

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

Edition 101 - January 2025

Welcome to the first newsletter for 2025. Hoping all had a good Christmas New Year break.

On a personal note, one of the things I pride myself on is responding to customer requests in a timely fashion. However, the coming period from mid January onwards has seen a big increase in training requests for registrars and interns with the consequence that not everyone was able to book me in their preferred timeslot. So to my paying customers, I'm sorry that there was more negotiating required than usual. I actually think there would be serious benefit in a clinical software session as part of the 3 day workshop just before they hit the actual practices. This would take the "first day" pressure off, leaving practices to have the option to book a less time-critical session a couple of weeks or so after Registrar commencement.

I'm thinking of approaching the college about this as I actually ran a couple of these about 7 years ago. If anyone has any good contacts with people in the training programs, please feel free to let me know.

I had a nice online chat with the folk at [PenCS](#) last month, primarily so they could demonstrate their [Practice Cloud](#) product. For those that don't know, Practice Cloud is the evolution of PenCat to a more cloud based program, wrapped up in a pretty nice looking design. Similar to most products like this, it now does daily background data extraction so that you are always looking at up-to-date information.

Practice Cloud keeps it's clinical data pedigree whilst adding more financial analysis in the manner of [Cubiko](#). Of course PHN funding for Tasmanian practices is tied to the continually underwhelming [Primary Sense](#) Product whose updates for the last 6 months or more seem to consist of bug fixes. I was actually promised access to the Practice Cloud sample system which I was really looking forward to, but Christmas came and went and, alas nothing. I don't know whether there was some speculation about whether I'd been naughty or nice!

Speaking of Primary Sense, they did at least issue some new or updated documentation in the last month or so. The first one to mention is a [Nurse Prompts guide](#) and you can download it via the link. The momentum for this seems to be triggered from the inclusion of 2 nurse specific prompts, namely Overdue Childhood Vaccination and Initial Bone Density test required. Of course any immunisation prompt only access the local BP record, but that is the issue whatever software is prompting. Practices often wrestle with Bone Density test opportunities, because it is often quite difficult for the software to identify previous tests from the correspondence or results. The guide itself is at least a good refresher on how the prompting component of PS works.

The other document released was really a combination of all the PS documentation into a single user guide. You can grab it [here](#).

e-referral

Ok, so the honeymoon is over, all good things must come to an end, nothing lasts forever etc etc. After literally the whole span of the computerised General Practice era, from Feb 1st, Healthlink are going to charge GPs for using the product (Everyone else has always paid) In my opinion the costs are very reasonable considering the now widespread use of the system. Costing details below.

Small (1-3 practitioners)	\$21 per month	\$252 annual
Medium (4-10 practitioners)	\$50 per month	\$600 annual
Large (11-20 practitioners)	\$83 per month	\$1000 annual
Enterprise (21+ practitioners)	Subject to practice size & usage.	To be confirmed at subscription commencement.

MyHR

Very pleased to read in the December GP Liaison Officer newsletter that Breastscreen Assessment pathology results will now be uploaded to a patient's MyHR unless specifically requested not to. The upload will occur 23 days after generation in order that the various THS multi-disciplinary meetings can be held in order to generate a final recommendation.

Templates

New at the templates section of my website [here](#).
Ability Audiology and Balance Referral

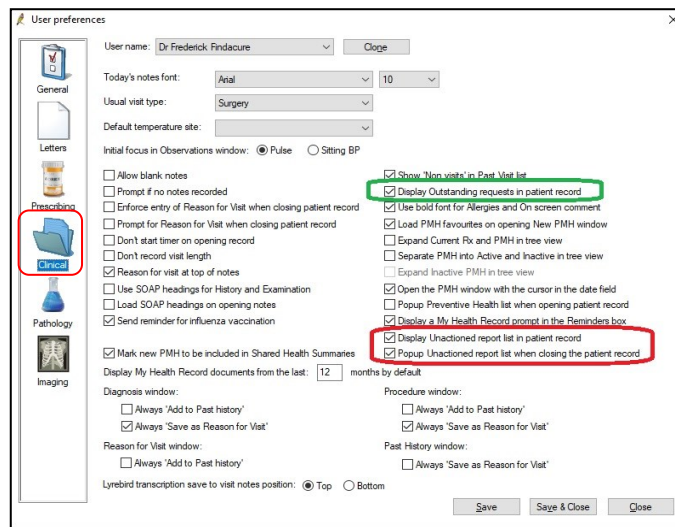
BP

BP released it's *Spectra* update a couple of weeks ago after releasing it and withdrawing it a few weeks prior to that. I'd have to say, the server installation wasn't painless, although happily a couple of reboots and retries along with a Microsoft SQL driver installation seemed to bring things right. Not a great start though, considering that there were problems when it was initially released.

