PracSavvy

Clinical Systems Support and Training

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July 2019 — Newsbrief

Welcome to the July newsletter. I'd like to begin by flagging that July is the 3rd month of the current PiP quarter, so please don't miss out on your incentive payment by failing to upload the correct number of Shared Health Summaries. These will add to the over 2.7 million already in the system.

Confidentiality is something that gets mentioned a bit in General Practice, and not just to scare people away from the MyHR system! In this issue I will look at the main confidentiality settings in GP clinical programs and examine how they work and whether they deliver the intended outcome. There are some surprises.

Of course the single biggest confidentiality issue affecting General Practice today is [redacted] and [redacted] Every time a doctor or nurse [redacted] unencrypted or even [redacted] hackers with [redacted] dark web [redacted] Chinese [redacted] as well as Wikileaks. The resulting [redacted] breach could mean hefty [redacted] and possibly lengthy [redacted] .

If feeble attempts at humour aren't your thing, rest assured the rest of this newsletter is far more sensible.

eReferral

Please note the following ereferral changes:

♦ Dr Hugh Mestitz	Respiratory and Sleep	Delete	*hmestitz*
♦ Dr Anthony Eaton	Urology	*eatonuro*	
♦ Robyn McKinnon*	Mental Health Social Worker (North)		*mckinnon*

As always my full list can be found here.

** Robyn McKinnon actually uses HL Connect to access the Healthlink network. This means that MD users have to insert her details into the Address Book in a slightly different manner. This is explained (for another practitioner) in my October 2018 newsletter.*

Templates

The following new templates were created or updated during the last month and are available here:

- Mental Health Social Worker - Huon Valley Health
- Sleep Better Again, Referral and Holter Monitoring Request

MyHR

A question that comes up from time to time is how do practices upload an Advance Care Plan (ACP) to a patient's My Health Record. I think that any practice that helps a patient create an ACP is really going the extra mile, and I fully understand that most practices consider this outside their brief and/or capacity. As it happens, there is no way for a practice to upload an ACP via their clinical software, and I don't see this changing any time soon.

Patients certainly can create a pdf copy of their ACP and upload it to the MyHR and should be encouraged to do it. I hear too many stories around not knowing a patients wishes in the hospital setting. For those practices who do assist in the completion of an ACP, making the finished document available to the patient as a pdf file via scanning, would at least assist them with the first step towards uploading.

There is patient-centric information around uploading an ACP here, with a 2 page fact sheet at the bottom of the page that you may want to print off or email to your patients. Primary Health Tasmania *may* even be able to order colour copies of the stationery for you.

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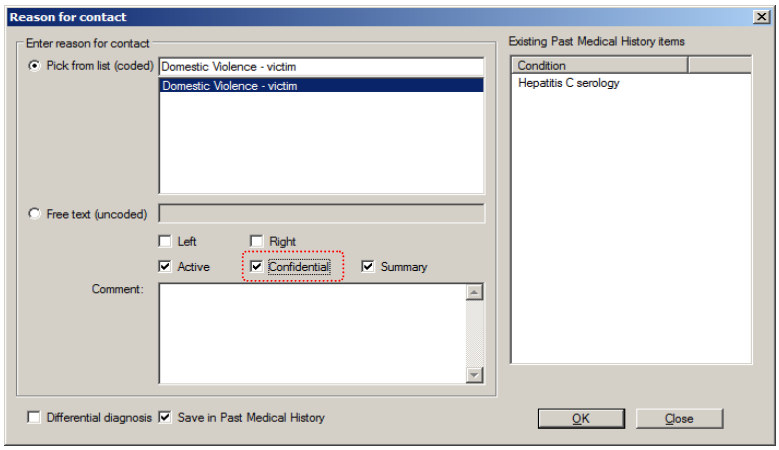
MD

Confidentiality of certain items in a person's health record can be thought about from 2 different angles. Firstly, items that a GP does not want to share with the rest of the practice, and secondly, items that are not to be divulged on documents sent out *from* the practice.

