PracSavvy

Clinical Systems Support and Training

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Edition 94 - June 2024

Welcome to this month's newsletter where diversity is a key theme. Of course this doesn't mean I've dyed my hair blue and put a bolt through my nose. Rather that this edition will include a little bit of everything, including Primary Sense, ereferral, escripts, MyHR, BP, MD and more.

The drive to recruit allied health practices to e-correspondence is yielding results with a whole bunch of updates for your address books, particularly in the north of the state. See below for details.

It's been a rough 12 months for MediSecure, the company that missed out on the national escripts tender despite the fact that most people who work in the medical space considered them to be the better company to deal with. Then they became the latest data-breach victim, although there is no truth in the rumour that they are rebranding to *MaybeSecure*.

Feeble attempts at humour aside, I won't be critical. These events are so common that it seems to be a question of *when* rather than *if*. My hope is that society as a whole gets better at catching the perpetrators of these crimes and prosecuting them to the maximum extent of the law, particularly those offences that intend to cause massive social or business disruption. Easier said than done of course as this should involve agreements with other countries not all of whom will be keen to co-operate. We have to accept that the face of crime has changed in the last 20 years, with less cash in the community, technology is the key weapon, whether it's the relentless scamming/phishing campaigns that go on or the ransomware attacks on big companies. Gone are the "good old days" when people would rob banks with sawn-off shotguns etc.

MyHR

The My Health MyHR app continues to evolve with a button that lets the user access some of Healthdirect's features like finding a health service, checking symptoms or consumer information on medications. By the end of the year there will be a section for organising and viewing escripts and sometime in the new year you will be able to access the Active Script List if you have one.

There are plans for even more functionality including bar-code scanning of medications to access CMI information. This is where I start to get a little toey. The developers thus far have done in my opinion a really good job of creating an easy to understand app with a clean interface. The risk in adding too much technology is that you clutter the tool and make it less user friendly. A Swiss army knife with say 8 tools is great for outdoorsy types like me, but a knife with 64 tools, not so much. For those that have it, I do wonder if Doctors Control Panel is less effective than it used to be? I could also mention the new Sonic pathology request form!

It seems to have been decided that the 7 day restriction on pathology results being visible to the patient will soon be removed, although I can't find conclusive information that this is 100% decided. My feeling is that the status quo on this was about right, although apparently in other countries this information is available to patients without delay. The other change is that uploading of lab results and imaging will be mandatory (unless individually specified otherwise). It does look like the legislation around this won't be ready until early next year.

e-referral

The THS smartform referral project seems to be continuing to move along strongly. Apparently the product is now integrated with the Aboriginal Health service software Communicare and sometime in June will work with MD Helix! (Told you it was a diverse newsletter) There's actually a nice one page directory of ereferrable THS clinics here.

Here are some new Healthlink EDI's for your address books:

Dr Richard Jamieson	Orthopaedic Surgery (UL)	St John's Campus	*hobartul*	(S)
Dr Lea-Anne May	Rheumatology and General	St John's Sessional	*chctlvcs*	(S)
Dr Lea-Anne May	Rheumatology and General	Hobart Cardiology	*hcardiol*	Delete
Dr Dinesh Tryambake	Geriatrician and Stroke Physician	Calvary Sessional lton	*calvarys*	(N)
Dr Thomas David	Cardiology	"	"	(N)
Dr Rohit Barthwal	Cardiology	"	"	(N)
Dr Muhajir Mohammed	Haematology	"	"	(N)

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But wait, there's more:

Dr Mostafa Seleem	Gastroenterology	Specialist Care Australia	*welldayh*	(N)
Dr Umair Hyatt	Cardiology	"	"	(N)
Dr Albert Nwaba	Gastroenterology	"	"	(N)
Dr Anusha Jorsy	Paediatrics	"	"	(N)
Allied Health				
Ross Matton	Physiotherapy	Seaport Sports+Physio	*ssptphys*	(N)
Julian James	Physiotherapy	"	"	(N)
Josh Burk	Physiotherapy	"	"	(N)
Yvette	Occupational Therapist	Health Nest	*healthne*	(N)
Sarah	Occupational Therapist	"	"	(N)
Sophie	Occupational Therapist	"	"	(N)
L'ton Psychology Clinic	Many Psychologists and MH professionals	website	*lncstnpc*	(N)
Healthy Mind Centre	Many Psychologists and MH professionals	website	*hmindcen*	(N)

Dr Lea-Anne May

Dr Lea-Anne May is an experienced rheumatologist working in Sydney for 20 years before moving to Hobart. She graduated from Otago University, New Zealand and completed speciality training at the Royal North Shore Hospital and St George Hospital, and research at the Garvan Institute Sydney, before working as a Clinical Rheumatologist, at St Vincent's Hospital and St Vincent's Clinic, Sydney. She also worked at Sydney Eye Hospital consulting on complex inflammatory eye disease. She has enjoyed lecturing and medical student teaching. Her clinics in NSW extended from the Blue Mountains to Western Sydney to provide services to remote patients. She values a collegiate network of specialists relevant to multisystem diseases she cares for and is available for, at Calvary Hobart.

