

PracSavvy

Clinical Systems Support and Training

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April 2017 — Newsbrief

Welcome to the April newsletter.

Currently this newsletter is sent to practice managers and specific others that have requested it. Some of the information contained will often be useful hints and tips in using MD or BP, so it may be an idea for practice managers to forward it on to interested GPs or nurses at the practice. I know some of you are already doing that. Additionally for customers, feel free to send me any other email addresses for clinicians that want to be on the distribution list directly.

eReferral

The growth in electronic messaging in Tasmania continues to be spectacular. Over 8000 specialist reports were sent electronically state-wide during March, and this figure does not include specialists that are running MD and send via MDEXchange. Contrast this to the figure for March 2016 which was just over 1900, and what we have seen is an over 300% increase in 12 months. Whilst this almost certainly excites me more than many of you, 8000 less bits of paper for posting and scanning, along with the time efficiencies created, has to be seen as progress.

Hopefully people will agree that these gains, more than offset the occasional system glitch or error?

Several new additions and a couple of changes over the last month or so to the published list of [electronically referable specialists](#).

New

Dr Ian Chambers	Tasmanian Oral, Maxillofacial and Implant Surgery	<i>tas2omis</i>
Dr Ankit Garg	Tasmanian Oral, Maxillofacial and Implant Surgery	<i>tas2omis</i>
Dr Stewart Healy	Hobart Cardiology	<i>hcardiol</i>
Dr Jennifer MacIntyre	Hobart Cardiology (<i>Neurologist</i>)	<i>hcardiol</i>
Dr Ben Nind	Hobart Paediatrics	<i>hobpaedg</i>
Dr Mudasir Mushtaq	Hobart Paediatrics	<i>hobpaedg</i>
	Lindisfarne Clinic	<i>lincoln</i>
Dr Megan Corp	Launceston Medical Centre (<i>Paediatrician</i>)	<i>lmc32lmc</i>

Changes

Dr Michael Coombes	Hobart Cardiology	<i>hcardiol</i>	(from <i>lgalign</i>)
Dr David Gartlan	Hobart Women's Specialists	<i>bwtsurge</i>	(from <i>dgartlan</i>)
Dr Georgie Stilwell	Hobart Cardiology	<i>hcardiol</i>	(from <i>lgalign</i>)
Dr Ben McCulloch	TBA (1st May)	<i>TBA</i>	(from <i>dr gastro</i>)
Dr Kwang Yee	TBA (1st May)	<i>TBA</i>	(from <i>dr gastro</i>)

Templates

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

- ◆ Tasmanian Cardiac Centre Echocardiogram Referral
- ◆ Tasmanian Autism Diagnostic Service (TADS) Referral
- ◆ St Giles Development Assessment Team (DAT) Referral (North)

Please let me know if you need any others created.

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MD

Last month we covered Advanced Record Sharing, which was the major change in the MD 3.17 update. There are however, other useful enhancements.

Distress - K10 Assessment: Whilst previously (and still) available as a Letter Writer template, the K10 tool is now available in modular form under the *Assessment* menu in the patient record.

Distress (K10) Assessment					
Assessment	None of the time	A little of the time	Some of the time	Most of the time	All the time
In the past 4 weeks:					
1. About how often did you feel tired out for no good reason?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. About how often did you feel nervous?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. About how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. About how often did you feel hopeless?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. About how often did you feel restless or fidgety?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. About how often did you feel so restless you could not sit still?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. About how often did you feel depressed?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. About how often did you feel that everything is an effort?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. About how often did you feel so sad that nothing could cheer you up?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. About how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scoring: A score of 17 or more is considered positive for distress. Further assessment of mental status may be indicated, using the DASS-21 or similar measure as outlined in the guides.