There are a couple of useful enhancements although I suspect the bigger picture is going on behind the scenes as far as different payment integration methods go. Read on for the good bits.

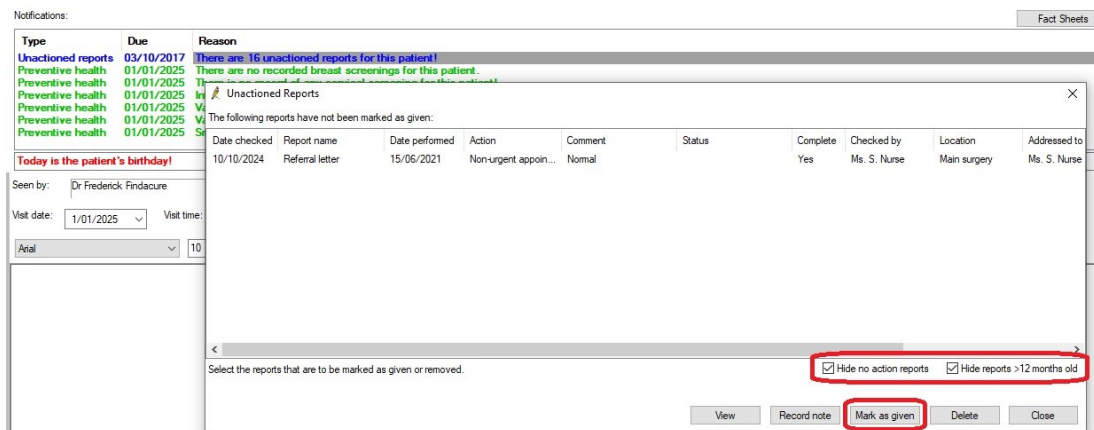
1. Result notification prompts. Along with not marking reminders as *Performed*, not marking results as *Given* is probably the major complaint of practice admin teams around the country. BP has added some functionality that will certainly help with this, although I must say, I don't think they quite managed to stick the landing as I will explain later.

Under *Setup..Preferences..Clinical*, clinicians can now mandate that they are reminded via the notification area of unactioned reports and via a pop-up at the end of the consultation.



The red highlighting shows the new options that are available. The 2nd one relates to a Pop-up prompt that I was initially reluctant to select. However the alert happens when you are exiting the record and is thus not so much a reminder to discuss as a reminder to mark as *Given* if you have discussed results.

The green highlighting depicted above is something that has always been there and ticked by default. It refers to marking off *Outstanding Requests*, i.e. confirming that the test that you told the patient to get has come back from the lab, irrespective of any outcome. I would estimate that 85% of practices around the country aren't on top of this, and even if they become informed, they are faced with literally years of backlog of unmarked requests. I've always considered it a waste of a line in the *Notifications* area of the patient record and with this new functionality and to avoid confusion, you *may* want to take this chance to disable it.

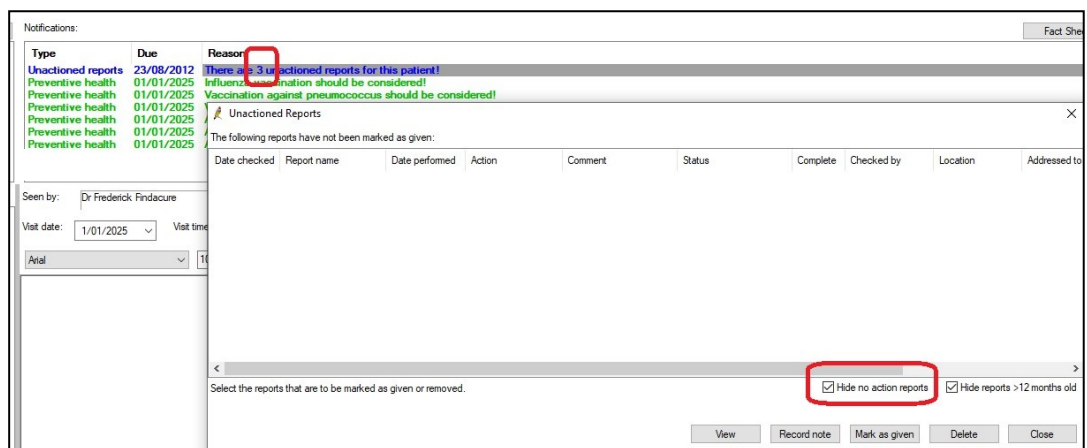


BP

So with these options selected you will be prompted with a blue *Unactioned Reports* prompt in the notifications area. Double clicking the prompt will reveal the dialogue depicted on the previous page. This dialogue is also what pops up when exiting the record if you have ticked the pop-up option in preferences. Note the ability to record a result as *Given* as well as the very handy ability to record a *Contact Note*, possibly to document why you didn't discuss with patient this time.

