

PracSavvy

Clinical Systems Support and Training

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April 2018 — Newsbrief

Welcome to the April newsletter. Contents include a useful addition to PenCat, a minor Medical Director upgrade and some new referral specialists for your address books. Also a reminder that April is the end of another PiP Digital Health incentive quarter. **Please don't miss your target and have to repay money !**

Templates

The following new templates were created during the last month and are available [here](#):

If you need any assistance importing or would like other templates created, please let me know.

- ◆ Health Dynamics Tasmania - Sleep Study Referral
- ◆ Huon Valley Multi-Service Referral (Updated)

eReferral

Please note the following referral additions and changes.

New

Dr Terry Hannan	General Physician Internal Medicine	Nth	<i>welldayh</i>
Dr Joanne Campbell	Endocrinology	Nth	<i>campnguy</i>
Dr Hung Nguyen	General and Colorectal Surgery	Nth	<i>campnguy</i>
Dr Sally Abell	Endocrinology	Sth	<i>hcardiol</i>
Dr John Burgess	Endocrinology	Sth	<i>hcardiol</i>
Dr Kristina McDonnell	Endocrinology & General Medicine	Sth	<i>hcardiol</i>
Dr Sally Hewer	Neurology	Sth	<i>hcardiol</i>

Change

Dr Chris Middleton	Gastroenterology	<i>hcardiol</i>	(formerly <i>cmiddlet</i>)
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Also don't forget that you can send text documents between almost all General Practices in Tasmania using Healthlink. Similarly there are plenty of mainland practices using Healthlink.

Note: Healthlink's online national directory can be found [here](#), however just because a specialist practice uses healthlink, they may not want to receive electronic referral, or they may be running clinical software, that can receive electronic pathology results but not letters. All the specialists on my listing [here](#), have at some stage consented to receive electronic referrals and are running clinical software that can accept letters.

Additionally there are a growing number of Allied Health professionals that would love to participate in electronic correspondence, but are often running lower end clinical software that currently does not integrate with healthlink or other secure messaging programs. There is a "middling" solution for them available via the [HLConnect](#) product, and the light at the end of the tunnel is that work is being done to ensure that the different messaging products available can communicate with each other. If you hear the word *interoperability* being bandied about, this is often what it refers to.

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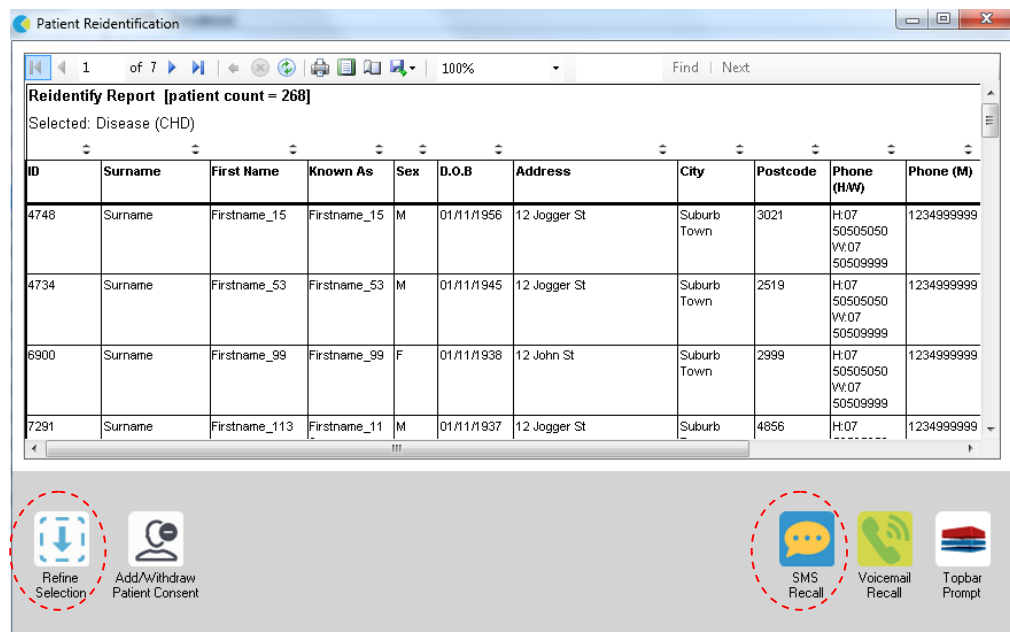
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PenCat

March saw the release of a useful PenCat update which they have labelled as *Recall Cat*. It offers a moderate amount of extra functionality to Medical Director users, and a far greater amount to users of the current Best Practice release.

