PracSavvy

Clinical Systems Support and Training

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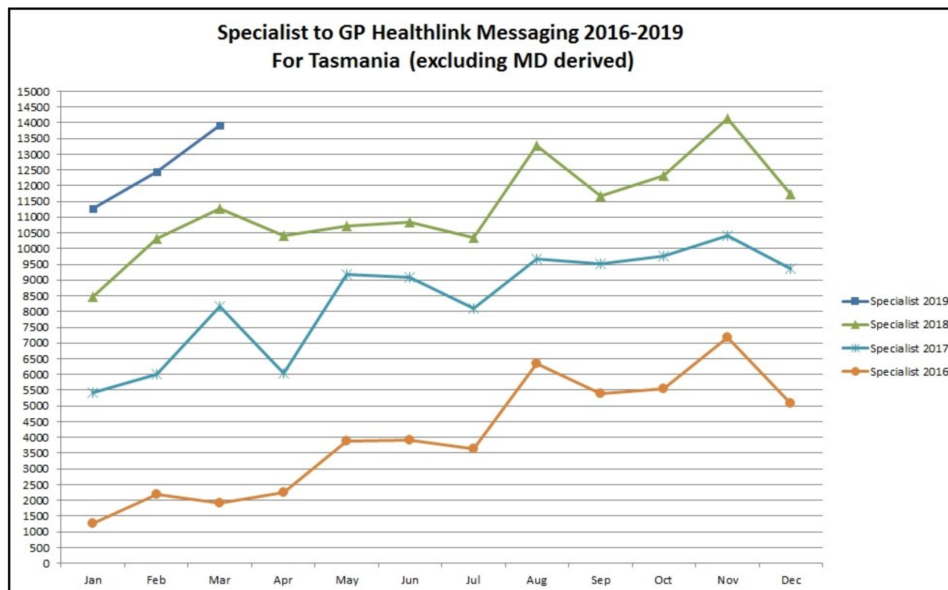
May 2019 — Newsbrief

I thought I'd start this newsletter by glancing in the rear view mirror and talking about what's changed in General Practice over the last 3 years, especially in regard to administrative and communication activities. Many practices have taken up online appointments and some are using check-in kiosks, neither of which I involve myself in. Communication activities have changed markedly though, and I've put together some numbers that show the increase in Specialist to GP electronic correspondence over the last 3 years.



In Tasmania we have been fortunate that virtually every practice in the state has been running the Healthlink program. This has meant that it's been very easy to advise enquiring specialists on which messaging product they should invest in. The above chart shows the massive growth in this kind of correspondence over the last 3 years. Consider March 2016, the graph shows 2,000 documents sent from specialists to GPs during this month across the state. Fast forward to March 2019 and the number is 14,000 for the month, a 700% increase in 3 years. These numbers are slightly understated actually, as specialists using the MD program are not included. There are only 1 or 2 specialists using MD, but Stephen Chung's practice send out a few hundred a month this way, and were one of the first in Tasmania to start doing this.

Unfortunately the number of GP referrals using this pathway is only in the high hundreds, although it is increasing slowly, and this number is certainly affected by MDExchange figures not being included. It must also be said that the MD Address book setup is the most convoluted of the various clinical programs.

What does this all mean for the practice and patient care generally? Clinically communications are quicker and more secure, with reports being in a GP inbox on the day they are written by the specialist. Every month there are 14,000 less documents in the mail, 14,000 less articles needing to be opened and scanned. Even the GP databases are benefitting as in most situations the electronically sent message will be much smaller in size than it's scanned equivalent. Add to this the 36,000 odd public hospital notification or discharge messages that have been delivered this way for a number of years now and we realise that we are closer to paperless than we think.

