

# PracSavvy

Clinical Systems Support and Training

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

## December 2016 — Newsbrief

Seasons greetings to all, at the end of what's been an eventful year.

We've seen ongoing evolution of the My Health Record, and increased acceptance of it by GPs (albeit financially induced), the introduction of the "whole of life" immunisation record and increased conversation and collaboration between Specialist and General Practice admin staff as a result of a big uptake in electronic communications between the two sectors. The future looks like more of the same with increased usage of online appointments and applications designed for tablets and smartphones, as well as "the cloud". I am also getting the sense that the increased use of available technology by General Practice will tend to drag other parts of the health sector into the "enabled" arena.

It's absolutely appropriate to ask every time "does this benefit the patient?", just as it's equally important to acknowledge when it does.

Closer to home it's been an *interesting* and ultimately rewarding year, employment-wise. I would like to take this chance to thank all the practices who have helped maintain the continuation of my support and training services by paying a subscription. Also a big thankyou to Simon Hancock from Huon Valley Health for initially floating the suggestion to the PM network and laying out the path forward. My hope is that practices will continue to see the direct and indirect value of this service.

**Registrar Training** - February traditionally sees a big spike in demand for MD/BP training for GP Registrars. A couple of practices have already got their bookings in, well in advance. If you have an idea of what your timetable will be when the registrars hit the practice, making a booking nice and early is the best way to guarantee that the training will be delivered at the time that most suits you.

### RHH

With the recent introduction of TRAK-ED in the RHH emergency department GPs should be getting far more informative messages from ED and copies of results from ED. It therefore may be time to focus on the "1 liner" notification messages around attendance and discharge that the RHH have been producing for the last 14 years or so. Do GPs now feel that notification information is being duplicated? Are we at a point where we can consider "turning off" those older format messages?

The Hospital GPLOs are really keen to know what GPs think about this and the influx of results, so please mention it to your doctors, and Liz and Annette would love to hear from them via [gplo.south@ths.tas.gov.au](mailto:gplo.south@ths.tas.gov.au).

### eReferral

With around 7000 electronic messages sent statewide from specialists during November, it's good to see the growth in this area continuing. This month we have one new specialist on-board.

Dr Hugh Mestitz

Hobart Sleep Disorders Unit

*hmestitz*

If you are looking for the complete specialist listing, you can find it [here](#), or you can use the strikingly similar one at the PHT website. Note that you should use these lists rather than the online *Healthlink* directory, because there are some healthlink users who cannot or do not want to receive referrals this way. Anyone who appears on my listing has given consent for this method, usually via their practice manager or admin team.

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## MyHR

I am aware that there are a few practices whose PKI Nash certificates expire between late November and the first half of January. Medicare usually mails the replacement certificates out on Disc approximately 6 weeks before the old ones expire. If you are on top of this and have had your IT staff install the new certificates, then there is nothing to say. However if your access to the eHealth system suddenly stops working, the first thing you may want to check is whether your installed Nash Certificate has expired.

This is easy to verify in Medical Director by going to *Tools..Options..PKI* from the front screen and checking the dates of the installed certificates. Unfortunately Best Practice does not provide this functionality, so you will only know when you start to get error messages.

**SHA-2 PKI Certificate**—Just to confuse things further by mailing you yet another disc, Medicare has been sending out a special PKI location certificate with a more advanced security algorithm. I won't restate what they tell you in their letter, other than maybe the clue in the title:

***Your new PKI certificate for website transactions only***

So this certificate does not at this stage need to be installed in MD/Pracsoft/BP. It is for use with your internet browser and only needs to be installed on pcs or under terminal server logins for staff who **interact with Medicare thru website services** like HPOS etc.

## Templates

The following templates were created this month, and are available in MD or BP format [here](#):

- ◆ Allergic Rhinitis Treatment Plan
- ◆ Pain Assessment and Documentation Tool (PADT)

As always, let me know if you need assistance importing templates, or would like any others created.

## PenCat

There was a minor enhancement/bug fix to the PenCat tool in December around childhood immunisations and the changes to the 2016 schedule.

## Feature



I know I've mentioned [SmartVax](#) here before, but they are well worth a look, (and I have a gap on the page) Supported by the WA Department of Health and the federally funded [AusVaxSafety](#), the proponents are keen to add to their Tasmanian practice participants.

The program is completely free to General Practice and involves a series of automated sms messages being sent to patients who have been vaccinated, essentially checking for occurrence and nature of adverse reactions, and reporting any issues back to the practice and relevant national/state vaccination authorities.

It's a nice tangible instance of patient aftercare and contributes to national safety in these areas through almost real-time reporting. Watch the excellent 2 minute video on their [home page](#) or email [info@smartVax.com.au](mailto:info@smartVax.com.au) for more information.

