo SP 1, and while these represent really good enhancements, there is no doubt that the big change is the addition of SMS messaging and *Contact Actions* all the way through the clinical workflow. What follows is a really brief summary of the functionality and intent, but there is a lot of detail behind it, so I would advise viewing the support documentation and videos [here](#) before any implementation

As previously stated BP has inserted SMS functionality in all of the clinical workflows as well as from the patient records, in addition to the appointment reminder capability that was already part of the product.

You can now send an SMS from:

- ◆ The Appointment Book
- ◆ The Patient Record generally
- ◆ The GP InBox
- ◆ The Follow-Up Inbox screen (single patient or multiple)
- ◆ The Reminders Screen (multiple patients)
- ◆ The Database search screen.

Actually the longer term intention from Best Practice is for you to send either an SMS or a communication message to the BP mobile application that the patient has on their phone. (*I have my doubts about the app, it's standard to expect people have a mobile, it's another thing again to expect them to be running a working version of the latest BP app. I'm envisaging a very small subset of patients being appropriate for this*). What's really good about these messages though is that the sending of them generates an automatic *Contact Action*, which is basically a note documenting the communication. What's even better, is that if the *Contact Action* generated is attached to a specific item like a reminder or pathology result, it will stay "pinned" to that specific item, so you will easily be able to identify contact attempts for that item. As well as automatically generated *Contact Actions*, you can also manually create them yourself, and attach them to previous automatic actions for an item.

Of course it's not all beer and skittles..

Consent

BP "highly recommend" that you view your current policies around consent to ensure that you are adequately covered under existing laws to cater for all the message types you may want to send out. To show how unrelaxed they are about the whole thing, there are now 4 levels of consent that can be enabled for a patient, namely:

- ◆ Appointment Reminders
- ◆ Clinical Reminders
- ◆ Clinical Communications (e.g. Pathology results follow-up)
- ◆ Health Awareness

If you already sending out SMS Appointment reminders, and have flagged consent for this, that consent should carry forward when SP1 is installed. After that you need to assess if the consent you have obtained can cover any or all of the other three categories. Personally I think the 2 clinical ones could easily be combined into one, but the Health Awareness one does need further thought. An example of this type of message might be that the practice has a psychologist now available 2 days a week, or a sun-smart type information campaign. You may decide to revisit consent on this issue, or you may decide that the practice won't send out those type of messages. It will certainly be a big task updating individual patient consent levels, and to this end BP can provide on request a software tool that can bulk-update consent levels.

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BP

Indigo Service Pack 1 Part 2 continued.

To obtain this consent tool you will need to sign a deed document for BP.

A really important thing to be aware of is that if you are currently using a 3rd party provider for SMS reminders, **their program will no longer be able to view the consent fields in BP.** (Taken into the context of BP's new Partnering contracts, it does feel like they are trying to take some elements of business back from 3rd party operators) BP have provided a detailed guide around comms consent [here](#).

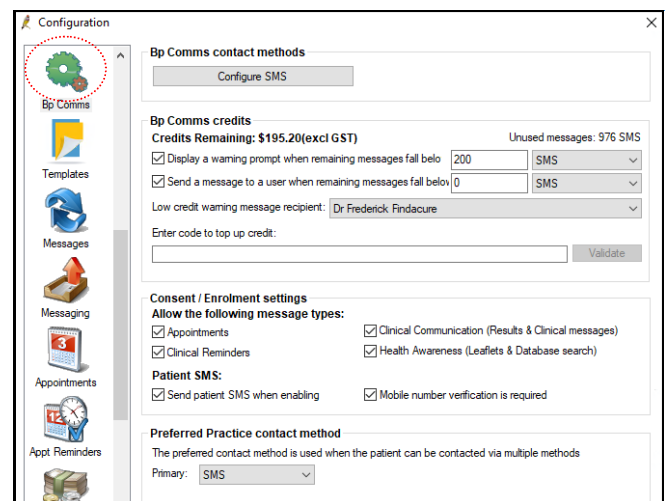
Configuration

Once you have installed SP1, you will notice some changes under the *Setup..Configuration* menu on the front screen.

