PracSavvy

Clinical Systems Support and Training

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February 2019 — Newsbrief

eReferral

Some address changes this month as well as a couple of requests.

Michael Vaughan has retired and Frank Redwig has taken over his rooms.

Bron has asked for a reminder that Rob Bohmer and Jacqui Slater no longer share rooms with Steve Chung, apparently some correspondence for them is still going to their old location.

The Tasmanian Lung Service, which offers lung function testing at their Launceston and Hobart facilities, reminds referring GPs and Specialists that requests can be sent electronically through HealthLink using our EDI *taslungs. (*Note that this EDI is a HLConnect address, which requires a slightly different address book setup for MD users)

Adam Watson has joined practice with John Mills, at 71 Federal St, North Hobart. He has completed 2 years of fellowship training in shoulder and knee arthroscopic reconstruction and 1 year of fellowship in direct anterior hip replacement and revision hip and knee replacements. He is happy to discuss any patients you need advice on.

New

Dr Frank Redwig	Urology	Sth	*drredwig*
Dr Adam Watson	Orthopaedic	Sth	*jmillsdr*
Tasmanian Lung Service	Lung Function Testing	Statewide	*taslungs (hmsweber)*
Dr Philip Clarke	Dermatology	Nth	*launderm*
Dr David McKay	Ophthalmology	Nth	*launeyei*
Dr Ian Murrell	Ophthalmology	Nth	*launeyei*
Dr Brendan Vote	Ophthalmology	Nth	*launeyei*
Dr Tze 'Yo Toh	Ophthalmology	Nth	*launeyei*
AP Paul McCartney	Ophthalmology	Sth	*hobareye*
Prof Nitin Verma	Ophthalmology	Sth	*hobareye*
Dr Andrew Traill	Ophthalmology	Sth	*hobareye*
Dr Guy Bylsma	Ophthalmology	Sth	*hobareye*
Prof Alex Hewitt	Ophthalmology	Sth	*hobareye*
Dr Kate Rattray	Ophthalmology	Sth	*hobareye*
Dr Tom Bonnelame	Ophthalmology	Sth	*hobareye*
Dr Robin Abell (*after 25/3*)	Ophthalmology	Sth	*hobareye*

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On a fairly miscellaneous note, the Digital Health Agency have released an Information Security guide aimed at health providers. It's only 8 pages long, so may well be worth downloading and having a read.

Proda

I feel like anecdotally I am hearing that people are struggling with the Proda system, and are also finding it hard to locate any assistance or support. Personally I have no experience using the system as my activities generally involve use of clinical or audit software.

Whilst the pickings are pretty slim, I've dug out some web based resources that may be helpful:

- Medicare module on creating an account and linking it to other services
- Video equivalent of the same thing
- Presentation from 2017 webinar linking Proda with HPOS functionality
- DHS page detailing linking Proda to HPOS

While it can only be a good thing that we are closed to ditching the individual PKI certificates that have been cluttering practices for years, the introduction of a nationwide system without providing the participants with adequate training and education, seems to be becoming a bit of a "thing" with the health department, (think public education on MyHR etc)

Incorrectly stored Electronic Correspondence

One of my "pet hates", (there's quite a list, and it's not just pitbulls!) is when there is an issue that inconveniences people for a lengthy period, that could be solved or identified very quickly with the appropriate knowledge and communication brought to bear, but isn't. In this instance I am referring to reports I am hearing about communications from the public hospitals being stored in the wrong section of the clinical record.

In a previous work setting I would ask the health department to forward any changed message types to me, before they went live to general practice. With access to both Best Practice and Medical Director, I could tell them within 24 hours whether the messages were up to spec and if not, what they needed to do to fix it. Of course, they may not always believe me straight away, or react quickly, but at least it became a known problem with finite parameters. Sadly this safety net doesn't seem to exist, and in my private capacity I don't have access to testing new message types. I would be quite happy to do so.

