PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

Edition 93 - May 2024

Welcome to the May newsletter, which has been fast-tracked to hit your In Boxes on May 1st to coincide with the start of Tas Script. I'm sure there will be queries on this, so check page 2 for my gleanings.

The other news is that sadly the Lauderdale Doctors Surgery closes at the end of the month, joining Healthology Risdon Vale on the recent practice casualties list. The reason in both cases is the same, a shortage of doctors. Apparently getting doctors is even harder than getting something to eat after 6pm on a Monday in St Helens.

It seems that no-one wants to do the important jobs any more. We don't have enough doctors, specialists, nurses, teachers etc. We also apparently need another 30,000 electricians to meet our ~~completely ridiculous~~ carefully thought out and proportional, renewable targets and we don't have enough sailors to man our ships because nobody wants to be, well you know in the navy. On the other hand we have an abundance of influencers, advisors, diversity officers and baristas. (Not that I for one minute want to understate the importance of quality baristas to a cohesive and functional society!)

In other news, not all practices have enabled their software connection to the National Cancer Screening Registry, (NCSR). Ones that haven't may be motivated that next year lung cancer screening results from the National Lung Cancer Screening Program (NLCSP) will be added to the registry. In addition the RACGP have requested that Breast Screening results also be available in the record.

AJ

Artificial Intelligence (AI) is obviously a bit of a thing at the moment with pretty much every new or existing product trying to work the phrase into it's marketing efforts. It certainly is a big deal, although it currently has it's deficiencies as well. There are different flavours of AI as far as GPs are concerned. There is the idea that we hand most of the thinking and problem solving over to this technology, an idea that the medical authorities are rightly telling us we need to be cautious about.

For me, the more appealing version at the moment is an expansion of the tools, which are basically dictation recorders with some AI tidying up of the spoken content thrown in (AI scribing). There are going to be a rush of players competing for the clinical dollar in this market, with the newly apparent one being Best Practice's upcoming semi-integration with the Lyrebird program.

Local GP and "technology enthusiast" Christine Boyce has been doing some testing with standalone Lyrebird, and she was nice enough so share her experience and initial thoughts.

> *I signed up for a free 2 week trial with no fuss. Signing up was like using the software.*
>
> *It just all happens…*
>
> *I liked that doesn't transcribe everything that gets said during the consult, which was a comfortable fit for my personal consulting style.*
>
> *I noted ;*
>
> *A high capture rate for issues discussed. Didn't miss any major issues. Cleverly organised my non linear progress through a consult into the expected SOAP style notes.*
>
> *I asked a patient to volunteer for a Lyrebird test consult - they were impressed with the transcript and commented that it was the first time they felt they had my full attention (I don't touch type)*
>
> *Somewhat more entertaining were simulated consultations where a colleague and I tested the ability of Lyrebird to do what it claims to do , ie 'edit out' irrelevant/ superfluous content.*
>
> *A heated discussion about billing and some colourful 'patient' language were deftly handled without compromising the fidelity of the final notes.*
>
> *I note that Lyrebird will integrate with BP and can generate referral letters.*

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

TasScript

The first of May sees the commencement of TasScript, a program that replaces the DORA system and is now part of our national Real Time Prescription Monitoring (RTPM) system. It's **not** called MyTasScript, so off to a good start! The information below is distilled from various information and training resources rather than real life examples. So it represents how TasScript *should* work rather than any real-life examples I have seen.

What's changed.

1) There are more monitored medications now, with more S4 substances being added.
2) Accessing TasScript for monitored medications is now **compulsory** with penalties potentially applying for non-compliance.
3) You will be prompted through your clinical software.
3) Through TasScript you can view and initiate section 59e forms.

Summary of changes below (graphic taken from PHN webinar)

Feature	DORA	TasScript
Substances viewable in the system	All S8 substances and S4 opioids	All S8 substances, S4 opioids and additional S4 substances (all benzodiazepines, gabapentin olanzapine, pregabalin, quetiapine and z-drugs)
Dispensing events viewable	Yes	Yes
Prescribing events viewable	No	Yes
Legal s59E authority information	Yes	Yes
Online s59E application form process	No	Yes
Integrated with dispensing and prescribing systems to enable notification pop-ups	No	Yes
Prescription Exchange Service (PES) Integrated	No	Yes
Secure mobile device access	No	Yes
Mandatory check	No	Yes
Real time alert notification to the regulator	Yes	No
Interjurisdictional data sharing	No	Future state capability for delivery by the Australian Government
Designed and supported by	Tasmania	Australian Government with national vendor
Automated access and registration controls	No	Yes

What needs to be done:

1) AHPRA registered prescribers **need to register** with TasScript. Emails were apparently sent out on 29/4 to prescriber email addresses held by AHPRA. If you didn't get an email, you can register here and specify your multi-factor authentication choice.

