PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

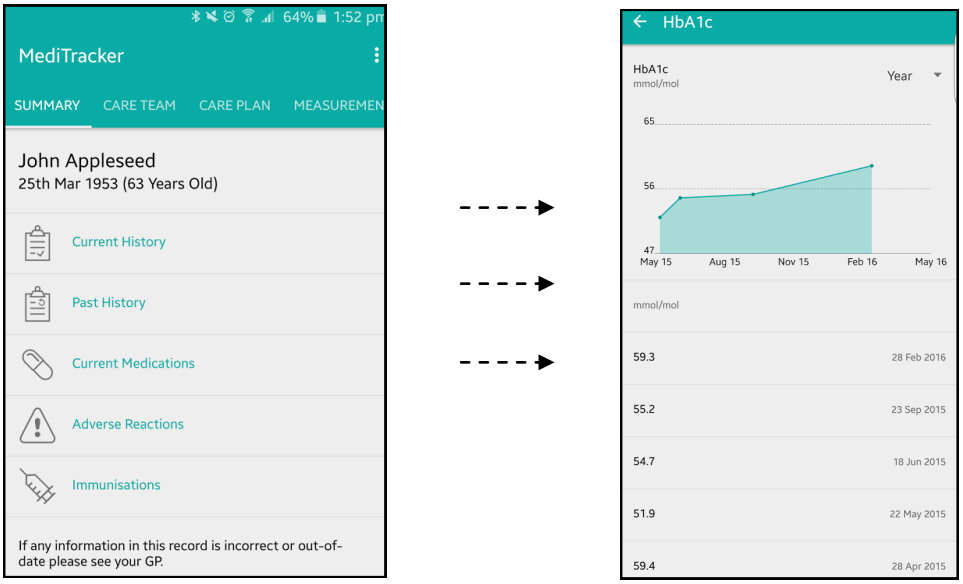
June 2017 - Newsbrief

Apps

The *MediTracker* mobile application is a recent addition to a growing set of tools that allow patients to access their key medical information, whilst not in the practice.

Released by Precedence Health and with strong connections to it's well regarded cdmNet program, the app displays health summary information from the practice patient record, courtesy of a nightly upload to a Precedence server (for subscribed patients) Unlike the *healthi* app reviewed in the March newsletter, this application does not currently interface with the MyHR, although indications are that it will do when the MyHR becomes *opt-out*. Instead it shows health summary information as it appears in the patient record in MD/BP/Zedmed.

Unlike the MyHR, the information is mostly only going to be displayed on the patient's phone. The only time other clinicians will be able to view it via a web interface is if they and the patient are participating in a care arrangement through cdmnet.



The good news for GPs is that they don't need to formally upload anything themselves, as the upload is done automatically overnight. The down side of this is that there isn't a structured formal opportunity to "tidy things up", before sharing. Key points as follows:

- Cost to General Practice is nil, Patient's pay $5.99 per year for app
- Participating practices will install the Precedence Connector to perform nightly data uploads for subscribed patients
- Consultation notes, letters and documents are not uploaded
- Past History (minus confidential items), medications, allergies, immunisations and observations are uploaded
- Non-Sensitive pathology items are uploaded after that have been checked and stored in the practice record.
- Patients cannot edit the information
- Key practice information can be found here.

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eReferral

Some additions and changes to the published list of electronically referrable specialists.

New

Dr Jacqui Slater*	Dr Rob Bohmer	*robertbo*
Dr Danesh Irani	ENT Clinic - Launceston (N)	*drearles*
Dr Colin Chia	L'ton Respiratory and Sleep Clinic (N)	*lresleep*

Changes

Dr Rob Bhomer*	*robertbo*	*(*from *hgastroc*)

Dr's Bohmer and Slater are working from their new rooms as at 05/06/17:

Suite 2b, Level 2
34 Argyle Street
HOBART TAS 7000
Ph: 6214 3594
e: office@bohmer.com.au w: www.bohmer.com.au

PenCat

The PenCat tool excels at both helping you to target patients for different interventions and identifying how complete and organised your patient records are. Once an extract is loaded, the dashboard style information contained under the *Data Quality..CDSA* tab, gives a quick snapshot on how the practice is tracking against some of the key indicators that are often the focus of accreditation discussions. Links to the relevant guidelines help illustrate some of the logic behind these indicators.

Allergies and adverse reactions		67.27 %	View Guidelines
Medicines		71.43 %	View Guidelines
Medical History		87.72 %	View Guidelines
Health Risk Factors		51.43 %	View Guidelines
Immunisations		90.00 %	View Guidelines
Relevant Family History		60.00 %	View Guidelines
Relevant Social History		54.76 %	View Guidelines
Non-Duplicate Patients		71.65 %	

Another useful report found under the *Data Quality..CDSA* tab, gives you a list of patient's with matching names. The risks involved with having 2 or more records for the same patient, does not need detailing here. This report along with the Duplicate Medicare Number report will help you identify patients whose records can be merged or inactivated.

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Give your team every chance !

