

PracSavvy

Clinical Systems Support and Training

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August 2018 — Newsbrief

Welcome to the August newsletter. The preceding fortnight or so has seen the start of the Opt-Out period for the My Health Record (MyHR). I must admit it's been enlightening and also disappointing watching the mainstream media approach to this. In particular I have been aware of the ABC News coverage as well as the News Corp publications, both of which have given headline profiles to any negative commentary or scenario they can get their hands on, no matter how half-baked or exaggerated.

It does feel like quality journalism is a scarce commodity these days. Of course The Australian Digital Health Agency didn't help at all. Refusing to learn lessons from the past they were slow to respond if at all in the mainstream media, leaving the anti brigade to furnish almost all the media input. Even if they did respond, their efforts were not given anywhere near the prominence of the negative material. Mind you, the local Mercury played it's back in the one-sided commentary. After giving top billing to anything negative, a week after the Opt-Out period, they ran a positive story. You may have missed it though, a 10 cm column bottom left on page 22 of the Saturday Mercury. They didn't even reference the MyHR in the tagline, reluctantly going with *Health database could be a life-saver*, detailing some commentary by a senior person at the RACGP.

The fact remains though, that a bit of a TV advertising campaign to instruct the general population on the MyHR would certainly have been a good idea. Scenario type [video clips](#) do exist and could have been pushed out to the population, rather than hoping they searched for it. But the opportunity was missed. Mind you, I'm sure any advertising campaign used to inform people would have attracted criticism on the basis of what it cost the taxpayer. That's the great thing about being a critic of a government program, you really can't lose! On the positive side, I'm hoping my data access article on page 2 may help ease some fears.

On a separate note, a few weeks ago I was training a very relaxed young doctor who said something like, "It's ok I'm under 50, so I know how to use a computer" I must admit the comment has stayed with me, and for a while there I was contemplating the fact that all the software training companies around the world should just shut-up shop and go home, because after-all, if you can upload a photo of your breakfast to facebook, designing databases or coding web-pages should be a snap !

Actually learning to use MD or BP is far easier than the tasks I just mentioned. But there are 2 levels of knowing how to use your clinical software. The basic way is just so that you can get through your day and generate all the scripts and correspondence that you need to. The other way is using it in a way that maintains a good 2018 standard medical record and doesn't impact negatively on any clinicians or nurses at the practice that need to provide care or complete follow-up activity. Just a thought!

eReferral

Please note the following eReferral additions and changes, all in the North this time:

New

Dr Ajay Prakash	Clinical Haematology	Nth	<i>welldayh</i>
Dr Usira Vithanarachchi	Clinical Haematology	Nth	<i>welldayh</i>
Dr Alhossain Khalafallah	Clinical Haematology	Nth	<i>welldayh</i>
Dr Srija Bhattacharrya	Cardiology	Nth	<i>heartctr</i>
Dr James Mau	Cardiology	Nth	<i>heartctr</i>

Delete	Dr Alexander Jacobsen	(Relocated NSW)	Nth	<i>heartctr</i>
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MyHR

One of the scare tactics used by critics of the MyHR is claiming that the Government has intentions to do things with your health data that have nothing to do with your healthcare. Now there is plenty of specifically documented information on what the government calls [Secondary use of MyHR system data](#), and you can access it via the preceding link or from an FAQ [here](#).

Of course the critics are unlikely to look for or believe this information, and possibly you are unlikely to read it because, well you have a life! So for the latter group, here is a summary of the good bits:

- ◆ Secondary Usage refers to using the data for research, policy and planning purposes
- ◆ Secondary use data will not be available until 2020 at the earliest
- ◆ Applications to access the data will be assessed by a Data Governance Board, which will be comprised of representatives from several areas including privacy and consumer advocacy groups
- ◆ Secondary use data will always be de-identified unless specific consent has been gained from the individual
- ◆ Individuals can opt out of having their de-identified data included in Secondary use data
- ◆ MyHR data will never be made available for solely commercial or non-health related purposes
- ◆ Insurance companies will **not** be given access
- ◆ Law enforcement agencies require a court order to access a record*
- ◆ Interrogation of data by other Government agencies, e.g. Centrelink or the Australian Taxation office is considered non-health related, and therefore **not allowed**
- ◆ The Secondary use framework will be subject to regular review to ensure currency.

** This was always the stated position of the Australian Digital Health Agency, however it has been noticed that the underpinning MyHR legislation does not explicitly state this. Amendment of this legislation is currently being looked at.*

PenCat

The following PenCat updates were released in July:

- MD extracts can now be configured to extract data by record number prefix
- MBS graph for reporting of Telehealth and Nurse Practitioner consultations
- FBG categories have been upgraded to include ≥ 5.5 to ≤ 6.0 and > 6.0 to < 7.0
- Diabetes SIP graphs now include Medication Review where possible
- Respiratory Asthma medications updated to exclude nasal sprays

