

# PracSavvy

Clinical Systems Support and Training

[www.pracsavvy.com.au](http://www.pracsavvy.com.au)

Edition 92 - April 2024

Welcome to the April newsletter. Hopefully this offering will feel like a box of Cadbury Rose's chocolates, with something for everyone. Should give us all something to do whilst we wait and see if anyone can come up with a government that can function in some small way.

First off a shout-out to Launceston Medical Centre (LMC) who have flexed their corporate muscles and strongly suggested to others in the medical community up north, that it's high time to stop putting paper in the mail and faxing things. I fully believe that rather than waiting endlessly for top-down change initiatives from state and federal bureaucracies, the most effective and satisfying changes can occur when practices reach out to their colleagues in this manner. People who face the same or similar daily challenges that you do are often going to be more persuasive than someone who doesn't live in your world.

Whilst we should never underestimate the importance or bravery of the person or organisation that speaks first, I'm hearing that other practices up north are throwing their weight behind the initiative. So, if you feel like our eloquent Tasmanian senator and "have had a gut full" of scanning paper, then join the fray. I should also point out that LMC in their communications to fellow medico's have pointed out the solutions available to people who wish to comply, unlike our senator whose proposed remedies are often anatomically impossible.

Just to square up a little from my drive-by sledge of health bureaucracies, I should certainly acknowledge that the PHT/THS [smartform referral initiative](#) has certainly been a *game-changer* (overused phrase but not in this instance). This system has boosted my belief that Tasmania may well be the most connected state in the country when it comes to clinical communications. I should also say that the ongoing provision and maintenance of [Health Pathways Tasmania](#) is hugely important to a state that has many interstate and overseas trained doctors.

In further news I was recently alerted by a local PM that the Real Time Prescription Monitoring (RTPM) that will be replacing [DORA](#) in Tasmania was several months closer than I realised. In fact, apparently it goes live on the 1st of May in the form of [Tas Script](#). There is not a lot of detail on the main page, but if you click on the support link at the bottom of the page, there is a bunch of [useful information](#) that makes things much clearer. There is some fairly generic information on the Best Practice knowledge base [here](#), (could it really be as simple as just changing 1 preference setting on May 1st?) and there was [information](#) sent through the pharmacy alerts channel late last month. Additionally there is a [webinar](#) on April 11th courtesy of Primary Health Tasmania which will hopefully reveal more. I should also mention that at the bottom of the linked webinar page, there are some brief but useful videos that certainly make things clearer.

From a software point of view, it certainly looks like BP will be compliant from May 1st. I've seen no detail regarding MD or the ~~heart~~ ground-breaking Helix program, although there is certainly a GP preference setting to enable RTPM in both programs. Possibly, it will just work, although definitely ensure you are registered with Tas Script beforehand. If it looks like your software isn't compliant, well, there's an [app](#) for that, and of course the ability to check the web site directly. Note that the "app" is a pc or mac based one, not a phone one. Personally I wish they would save the *app* terminology for phones.

Lastly it seems GPs will receive or have received an invitation to register via the email address that is contained in their [AHPRA](#) profile. It might be an opportunity to check your profile to ensure that that information is still correct.

On another note the [My Health Record](#) app *My Health*, now contains explanations of pathology tests for patients. What it actually does via a link in the application is open the website [pathologytestsexplained.org.au/](http://pathologytestsexplained.org.au/) in a browser window on your phone. Still, it works pretty well and gets you there easily enough. On the subject of MyHR, turn the page to get some good news about the reports that have been broken in BP at least, for the last 4 months or so.

Lastly, practices may be interested in the latest round of [RACGP foundation grants](#). Click on the link for more information and bear in mind that many of these close on May 1st.

## e-Referral

Some new specialists for your address books:

Dr Caroline Airey	Neurology	295a Macquarie St	<i>neuroimm</i>
Dr Martin Newman	Immunology and Allergist	295a Macquarie St	<i>neuroimm</i>

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## E-Referral

I noticed during the month that there were some new health services available via the THS Smartforms menu. Details below taken from the [PHT webpage](#).

