

PracSavvy

Clinical Systems Support and Training

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December 2018 — Newsbrief

Welcome to the December newsletter, which starts a little differently this time,

So a couple of weeks ago, I got an email...

Since we last spoke, things have changed. I have started a Bachelor of Business majoring in Business Administration and upon completion of that, I am looking to complete a Masters of Health administration. So, I am staying put in this industry which in all honesty, deep down I know I need to.

Because I have decided to basically dedicate my life to this career path, instead of looking for other options, I am going toward improving this practice, I basically have 5 years to make it literally the highest performing centre it can be. From there I will hopefully be able to identify and implement changes to the way that General Practice works in general which will lead to better outcomes such as fewer presentations to hospitals and less overloading of specialists and other services – ambitious I know, but hey, someone has to do it and I am pretty motivated to get some changes happening.

To do this, I will need your help, I have devised a plan, and most of my doctors are on board, however, as you know

I liked this email so much I read it two or three times before replying, and part of my reply was to seek permission to share it, which happily I am allowed to do. I like it because of the ambition to want to do things better. I like it because the ambition was stated “out loud”. It’s one thing to want something, it’s quite another to share it with others. This takes courage, because as well as risking possible derision, a failure to achieve would be a public one, rather than a private one, and this wasn’t a “motherhood statement” put out by a media officer, this was an individual stating a desire to try and help improve things at their practice for their community. An individual that I’m sure at times has felt like they were fighting a losing battle, but has still not lost sight of the possibilities on offer.

We are beset daily by news of the problems in healthcare, and it is naïve to think that every problem is solved by increased government spending. General Practice can help improve things by ensuring that the wheels that are in place spin as freely as possible. General Practice could help things immensely by ensuring 4 main things:

- ◆ That our medical records are as accurate, complete and succinct as possible
- ◆ That our communications around the sector are as fast and secure as possible
- ◆ That key health information about our patients is always readily available to other clinicians involved in their care.
- ◆ That skill with clinical software becomes second nature to our GPs and nurses.

We simply cannot leave all this to our Drs who are often most trained to self-reliance and one on one interactions. We need administrators and managers that care too, administrators that are motivated to both manage the practice **and** help improve the system as a whole. If you are a practice manager and you could have written a similar email to the one above, please share your thoughts with the practice. Your expressed enthusiasm and honesty **will** win people over. Essentially, people do want to believe!

Lastly if there is someone at your practice who is passionate about this stuff, please support and encourage them. Because we need them!

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MyHR

Plenty of My Health Record news in the past month and with the Oscars fast approaching it's good to see a couple of local people featuring in the growing collection of [consumer information videos](#). Now if we could only get people to watch the videos. Publicising that they exist might be a start!

The Bad News: We will have to wait a bit longer for the scenario where the vast majority of people have a MyHR, with the government being pressured into putting the Opt-Out date back to January 31st. Of course you can opt-out at any time, but after this date millions of new MyHR records will be automatically created.

The Good News: On the 26th November the [Senate passed a bill](#) beefing up the penalties for misuse of the MyHR, and also enshrining some of the protections in legislation. The specifics that ward off calamities both real and imagined include:

- ◆ Law enforcement can only access an individuals record with a warrant. (was always the case, but now it's legislated)
- ◆ A cancelled MyHR can now be permanently deleted
- ◆ Parents now removed as authorised representatives of a child when they turn 14
- ◆ Increased penalties and fines for deliberate misuse
- ◆ Strengthened protections for victims of domestic violence
- ◆ Clarification that insurers cannot access the record for any reason
- ◆ Guarantee that the system cannot be privatised or used for commercial reasons.

The Really Good News: The RHH and LGH pathology labs are now uploading test results to the patient's MyHR if they have one. The results are uploaded 7 days after they are available to the requesting clinician. Pathology South has actually been doing this for the last 3 months, with the LGH lab coming online during the last week in November. Hobart X-Ray (Dental Imaging) and X-Ray Newstead have also started uploading information over the last couple of months.

Training: The digital Health Agency now has [online CPD training](#) in the MyHR with each module being worth 2 Category 2 CPD points in the current triennium.

The potentially trickiest part of the MyHR concerns it's application to vulnerable teenagers. If this is something you are concerned about there is a [webinar at 6pm on Thursday 21st February](#), that you might want to sign up for.

eReferral

Mr Alex Koefman has left Tasmanian Spine Service and relocated to Queensland for family reasons.

New

Hampton Park Women's Health Care *htonpwom*

Remove

Mr Alex Koefman Neurosurgery *tasspine*

Templates

The following new template were created during the previous month and are available at my website [here](#):

- ◆ All about Wounds (South)

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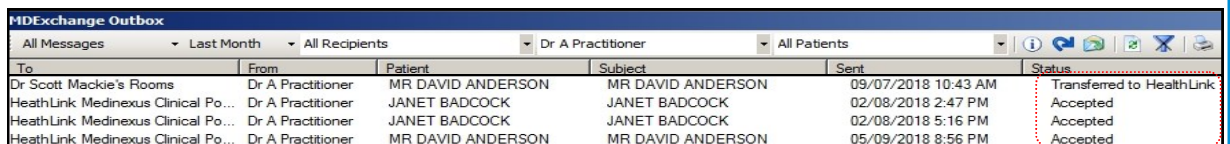
MD

The month just passed has seen unfortunate problems with the MDExchange utility within MD. This is the component that lets us send letters or other documents electronically to other practices. The error was signified by the fact that some outgoing documents were showing in the MDExchange queue with an intermediate status of "Sent" rather than received.