Patient communications have obviously changed too. Many practices have been sending out SMS reminders for appointments for a while (although some strangely don't enable replies). More and more practices are sending out SMS messages for recalls or reminders, whether they outsource the activity to a third party or use the built in SMS tools provided by MD and now by Best Practice (BP). Indeed, BP was lagging well behind in this area before it's Indigo SP1 release, but the comprehensive implementation of SMS functionality now is well worth a look. They are also currently claiming reduced pricing on SMS bundles.

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Changing times continued…

So what does this change in process mean for practices and patient care? For practice staff it possibly frees them up from some of the more time consuming activities like scanning and storing or making phone calls. There is now potential for practice staff to become involved in more meaningful and fulfilling activities around the quality of patient records, or freeing up the nursing staff from some of their administrative type duties. Surely any time we can free up clinically trained staff to do more clinical things, has to be a step in the right direction.

Patient's should benefit from clinicians who are better and more quickly informed due to the advent of electronic messaging over posting, scanning, faxing. Clinicians who can access required information in a timely fashion with minimal effort are going to be more efficient and decisive as a result. I've beaten this drum before, but the issues of "access block" and health system overload aren't just going to be solved by increased health funding. The "one-percenters" in this area shouldn't be underestimated either. Speedy and secure electronic communication as well as a comfort and fluency with the My Health Record should all add up to clinical decision makers having all the information they need at their fingertips.

On a final note, an announcement for a new specialist in the Mercury newspaper recently actually included a mention of the practice's healthlink address. Changing times indeed!

Bits

Continuing the theme of utilising technology to provide better health care, the RACGP recently released it's survey report on *Views and attitudes towards technological innovation in general practice*. If that isn't enough to inspire the non-believers they have also recently released their Improving health record quality in general practice guidelines.

eReferral

Please note the following ereferral address changes:

Dr David Merry	ENT	*hbartent*	Delete	*ent88hba*
Dr Daniel McCormick	ENT	*hbartent*	Delete	*ent88hba*
Mr Cameron Keating*	Plastic, Reconstructive	*hobplast*		

Note that the full listing is always available here.

**Cameron Keating will be commencing practice from The Institute of Plastic Surgery at Level 2 / 34 Argyle Street, Hobart in early August and his areas of expertise cover:*

Hand Surgery:

- *Elective (endoscopic/open carpal tunnel, dupuytren's, including collagenase, joint replacement, basal thumb arthritis)*
- *Trauma*

Wrist Surgery

- *Arthroscopy, limited and total wrist fusion, scapholunate ligament reconstruction, TFCC repair, distal radioulnar joint arthritis*

Plastic and Reconstructive Surgery

- *Skin Cancer and Reconstructive Surgery*
- *Cosmetic Surgery (breast augmentation, breast reduction, breast reconstruction, abdominoplasty, brachioplasty, blepharoplasty, face lift, rhinoplasty, body lift)*

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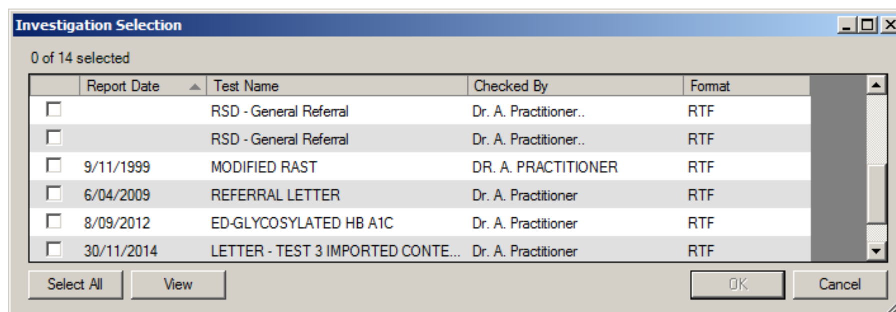
MD

It is becoming a common question, namely 'How do I attach documents to an ereferral? Whilst I'm pleased that GPs are exploring ereferral, and I pride myself on conveying reasonably clear instructions, this is an article I wasn't looking forward to writing. In summary, attaching documents to referrals in MD is often problematic. I will go through the possibilities as follows.