Her work interests relate to thorough assessment and considered management of rheumatology conditions: inflammatory arthritis, systemic autoimmune conditions, crystal arthritis (gout and calcium pyrophosphate disease), and vasculitis. Lea-Anne has assisted, on request, in assessment of chronic and complex conditions where she may provide insights into assessment/management approaches and multidisciplinary approaches.

Lea-Anne is an avid gardener enjoying the cooler climate conditions in Hobart and enjoys cooking with the produce form her vegetable patch, berry patch and fruit trees. She has adopted several cats in need of a good home from Just Cats and Ten Lives. She enjoys life in Tasmania, attending the Farm Gate markets, and being in the countryside and bushland around Hobart. Lea-Anne has attended the National Art School as an adult student and continues to pursue her interests in art and specifically print making and photography.

Lea-Anne is happy to see insured, uninsured or self-funded patients for consultation at the rooms and welcomes telephone consultation regarding patients, especially the more complex and will expedite their management.

Referral Process
St John's Sessional Suites 30F Cascade Road
South Hobart 7244
Email: sjs@calvarycare.org.au Phone: 6224 7244
Fax: 6224 8992 Healthlink: CHCTLVCS

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TasScript

One of the things that has become apparent with the use of e-scripts and the introduction of TasScript is that GP and or Practice recorded email addresses are sent as part of the script information data. What's also been made apparent to me lately is the assumption by the Pharmaceutical Services Branch for instance, that these email addresses are valid ways to contact the GP or practice. It's sometimes been the case for instance that the practice email address is recorded in the software and then pretty much forgotten about because it isn't really used *from* the software. Similarly recorded GP email addresses were recorded for the benefit of the practice should *they* want to contact the GP.

What I would suggest is to ensure that the email address recorded under the practice details is an address that is monitored. I would also recommend that each GP has an email address recorded that is suitable for clinical communications and is monitored. If the practice doesn't provide email addresses for it's GPs, then recording the practice email address in this field would be a good alternative. Another good idea is to ensure that the GP Ahpra ID includes the "MED" part.

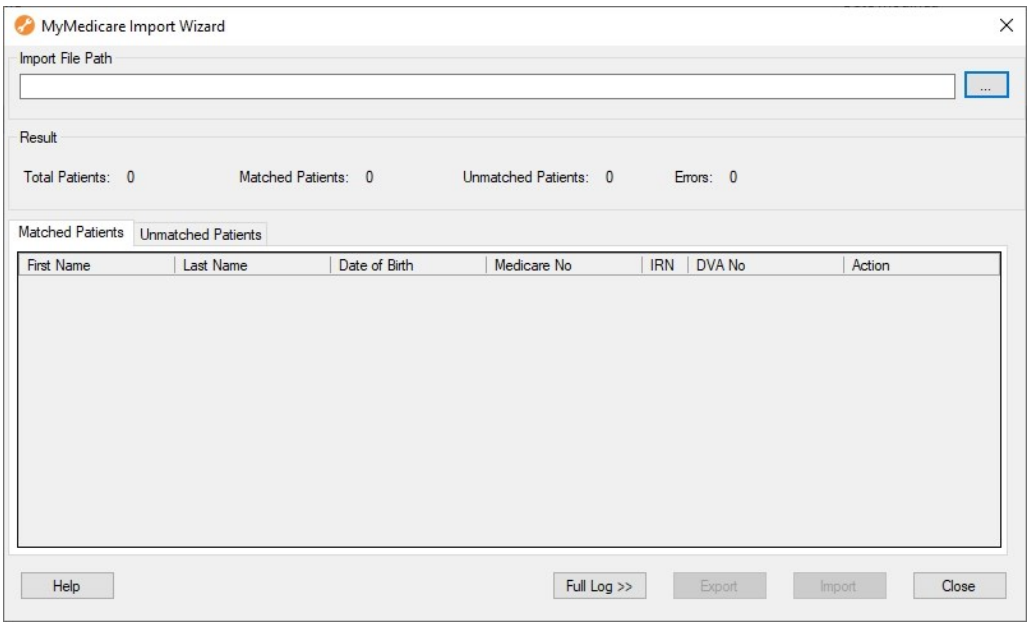
I'm not completely aware of the specific prescriber communication fields included in the script message generated from the different GP software programs, but the above measures will certainly reduce the likelihood of communications not being seen and the resultant frustrations that may occur.