[Recall Cat](#) gives the ability to send SMS or voice messages to any PenCat generated patient list you can come up with. If you use Medical Director Clinical, I would urge you to familiarise yourself with it's excellent SMS intergration, before you think about the extras being offered by Recall Cat. If you use Best Practice, you are currently restricted to SMS for appointment reminders only, so Recall Cat offers you a lot of extra functionality.

Like most programs of this ilk, you enable it by signing up for a bundle of SMS messages via a link provided on your organisation page, which you can access via the [MyPen](#) page. The bundles are in multiples of 500, with the most expensive messages being 25c each, and decreasing in price when you buy bigger bundles. Once you are registered, simply use PenCat to identify your patient list, and then access the new functionality at the bottom of the list page.



The screenshot shows a web browser window titled "Patient Reidentification". The main content is a table with the following columns: ID, Surname, First Name, Known As, Sex, D.O.B, Address, City, Postcode, Phone (H/W), and Phone (M). The table contains four rows of patient data. Below the table, there are several icons for actions: "Refine Selection" (a red dashed circle around a double-headed arrow icon), "Add/Withdraw Patient Consent" (a person icon with a plus/minus sign), "SMS Recall" (a red dashed circle around a speech bubble icon), "Voicemail Recall" (a green phone handset icon), and "Topbar Prompt" (a red and white icon).

ID	Surname	First Name	Known As	Sex	D.O.B	Address	City	Postcode	Phone (H/W)	Phone (M)
4748	Surname	Firstname_15	Firstname_15	M	01/11/1956	12 Jogger St	Suburb Town	3021	H:07 50505050 W:07 50509999	1234999999
4734	Surname	Firstname_53	Firstname_53	M	01/11/1945	12 Jogger St	Suburb Town	2519	H:07 50505050 W:07 50509999	1234999999
6900	Surname	Firstname_99	Firstname_99	F	01/11/1938	12 John St	Suburb Town	2999	H:07 50505050 W:07 50509999	1234999999
7291	Surname	Firstname_113	Firstname_11	M	01/11/1937	12 Jogger St	Suburb	4856	H:07 -----	1234999999

Note the *Refine Selection* button, which has always been at the bottom of these lists, but not in icon form. Using this you can unselect patients from the list to be processed. Recall Cat also claims to exclude patients who have been logged as "Opted Out" from SMS in your clinical system.

Whilst I suspect it is largely of novelty value, you also have the option to send a pre-recorded audio recall straight to the voicemail of the patients mobile number, (who knew you could do that!). A message like this would cost you 2 SMS credits. Clicking on this button let's you record or load a pre-recorded message from one of your practice staff and send it off to the list.

As a quick tip, I'd suggest selecting a staff member with a caring or cheerful voice, as opposed to one with an ambivalent/disdainful tone. Similarly a stressed or agitated staff member may not be the best vocal choice for a Mental Health Review reminder. 😊

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PenCat

Upon clicking the SMS Recall button, you are presented with a straightforward screen for creating your SMS message and selecting a couple of options.

There is no response functionality currently, but if you are using online booking, you can include the link in your message. A full history of sent messages is available via the *Prompts* menu in PenCat, and a bonus for Best Practice users is that these messages can be automatically entered in the patient record as a non-visit in the *Past Visits* section. Note that this is the only time that this tool writes back to either Best Practice or Medical Director.

I think Recall Cat lends itself to bulk, one-off type recalls or reminders of a largely non-critical nature. It isn't designed to cater for your existing individual recalls, but rather specific programs or initiatives that your practice may want to implement.

As I stated earlier, if you are an MD user, you should definitely familiarise yourself with what MD offers in this regard. Through a 1 or 2 step process you can send SMS messages to virtually any list of patients that you can come up with in MD.