Ideally you would attach documents in the same way you attach pathology results, either your referral template prompts you with an *Investigation selection* box or you invoke this dialogue by double clicking on the *Investigation Results (Selected)* item from the *Summary* section of the *Data Toolbar* at the right of your Letter Writer screen.

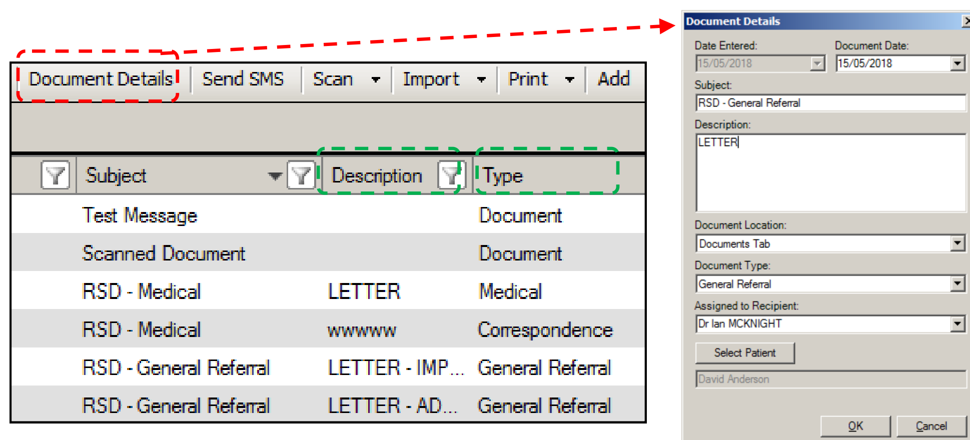


As you can see from the above graphic, options being offered for inclusion are pathology results, as well as *some* offerings from the *Documents* section of MD. Being as this process was designed solely with pathology results in mind, you are given very limited information on what selections you are about to make.
The *Subject* field from the document details is inserted into the *Test Name* field. Unfortunately if the document that you want to attach was received by your practice electronically, what you will see in this field will be a generic "RSD - General Referral\Correspondence\Medical" or something similar. The *Report Date* field may be more useful to you than the subject.

Unfortunately not all documents that have come in for the patient will be available for selection by this method. I am unable to unpack all the nuances of what will and won't display here, but there are some definite situations.

1) The document being attached must be in Rich Text Format (RTF). So you won't be able to select any documents that have come in as pdf files (e.g Rheumatolgy reports) or html files (electronic discharge summaries) or documents that have been scanned in to your system. You won't be able to attach scanned documents using any method with MD's current messaging program.

2) For the document to be available for selection here, the document *Type* should be either *Correspondence* or *General Referral* and there needs to be some text in the *Description* field. You can check these fields by looking at them in the *Documents* section of the patient record, and happily you can change the values in these fields by editing the information found via the *Document Details* button.



MD

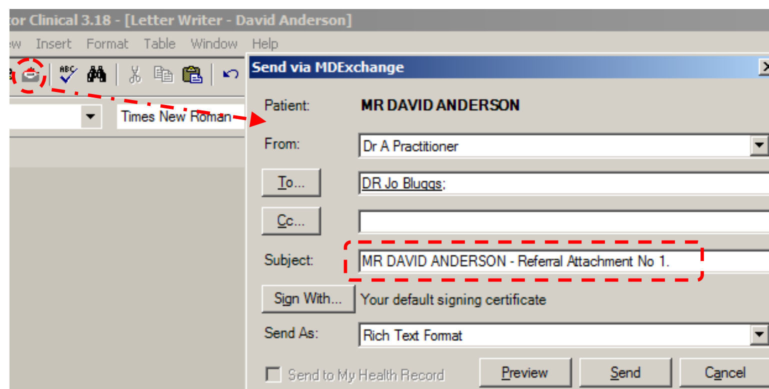
Note that the order of the column headings in my graphic may be different to what you see in your MD. This is because you can move these column heading around to customise your view. Also note that sometimes even when the preceding factors are present the document may not be visible for selection. Other variables that can affect this can include the precise method of electronic delivery, the clinical software that created the message and even the version of MD that first received the electronic document.