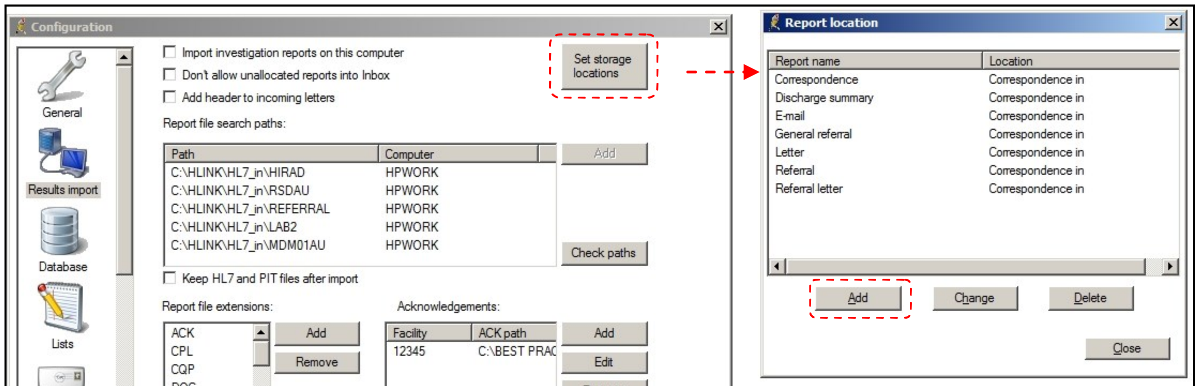
In a nutshell where an electronically received document is stored in your system is down to two things:

1) The wording in a part of the Message Header that is attached to the document (generally not visible to the recipient)
2) The way your clinical software interprets these message headers, and the related settings you can tweak

So for the current issue the solution is either for the THS to alter what goes in the message header, or for the practice to examine it's settings. The challenge for the THS is to generate clinical messages that work properly in at least the 2 majority use clinical systems. For the practice they have varying settings to tweak, depending on their software. *Please read on for specifics..*

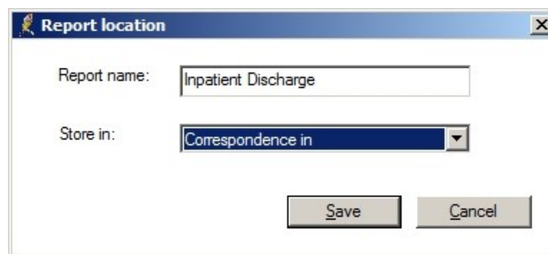
BP

In Best Practice, all documents go into Investigations unless the system is told otherwise. The good news is that BP users have some room to move on this issue. On the server only, go to *Setup..Configuration..Result's Import..Set storage locations*. For things to work well, it should look like what is shown at the right below.



You may well find that your screen already looks like this, and that you still have problems with documents being stored incorrectly. However there is magic to be found, and it's via the *Add* button.

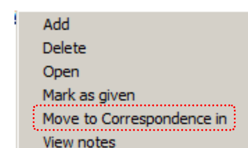
This button invokes a window where you can create a new document type and storage location. The key is knowing what BP calls the document type. I haven't been able to test with all messages, but I am aware that those labelled *Inpatient Discharge* in the *InBox* are currently defaulting to being stored in Investigations



If you go and create a new document type as per the illustration shown, *you will fix this issue for any future messages received of this type*. The same thing also works for ones called *DEM Presentation.* I haven't been able to test any others, but I strongly suspect the same method will work.

So, go and fix your problem, remembering this has to be on the server and will only affect messages received after you have changed the setting.

For messages that are already your Best Practice system, you can change the intended storage location via the radio buttons provided in your inbox, or by right-clicking on the document in the patient record



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MD

There are less settings available to tweak in Medical Director, but from the front screen you should go to *Tools..Options..RSD*, and ensure that the settings look like those depicted below.

Note that the setting depicted can be changed from any workstation and will affect the entire database.

If the document has already been stored incorrectly, or is destined to be, the toolbar that is common to the Holding File, the Actioned Items screen and the correspondence screens in the patient record give you 2 buttons that enable you to move the document to another location, and/or change some of the key details.

Note that putting any text at all in the description field, (right-hand graphic) should make any text document available as an attachment for a referral letter.

Some of the electronic correspondence is unhelpfully labelled and sometimes missing a date in one of the fields. Refer to page 4 of my June 2018 newsletter for tips on arranging your Documents screen.

