

# PracSavvy

Clinical Systems Support and Training

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## July 2021 — Newsbrief

Welcome to this month's newsletter. I must admit I was late starting this one, often I have it half done a couple of weeks before I send it out. I don't know whether writers block is relevant to an IT type newsletter or that my lack of enthusiasm was just due to a possible lack of really 'punchy' content. So hopefully I've lowered your expectations sufficiently enough that you are now not expecting a life-changing document this time around 😊

As far as practice managers go, I bet you wish writers block was all you had to contend with. My sympathies really go out to this group this month as the pandemic and the associated vaccine issues really start to test your staying power. I usually stay out of issues concerned with Item numbers and the like, but have been acutely aware over the last couple of weeks about the constantly changing scenarios around item numbers and vaccine guidance and eligibility. Information released by Medicare has been incomplete, sometimes incorrect and often quietly edited to remove previous errors. This of course also impacts the software providers who scramble to get their monthly data updates available only to find out they have been given information that has been superseded or incorrect to start with.

Then we have the national cabinet changing their advice a couple of times a week with practices learning about this through the media. The prime minister tells people to talk to their GP and the practice then cops the brunt of patient's confusion and anger.

It may surprise that I mean none of the above as a criticism of the parties mentioned, although I doubt I could be that magnanimous if I was a GP or even worked in a practice! It's policy making on the run for sure, but it's the reality we live in due to the circumstances of the pandemic. Information that is usually gleaned from long and multiple studies is being learned "on the fly" in real time. Everybody from politicians and health bureaucrats to clinical software companies are flying by the seat of their pants with the accumulated downward pressure unfortunately landing on general practice. There are people feeling the strain from the top down, and whilst it's very human and understandable to criticise in times of stress, I doubt that many of us would raise our hands and swap places with our leaders, and be certain that we could do a better job.

To be fair interstate practices (Victoria in particular) have had an even worse time of it. I also reflect that in Australia for many years, crisis generally looked like an extreme weather event, chiefly floods or bushfires. These happenings made for dramatic footage but were for the most part short-term events. This particular crisis is passing the 18 month mark, and a bit like a mental illness when compared to a physical injury, the damage involved here is not always clearly visible.

Now that I've cheered everyone up, I'll leave you with a couple of linked resources that may or may not be useful. Other than that, hang in there folks!

[COVID-19 Temporary MBS Items factsheet](#) The reason I am linking this is that there were **at least 3 changes** to this from when it was first released during the last week in June, and you may not have the correct one. If yours says "Last Updated July 1" on the front, then you are up to date.

[Astrazeneca Risks and potential benefits](#). Better than you might think, this ten page PDF released or possibly updated on 29/6 outlines in numbers and graphics the risks and the benefits of this vaccine across all the age groups and in different risk level scenarios. If your GPs want to look into this issue in detail, it's a pretty good document.

[Create your own MBS Items PDF booklet](#). This isn't in any way new, but some of the newer practice managers may not be aware of it. Go to the page linked, put in your item numbers and you can get the pdf file emailed to you.

[RACGP Health of the Nation](#). The just released 2020 report.

## Templates

The following new or updated templates are available at my website [here](#):

Victorian Clinical Genetics services (VCGS) Prepair screening

VCGS Percept screening (updated)

PIP Indigenous Health Incentive Registration and Consent.

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## eReferral

Please note the following eReferral (Healthlink EDI) changes. As always the full listing can be found on my website [here](#).

Dr David Russell\* Hob Cardiology and Medical Specialists Cardiology *hcardiol (S)*  
Dr Scott Whyte Hob Cardiology and Medical Specialists Neurology/Geriatrics *hcardiol (S)*

\* Also still at Hobart Heart Centre and Cardiology Tasmania

[Last issue](#) I wrote a bit about the different methods of sending correspondence electronically, and the 2 methods in use, both of which use Healthlink as the software for sending the document. The second method I referenced uses Healthlink Smartforms, and this is the tool [Primary Health Tasmania are promoting](#).

Whilst there are some allied Health providers that are signing up with a Healthlink web based product, I would suggest that the best referral points for smartforms are:

- ◆ THS Clinics (Currently just 3 in the state but more to be added over the coming months.)
- ◆ Private Specialists via the Cervin Media Directory lookup
- ◆ My Aged Care Referral
- ◆ Hearing Australia Medical Certificate

Possibly the biggest advantage of the Smartform method is the ability to attach different document formats. You are restricted to a message size of 4MB, so don't include any youtube clips, but being able to attach a pdf file to an eReferral is something you haven't been able to do before.