If all this seems incredibly convoluted it's because all this is incredibly convoluted. I would totally understand any clinician that declined to wrestle with these parameters just to attach a document. Having said that, the question comes up often enough for me to try and document what I know, (and I had a news-letter to fill!).

What else can you do ?

There are other options that are worth considering. For example if you want to attach a document that was previously generated by your practice, you could either:

1) Open the older document in Letter Writer and send it to the specialist as a separate document using MDExchange, documenting that it is an attachment for an earlier sent referral.



OR

2) Create your referral letter as usual and save it, closing out of letter writer. Open the document you want to attach in letter writer and click *Ctrl-A* (Select All) and *Ctrl-C* (Copy). Go back and open your original referral, add a blank page at the end of the document, click on the page and click *Ctrl-V* (Paste). You can use the shortcuts mentioned above or the equivalent commands found under the *Edit* menu in Letter Writer.

If you want to attach something from the Documents area of MD that isn't available using the method described on the previous page, then we have a similar copy and paste scenario. If you are running MD 3.18 you can take advantage of the reinstated ability to tile your screen so you can move between your letter and the patient record. From the *Window* menu in Letter Writer select *Tile Vertically.* In the half of your screen that is the patient record, go to the *Documents* section, and double click on the required document. This will show the document in a preview screen, where you have to select the document or parts of it by clicking and dragging with the mouse. When you have done this click *Ctrl-C* and click back in your referral letter, then *Ctrl-V* to paste the contents. This should work for text documents and even electronic discharge summaries. If you want to copy from a pdf document, you will first need to open it externally using the button provided.

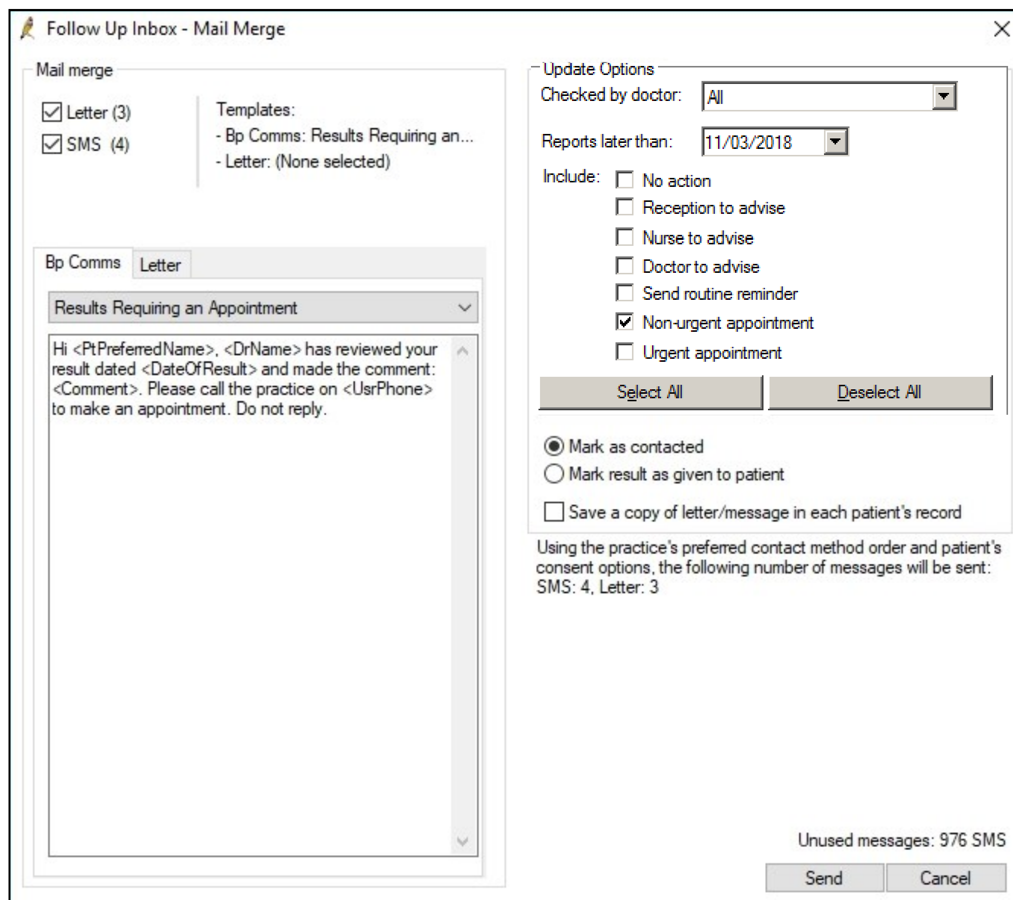
Even if one of the above methods works for you, there are size limits for electronic referrals, so avoid pasting unnecessary graphics like duplicate letterhead logos etc.