Total Score: 17

History		
Date	Time	Score
16/03/2017	18:54:03	24

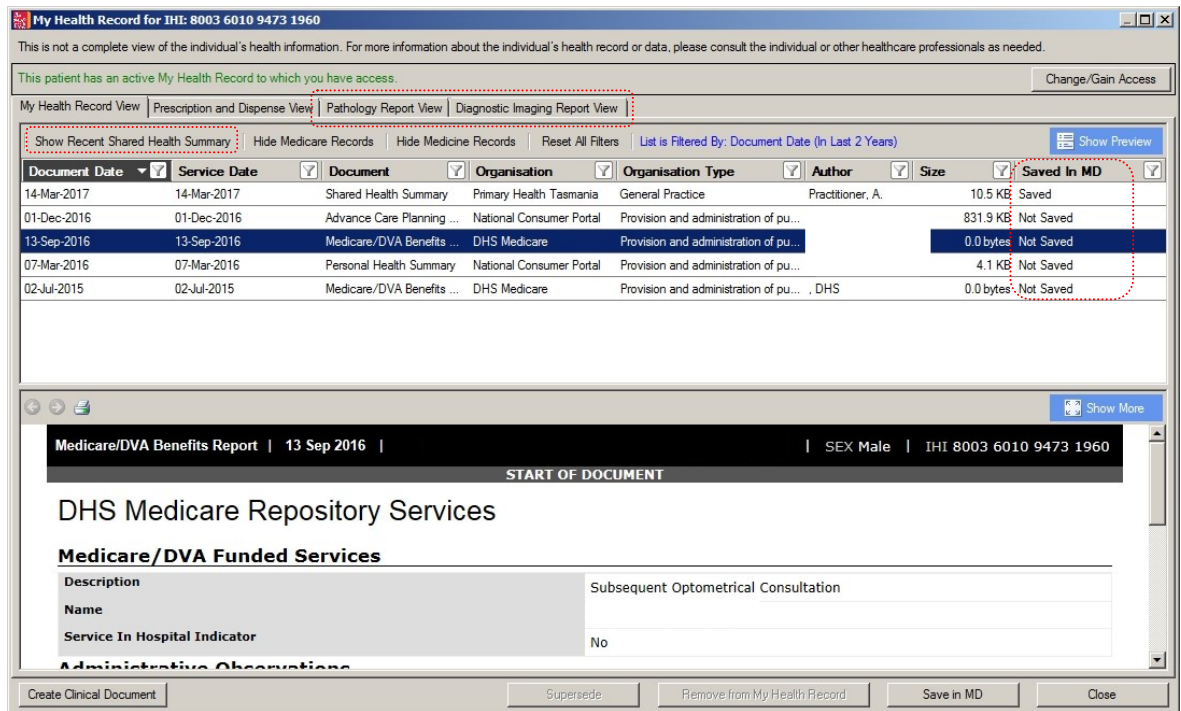
This module now calculates the score for you, makes an entry in the progress notes, and keeps a list of previous assessments for comparison.

Drugs of Dependence Regulations: When prescribing a Schedule 8 medication, GPs are now presented with prompts, asking them to note whether the patient meets the definition of drug-dependent under relevant state legislation, and if so checks that the GP has an in-date authority for the prescription.

If the answer to the first question is *Yes*, then the new *Drug Dependent* checkbox located in the *Allergies and Warning* section of the record is checked. Note that this prompt cannot be disabled other than on a per patient, per clinician basis via the checkbox circled above.

3.17 enhancements continued.

My Health Record: There are several improvements to the My Health Record window, as depicted below.



The changes are shown highlighted thus , and they are:

- ◆ Separate tabs for showing pathology and diagnostic results uploaded directly to the MyHR from the providing laboratory.
- ◆ A quick link button to the most recent Shared Health Summary.
- ◆ A column to show whether the document has a saved copy in the users MD.

Other changes to the MyHR in this release include:

- ◆ In Shared Health Summaries you now have to specify whether missing information is either *None Known* or *None Supplied*. Note that this question is only asked when a category e.g. Allergies, has no information whatsoever.
- ◆ In Event Summaries, there is now a button to import the current days progress notes

Other changes in 3.17

- ◆ Seemingly a bit of an improvement, on an earlier “enhancement” you now have the ability to set a default Visit Type, and also bar the prompt from appearing again.
- ◆ MD can now cater for patients with a single name.
- ◆ The ePIP sidebar widget is updated and can now show specific provider uploads.
- ◆ More SMS templates
- ◆ The patient record now has an icon for displaying the patient’s SMS log.

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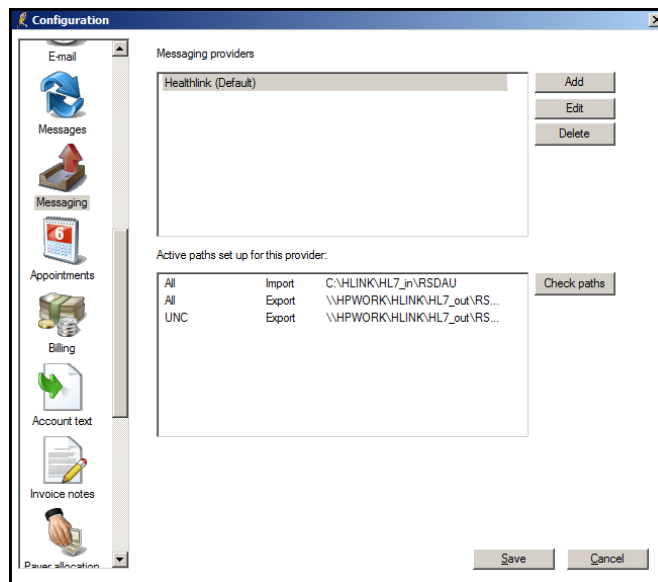
BP

Once Best Practice is configured properly, sending referral documents and the like electronically is very straightforward. Whilst the eHealth future promises a world where different messaging programs can “talk to each other”, for the immediate future at least [Healthlink](#) is the optimum communication method in Tasmania.

A summary of the process follows:

Initial Setup

Any messaging providers in use should have their details set up under Setup..Configuration..Messaging from the front screen in Best Practice. The screen should look similar to the one below.