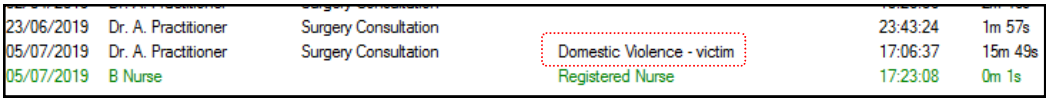
Medical Director (MD) offers very little capacity to keep an entered condition hidden from other users of the program. Even the facility that it does offer is flawed in it's execution. The only real method that offers some confidentiality is when you want to add something to the Past History. At this point, you can choose to flag the condition as *Confidential* as per the illustration below.



The obvious down-side to this is that you have to add it to the History to get access to the *Confidential* tick box. Here is what you will and won't accomplish by doing the above:

a) The Condition **will not** be visible in the *Past History* to **non-doctors**

b) The condition **will** however be visible to all with clinical access via the Past *Progress Notes* screen



c) The condition **will not** appear in the *Medical History* list of any referral letters, care plans or health summaries generated through *Letter Writer,* or in a *Smartform* referral. However it **will** appear if the relevant consultation notes are inserted into a document.

d) The condition **will** appear as a selectable choice in the creation of a Shared Health Summary or in the creation of a Care Plan using the built in module for this found under the *Assessment* menu.

e) The patient's name **will** appear on a database search list for that condition.

You can circumvent b) by entering the condition directly into the *History* rather than through the *Reason for Contact* dialogue. The Shared Health Summary factor mentioned at d) is not too much of an issue as the condition will be both unselected for upload by default and emphasised as confidential using red text.

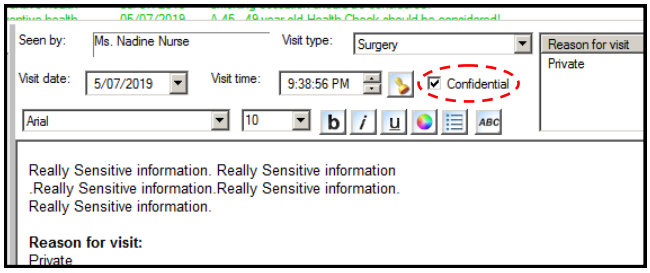
In summary, I would pretty much give up on the idea of entering information in MD and thinking it is hidden from other clinical staff. However marking something as confidential and taking due care with Shared Health Summaries should ensure the condition isn't shared externally.

June Newsletter: I'm embarrassed to say that I've discovered a small error in my mention of the "Disappearing Medications" issue on page 3 of the June newsletter. I've corrected the mistake and the online version of the newsletter has been corrected.

BP

In my opinion, marking notes as being confidential can be a bit of a double-edged sword. Having said that Best Practice has recently improved it's options in this area. It provides a good facility for making information confidential from other clinical users at the practice, and also makes it easy to identify information that is not to be shared with external providers. There is one possible trap to this, that I will cover in this article.

If you want to make clinical information private from all other staff with clinical access, you need to a) mark the notes as confidential and b) not put the sensitive information as the *Reason for Visit.*



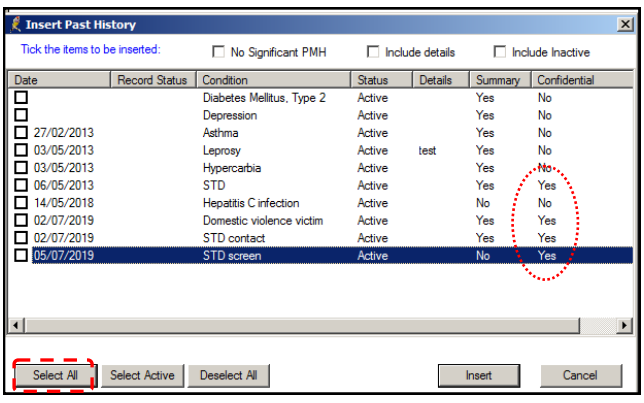
Taking these 2 precautions ensures that the notes will be locked to anyone other than the entering clinician. The notes can also be accessed by using the *Emergency Patient Access* password which should be established under *Setup..Configuration..Database.* As *Reason for Visit* has not be used and therefore no entry has been made to the *Past History* there will be no entries to worry about on referral letters, care plans, or shared health summaries. Similarly there will be no information that can be accessed by a practice-wide database search. Almost perfect but:

Minor Gotcha 1: If the GP who made these notes created a referral document where for some reason they wanted to include the progress notes from previous visits or from the current visit, this information would appear in the document if that days visit was selected.