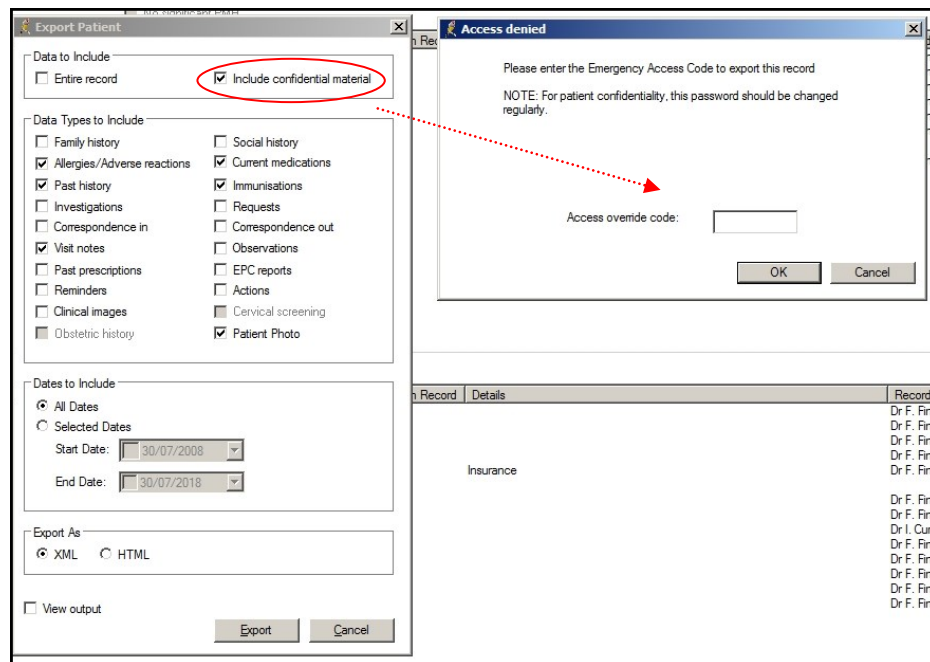
The first enhancement catches the eye as something that may be of interest to practices. PenCat can limit it's data extracts from both BP or MD to individual billing locations, or even patients with a specific prefix in their record no. So multi branch practices that share a common database can do individual extracts for each practice. See next month's newsletter for a detailed explanation.

BP

Best Practice (BP) released it's *Indigo* update a little over a month ago. While many of you have not installed it yet, here's a look under the hood at the new features.

Privacy.

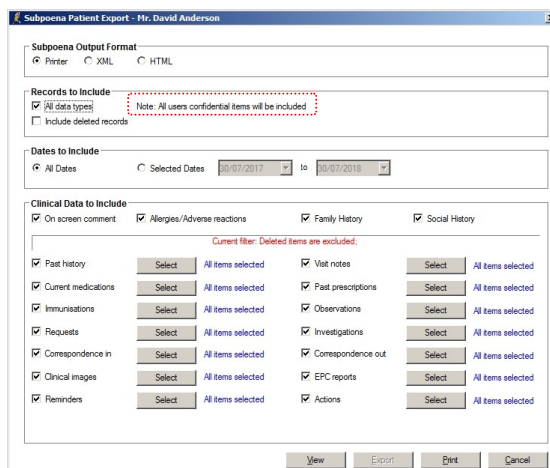
BP has always had the ability to make a consultation note confidential, or even indeed limit a patient record to access by one doctor only. There are stronger visual clues around this now, even exporting a patient record that contains confidential information will require a password if the original doctor is not doing the exporting.



The moral of this story is, because of the increase in functionality, practices should make sure they have their *Emergency Patient Access Code* set. You will find this field under *Setup..Configuration..Database*.

Subpoena.

On a related note, BP now includes a subpoena tool, found under *Utilities* on the main screen. Access is controlled by a User permissions setting, so if you can't see it, check your permissions.



Note that confidential material will be included in this extract.

Also note that you have got the ability to finally tune the information you are providing, both by type and also a date range.

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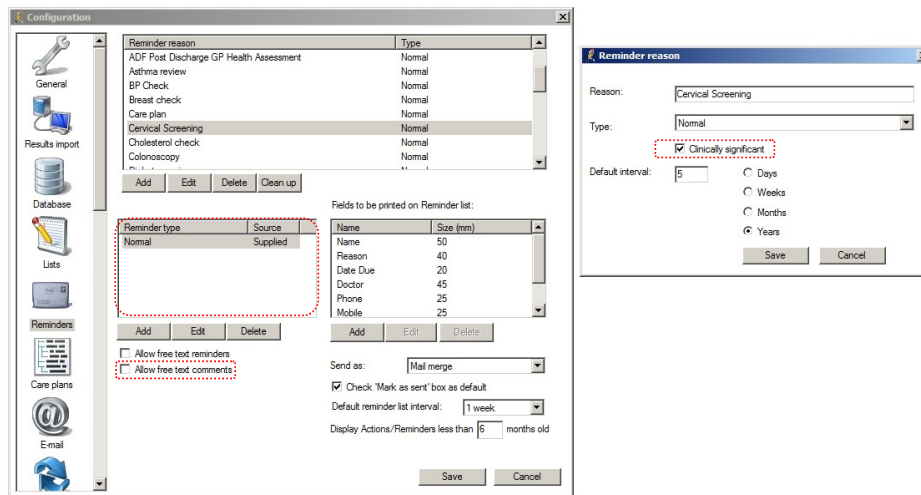
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BP

Indigo Update continued..

