Clinical Systems Support and Training

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Edition 100 - December 2024

As you can probably tell from the ahem, *collector's edition* logo, you are reading the 100th edition of this newsletter. From it's inception in August 2016 it has seen prime ministers and presidents come and go as well as weathering the calamities of a global pandemic and a Collingwood premiership.

If any of you have heard the phrase, *generative AI*, well the above graphic is an example of that. Note the realistic touch of the grey hair on the batsman (offset by the unrealistic touch of me scoring a century in any format of cricket!) I must admit to being a little ~~Bi~~ AI-Curious so I experimented with both the free ChatGPT program (advanced version) and the Google Gemini (advanced) offering, which is 30 odd dollars a month after a free trial period. Surprisingly (or not) the ChatGPT version was **much** better at creating and modifying the image that I requested.

The other problem with the Google AI product was that upon launch it seemed to be heavily infused with the left wing identity politics that were such a resounding success for the Democrats in the recent election. It was also at one point historically impossible to generate an image of a white man dancing. I mean, I know we are crap at it but really?

There is a bit more of relevance to say on the AI front, with the Office of the Australian Information Commissioner (OAIC) putting together a page of privacy and usage guidelines around the general (not just medical) use of AI. And if you can't get enough of rules and regulations stifling your every action and inaction, Avant have put up a position paper on AI and associated medico-legal risks. I'm being a little unfair here really, because whilst one of the regrettable consequences of a safe and stable society is an absolute over-abundance of rules and regulations, it's also true that AI is an area where we do have to be careful and have a solid understanding of the technology we are using. Sometimes we have to keep two conflicting ideas in our head and manage accordingly.

Still on topic, there was a bit of a AI scribing trial done recently using some Ochre GP's in ACT and Tasmania. The Medical Republic publication reported on it here. The findings seemed to indicate that there wasn't a lot of time saved, due to proof reading of notes etc. I'm not especially convinced, but certainly would love to see more of these "real-life" evaluations of the technology by the end-users. I still feel like there is a slight tendency to think there is no training required in using AI products, and I don't think this is *quite* right. The gains in using the product *well* rather than just *ok*, may well be marginal, but still worth exploring.

Finally, it appears that the New Zealand based medical company MyPractice have introduced the ability to source an AI derived *Second Opinion* via a right-click from your consultation notes. As always, AI is only as good as the information it has learned from, but at best I could certainly see this as a useful education tool for junior doctors and the like. As I've mentioned before, I've attempted to collate useful AI information on my website here.

And in late breaking news the AI-Care 24 conference was held in Melbourne this past week, with numerous discussions and presentations on the above topic. There was a white paper on AI scribes delivered by the incredibly *diverse* folk at Tobias Design, and if you want you can download it here.

I wasn't kidding when I said they were diverse, both culturally and apparently *mathematically.* If you check out their people page they claim a workforce of **28** staff, comprised **60%** female, **30%** male and **5%** non-binary. Am I missing something or have they excluded/marginalised **5%** of their staff? Is it old school patriarchal to think that percentages should add up to **100**? What's more, none of the percentages result in whole persons! Maybe it's a rounding error, you tend to get that when you are dealing with huge numbers like **28**!

I should probably settle down and do some quiet reading....

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E-referral

In the last couple of weeks, one of my customers alerted me to some dramas regarding acceptance of Iron Infusion referrals at the RHH. Firstly, there is a preferred smartforms ereferral option under *Ambulatory Care Centre Services - Iron Infusions.* The bad news is that the first page of this referral does not spell out the compulsory information that the clinic requires. Also, the Health Pathways link on this page goes to the page for Intravenous Iron Infusions whereas I think it should link to the IV Iron Infusion Outside General Practice page.

To add further confusion, there is an rtf template for these referrals that is available on the PHN site here that does spell out the compulsory information required. This template was updated this year. I note that this download page does link to the more correct health pathways page.

I brought all this to the attention of the GP Liaison Officer and Primary Health Tasmania who in turn have had discussions with the team at the RHH. I'm sure they will advise when the Health Pathways link has been updated and when the ereferral form has been modified to reflect all the compulsory information. In the interim, what I would suggest is importing the template into your system. If a GP needs to make one of these referrals **I would complete and save the rtf template and then attach it as a supporting document to the ereferral**. You may even want to endorse your ereferral with "extended information included in attachment" just to ensure that the recipient knows that the requirements have been met. If you don't do this, then ensure that you have answered the compulsory questions as per the Health Pathways or Clinics page.

On a related note there is a survey available asking questions around improving the interface between the THS and General Practice. Certainly a worthwhile cause as long as the THS has reasonable intentions of acting on any findings that may emerge. I used to work for an organisation that at some point in their evolution harangued GPs with annual lengthy surveys and viewed the collection and collation of that information as the end of the process! Once even citing "Privacy concerns" around the release of results from **de-identified** returns. Imagine that! Anyway, flashback over, sound of helicopters receding, you can access the survey here.