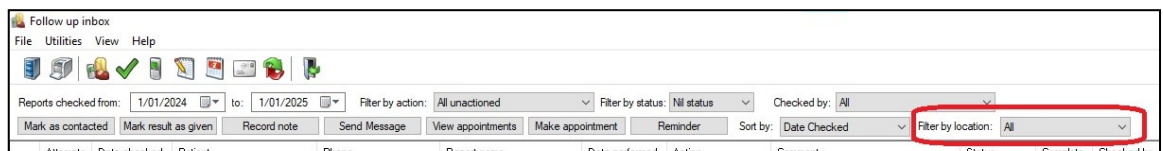
Many GPs may not be familiar with *Contact Notes*, but they are a really useful feature for documenting communications/ follow-up activities with the patient. Good admin teams use it extensively and any note written here will also be viewable by practice admin teams from their result follow-up screens. Note also the optional default settings of hiding *No Action* reports and also ones that are more than 12 months old (hopefully there won't be any Unactioned reports dating back that far.)

All in all pretty good and certainly yet another reason for clinicians to check the notifications area when they start a visit. I mentioned though that BP didn't stick the landing on this one, and here's why.

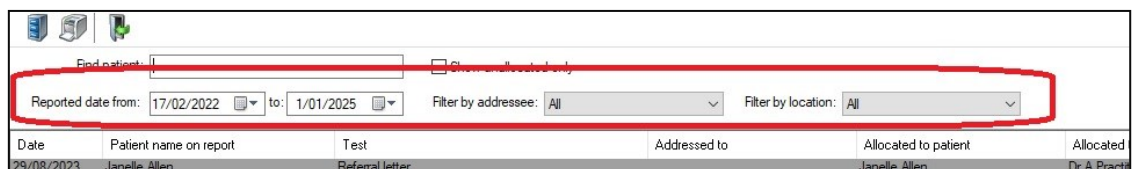


The blue prompt above tells us that there are 3 unactioned reports. However it is including *No Action* documents in this. *No Action* means exactly that, there is nothing that the patient has to be told. Indeed, in the above example if the pop-up preference was checked, the GP would get the above blank dialogue when exiting the record. Only by unchecking the *Hide No Action reports* would they see the 3 *No Action* documents. The clinician could mark them as given, but we don't want to waste GP time by expecting them to mark off *No Action* documents. This is contrary to the correct logic used in the admin *Follow-Up InBox* screen where *No Action* documents are not included in *All Unactioned*.

2. Follow-Up InBox Multi-location practices may be interested to know that the FUI now has a *FBL* button. In other words the "Blonde Lady" icon (for those not triggered by binary descriptors!) now has a *Filter by Location* button that could potentially help different branches isolate their own follow-up tasks.



3. Incoming Reports This area now has filter buttons for report dates and addressee and location.



BP

Spectra release continued.

4. Enhanced Examination Panel As the graphic depicts there are now fields for physical position when a patient's pulse is taken as well as noting the arm used in a Blood Pressure reading.

The screenshot shows the 'History & Examination' window. The 'General' tab is selected. The 'Examination' section is highlighted with a red box. It contains the following fields:

- Pulse:** Heart rate (80), Rhythm (Regular), Position (Sitting)
- Blood Pressure (BP):**
 - Sitting: Systolic (140) / Diastolic (80), Arm (Right)
 - Standing: Systolic / Diastolic, Arm (Right/Left)
 - Lying: Systolic / Diastolic, Arm (Right/Left)

5. Context Sensitive Help.



Clicking the light bulb icon in BP now takes you to help information that relates to the part of the program you are using. For example, if you are in the *Appointment Book*, it will take you the help section for that part of the program. Actually BP have redesigned their help area as well, incorporating mini videos on different topics as well as Troubleshooting sections.

Note: Ironically Medical Director have had context sensitive help for years and I always had it as a point of difference in that product's favour. Recently however, I discovered that it is no longer working.

6. Lyrebird Scribe.

There are a couple of tweaks to the Lyrebird scribe integration including the ability to set a preference for where in your notes (top or bottom) the AI generated ones are inserted.

The screenshot shows the preferences window. The 'Lyrebird transcription save to visit notes position' option is highlighted with a red dashed box. It has two radio buttons: 'Top' (selected) and 'Bottom'.

7. escripts- Cannabis. Apparently there is a rule preventing escripts being generated on the same day for medications containing ingredients common to both. This release contains improved program logic that will now allow this to happen.

As always there are other minor tweaks and bug fixes. You can read the full release notes [here](#).