

# PracSavvy

Clinical Systems Support and Training

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July 2020 — Newsbrief

Welcome to this month's newsletter, hopefully this publication will be seen as one of the few *constants* in an ever changing universe. The intention is that there will be only brief reference to *that* pandemic in this edition, as it seems like both businesses and individuals are at the financially 'dusting themselves off' and seeing what's what stage.

Apparently around [1.3 million Australians](#) have applied to access their superannuation early, and whilst I haven't done this, like any self-respecting privileged white guy I have some fall-back strategies in place. For legal reasons, I don't want to give too much away, but I'm lucky enough to have a couple of [Fawlty Towers](#) episodes on DVD that I expect to fetch some serious cash on the Dark Web in the not too distant future. (For younger readers, DVD is like streaming only shiny!)

I'm happy to see that the momentum for better use of available technology is continuing, and whilst e-prescribing didn't manage to "hit the shelves" in June, it is just around the corner still. See page 5 for a brief checklist on making sure the practice is ready to take advantage. I'm also hearing that I-Med are setting up a way for requests to be sent to them via healthlink. There are a couple more imaging providers who have indicated they are happy to receive requests by email, so check out so new templates below that support this practice. I'm also pleased to be able to mention some new healthlink addresses, in both the specialist and Allied Health Fields.

For those that have been having difficulties with TopBar, there is some very useful information, and for MD users there is something regarding electronic correspondence that needs to be checked.

So it feels like it's going to be a breezy newsletter, full of useful tidbits and relatively less lengthy instructional stuff, as newsletters are supposed to be. Enjoy....

## Templates

The following templates are now available on my website [here](#):

- ◆ Berera Imaging Request
- ◆ SamSas Maternal Serum Screening
- ◆ VCGS Percept Pre-Natal Test

## eReferral

Please note the following providers that can now be corresponded with via healthlink. The full listings are available on my website [here](#):

Mr Magdi Ghali	Ear, Nose and Throat	<i>drmghali (hmsweber)*</i>	NW
Mr Roger Butorac	Orthopaedic Surgery	<i>r8utorac</i>	N
Dr Jonathan Mulford	Orthopaedic Surgery	<i>tamvorth</i>	N
Dr Peter Moore	Orthopaedic Surgery	<i>tamvorth</i>	N
Dr Simone Boardman	Ear Nose and Throat	<i>tamvorth</i>	N
Dr Ian Byard	Medical Oncology	<i>ianbyard</i>	S
James Fitzpatrick	Physiotherapy	<i>glebehfp</i>	S
Michelle Sherring	Physiotherapy	<i>glebehfp</i>	S
Jane Wilkinson	Physiotherapy	<i>glebehfp</i>	S
Sally Smillie	Podiatry	<i>glebehfp</i>	S
Elizabeth Schultz	Exercise Physiology	<i>glebehfp</i>	S
Dr Sue Basson	GP-Skin	<i>tamaskin</i>	N
Dr Denys Volkovets	GP-Skin	<i>tamaskin</i>	N
Dr Arya Shahrdami	GP-Skin	<i>tamaskin</i>	N

\* Mr Ghali uses HLConnect which requires a slightly different address book entry for MD users. See page 1 [here](#).

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## eReferral

Whilst there are other provider directories around, I'm aware that plenty of practices use my website listing and this newsletter to maintain their address books. So if you are aware of any you allied health you want to add, or any specialists I have missed or who have moved or retired, please let me know so that I can keep the listings accurate. I am not the three-eyed raven! (Only G.O.T fans will understand this reference ...actually only Game of Thrones fans will know what G.O.T is)

GPs are embracing eReferral more and more, so it's probably a good time for me to mention again that the practice admin team should keep their eyes on the *Sent Items*.

In BP its from the main screen, *View..eReferrals*

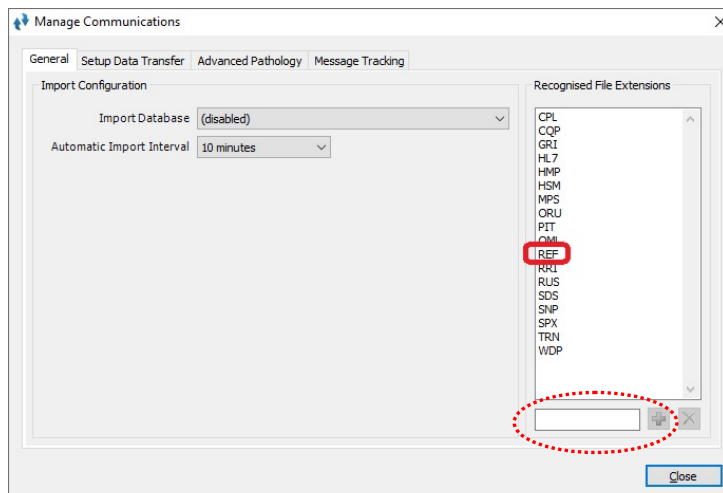
In MD its from the main screen, *Tools..MDEXchange..Sent Items*