There was another drama during the past month when it became apparent that the maximum document size for some/all ereferrals had been adjusted from around 4Mb to 0.75 Mb. Healthlink didn't necessarily take my word for the issue at first (despite the actual error message mentioning document size), but as more reports came in, they realised they had an issue. I haven't been notified that this has been fixed, but I suspect it has due to no-one mentioning it as an issue to me over the last week or so. I also noticed that Healthlink had mentioned the system being down for maintenance, one night last week.

It's a fact that 5 Australian states or territories use these smartforms for public hospital referrals, so any errors that materialise are going to effect a lot of customers. When it comes to technology, it actually makes good sense to stick with a mainstream high usage option rather than try and be too clever with fringe alternatives. I'm looking at you *Helix* users!

Templates

I removed a bunch of THS referral templates from my web site a couple of weeks ago as I think they have been superseded by the smartform referrals. However there are a couple of new non-THS ones that can be accessed via www.pracsavvy.com.au/templates.html, namely:

Tasmania Imaging Bone Density Request (N)
Tasmania Imaging DEXA Body Composition Request (N)

Bits

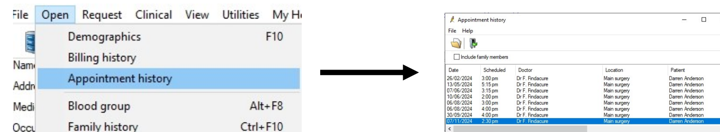
I generally don't like to cross promote but there is a new resource that caught my eye when recently promoted in the Primary Health Update. *Understanding Medicare - Provider Handbook* is a more than reasonable guide to; how Medicare works, it's various components, and how they are linked. I've never and still don't profess to have any in-depth knowledge of Medicare, but writing this I'm reminded of the *new to the country*, overseas trained doctors and the mountain of stuff they have to absorb. Certainly if you host these doctors I think it's a great resource to give them. The document is RACGP endorsed and there are already plans for a 2nd edition next year. Download it here.

Last month I thought it might be a good idea to revisit some Best Practice hot tips. Here is part 2

Best Practice Tips - Part 2

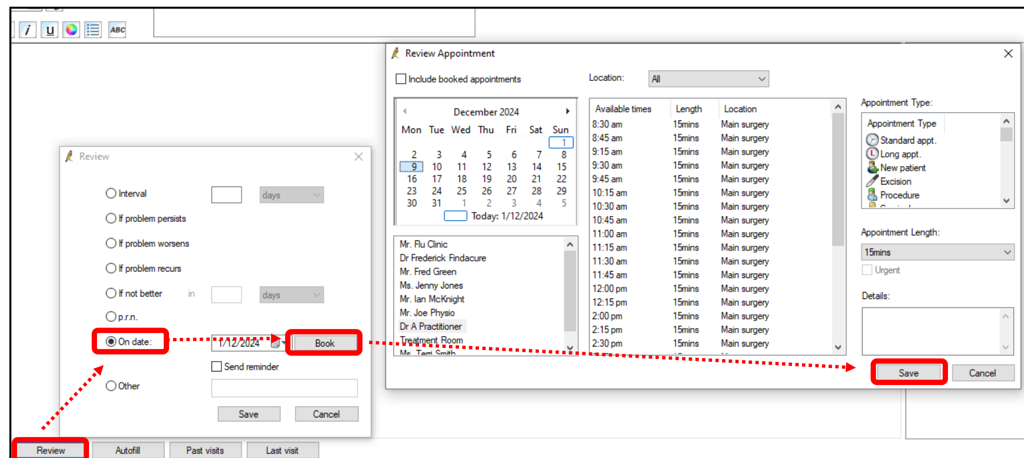
7) Patient's future appointments.

We probably all know about opening the patient's *appointment history* from the patient record. But you may not realise that the bottom entry/entries on the list will show the patient's future appointments.



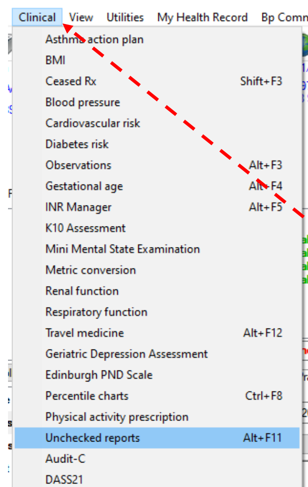
8) Book an Appointment from within the patient record.

The *Review* button at the bottom of the *Today's notes* screen seems like pretty much a nothing burger at first glance. But if you delve deep enough you find a quite convenient way to book an appointment for the patient.



9) Unchecked Reports

It's a good idea to check the *notifications* area (and just underneath it) when you commence a consultation. If there is a notification that the patient has an unchecked report(s), there is an easy way to view these documents. This is especially handy if the document in question is in another doctors Inbox.