MD

Medical Directors recent Autumn newsletter highlighted the availability of a new tool that let's you update the MyMedicare status of your patients in full. What the newsletter or the linked help information didn't mention was where to actually access or download the tool from.

I chased this up with them, a little sheepishly actually as it was about a week after a grumpy email rant that responded to their 5th "courtesy email" regarding my upcoming renewal fee. I queried the discrepancy between multiple pre-emptive reminders and that most practice managers I speak to speak about waiting weeks for a response to a helpdesk query. I opined that some of their customers may not feel as "valued" as the account reminder communication suggests. A couple of subsequent emails involved me pointing out basic stuff that they could be doing way better and that their vastly diminished market share was richly deserved.

In fairness my email query about where to get the tool from was answered very promptly. So this link will enable you to download the tool and it looks like this.



It's basically a case of exporting your patient list from Proda as a CSV file and then importing it into MD/ Pracsoft to update your patient's MyMedicare status. As mentioned there is helpful information here and this page outlines everything MyMedicare related that MD Clinical/Pracsoft currently offers. Go to the bottom of the page if you are uncertain on how to extract the CSV file from Proda.

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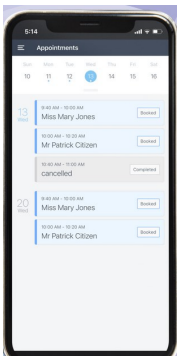
BP

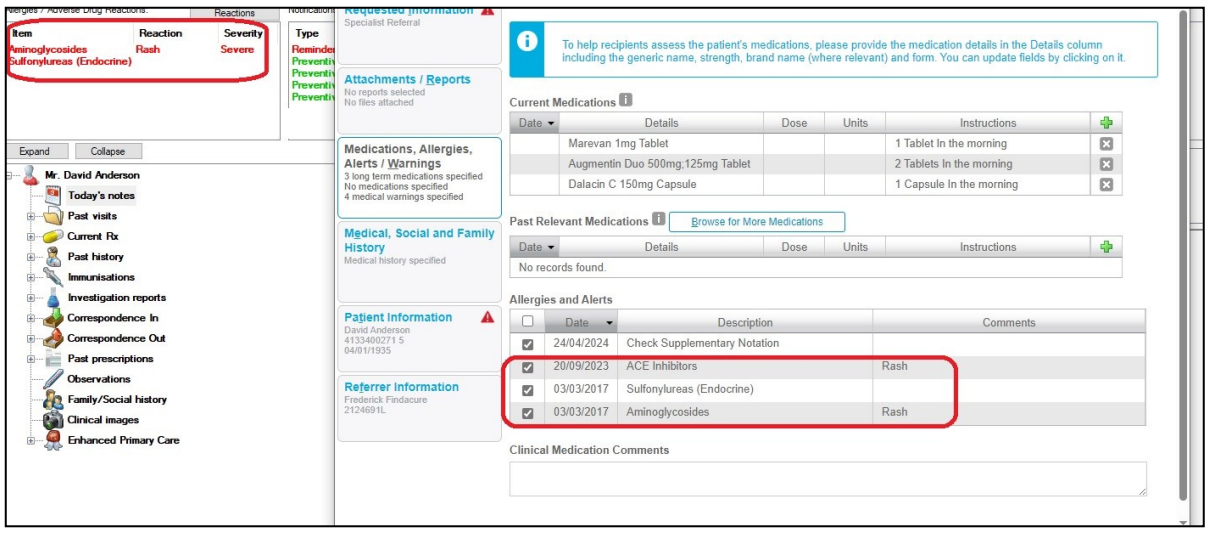
I was expecting to be writing about the Orchid SP2 release this issue, especially as the Masterclass video for it came out about 10 weeks ago. SP2 was released on 27/5 but I will write about it in the July issue. I'm looking forward to playing with the AI linkage and it looks like they are beefing up their eftpos integration- which I imagine will make some practices happy.

One thig that was launched (admittedly softly) by BP this month was BP Mobile.



Looks like it will be available in free or paid versions for iphones or proper ones. The link above is basically a flyer with an "expressions of interest" option. Will be very interesting to see how good they can make it.

A bit of a minor gotcha was uncovered this month regarding smartform referrals (not just for THS), and the fact that they are showing previously deleted allergy information in the referral. In the graphic below, compare what is in the BP record for allergies compared to what the smartform is showing.