It's true that not all specialist software send back those automatic acknowledgement messages that update the status of your referrals to something like *Received* or *Accepted*. A case in point are the practitioners at the Icon Health Cancer group who use the Medtech 32 software. It's been mentioned to them before, but at time of writing the IT support from this group are trying to fix it.

## MD

There is an small issue that I have overlooked in the area of e-correspondence. Best Practice, when generating documents for electronic transmission, creates files with a ".ref" extension. However MD, by default does not look for this file type when scanning the Healthlink In-folder for documents to bring into the *Holding File*. Now it's not a huge deal because I know of no specialists that use Best Practice, but increasingly practices are rightfully aware that they can send documents to other practices this way, and more and more practices are using Best Practice. So without the setting in place, documents will arrive at the MD practice in a healthlink folder, but never get imported into the Holding file.

Good news is, it's a 30 second fix. From the front screen in MD, go to *Tools..Manage Communications..General*. Check for the "REF" file extension as shown below.



Some practices will have this in place, because casually several years ago in the early days of e-correspondence, I would have opportunistically added this setting whilst in front of a practice PC, or even mentioned it to a PM over the phone. If you have the extension listed, then nothing to be done. If you don't have that extension on the list, simply type it in the box provided at the bottom and click the + button. Job done!

As a result of making this change, you may see some old documents arrive in the Holding File, after being marooned in the healthlink folder for long periods. Hopefully if these documents were important, they would have been faxed when electronic transmission seemed unsuccessful.

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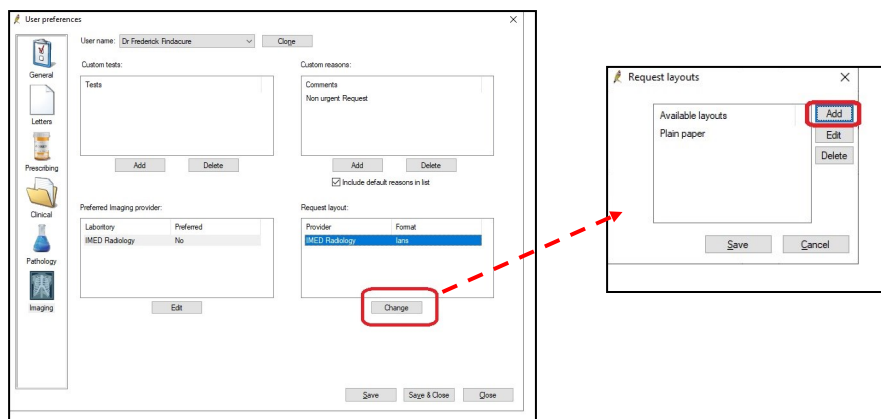
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BP

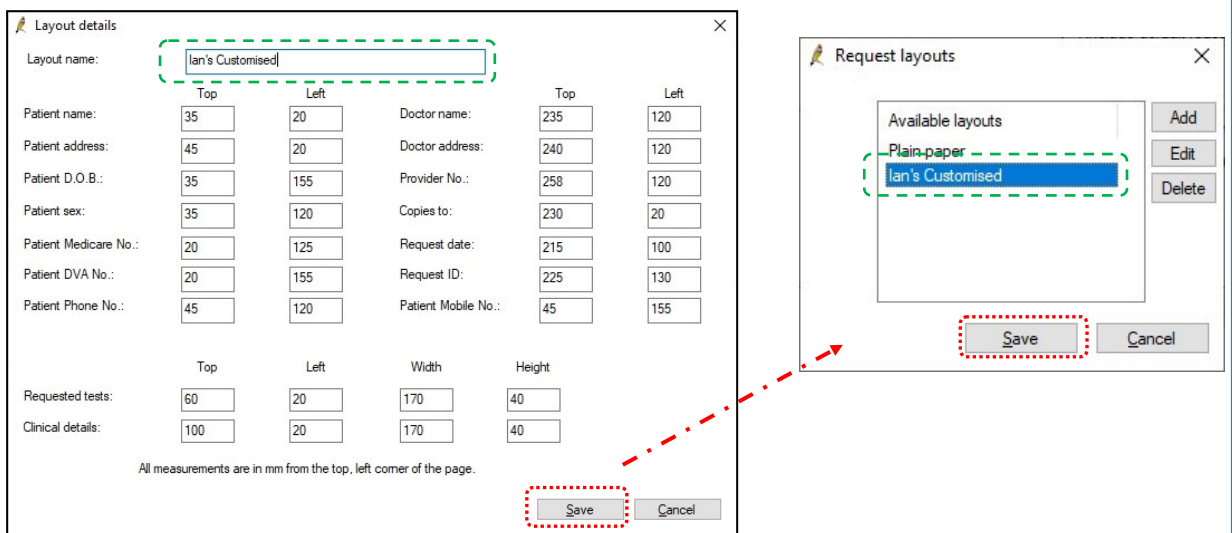
This is a strange article to write, because practices may deem that the fix and it's result is disproportionate to the size of the problem. When completing imaging requests I am aware that many practices use a plain-paper page setup and print the request on stationery provided by I-Med or Radiology Tasmania. This is fine, but it is an issue that the plain paper setup does not pick up the patient's mobile number, and sometimes they *only* have a mobile number.