So this is my take on what is an imperfect process. The near(ish) future will have documents exchanged in the more robust and standardised *Clinical Document Architecture* (CDA) format, along with the idea that relevant supporting documents might be available to specialists via accessing the MyHR.

Indigo Service Pack 1 Part 3..

After wading through consent and setup in the previous newsletter, we can now talk about the good bits, namely the ability to SMS patients from pretty much anywhere in the clinical workflow.

What is even better is that every time you send one of these messages a corresponding *Contact Note* is automatically created. One of the obvious places where you could bring this into play is the *Follow-Up Inbox*. The following example assumes you already know how to identify patients that need to be contacted about their pathology result. When you have filtered your list appropriately by GP classification, e.g results that have been marked as *Non-Urgent Appointment ,* and have not been marked as either *Contacted* or *Given*, go to the *File* menu and select *Mail Merge.*



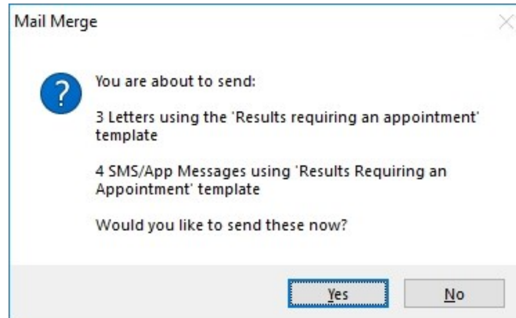
At top left you can see that BP has identified four patients from the list who have consented to clinical communications via SMS, the other three have been assigned the default letter method. Directly below this you can select your Results follow-up template from the supplied ones plus any others you have created. If you are going to send the remainder a letter (unlikely) you can select the appropriate BP letter template.

On the right, you have a second opportunity to adjust the selection filters if you need to, and importantly to mark the patients as contacted. BP will tell you how many letters and messages are about to be sent, as well as advising you of your current SMS balance.

In this example, if you do not wish to send letters out, simply untick the Letters tick box at top left, and proceed with the SMS routine. The patients that are not SMS contacted will remain on the list for you to deal with manually. Note that unlike the Clinical Reminders Mail Merge, this routine will not combine messages if the patient is listed more than once, so they will get multiple messages.

Indigo Service Pack 1 Part 3 continued.

Next, you will get a confirmation message.