Consider the following possibilities:

In MD you can *easily* SMS a flu vaccination reminder to a list of patients who are over 65 years old.

In *Recall Cat* you can *easily* SMS a flu vaccination reminder to a list of patients who are over 65 years old **AND** haven't already had the vaccination this year.

In MD you can *easily* SMS a Health Assessment invitation to everyone over 75 years old.

In *Recall Cat* you can *easily* SMS a Health Assessment invitation to everyone over 75 years old **Providing** they haven't been billed for one in the last 12 months.

In Best Practice you can only SMS patients for existing Appointments.

In *Recall Cat* you can easily SMS any patients that you have generated a search list for.

It has always been on the PenCat user "wish list" that a generated list of patients from PenCat could be imported back into the clinical software for mail merging or recall generation. Whilst this still isn't the case, we can now communicate with patients from PenCat using the SMS method. It certainly gives some other choices.

Practice Managers may want to give some thought as to what sort of reminders or initiatives Recall Cat is applicable to, remembering that the tool doesn't write back to the clinical software, with the exception of the Best Practice feature mentioned above. Remember also that skilful use of MD may also allow for documentation of messaging done through Recall Cat.

Full instructions can be found [here](#) and an instructional video [here](#).

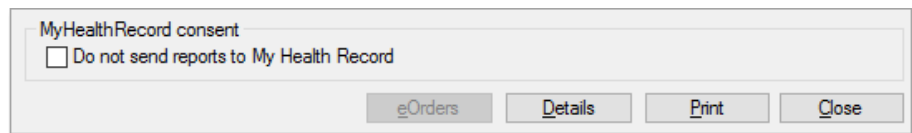
The screenshot shows a web-based interface for sending SMS messages. The main area is a text input field containing a pre-filled message: "From Pen CS Pty Ltd: test message. Click here to book appointment <http://www.pencs.com.au/support/>. To opt-out reply STDP". Below the input field, it indicates "Characters Remaining: 39". There are "Send" and "Cancel" buttons. At the bottom, there are three checkboxes: "Remove patients who have opted out to receive SMS from your clinical" (unchecked), "Include Online Appointment Book Link" (checked), and "Include opt-out message at the end of the SMS message" (checked). To the right of these checkboxes, it shows "Credits Required: 1", "Credits Available: 2547", and "Auto Top-Up Enabled".

MD

MD has recently released it's 3.17.2 minor update. Not a lot has changed, but here's what has:

1) National Cervical Screening - Changes in screens and protocols that took effect on 1/12/17. Most practices would have installed the 3.17.1b update which also included all these updates. The changes to MD around this were summarised in the [December newsletter](#).

2) My Health Record - The functionality isn't available in Tasmania yet, but at some point in the near future, pathology laboratories will be able to upload test results to a patient's MyHR. The upload will be done, 7 days after the result has been sent to the requesting clinician. This release includes a check-box, that allows the patient to decline the uploading of the result to their MyHR. Until the laboratories can do this uploading, ticking this box will have no effect.



In the early days of the PCEHR, there were plans to send dispensing notifications back to the GP software. It is my understanding that the RACGP asked for this functionality to be disabled at the pharmacy end. Associated redundant fields and options around this have remained in MD, until this update, where they have been removed completely. Example from the Old Scripts tab below.

Date	Item	Strength	Dose	Frequency	Instructions	Dispense Date	Dispensed Trade Name	Pharmacy	Supply No.	Route	Quantity	Repeats	Sq
22/03/2007	FLUVAX SYRINGE	TRIVALENT								Subcut	0.5mL	0	02
04/11/2003	ZOLOFT TABLET	50mg	1	daily	a.c.					Oral	30	0	01
11/09/1999	KEFLEX CAPSULE	500mg	1	t.i.d.						Oral	20	1	0-

3) New template fields - for:

- ◆ ATSI status
- ◆ Next of Kin details
- ◆ Emergency Contact details

4) Medications - via the various medication and prescribing screens, you can right-click on a medication and search for other medications that have at least 1 ingredient in common (with the medication you are right-clicking on).