Reminders.

The uptake includes some extra functionality for Reminders. Visit Setup..Configuration..Reminders, to see that you can now allocate reminders to a group type as well as allowing staff to free text a comment *remark* that becomes part of the reminder.

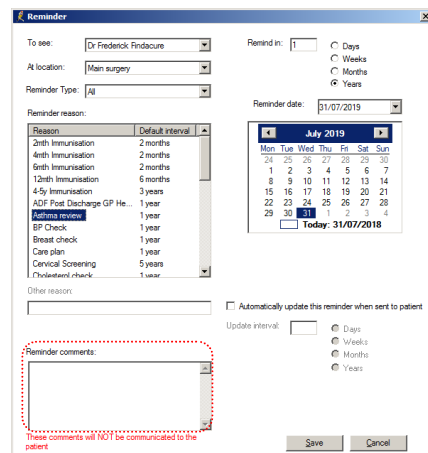


You can also specify a reminder reason as Clinically significant (this reference can be used when creating reminder lists), and you can also now specify intervals in terms of days. I would certainly allow free text comments for the communication enhancement it offers, but I have always discouraged free text reminders.



The ability to right-click a reminder, either in the above screen or in the reminders pane in the clinical record and select *Open Visit* to view the consultation notes for the day the reminder was created will be very popular with GPs. Note that this will only apply for reminders that are generated after the *Indigo* update is installed.

The Reminder comments section at right will be handy for either a one-off note by the reminder creator, and/or a place to document contact attempts. At this point it is only viewable from the patient record.



See the September Newsletter for Part 2 of this article.

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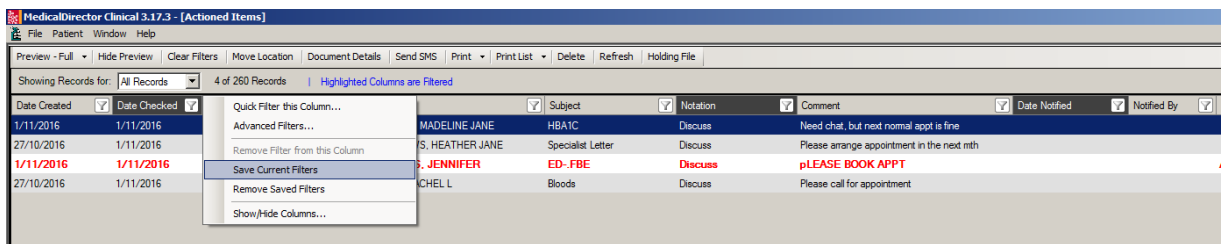
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MD

The Medical Director (MD) electronic documents type screens, all contain columns that can be filtered in order to quickly locate certain types of documents. What is sometimes missed is that these filter settings can be saved, and reinstated next time you log in.

This feature is most useful when you are participating in practice-wide tasks like pathology follow-up. Consider the following example from the *Actioned Items* screen.



In this situation the practice admin staff have filtered the screen in the following manner:

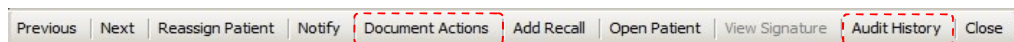
- Date Checked: All results checked since yesterday.
- Notation: Results marked as *Discuss* or *Return Urgently*
- Date Notified: Only Results with a blank value in this column (If there is a date in this column, it means the patient has been advised of the result and there is no other follow-up necessary)

The filtered columns are flagged with a dark colour. The handy thing is, you can right-click on the column headings and elect to save the current filters as is illustrated above. That way the exact same settings will be applied when the staff member goes into the Actioned Items screen tomorrow, or next week. When saved, filter settings apply to the user that is logged into MD at the time.

Note also, that in the illustration I have dragged the most relevant columns into my screen. I put the *Comment* column next to the *Notation* column, and I also have the checking doctors name (obscured) and the patient name. Obviously I also have the *Date Notified* and *Date Checked* fields in a prominent position.

You can move these columns by clicking and dragging on the headings, and you can also click on the heading edges and drag to make them wider. You can also make the document preview appear at the right or bottom of your screen, or not at all. MD will remember your view preferences next time you log in, so it's worth taking the time to set your screen up to be as efficient as possible.

While we are looking at the Actioned items, it's worth mentioning again, two key buttons at the foot of the screen.



Think of *Document* as a verb, rather than a noun. This button lets you document any actions you may have undertaken in trying to contact the patient. You can list all your contact attempts here and if you wish, even note the date of the appointment that you have booked for the patient.

The *Audit History* button shows the complete history of the document within MD, including when it was imported and whether or not it was manually assigned to a patient and/or provider. It details who has interacted with the document including listing any *Document Actions*. The button is also available from the *Results* or *Documents* screens in the patient record.