Unfortunately you can't edit the plain-paper setup, so I have lodged a request with BP for it to be amended to include the mobile number, (as their plain-paper pathology request form does)

You can fix the problem (with a caveat) by creating a custom paper definition. Go into *Setup ..Preferences..Imaging* and select the Lab from the *Request Layout* section. Click *Change* then *Add*.



When the resultant screen appears, give the layout a name and complete the layout settings as I have done below. (You don't have to use my name, I won't be offended)



When you have finished, click *Save* and if you want to use the new setup, select it and click *Save* in the following dialogue box. Imaging preferences are an individual thing, but now all providers will be able to select the new layout as the default for any imaging lab that they want to, using the above screens.

So you get an imaging request that includes the patient mobile and probably fits better on the pre-printed lab stationery. What you don't get are the lines that the plain paper version draws on the page. You also don't get all the information labels, just the information. So all the information is there in the same layout as the plain paper. You just don't get dividing lines or labels like "Doctors Name" next to the actual Drs name. I don't know if the trade off is worth it, but seeing as I went to the trouble, I thought I'd mention it.

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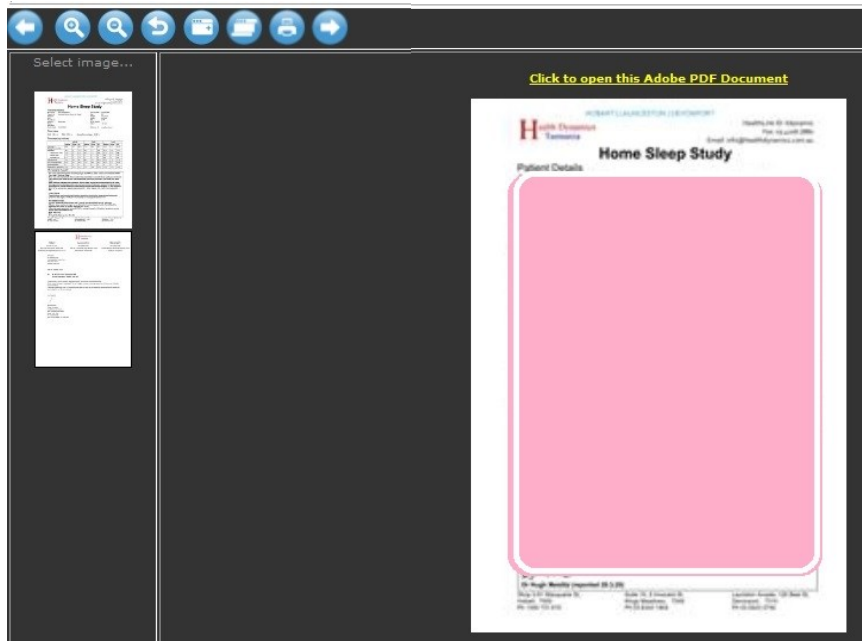
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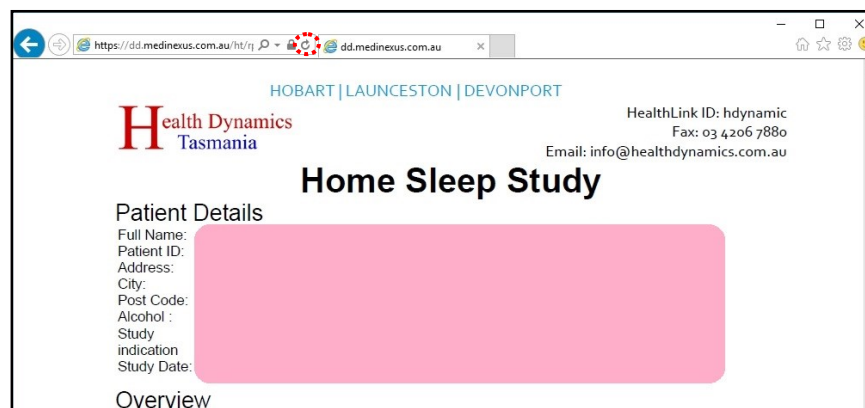
BP