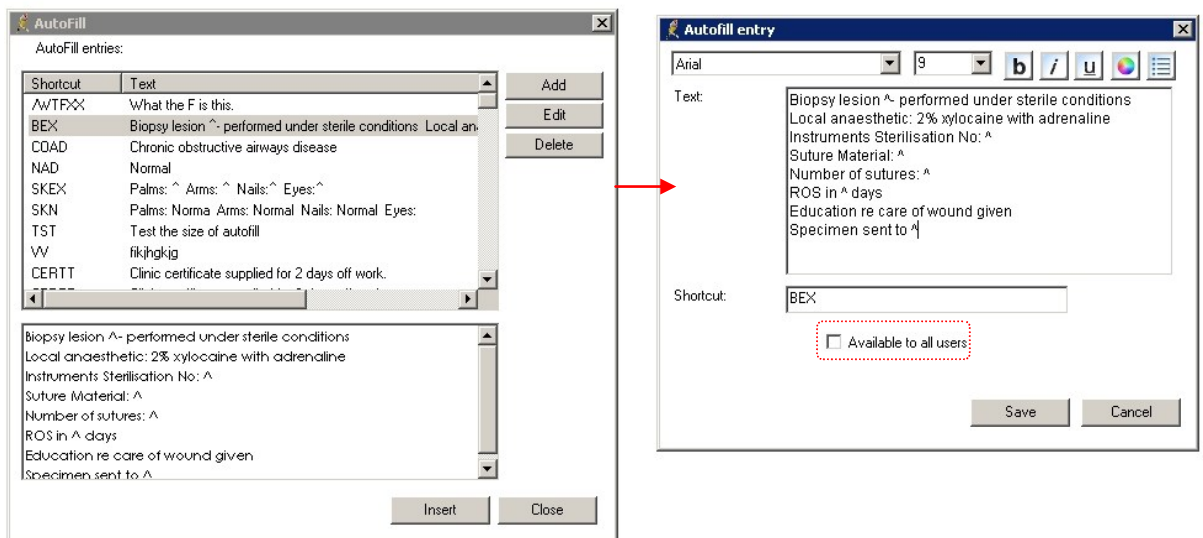
5) Prompts - If you have the Clinical Prompts sidebar widget installed, you now have access to prompts for the patient, both enabled and disabled for the patient, via the sidebar.

6) Spell Checker - Actually a re-enabled spell checker for Letter Writer was part of the 3.17.1 release last year, but I suspect some people may have missed it, and I suspect some people would really like to use it. So this is just a) another reminder and b) a little reward for anyone who has read this far into the newsletter !



Or F7

The *Autofill* button that is available at the bottom of the Today's Notes screen, allows you to set-up brief shortcuts, that are linked to much larger amounts of information. They are ideal for entering into the notes, information or protocols that you use on a regular basis, as per the illustration below.



In this example the clinician has set up a protocol for a skin biopsy. The protocol is linked to the shortcut shown, which means that whenever the characters "BEX", (followed by Enter), are keyed in, the linked detail is placed into the progress notes. This can be a real time-saver, and as previously stated can be set-up for anything you like. Wound Care and vaccination protocols are just two examples of things that can be rapidly and uniformly entered into the notes using this method. Another benefit is that this method also serves as a visual prompt or reminder for things the clinician intends to check or talk about.

A further enhancement of this process is to place a variable point(s) in the main body of text. This is done by placing the "^" character at the appropriate juncture in the text. After you have invoked the shortcut, use the "Ctrl-F5" key combination to jump to the spot(s) where you have placed the "^", and type in the variable information. If you feel like being extra creative, you can even specify an alternative font style or different font colour, to make the entry stand out even more in your notes. If you do this I would encourage bolder colours, as these notes may be used one day in a document that would most likely be printed out in black and white.

Note that when you create these shortcuts, you have the option to share them with the entire practice, or just have them available under your login. Ensure that you create a shortcut that won't be accidentally invoked. For example a shortcut "skin" is not a good idea, but "/skin" or "skinx" should be fine. Basically don't use a normal word for your shortcut, unless you combine it with a number or symbol.

It's worth pointing out that these *Autofill* shortcuts can also be used in the word processor used in *Correspondence Out*. If you are looking for inspiration, there are some good sample sets available, so [get in touch](#) if you would like a copy.