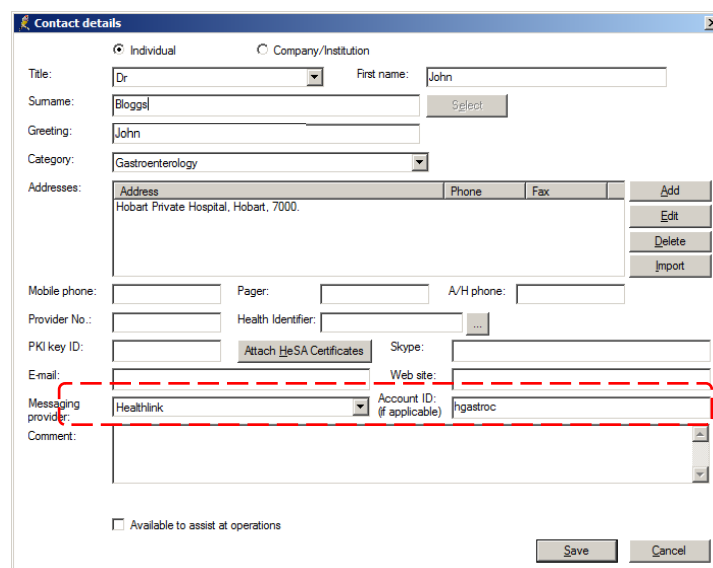


These parameters have to be set up on the main practice server by someone logged in as the Best Practice Administrator.

Your IT staff should ensure that all potential message senders in the practice have full access rights to the export and import folders used by the messaging system.

Contacts

Practice administration staff should ensure that, where appropriate, providers have their eReferral address set up in their entry in *Contacts*. This is as simple as entering the messaging provider and the messaging address for the contact, as is depicted below.



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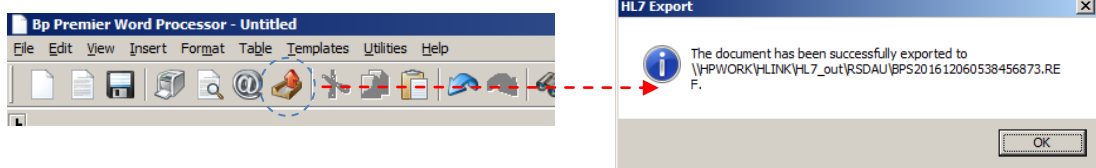
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BP

eReferral process continued.

Sending

If the addressee eReferral details are set up correctly, then the process is to complete the document as normal, and then send it by clicking the icon at the top of the Word Processor Screen. When you do this, you will get a confirmation that the message has been exported to the “outwards” folder for the messaging program in question, (Healthlink in this case).

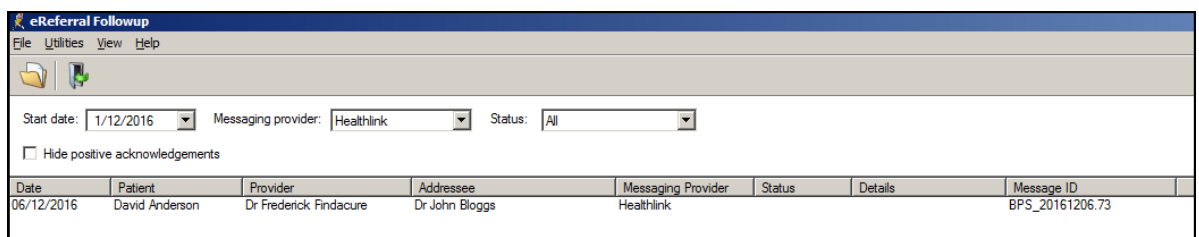


Note that you can send any created document in this way, including forwarding a document that you have created previously, simply by opening the document and clicking on the icon. If the original addressee wasn't setup for eReferral, then you will be prompted with a Contacts screen in order to select the recipient. Also, note that the Contacts screen also flags the name of the Messaging provider alongside the provider name and specialty where applicable.



Confirmation

From the 2016 BP Lava release, there is an eReferral status screen available from the main Best Practice screen under View..eReferrals. You can filter the view by Date, Messaging Provider or Status. A message successfully received by the Healthlink recipient will eventually show the word Acknowledged in the Status column.

The image shows the 'eReferral Followup' screen. It has a menu bar with 'File', 'Utilities', 'View', and 'Help'. Below the menu bar are three dropdown menus: 'Start date: 1/12/2016', 'Messaging provider: Healthlink', and 'Status: All'. There is a checkbox for 'Hide positive acknowledgements'. Below this is a table with the following data:

Date	Patient	Provider	Addressee	Messaging Provider	Status	Details	Message ID
06/12/2016	David Anderson	Dr Frederick Findacure	Dr John Bloggs	Healthlink			BPS_20161206.73

The message status column is generally populated as a result of system level acknowledgement messages, that are returned transparently by the receiving system. It must be said that there are a variety of clinical system and that they do not all function identically in this respect. Similarly there can often be nuances in how these programs are configured as far as acknowledgement goes. So a lack of an obvious acknowledgement message, may not necessarily mean non receipt of document.