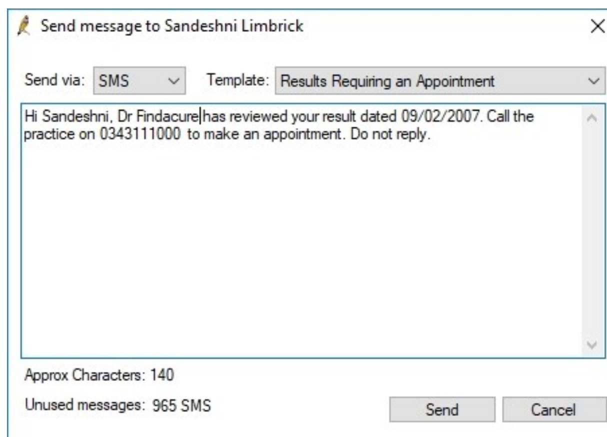


In the example above, I actually had generated the letter ones. Notice that the confirmation message tells you again which template is being used. After you have clicked *Yes*, the SMS messages are queued and in line with the options marked on the previous page, the patients are marked as *Contacted*. Also, *Contact Notes* will be generated for all of the message recipients. When the patients listed are viewed again in the Follow-Up Inbox screen, icons down the left hand side of the page will show the contact method used and the status of the communication, as per:

Contact Method: Phone Letter Email SMS Message Status: Not Contacted Unsuccessful/Failed Sent Read/Delivered

Note that the *Mail Merge* process just described is also available with very minor variations from the Reminders screen via the *Send Reminders* button, and from the database *Search* screen, under *File..Mail Merge*.

Of course, you may want to send messages one at a time, in the Follow-Up inbox, click on the icon.



Again, you will be able to choose a "Results" type template to use, and depending on how the template is set up, you may be able to edit it before sending. A *Contact Note* will be generated, but you will have to mark the patient as contacted yourself, which is a possible point of difference to the bulk *Mail Merge* option. As always, the stage at which you mark a patient as contacted is a matter of practice policy.

Whilst you can't send individual reminders from the database Search or Reminders screens, you can send them from the Provider In-Box, the Appointment book and the patient record using the item under the *BP Comms* menu.

BP

Indigo Service Pack 1 Part 3 continued.

I've previously mentioned about the automatic creation of *Contact Notes* whenever any of the messaging processes are used. You can view these notes and create manual ones all through the BP program. Whenever you see a button or Right-click context menu that says *Record Note*, this is also your screen for viewing contact attempts for that particular item. If you want to see all the contact notes for a patient, simply click *View..Contact Notes* from the menu.

Contact notes - Mr. David Anderson

Date	Reason	Method	Recorded by	Comments	Note no	Replies	Message status	Location
11/03/2019	Correspondence In	Letter	Dr Frederick Findacure		3	0	Sent	Main surgery
11/03/2019	Follow Up Result	Letter	Dr Frederick Findacure		1	0	Sent	Main surgery
07/03/2019	Correspondence In	Phone	Dr Frederick Findacure	Made a second phone c 2		0	Successful	Main surgery
26/02/2019	Correspondence In	Phone	Dr Frederick Findacure	vvhgvghfhg	1	0	Successful	Main surgery

Note the ability to manipulate filters to control what you are seeing. Also note the *Reason* column which tells you the category of activity the contact pertained to, as well as the *Note No* column which shows the number of contact attempts for a particular item. Here is an example of a *Contact Note*

Correspondence In note - Mrs. Maureen Andrews

Note the flexibility to bring up the contact details for the Next of Kin and document contact to them as well. In this case the contact relates to something in *Correspondence In*, possibly a letter from a specialist or a discharge summary. Note the system keeping track of the number of contacts on this issue.

Once you have generated an automatic *Contact Note* through the results follow-up or Reminder systems, you can select one of these and add manual Contact Notes to them.

There is a lot more detail to Contact Notes available here. Practices should give this method real consideration as it completely removes the need to log this information in the patient's daily notes, as well as enhancing searchability and enforcing uniformity of process.

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