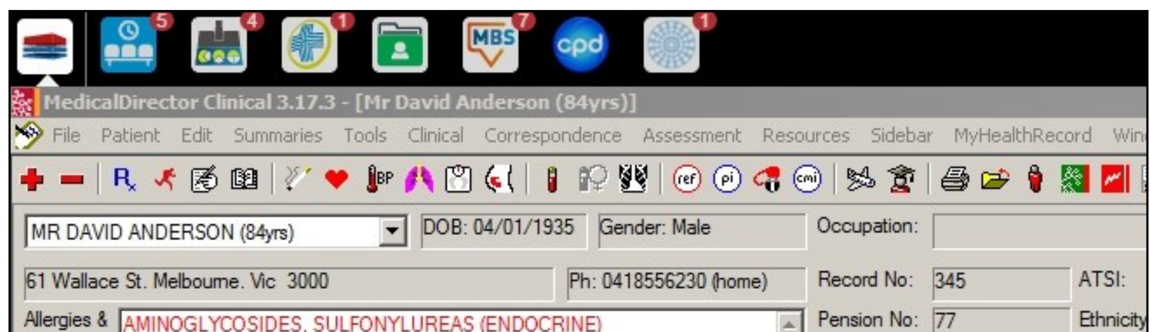
TopBar

A lot of practices have been running the excellent PenCat tool for over a decade now. Over that time we have become pretty good at identifying gaps in patient's medical records and also at finding appropriate interventions and the mbs inducements that sometimes go with them. The harder bit is bridging the gap between identification and action. How do we alert the rest of the clinical team to the things we need to complete, the actions that need to be taken, and the conversations that should be had with the patient?

How do we accomplish this in the context of a busy medical practice without unduly burdening the staff. I think the most important thing is that practice staff actually believe in the value of a comprehensive and complete electronic medical record. If we have this, then the TopBar program from Pen Clinical Systems is an excellent tool to help us move from *identification* to *action*.

If you are participating in the HealthCare Homes trial (no pun intended!) , then you will have TopBar installed, if only because there is a TopBar App associated with tagging patients for the program. Essentially when TopBar is running, it sits at the top of your screen above your clinical program or *waiting room* window, and discretely raises flags about the patient(s) you are displaying. These flags can be to do with missing demographic or clinical items, potential undiagnosed conditions, MBS opportunities and customised criteria that your practice has created. Significantly, your staff can completely tailor the things they want to be alerted about.

Topbar works with Best Practice and Medical Director, for this article I have used Medical Director screenshots.



The alert type apps only appear on the screen if there is a relevant issue for the patient who is being displayed. Staff can also customise which apps they want to appear on the TopBar. The numbers in the red circle represent the number of issues that the app has found with the open record, or in the case of the Waiting Room app, the number of patients with demographic and/or clinical items missing. Note that staff identified as non-clinical will only see the demographic alerts in the Waiting Room app.

I intend to go through a few of the apps in detail over the next couple of newsletters, but for now I will summarise what each one does.

Waiting Room

Shows alerts for missing demographic and clinical items for patients displayed in the waiting room. Clicking on a flagged item will take you to the relevant section of the patient record for data entry.

Data Cleansing

Shows alerts for missing demographic and clinical items for patient being displayed, with clickable access to the field in the record.

Flags conditions that are *indicated* but not mentioned in the history.

TopBar

TopBar continued..

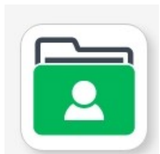
Cat Prompts

If the practice has done a PenCat search and created a TopBar prompt from that search, any patients that meet that set of criteria will be flagged via this prompt. Whilst a PenCat search results in a *static* list of patients, the criteria for the search that is used in creating the prompt will be run against any patient that is opened, now and in the future, making this a dynamic search.

Can also display prompts created at PHN level.

MBS Items

Checks the patient medical and billing history to highlight relevant MBS Item opportunities. Also checks *Reason for Visit* for activity not billed.



Patient Health Summary

Displays a comprehensive health summary for the patient, including start date of medications, and date of entry for recorded observations.

There other apps for learning and specific program initiatives like Healthcare Homes and the Osteoporosis *Reframe* program. As I mentioned earlier, I will go into some of the apps in more detail in future issues.

To Sum things up:

What is it: A tool for identifying data and clinical issues at point of care.

What does it cost: They say the best things in life are free, and so is TopBar ! Actually it's free to the practice because it's covered under the PHN CatPlus licencing agreement, (which certainly isn't free)

How do we get it: Contact the people at PenCS, they will need to liaise with your IT support for installation purposes, and unlike PenCat you will need to create individual user accounts.

Compatibility: Works with both Medical Director and Best Practice

Best Bit: Undiagnosed conditions raised at point of treatment and prompt creation from PenCat searches.

To Remember: Probable Increased emphasis on data quality in future PiP incentives.

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