### Community and Primary Health:

#### South

- Youth Health Services
- Oral Health Services Tasmania
- Specialist Palliative Care Service
- Community Continence Service
- Community Options Service

#### North

- Oral Health Services Tasmania
- Youth Health Services
- Community Continence Service
- Community Dementia Services
- Wound Management

#### North-West

- Oral Health Services Tasmania
- Specialist Palliative Care Service

Just after giving a serious plug to the various Healthlink directory lookup options in last month's [news-letter](#), it came to my attention that Healthlink had updated and modernised their website. There is now a much better [Smartforms support page](#) providing user guides and videos as well as the highlighting the ever increasing array of state and national health services that are available via this method. I also really like their new [provider map](#) which lets you plug in your suburb or post code to see other Healthlink users in your area and their EDIs.



Occasionally a Post Code search will put you in the middle of the Bass Strait, (more Marinus Link than Healthlink) but try somewhere close by and things will start to make sense.

## BP

There was much happiness and rejoicing at my desk a couple of days ago when I realised that the 3 overview reports in the MYHR that were basically displaying as blank pages since November have now been fixed. I believe it was the ADHA who adjusted the report format slightly to fix the Microsoft-update induced error, but it really doesn't matter who fixed it, the main thing is, the problem is gone.

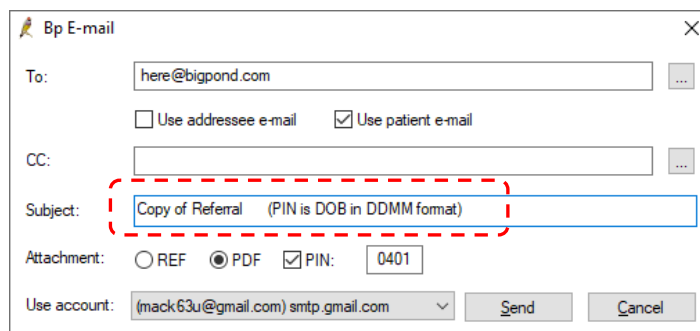
As someone who occasionally still wakes up bathed in sweat after dreaming about trying to sell a room full of glowering and sometimes scornful GPs on the benefits of the MyHR, I'm glad this issue is now behind us. Even if I did slightly perversely enjoy the welcome change of GPs complaining about some missing functionality from a product some of them previously wanted nothing to do with. ☺

## BP

Best Practice released it's online booking application this week. [Best Health Booking](#) is what they are calling it and there is some generalised information and the opportunity to book a demo at the link. I have heard **anecdotally** that using the program forces you to use more expensive BP SMS bundles for appointment reminders, and that may well be a deal breaker for a lot of people. Even if it isn't, I don't think I'd be jumping on Version 1.0, at least not at first.

### Tip 1 - Secure email

I'm not a big fan of seeing some clinical documents being sent via email where the sender has opted to untick the PIN Protection checkbox. I understand that some feel they cannot come up with a workflow that allows them to communicate the PIN to the intended recipient. MD have recently incorporated this in their product, and I'm going to take a leaf out of their book on this one with regards to a compromise.




What we have done is incorporated a PIN hint in the email *Subject*. This compromise makes the email **less** secure than a protected one with no hint, but **more** secure than one with no PIN protection. The PIN can also be whatever you want it to be, so if you send to a certain organisation regularly you could arrange a PIN known to their staff. My concern is, that if an email should go astray and blow up somehow, what would an arbiter make of a user that had easy access to a security feature but opted not to use it.

Even though in a technical sense email from the big players (Google, Microsoft365) is growing more and more technically secure, for Clinician to Clinician communication I would always hope that a fit for purpose product like Healthlink would be the first, second and third choice.

### Tip 2- Patient alert

**A**



The challenge is to put a patient alert or flag on the screen, but not risk the patient seeing it.

**A** - Alert is visible to the clinician but should the screen be shared with the patient, things could go pear shaped.

**B** - There is a visible flag, but not one that will cause offence. Clinician sees this and can then double click on the patient demographics and read what's in the General notes, or the Appointment notes if you want the front desk to see the flag too.

Credit to Newstead for the concept (not the terminology)

**B**