Sometimes smaller health providers (like AH practitioners) don't have access to a clinical system that can create or receive secure documents via a messaging program like Healthlink. One solution for them is to purchase a licence for [HLConnect](#), which is a web based program for creating correspondence and accessing the Healthlink network to send it to clinicians.

When HLConnect users send messages to GPs, they can either embed the contents of their report in the message or give the GP a hyperlink to read a pdf version of the document as in the example below.



Now the first screen you see, gives a thumbnail view of the pdf file with some zoom buttons to enlarge the document. Frustratingly, this view of the document is often too blurred to be read properly. This being the case, you have the option to click on the document or the link above it to open it properly from the Medinexus web site.



Now it seems like accessing the document this way can sometimes even more frustratingly reward you with a blank window, with no document. I'm guessing it's a busy site with some sort of quick time-out value set for displaying documents. At this point I imagine some GPs would be ready to tear their hair out.

There is however an easy solution, remembering that what we are doing is viewing the document through a web browser window, all we need to do is tell the page to refresh. So click in the document window and hit the Ctrl-F5 keys or merely click on the refresh icon as depicted in the graphic above. The document will then be rendered in all its *crisp* glory.

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## eScripts

eScripts are coming, and whilst we didn't get them in June, they do seem to be just around the corner. Note that this functionality may not result in major changes in a lot of practices initially, but as GPs are becoming more comfortable with different types of consultation models, it would be good to have the capability and be comfortable with it.

Practices may want to do some preparatory work, so I've put together a checklist below.

- 1) Connect to a Prescription Delivery Service (If your scripts currently have barcodes, Job Done)
- 2) Obtain a HPI-O and enter it in your software (If you currently access the MyHR, Job Done)
- 3) Enter HPI-I numbers for your Drs. If you have completed (2) then you probably have the numbers for at least some of your GPs. This is a good opportunity to get the rest.
- 4) Obtain and enter the AHPRA numbers for your GPs (There isn't a field for this in MD until 3.19)
- 5) Import Patient's HI numbers. MD users who are using MyHR already, Job Done. BP users, if you aren't already, I suggest starting to use the bulk lookup functionality.
- 6) Optionally start/continue to confirm patient's mobile numbers and possibly email addresses.
- 7) Optionally start/continue to confirm carer mobile numbers and possibly email addresses

Some other quick points of interest.

- 1) SMS token scripts will be paid for federally until at least September 30th.
- 2) SMS delivery will initially be through the Prescription Delivery Service, (ERX initially) It will not be effected by your BP/MD built in SMS configuration or by your 3rd Party provider, e.g. HotDoc.

More to come....

## PenCat

## TopBar

Now anyone that knows me professionally, knows that I have always been a huge fan of the PenCS products particularly PenCat. So when it comes to talking about a couple of the flaws that currently exist, know that it's coming from a good place!

TopBar and Best Practice haven't been playing together nicely lately, although this may be a little hard on TopBar as I have wondered for a while whether there are too many 3rd party programs constantly trying to interact with clinical databases. In a nutshell the cache file that BP uses was being overcome with the amount and frequency of database queries and was subsequently crashing.

PenCS have released a new version of TopBar at the very end of June with instructions on how to rectify this problem. Essentially, you can now specify how often in terms of seconds that TopBar checks the BP patient database. The "fix" is a combination of [configuring the new TopBar release](#) (2.8.4.20167) and your IT support running this [BP script](#).

**Pregnancy** - There is an At-Risk filter in PenCat to show all the pregnant patients at the practice. Unfortunately it relies on pregnancies not marked as completed to arrive at this number, which means it may show patients who have been "pregnant" for years. I recently compared the number for a large practice with an internal BP report and the PenCat number was 5 times the size. BP uses a calculation around the date of LMP (not sure...Local Member of Parliament?) to determine pregnancy.

**Covid19-PCR**— According to PenCat graphs, there haven't been any tests done in Tasmania. This is due to PenCat using LOINC codes rather than Test names to check. This has apparently just been fixed as I write this with the release of PenCat 4.25.5.1. (un-verified at this point)