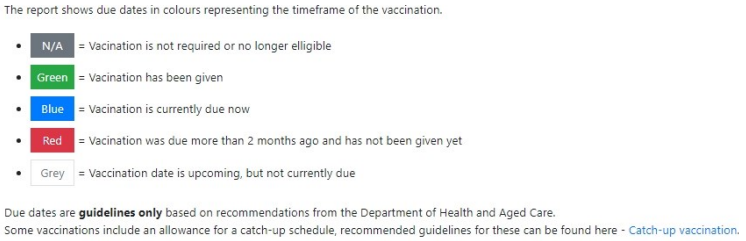
Like much information in BP, things that are deleted are actually not gone, but removed from view. Typically these elements would have a flag set (something like inactive or deleted) that would mean they wouldn't be shown in a screen view or template based document. This certainly helps with audit trails and the like, but on this occasion it is apparent that the smartform document does not take this distinction into account when it comes to the allergies field. This issue has been conveyed to Healthlink, hopefully they will resolve it.

Space at the bottom of the page gives me an opportunity to mention again that these referrals will pick up what is in the "Onscreen comment" area of the record in BP. You may or may not want this to be conveyed in the *Allergies and Alerts* section of the referral.

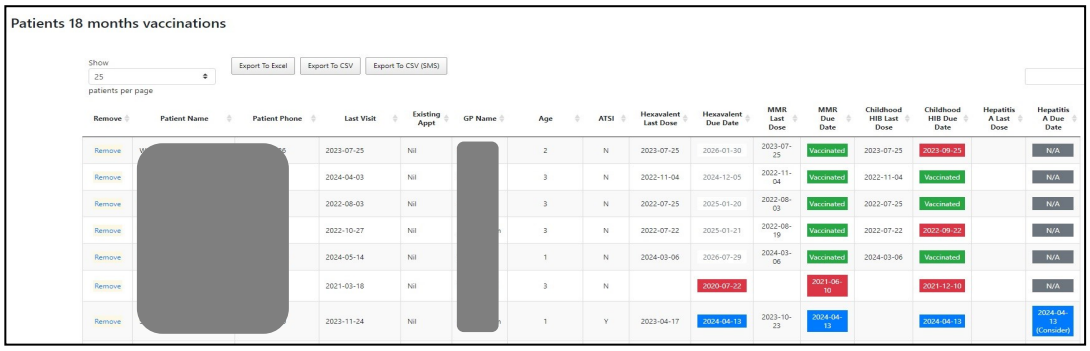
Primary Sense

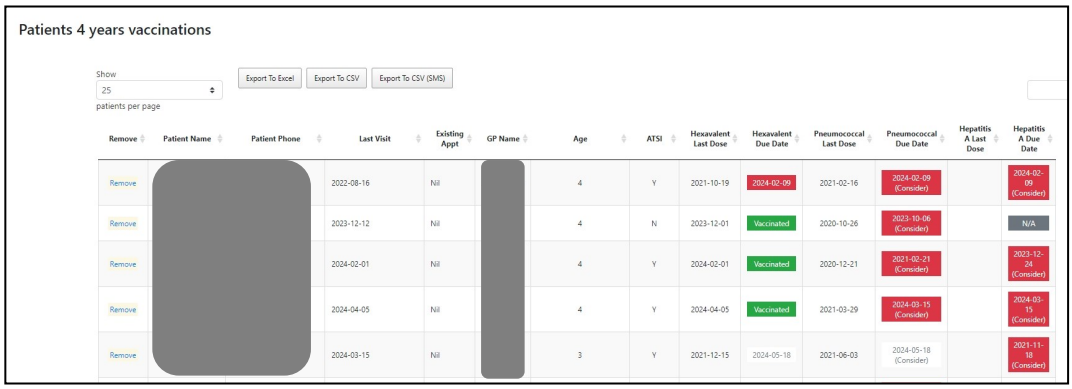
In late April Primary Sense added Childhood Immunisations to it's reporting set. The report shows children who are 0-5 years old and are due for or have missed a vaccination. The report divides the report into 5 age segments which I imagine is in line with the National Immunisation schedule. Remember that the report does not pull data from AIR, merely the local clinical software record.

The key below explains the colour codings.



I've sampled a couple of the age group segments.





As per all PS reports, they can be exported to spreadsheet format where you can sort, filter or manipulate the data and add columns. *Last Visit* and *Existing Appointment* details are potentially useful.

This report does represent a possibility for practice self assessment, but it also reminds me of how good PenCat was at topic-specific audits. I have seen literally hundreds of PenCat data snapshots. I miss being able to glance at the clinical conditions graph knowing that I would expect to see around 10% of regular patients with a respiratory condition and 5.5 to 7% of regulars having Diabetes. Anything significantly less than this (given a standard age demographic) and that would be a clear flag that clinical coding wasn't all it should be at the practice.

The ability to show the dramatic difference in depression rates for those with Asthma or Diabetes compared to the practice average was always just a couple of clicks away. It was at times a potent and empowering demonstration tool. Whilst it feels like Covid pretty much derailed these kind of activities and practices often didn't take advantage of what was available, it still feels like something has been lost.