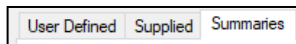
There are still some issues with the referral template and I know that a wish list of things that need attention has been passed by PHT to Healthlink. Healthlink has huge market share in Australia, and I'm hoping they realise that making this referral template very good would only strengthen their commercial position as we move to better quality referral forms.

One of the bigger issues are that whilst the template auto-populates Blood Pressure and Height and Weight, in the Best Practice version it does not pick up the date of the recorded observation. However if you click in the date column, you will be presented with a neat calendar where you can enter the date or just click 'Today'. This gives a better result as depicted below.

Observations					
Date	Code	Value	Date	Code	Value
03/07/2021	Height	185	03/07/2021	BMI	26.6
03/07/2021	Weight	91	03/07/2021	BP	140/80

The main issue for me though is that whilst you can select the past medical history items to be included, there is no date picked up for the condition in either the BP or MD versions. There is a column where you can manually enter dates but this is simply not good enough, given what GPs are used to.

There is a not too onerous work around though. Before you start the referral quickly create and save a Health Summary for the patient. There are templates in both programs, in BP from the File menu in the patient record select *Print Health Summary*, and in MD when you go into letter writer it is a template choice under the *Summaries* tab



Once you have done this, start your Smartforms referral and under the Attachments/Reports tab, select the created Health Summary as a referral attachment, as depicted below.

Attachments / Reports						
	Date	Name	Comments	Type	Size	
<input checked="" type="checkbox"/>	03/07/2021	Health Summary.RTF		rtf	54 KB	
<input type="checkbox"/>	15/06/2021	Specialist referral - Dr Lamprill.RTF		rtf	20 KB	

Now you will have a referral with an attachment showing the past medical history with all the events dated. I hope this won't be necessary in the future, but if you do want to refer electronically to THS clinics, this makes for a better referral. NB. If you are doing this in MD, the selection will show *letter* rather than *Health Summary*, as the MD version is not showing the *Subject* field in non-pathology document selection screens. This has been raised with Healthlink.

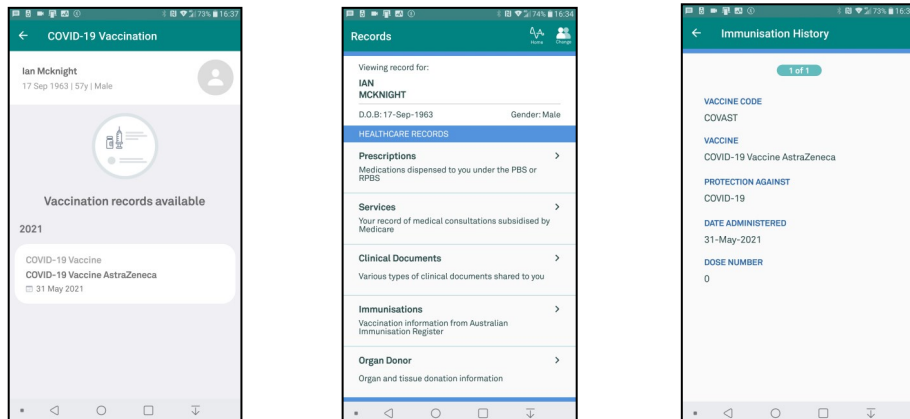
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## MyHR

The [HealthNow](#) app is the latest mobile program to give patient's easy access to their MyHR. Vaccination status of patients continues to be a hot topic so this will undoubtedly help. Available for both iPhones and Androids, it is neatly laid out. Some example screenshots follow.



I know I have mentioned this previously, but don't forget that even in the patient has no MyHR they can use their [Medicare Express Plus](#) app to display their immunisation information.

## Medicare

I don't usually talk much about the non-clinical side of GP software, but there are probably going to be lots of queries around the introduction of [Medicare Web services](#) and the need for [PRODA](#) accounts for everyone bar the practice cleaning staff. Currently the security for a lot of the online interactions done by your practice software is accomplished through the installation of your PKI location certificates. What will happen in the future is that your practice software will pass Proda login details to these online services and that will determine whether the connection is allowed.