In the new *BP Comms* section, the first button is used to setup your SMS account. Next there are settings to specify when your credits are getting low and a user to notify when this happens.

The Consent/Enrolment section let's you specify what sort of messages the practice will be sending, with regard to the consent levels mentioned earlier.

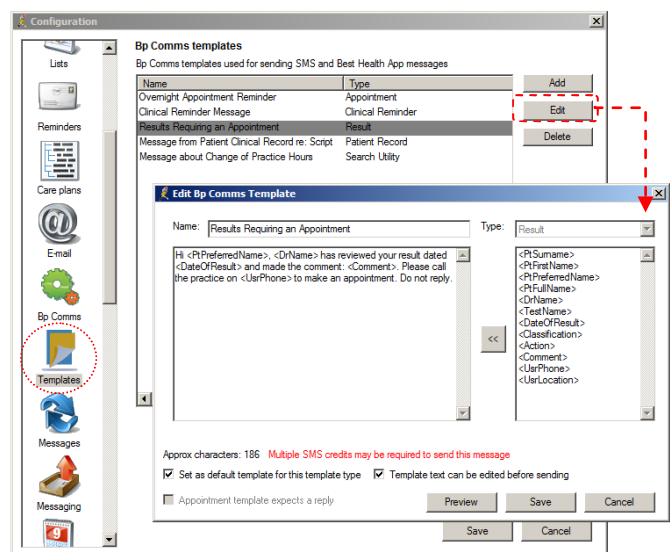
There is also a decision to be made when a patient's consent is flagged.



You have the ability to; do nothing, send them an enrolment confirmation message, and or send them a number verification code. **All of the issues around consent and verification require the practice to determine what level of risk it is comfortable with.**

Under the new Templates category, you will see the pre-supplied SMS templates that come with BP. Note that certain templates will only be available in certain workflows. For example a *Result* type template will only be available from the provider In-Box or the In-Box follow-up screen. Similarly a *Clinical Reminder* one will only be available from the Reminder list screens

You should definitely create some of your own, (I would recommend a manual reminder one). Note also the ability to specify whether the SMS can be edited at the time of sending, and the ability to set a default template for each type. You can also customise the supplied templates as depicted.





Msg Queue

There is also a Message Queue section under config, where you can specify which users are alerted if the SMS message queue stops working.

The other factor as far as system configuration goes is allocating the *Send BP Comms Messages* permission to relevant users under their setup details.

Patient Configuration

Clicking in the top part of the screen in the patient record brings up the patient's demographic details, and this is where we can check their consent levels, as well as set them up.

The screenshot shows a patient configuration form with various fields. A red dashed box highlights the 'Consents to:' section, which includes 'Appointments, Reminders, Clinical Comm'. Another red dashed box highlights the 'SMS: Enabled' status in the 'Appointment notes' section. The form also includes fields for address, phone numbers, and other patient details.

As you can see from the information at the mid left of the above graphic, the patient in question has consented to 3 types of communication via SMS. At the right of screen we can see that SMS for this patient is indeed enabled, and you can see the BP Comms Consent button that is used to flag the consent and enable SMS for the patient.

The graphic below depicts the screen you see when you click the button.

The dialog box is split into two main sections. The 'Consent Options' section on the left lists various communication types with checkboxes: 'Appointments', 'Clinical Reminders', 'Clinical Communication (Results & Clinical Messages)', and 'Health Awareness (Leaflets & Database search)'. Below these are buttons for 'Select All' and 'Deselect All'. The 'Signed consent status' is shown as 'Not Linked' with buttons for 'Open Bulk Document Import' and 'Link to signed consent'. The 'Consent Status' section on the right shows the mobile phone number '0452404111' and the current status 'SMS: Not Enabled'. Below this, there are 'Enable' and 'Disable' buttons, with the 'Enable' button highlighted by a red dashed box. At the bottom right are 'Save' and 'Cancel' buttons.

You can see the tickable consent options above, as well as the ability to link a signed patient consent form if you wish. The *Enable* button behaviour will depend on what enrolment options you specified in the BP Comms configuration panel. It will either; do nothing, send an enrolment confirmation SMS, or send a verification code, with the number to be input at this screen.