2) Clinical Software Changes to be made:

BP: - Setup..Preferences..Prescribing - Check *Enable real-time prescription monitoring.*

MD: - User..Setup Users..Edit - Check *Participate in Real time prescription monitoring*.

Helix: - Setup..Preferences..Prescribing - Check *Enable Real Time Prescription monitoring.*

That's all you need to do for enabling usage of Tas Script. Happily you don't need to worry about PKI certificates for this any more. As far as I know the major software programs are compliant. If your software isn't you probably aren't reading this information. If by some quirk you are, well there is a PC/Mac app that you can download as well as being able to login directly to the TasScript website at any time.

TasScript contains prescribing information as well as dispensing information. GP prescribing details are gleaned from the information you routinely generate when doing a script that is sent to the ERX Prescription Exchange Server (PES). So hand-written scripts and I *suspect* scripts without a barcode will not make it to TasScript via the ERX PES. The dispensing event though will be on TasScript.

Also note that even though this a national database currently there is no data sharing between the states. So no information for a Tasmanian GP on say a Victorian patient who has moved here. My *understanding* is that the key determinants are the postcodes of the practice/pharmacist/patient.

PracSavvy

Clinical Systems Support and Training

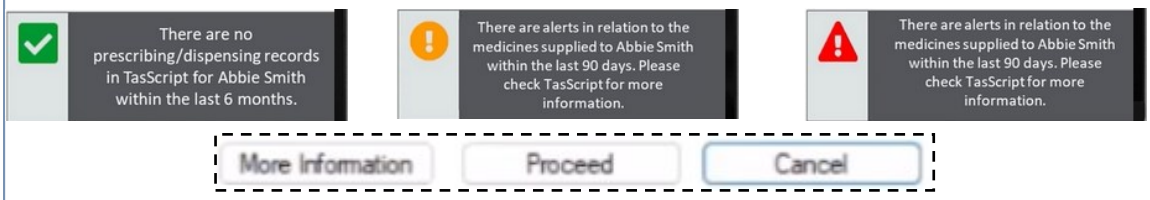
www.pracsavvy.com.au

TasScript

GP Workflow

The encouraged workflow is that the prescriber logs into TasScript at the start of every day. After replying to the multi-factor authentication code, the GP is asked to generate a 6 digit pin number that can be used to quickly access TasScript for the rest of the day. Apparently you can choose to nominate the same PIN every day.

When printing a monitored medication you will see a pop-up notification or alert, which will be either Green Amber or Red. Example graphics from PHN webinar shown below.



The green one is informational with no requirement to go to TasScript. The amber and red ones **require you** to click *More Information* in order to be taken to TasScript where, after supplying your PIN you can view relevant patient information. After viewing the information, you can decide to *Proceed* or *Cancel* the prescription. Regarding the TasScript website there is a full manual to be found here. There is also a good help page here as well as a training course for prescribers (and newsletter creators) here.

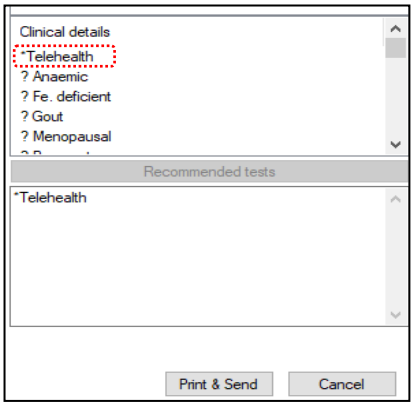
In conclusion I suggest practice managers update their new GP protocols as a result of the now mandatory nature of this prescription monitoring. Especially for doctors sourced from interstate or overseas. Ensuring that the relevant software preference is checked, that the GP is prompted to create a TasScript account and that they are set up with ERX should now feature prominently on your induction checklist.

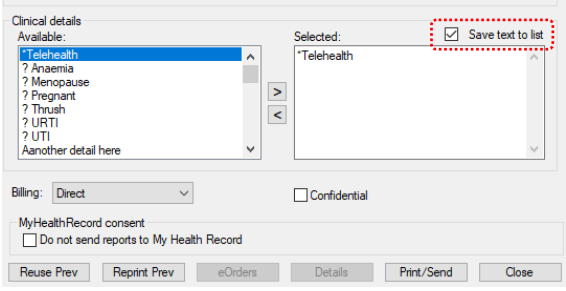
Pathology

I must admit there are times I struggle to know where the different pathology and imaging providers are at when it comes to electronic or e-requests. At least some of them never publish these details on their website, which makes it hard for people like me who like to pretend that they know everything. So I came across confirmation of something the other day that may well be common knowledge to a lot of practices.