Minor Gotcha 2: If someone other than the originated clinician went into the patient notes and selected the *Preview all Notes* checkbox, and then used the Search button to search for a keyword like (using the above example) "sensitive", then the line pertaining to that visit would be highlighted in Red. The notes would still be locked but the searcher would know that that word was contained in the notes for that day. I only mention this for completeness sake.

If you just want to ensure that a condition that you enter in the history is not shared with external providers then it is as simple as ticking the *Confidential* checkbox in the *Reason for Visit* or *Past Medical History* dialogue boxes. With one exception this will ensure that these items don't make it to the documents we create, although even an item marked as confidential will appear as a selectable choice in the EPC Care Plan Module.

Major Gotcha: If your referral or care plan template utilises the *Past History List (Selected)* field, which gives you the ability to choose History Items that go into the document, then the confidential items will be selectable. If you think your history is in good order and you click *Select All*, then these items will be placed in the document.



Continued..

BP

Confidentiality continued..

Minor Gotcha: Much like the earlier example, if you choose to insert previous encounter notes in a document, then even History or Contact Reason entries that have been marked as confidential will appear.

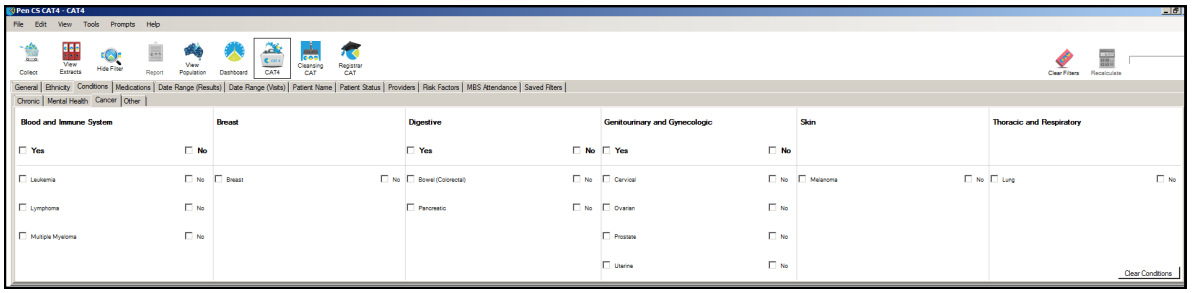
So the bottom line in all this, if you want near complete privacy for some information check the *Confidential* checkbox on your notes and don't put sensitive information as the *Reason for Contact*. Furthermore, resist the temptation to insert previous consultation notes in your outgoing document, and check the document carefully when you have completed it. (I apologise if I'm starting to state the obvious).

As I mentioned at the beginning of this article BP has recently added quite a lot in the area of confidentiality and privacy. You can mark an entire patient record as being available only to their "Usual Dr" and you can also make individual documents secure. If you want more detail, there is good information here.

PenCat

The continually improving Pen CS Cat4 tool delivered some good updates in May that I didn't have space for in the June newsletter. The significant change is a raft of functionality around patients with a Cancer diagnosis, something that was notably absent before.

Under the *Conditions* filter there is now a tab for cancers, both individually and by group.



Under the *Disease* reports section there is now a bar graph for various types of cancer. You can also see the cancer data mapping documents for both MD and BP at the CAT4 support site.

CV Event Risk will report 'High Risk' for patients that match the criteria specified in the NVDPA guidelines.

The Data Quality Dashboard now has a link to the 5th Edition guidelines, although at this stage there are no individual factsheets like the ones for 4th Edition, the links to which are still included.

There are other changes too, (information taken directly from Cat4 release notes)

- MBS Items categories now include non VR GP numbers for Health Checks, Care Plans, Cycles of Care, Medications Reviews, Telehealth and RACF
- Indicated CKD report will include patients without diagnosis and with eGFR<60 and no ACR
- Respiratory Meds filter has the new COPD combination with ICS (ICS/LAMA/LABA)
- Waist < 18 category for Not Recorded

The June update includes extra mappings for Cervical Screening and Heart Failure (in MD specifically)