

# PracSavvy

Clinical Systems Support and Training

[www.pracsavvy.com.au](http://www.pracsavvy.com.au)

October 2016 — Newsbrief

Welcome to the 3rd newsletter, more specialists available via healthlink and also new templates below. I was going to do a Best Practice article, but didn't want to delay the newsletter any further. Look for a big article on Best Practice Lava update next month.

## eReferral

The Royal Australian College of General Practitioners (RACGP) wants all healthcare services and government agencies that communicate patient information with general practices to do so by secure electronic means within the next three years, calling for the final chapter to be closed on the era of the letter and the fax machine. Whilst there are many hurdles to overcome, including the inability of our local hospitals to accept electronic referral, the [statement by the college](#) is worth a read, and an affirmation of what we are trying to achieve with specialists.

On that note, by my calculations, over a third of southern private specialists are now electronically available, for referral with this month's additions shown below.

Drs Carey Gall and Emilio Mignanelli                      *hobcolon*

Dr David Merry    *ent88hba*

For the full list, see [here](#). Some specialists are reluctant to participate in electronic, due to the mistaken belief that most general practices aren't "enabled". Any corrective advice that practices can give to specialists around this, should help keep up the momentum, along with practice front desk staff being aware of what their healthlink address is.

## MyHR

Over 4.2 million Australians now have a MyHr record, with 17% of Tasmanians having one, in line with the national average. Additionally over 1 million clinical documents have been uploaded. See [here](#) if further statistics are of interest.

The Health department has also announced that practices can have up to Jan 31st 2017 to meet the upload requirements for the first 3 quarters of the ePIP incentive payment. So if you missed your target during the August quarter, or are unsure about making it this quarter it's good to know you can retrieve the situation by Jan 31st, and not have to repay any of the incentive.

If you have withdrawn from the incentive altogether, or initially decided that the upload targets were unattainable, it may be worth reconsidering your position, and availing your practice of the financial incentives available. Increasingly practices are making this work for them, so please get in touch if you would like advice or assistance

## Templates

The following templates were created this month, and are available in MD or BP format [here](#):

- ◆ NDSS Blood Glucose Test Strip Six Month Approval
- ◆ DBMAS Referral Form (Dementia Support Australia)

Let me know if you need assistance importing templates, or would like any others created.

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## MD

### SMS for recalls and results.

Whilst Pracsoft has had SMS reminder functionality for quite some time, the 3.16 release of MD earlier in the year has added this functionality to the *Recalls Search* and *Actioned Items* screens. If you have registered for SMS, you can quite easily send out bulk reminders for pathology follow-up or recalls.

Once these reminders have been generated, a notation is written to the recall or pathology result, and can be checked or verified under the *Recall Actions* section or *Document Actions* button respectively. So it is easier to keep track of what has been followed up, and how many times.

The default SMS templates are a little “average”, so below are a couple of examples that are general enough to meet most eventualities, and also not alarm the patient.

*<patient Name> Please call the Practice on NUMBER to discuss your recent results or specialist letter.  
Please ignore if you already have an appointment*

*<patient Name> Please call us on NUMBER to make an appointment for your <recall Reason>.  
Please ignore if you already have an appointment.*

A couple of quick tips:

- ◆ Patient friendly or plain english recall reasons are really important for this method
- ◆ Showing the practice phone number without spaces means the patient can call the practice immediately and easily by tapping the number.
- ◆ You can set the “from” field in the SMS to something like “YourGP”

## Feature



[SmartVax](http://SmartVax) is a fully automated vaccine safety follow up program that has its origins in Western Australia, but has just secured funding for a nationwide roll-out. It uses software installed on a practice server to automatically send out SMS messages to vaccine recipients.

The programme is completely free to General Practice, and in brief, works as follows.

- 1) Three days after vaccination the program sends an SMS message to the patient, asking if there were any adverse effects from the vaccination, requesting a “Y” or “N” reply by SMS.
- 2) “Y” responses trigger a second SMS. The second SMS inquires if the reaction was medically attended, and flags the “Y” responses as a message to the Holding File (MD) or InBox (BP).
- 3) Patients who indicate an adverse reaction will also be sent a link to a 2 minute online survey that collects details about the severity, nature and duration of the reaction.
- 4) De-identified response data will be collated in the National SmartVax database for analysis and monitoring, with emerging issues being passed to state and federal health authorities.

The aim of this initiative is to garner near real-time information on potential vaccine safety issues nation-wide. If you would like the program installed or require further information, watch the excellent video at [www.smartVax.com.au](http://www.smartVax.com.au) or email [info@smartVax.com.au](mailto:info@smartVax.com.au).