Apparently if you use the Sonic Labs owned Hobart/Launceston/NW Pathology and you are set up for electronic ordering (you see a Print/Send button), then you can trigger an electronic copy of the request form to go to the patient via SMS from the lab, simply by typing **Telehealth* in the clinical details area. This will only work of course if the patient has a mobile number entered in your database.

In BP, it will look like this if you have added "*Telehealth" under *Setup..Favourites..Custom Reasons*.



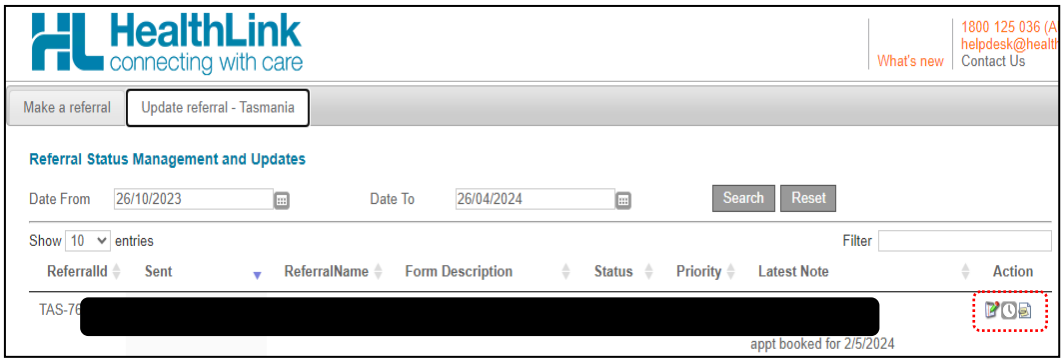


In MD, once you have typed *Telehealth the first time, check the *Save text to list* checkbox so you can just select it next time.

Ian McKnight t: (03) 6247 1178 m: 0418 336 804 e: pracsavvy@bigpond.com

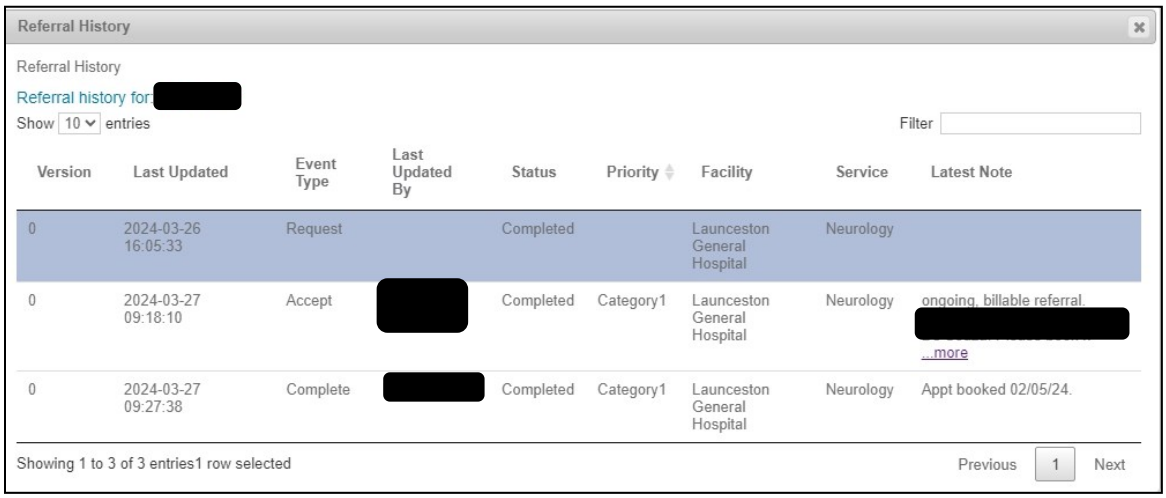
e-referral

Sometimes the public hospital clinic may ask a GP to update a referral that was generated vis the Healthlink Smartforms method. To do this, click the HL icon in the patient record and click the *Update Referral* tab. In MD, click on the *Healthlink* tab and select *New form*



Select the referral you want. Note the *Latest Note* column which will show the last note entered by a THS staff member. The action icons on the far right are key here. Clicking the first one enables you to update or modify the referral before submitting it again. You may for instance have been asked to add some pathology results or change the priority. The third icon generates a preview of the referral.