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## MD

As we enter the summer holiday season, it's worth mentioning that practices will see a lot of holiday makers that will potentially be treated once, but will become part of the patient database. Whilst this causes no great issues, these patients will serve to inflate the practice population, and possibly figure on target lists for different kinds of interventions, e.g. Flu Vaccinations etc, as well as potentially distorting some of the statistical benchmarks the practice may strive for.

One thing we can do by way of prevention, is to classify the patient as "visiting", when they are first entered in Pracsoft. This action alone will keep them off the types of patient and recall or PenCat searches that a practice may be likely to do.

As far as interstate patients who have not been flagged as *visiting* there is an easy way to search for them and *inactivate* them in bulk.

From the menu in the main screen in MD, select *Search..Patient..Other demographic criteria*. In the *Postcode* field, put in a non-Tasmanian postcode range using ".." as the separator. In this example I have used 1000..6999 to identify interstate patients.

After pressing *OK*, at the main search screen select a *Not seen since* date. The date can be whatever you want, but it's important to include this criteria, as it will give you access to a bulk *Deactivate* button. Double check your criteria and press *Search*

The screenshot shows the 'Patient Search Details' dialog box. The 'Postcode' field is highlighted with a red box and contains the text '1000..6999'. Other fields include Title, First Name, Surname, Address, City, Phone (Home, Work, Mobile), Date of Birth, Gender, Medicare No. / Index, Record No., Pension Status (None, Pension/HCC, Full DVA, Limited DVA), Pension/DVA No., and Safety Net No. There are OK and Cancel buttons at the bottom.

The screenshot shows the 'Patient Search' dialog box. The 'Not seen since' field is highlighted with a red box and contains the date '19/07/2016'. The search criteria summary at the bottom is also highlighted with a red dashed box and reads: 'All patients Postcode = 1000..6999 who have not been seen since 19/07/2016'. Other fields include Age, Gender, Transgender, Pregnant, ATSI, Occupation, Smoker, Drug/Condition, and various filters. There are Search, Clear, and Close buttons at the bottom.

After you have generated the list, check it for any of your regular patients that do live interstate, and also for any that have been allocated the wrong suburb, e.g. Kingston Qld rather than Kingston Tas. Use the delete button to remove anyone you want to "keep" from the list. When you are happy with the list, click the *Inactivate Patients* button to do just that, knowing that a patient can always be retrieved if inactivated in error.

**Inactivate Patients** Open Add Recall Save Print Labels Mail merge Close

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BP

In case you are a BP user and didn't read the MD article on the previous page,..... it's worth mentioning that practices will see a lot of holiday makers that will potentially be treated once, but will become part of the patient database. Whilst this causes no great issues, these patients will serve to inflate the practice population, and possibly figure on target lists for different kinds of interventions, e.g. Flu Vaccinations etc, as well as potentially distorting some of the statistical benchmarks the practice may strive for.

There is an easy way to search for them and *inactivate* them in bulk.

From the menu in the main screen in BP select *Utilities..Search..Demographics*. Selecting the *Postcode* value, put in a non-Tasmanian postcode range. In this example I have used *< 7000* to identify interstate patients.

Press *Add* then *OK*

Now select *Visits*

Select a date in the *From* field. The date can be whatever you want, in this example I've picked a date 5 months ago, and this will give us patients not seen since this date as a criteria to combine with the Postcode one.

Press *Add* then *OK*

Back at the main search screen, the text in the query window should look the same as the blue italic text below, (different dates notwithstanding)

Click *Run Query* to do just that.

Search for patients

Column name: Title, Firstname, Surname, Middle name, Preferred name, Age, Date of Birth, Address, City, Postcode

Search criteria: < 7000

Condition: Postcode < '7000'

Search for visits

Seen by: All users

From: 19/07/2016

To: 19/12/2016

Condition: AND NOT Seen since 19/07/2016

```
SELECT *  
FROM BPS_Patients  
WHERE StatusText = 'Active'  
AND Postcode < '7000'  
AND NOT InternalID IN (SELECT InternalID FROM Visits WHERE VisitDate >= '20160719' AND RecordStatus = 1)  
ORDER BY surname, firstname
```

After you have generated the list, check it for any of your regular patients that do live interstate, and also for any that have been allocated the wrong suburb, e.g. Kingston Qld rather than Kingston Tas. Use the delete button to remove anyone you want to "keep" from the list. When you are happy with the list, select *Mark as Inactive* from the *File* menu to do just that, knowing that a patient can always be retrieved if inactivated in error.

**N.B.** If you are using BP with a different billing program check with your IT support first.