Some of these services are the Immunisation Register (AIR), Medicare Online, Eclipse and PBS Online as well as some Age Care Services. Your practice software will have configuration details for the practice PRODA account, and PKI certificates will be a thing of the past (no tears please!) This method of communication will become at least partially 'live' in March 2022.

So you may want to start thinking about things and doing some of the preliminary steps, possibly fitting it in between Plan F and Plan G of the vaccine rollout !! But seriously a good initial step may be the creation of an individual PRODA account for the practice manager. When this is done, creating an Organisation registration in PRODA is the next step. This can be done by the practice manager if they are an associate or authorised contact for the organisation as per the [Australian Business Register](#).

There is a good introduction to the initial steps [here](#) as well as some very easy to watch 5 minute video snippets. Note that, whilst this is produced by the Best Practice people, it is in now way software specific and would useful to anybody wanting to start thinking about this stuff. For my part I'm not yet aware of why there is a necessity for all clinicians to have a PRODA account, but this is probably a soon to be filled gap in my understanding. One way to think about PRODA is that it is a way of linking people to organisations and organisations to other organisations.

## eScripts

Happily the government have extended their funding of sms eScripts until the 30th of September at this stage, and I have a feeling that may not be the end of the story. If you are a Best Practice practice, then running the July data update is all you need to do. If you haven't run this, or the special script that was circulated by BP in the last week in June, then your GPs will get error messages when they try to generate eScripts. There is no action required for MD practices.

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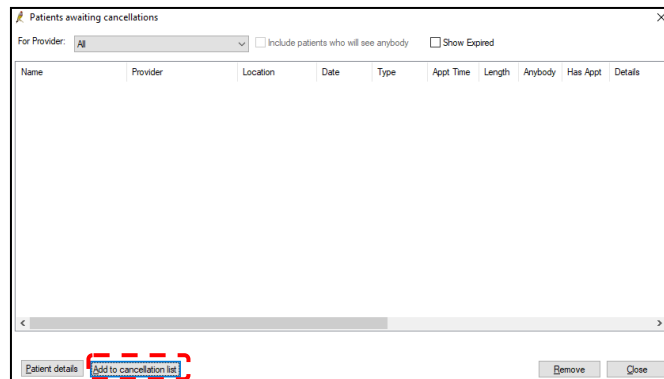
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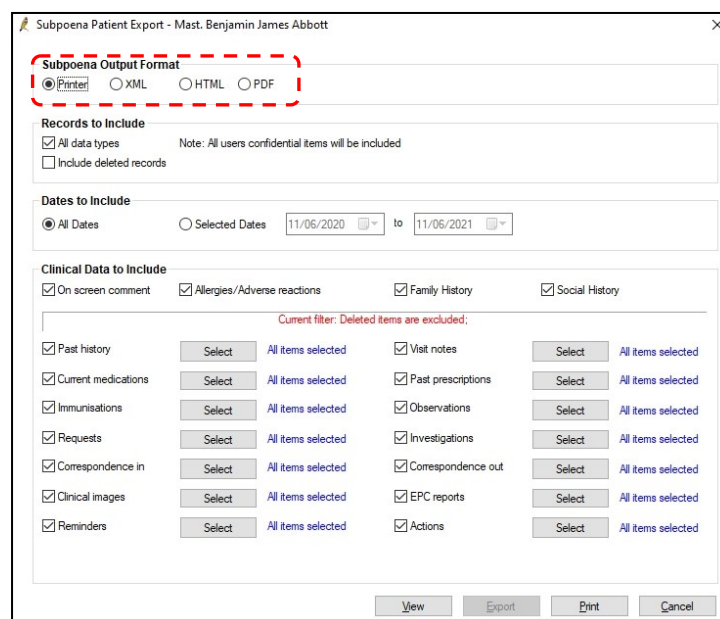
BP

Best Practice released it's Saffron Service Pack 1 in June, and it included some minor changes as well as some fixes. There are a couple of things that may be of interest to the front desk:

1) Add to waiting list. - You can now add a patient to the waiting list without having to book an appointment for them first. Just bring up the Waiting list window (Ctrl-F11), and click the button to browse for a patient.



2) The Subpoena tool, now let's you export the information to a PDF document rather than just html. This may make providing information to lawyers etc, a whole lot easier.