The second icon gives you a history of notes entered by THS staff, which whilst dependent on how much notation is actually done, can give you a fair bit of information about the progress of the referral including potentially the date of the booked appointment. This information can extend beyond the *Accepted* and *Triaged* advices that you are automatically sent. An example of this is shown below



I imagine some GPs will like being able to see when the patient is booked for their appointment as well as general indicators as to the progress of the referral beyond the initial notifications. I also image that some patients may even get a continuity of care vibe upon knowing that the GP isn't completely in the dark about what was occurring in the hospital.

A final thing to note is that the *Status* column depicted on this page is a far more accurate portrayal of the referral progress than the *Status* column available from the main screen under *View..Healthlink Forms.*

In the main screen view, *Completed* just indicates that the referral has been received by the THS system.

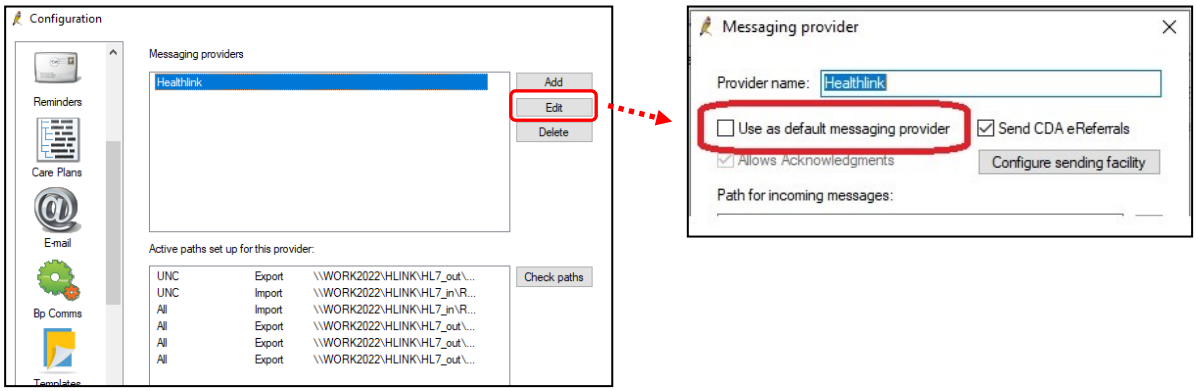
BP

e-Referral

For a number of years, one of the real annoyances of sending documents via Healthlink (as opposed to Healthlink Smartforms), is that if you clicked on the icon above, and the addressee was not set up in your address book as a Healthlink addressee, it would accept your action and deposit the document in Healthlinks "OutBox" folder. It would then reject because of a missing Healthlink address and this error, "*Invalid namespace of receiving facility*" would show on the *View..ereferrals* screen that is monitored by Admin staff.

What should happen is that BP should stop the user in their tracks when they click on the above icon and the addressee is not set up for Healthlink. This request has been put to the BP people a number of times.

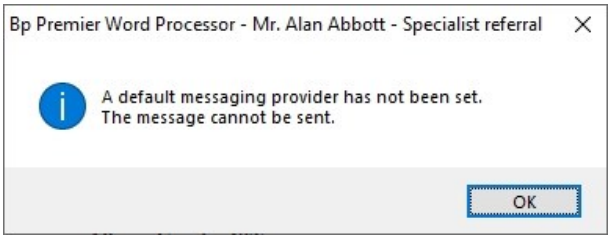
Happily, a recent BP conversion and an inadvertent IT setting has given us a *hack* to solve this problem. The secure messaging configuration for BP is maintained via *Setup..Configuration..Messaging.* Many practices will only show Healthlink here.



The key setting is the one called "*Use as default messaging provider*" and it will be generally be checked by default. The thing is this setting does not quite mean what people think it means. It actually means…."if the addressee doesn't have a secure address, use this program" which is why we have all the error messages. Now if your IT provider **unchecks** this box for Healthlink (and any other providers you may have set up here), the following will occur when someone clicks the *Send* icon.

A) If the addressee is set up for Healthlink the document will be sent as it normally is.

B) If the addressee does not have a secure address, the action will be stopped and the user will see the following error message.



The wording is not quite what we want to convey, but essentially the error is prevented and the clinician knows they can't send the message in that manner. Which means no more errors for admin staff to fix. Of course, if the recipient does have a secure address, but it has been mistyped in the Contacts area, there will still be an "invalid address" type error on the *View..ereferrals* screen.

Hopefully, implementation of this may mean that clinicians start to query why recipients are not set up for secure messaging, which may result in either more scrupulous maintenance of the address book or other providers being questioned as to why they are not set up for secure communications.