Whilst working in general practice will often throw up the unexpected, morphing the day into a "keep the head above water" exercise, how well do we maintain the things that we can control? Do we foster a technology environment that gives the team every chance of succeeding, or do we turn a blind eye to the flaws, or consign some of the annoyances to the "too hard basket"? Do the technology systems being provided enhance your team's ability to work, or do they cause delays and frustration? Do your staff have the skills to perform their roles, or are they struggling with the technology? Do issues remain unresolved because they are no-one's actual responsibility?

The aim of this article is to encourage the practice to look inwards and focus on the systems we rely on every day, and their usage. What may emerge is a whole bunch of "one-percenters" that could easily culminate in a more efficient practice, and a happier team.

1. **Clinical System Maintenance**

Most of us drive cars as a necessity, and the majority of us ensure that our vehicles are maintained and serviced, rather than waiting for an actual disaster before we do anything, (I have no actual data to support this). Our clinical systems require the same sort of preventative maintenance, in part to avoid disaster, but mainly to help ensure that they remain as easy as possible for our staff to use. The following items impact clinical efficiency and are very easy to fix. Ask yourself how many apply to your practice.

Document Creation

a) Do your templates pre-populate information or are they broken?

b) Do you have the latest versions, or are some of them duplicated?

c) Are they aligned correctly on the page, or does every letter produced have to be adjusted?

d) Do you have a standard practice letterhead, or is every letter produced a little differently?

e) Do your clinicians have to hand-write any documents?

f) Is your Address Book up to date?

g) Are there duplicate or similar Address Book categories?

h) Has your address book been populated with electronic addresses, (Healthlink EDI's)?

As stated above these issues are mainly easy to fix, but can cause small delays every day all year around for anyone creating documents at your practice. I have not gone into the specifics of "how" here, as there are different methods depending on the clinical program you are using. But these things absolutely should be fixed in the interest of efficiency. Both Best Practice and Medical Director have tools to tidy up or delete Address Book Categories, and very similar methods for importing and maintaining letter templates, as well as creating Practice Letterheads.

The following resources will also be useful:

The largest collection of Tasmanian templates are available here. When you import a new template, consider tagging it with a date on the end, so that you can easily tell that you have updated it recently, e.g. "RHH Clinics Referral 05/17".

With regards to the Address book, while there are many online provider databases the most well maintained one is located here; www.primaryhealthtas.com.au/find-a-provider. Don't forget to update this directory with your own provider changes, remember that this is used by local public hospitals for discharge message addressing.

The most up-to-date listing of electronic referral addresses or Healthlink EDI codes for specialists that are both enabled and consenting for electronic referral is at www.pracsavvy.com.au/providers.html. Don't forget that address books populated with this information make electronic referral for a quickly growing number of private specialists a mouse-click away.

Whilst document creation can often be harder than it should be, in all of my dealings with General Practice, the source of the most angst and inefficiency is around recalls and reminders. The following questions would resonate with most practices.

Recalls and Reminders

a) Do you have un-actioned recalls or reminders that are years old?

b) Do your recall/reminder creation screens have duplicated reasons or far more reasons than you would like?

c) When you produce a list for a specific type of recall or reminder, do your nurses or admin staff have to scroll through scores of similar or duplicated reasons?

d) Is your ability to mail-merge recall letters, hampered by misspelled or jargonistic recall/reminder reasons?

Whilst most issues to do with reminder systems can potentially be solved by training and staff adherence to agreed systems and protocols, both MD and BP provide tools and methods to deal with the situations described above. We can merge or combine reasons from existing recalls and reminders. We can "clean up" the choice list that is presented and in the case of Best Practice we can prohibit the free-texting of reasons.

The issues mentioned above have a huge impact on the efficiency of nursing and/or admin staff at the practice. Adherence to a system is a tougher goal, but we can do effective clean-up regularly. Additionally the presence in a recall/reminder list of items that are many years old, is not a comforting sight, even if the oversight has been administrative rather than clinical.

2. Staff Training

Continuing in the vein of self-assessment, ask yourself these questions;

a) Do relevant staff have a complete and uniform understanding of your recall and follow-up protocols?

b) Can your nurses use the practice software to identify patient cohorts for care plan/health check type interventions?

c) Has the practice missed out on financial incentives due to a lack of familiarity or confidence in accessing the MyHR (My Health Record)?

d) Do your GPs know how to send an electronic referral from their desktop?

Certainly providing adequate training requires more time and resources than the house-keeping referenced in part one, but it is an area that is sometimes neglected. Protected training for nursing staff is far more effective than quick grabs between patients. Similarly a GP who hasn't used a particular system in years but "knows how it works", should be pressed to have a refresher session, if only to ensure that they use the system to the level that **you** want them to use it.

3. IT Infrastructure

Briefly,

a) Is the IT hardware throughout the practice fit for purpose? Are monitors too small, printers too slow. Does the technology enable task completion or delay it?

b) Do you have adequate software licences ? Can everybody access everything they need from their own desktop, or are staff using inefficient work-arounds?

c) If you have an internet filter, is it blocking useful online resources? Ask your staff.

The issues in this article derive from my experiences in supporting General Practice. I hope it's apparent that between routine clinical systems maintenance, adequate training and attention to hardware infrastructure, we can create and maintain an optimal technology environment for practice staff and clinicians.