3) In the saffron release, BP introduced the ability to process Medicare refunds, and they have now enhanced this to include the ability to do a partial refund to Medicare. This directly from the release notes:

*A new option 'Part refund to Medicare' is available for selection from the **Refund/Adjust Payment** window. This allows for practices to return part of a payment when the practice has been overpaid by Medicare. The payment remaining for the item is automatically calculated and updated in billing history and payments, services, and transactions reports.*

*The values for **No. of patients** and the **In hospital** checkbox can now also be changed when refunding a part payment, to allow for overpayments from Medicare because an incorrect number of patients was sent in the original claim.*

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BP

Saffron Service Pack 1 continued..

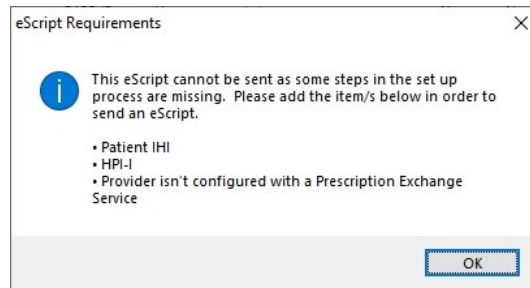
4) Prescribing - Most of the Service Pack 1 changes relate to prescribing and escripts:

A) There is now an enabling/disabling relationship between the *Allow Brand substitution* and *Print Brand name on Scripts* checkboxes . The 'Allow' checkbox is only changeable if the initial 'Print' checkbox has been selected. Neither will be changeable if the GP selects a generic option to start with.

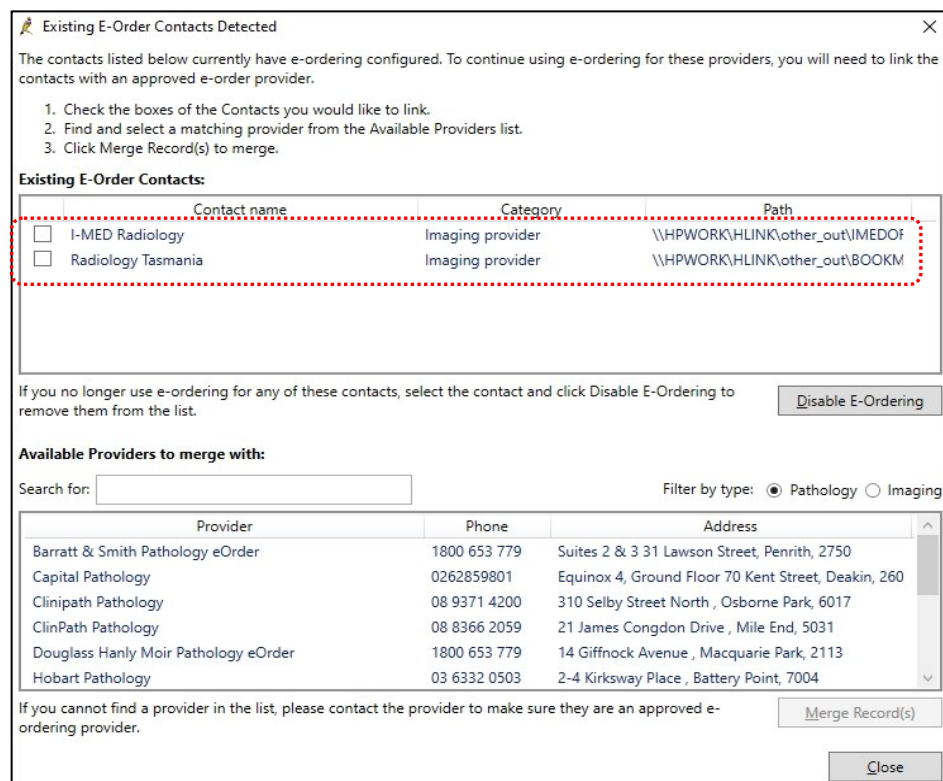
B) If you use Medisecure as opposed to ERX for your *electronic transfer of prescriptions* (ETP) provider, you can now do escripts.

C) GPs will now be shown a preview screen prior to sending an escript.

D) If there is something preventing the creation of the escript, GPs will now see a more informative error message.



5) E- ordering - This screen which can only be accessed on the server under *Contacts..E-ordering*, allows you to merge e-ordering entities that are set up in your contacts with approved providers.



Strangely the imaging e-ordering providers that I have set up on my system, are not shown as available providers on the Best Practice list. Yet, they are happily working. Best Practice users should take note though, both I-Med and Radiology Tasmania can be configured to send your imaging request electronically. I-Med even send the patient a nice SMS booking link.