MD were very slow to recognise this as an issue at their end, with some mitigation in the fact that not all documents were affected and the fact that the problem involved the interface between MDExchange and the Healthlink network. Happily, it now appears that the problem has been resolved. I sent an email to my customers around a week ago, detailing how documents affected could be easily re-sent.

03/12/18 It appears Healthlink have contacted practices today with information about the issue.

It did bring home to me one local issue though, and that is, despite my exhortations most practices are not keeping an eye on their outgoing documents. So, if I could mention again, *if your practice is using MDExchange to send documents, somebody in the admin team should be regularly checking under Tools..MDExchange..Sent Items, for any problems.* You only need to do this a couple of times a week, but you should definitely be doing this. Think of it as a nice trade-off for being interrupted to fax referral letters.



To	From	Patient	Subject	Sent	Status
Dr Scott Mackie's Rooms	Dr A Practitioner	MR DAVID ANDERSON	MR DAVID ANDERSON	09/07/2018 10:43 AM	Transferred to HealthLink
HealthLink Medinexus Clinical Po...	Dr A Practitioner	JANET BADCOCK	JANET BADCOCK	02/08/2018 2:47 PM	Accepted
HealthLink Medinexus Clinical Po...	Dr A Practitioner	JANET BADCOCK	JANET BADCOCK	02/08/2018 5:16 PM	Accepted
HealthLink Medinexus Clinical Po...	Dr A Practitioner	MR DAVID ANDERSON	MR DAVID ANDERSON	05/09/2018 8:56 PM	Accepted

The key indicator is contained in the *Status* column. As there are a few values that display here as the document travels towards it's destination, I have listed the common ones below:

- ◆ Awaiting Transmission – The message is in the local practice database, waiting to be sent.
- ◆ Sent – The message has been uploaded to the MDExchange Servers in the data centre. The message no longer resides at the practice.
- ◆ Transferred to Healthlink The message has been transferred from MDExchange to the Healthlink Network (*This is what was not happening during most of November*)
- ◆ Received – The recipient practice has downloaded the message successfully.
- ◆ Accepted – The recipient practice has successfully parsed the HL7 message.
- ◆ Read – The message has been viewed and actioned in the receiver's Clinical holding file.
- ◆ Recipient Not Found – The recipient the message was addressed to could not be found as a user at the practice.
- ◆ Expired On Server – The recipient practice never downloaded the message from the server.

The vast majority of the time the final status will be Received or Accepted, indicating successful arrival at destination. If all systems at both ends (and in the middle) are working properly then the document journey should be completed within 2 hours. A document that is dated before today and is showing *Sent* or *Awaiting Transmission*, is one that needs looking into.

A couple of things to note:

- 1) You will only see a final status of *Read* if the recipient also uses MD.
- 2) The *Accepted* or *Received* statuses are triggered by acknowledgement messages from the receiving clinical systems. Some systems generate an acknowledgement that MDExchange can not make sense of. In the case of these documents, the final status you will see is *Transferred to Healthlink*. These documents have mostly likely arrived correctly, but you won't see the usual completed status message. Software packages used by Tas Eye Clinics and one of the local Rheumatology groups have this issue.

MD

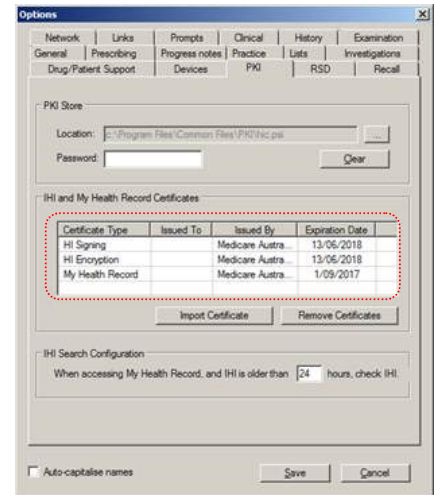
Stop Press - July 1st Immunisation Changes

An MD helpdesk person has advised me that these changes will be included in their next release MD 3.18. I have seen a preview of the release notes and they don't mention this, but the MD person was pretty sure. What is unsure is whether we will see 3.18 before Christmas or sometime in January.

PKI-Housekeeping

These days your PKI location certificates tend to update automatically in your billing software, but this is not the case for their MyHR application in MD, where manual action is required. Your PKI Nash certificate also has to be replaced in MD when it reaches its 2 year expiry date, if these things aren't done, your access to the MyHR will stop working,

I would suggest going into Tools..Options..PKI from the MD front screen and setting yourself a reminder a fortnight or so earlier than the certificate expiry dates. That way you will be able to ensure that your IT provider imports the new certificates and your MyHR connection isn't *broken* at any point.



BP

The previous article on MD suggests making a note of when your PKI ehealth certificates are due to expire so that you can organise installation without having a break in your MyHR connectivity. Actually at this point I am unsure of whether your PKI location certificates do update automatically for ehealth purposes, but certainly your Nash certificate will need to be installed by your IT provider when the old one is about to expire.

To determine when your certificates are due to expire, go to any pc or terminal server login where users have been uploading shared health summaries or accessing the MyHR.

Access Internet Options by starting Internet Explorer and from the menu bar select Tools..Internet Options..Content..Certificates. Alternately access this area from the little settings icon at the top left of Internet Explorer. On some versions of windows you can access this by typing Internet Options in the search facility.

The illustration at right shows the certificates and their expiry date. Your PKI Location certificate will generally reflect the practice name, whereas the Nash certificate will start with "general".

The giveaway is that the certificates you want are issued by Medicare. It doesn't matter if there are older certificates here as long as you also have current ones with a future expiry date.