Notifications:

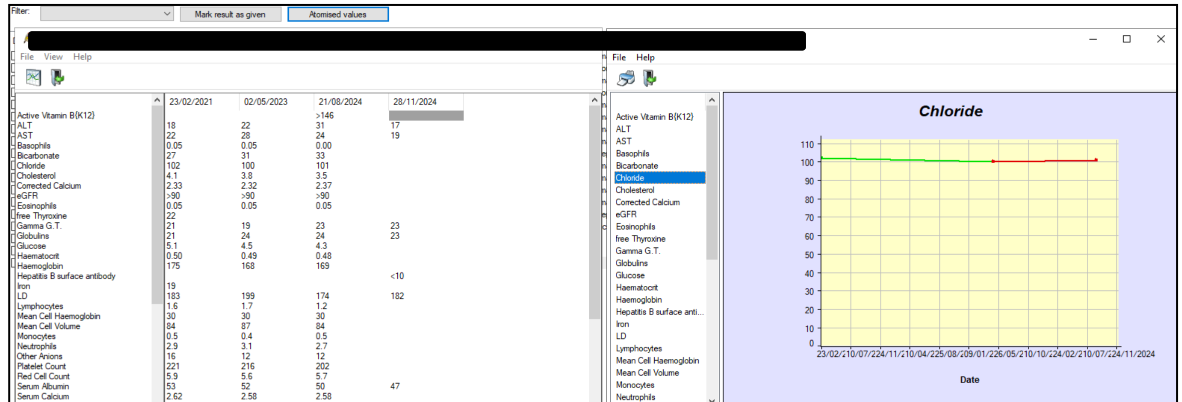
Type	Due	Reason
Preventive health	01/12/2024	Influenza vaccination should be considered!
Preventive health	01/12/2024	Vaccination against pneumococcus should be considered!
Preventive health	01/12/2024	A smoking history should be recorded!
Preventive health	01/12/2024	A Diabetes Cycle of Care should be considered!

There are unchecked reports for this patient!

Best Pactice Tips - Part 2 continued…

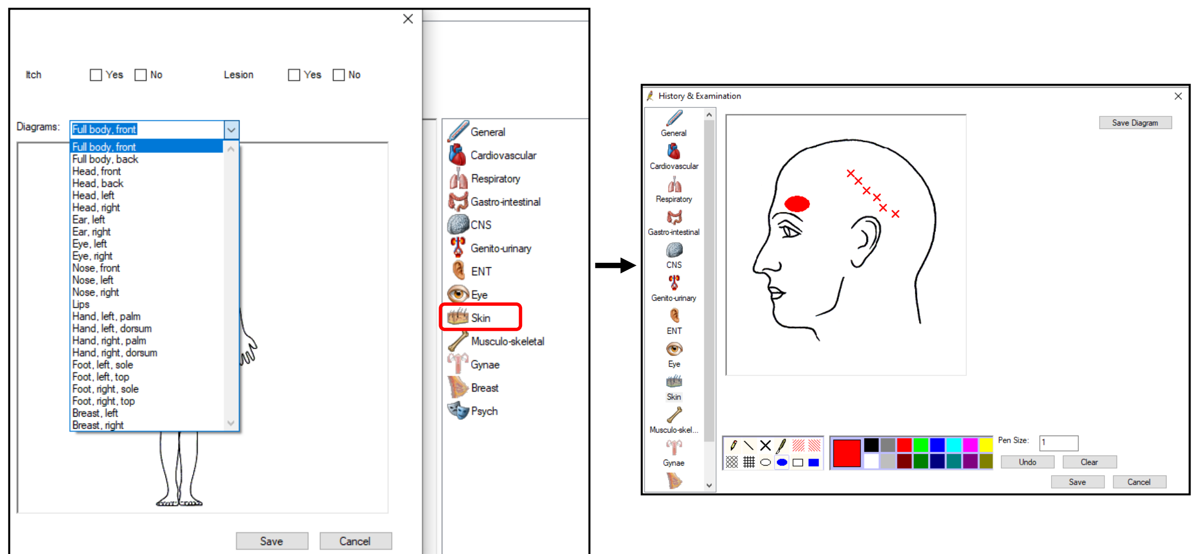
10) Graphing Pathology Results

Hopefully we all know that you can view a data table and graph of recorded observations. Many may not know, that you can access the same functionality for pathology results via the not particularly help-fully named *Atomised Results* button in the *Investigation Reports* area. You can also get there from your InBox via the more helpfully labelled *Graph* Button.



11) Sketch tool.

One thing that generally brings gasps of appreciation from the newbies is the BP drawing tool that allows you to insert a simple sketch into Today's Notes. The *Skin* section in the examination panel gives you a drop down list of body parts that you can exercise your artistic muscles on.



Rumour has it that a future release of BP will include cubistic and impressionistic filters.

12) Run Medication Interaction checks again.

I'm sure we sometimes are too quick in clicking away those medication interaction checks. One way to run all the warnings pertaining to the current medications list, is to click on the Run all Checks button, depicted at right of page.