

# PracSavvy

Clinical Systems Support and Training

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

August 2021 — Newsbrief

Welcome to this month's newsletter, I hope it will be of some utility.

## Templates

The following new or updated templates are available at my website [here](#):

St Giles Developmental Assessment Team DAT Referral (Updated)

PlantMed Cannabis Clinic Referral

## eReferral

Please note the following eReferral (Healthlink EDI) changes. As always the full listing can be found on my website [here](#).

Dr Emma Mitchell	Hob Cardiology and Medical Specialists	Rheumatology <i>hcardiol (S)</i>
A/Prof Paul Harvie	Hob Cardiology and Medical Specialists	Orthopaedics <i>hcardiol (S)</i>
Dr Chris Middleton	Hob Cardiology and Medical Specialists	Retiring <i>hcardiol Delete</i>

On the subject of eReferral I read that over 20,000 My Aged Care referrals have been done using [Healthlink Smartforms](#) since the facility was launched in 2019. If you haven't explored this method that comes bundled with your clinical software, do yourself a favour!

## eScripts

While I'm throwing numbers around, apparently more than [11 million eScripts](#) were issued in the last financial year. This number will undoubtedly increase with the latest BP release (Saffron SP1) which enabled eScripts for practices who are using [Medisecure](#) rather than ERX for their electronic paper script provider (barcodes).

Given that there were probably even more paper scripts, it does make you wonder how massively medicated we are as a population. And whoever invented the QR code must be the richest person in the universe by now. Is there a facet of life where these are not featured? What's next, QR code tattoos on people's pelvises to facilitate romantic encounters? Don't laugh!.....oh you weren't.

## Medicare

As I mentioned last week, non-clinical stuff is not my brief, but knowledge around [Medicare Web Services](#) continues to evolve and I know there is at least some confusion. One key piece of information that I have assimilated since the last newsletter is that.....**All your doctors and all your nurses and all the kings men do not have to have an individual Proda account!!**

This misconception has possibly been perpetuated by Medicare staff and related educators and is rooted in a lack of understanding of how general practice works especially in relation to the clinical software in use. Remember these were the folks in the early 2000s who *really really* wanted everyone to have individual PKI certificates. Well that worked well didn't it! Those little blue bits of plastic are still cluttering the bottom drawers of various GPs and practice managers a couple of decades later. (*Fun fact, my first foray into the health sector was being hired for a 12 month project to convince GPs these were a good thing. It's a minor miracle that I'm still here*)

The key point is if you only interact with Medicare and related online services through your GP software, then your clinicians don't need an account. If you feel the need to log in directly via the web, and currently use PKI certificates to do so, then yes, get a Proda account. For most practices I would suggest having 2-3 individual Proda accounts tied to your organisation account. This is mainly so that if someone is on leave, someone else can do whatever Organisation maintenance in Proda is required. There is a really good all-round FAQ document [here](#), courtesy of the Best Practice trainers.

**STOP PRESS:** MD claimed this week that their software will handle PRODA authentication through passing on the practice Minor ID, and that **no-one at all** needs to set up anything in PRODA.

I'm actually a little sceptical, but you can watch their webinar [here](#).

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## MyHR

It was good to read in the last week or so that the North west's new Diagnostic and Ultrasound provider, [Imaging Plus](#) will be routinely uploading a copy of their images to the MyHR. If GPs don't find time to upload Shared Health Summaries, then the MyHR is merely an increasingly utilised receptacle of documents, results or images that may not have been sent to the GP directly, but can inform your decisions around the patient you are treating.

I may not be aware of everything but here is my take on the information that is potentially 2-4 clicks away for most GPs.

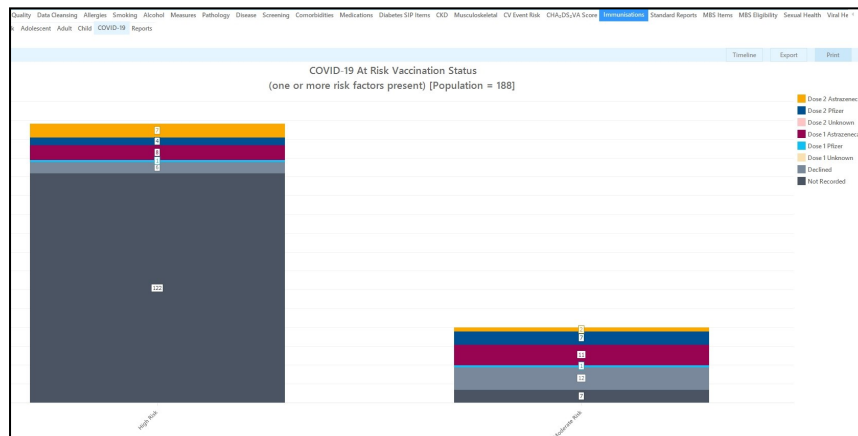
THS Discharge Summaries	Hobart Private Discharge Summaries
RHH & LGH Imaging and Pathology Results	Hobart/Lton/NW pathology results*
Women's Imaging Documents	Imaging Plus Images
X-Ray Newstead Images	Hobart Dental Imaging images
AIR recorded immunisations	NE Soldiers Memorial Hospital Imaging
Sonic Bowel Screening Results	Prescribing & Dispensing information
Medicare Billing History	

\*Where pathology requesting practices have requested the upload.

Additionally of course, if your patient is from the mainland, a [whole lot of other labs and providers](#) are potentially applicable. Over time you will see more and more diagnostic providers uploading their information. There are still some local providers displaying what I would term Temporary MyHR Laxness, but hopefully they will see the light soon. Gratifyingly, the latest batch of interns I have spent time with have certainly indicated how having access to the MyHR in the public hospital system has been very helpful to them, even if it is largely in the form of accessing dispensing information.

## PenCat

PenCS updated it's PenCat product to version 4.35 this past month. Apart from a couple of minor bug fixes, the main changes were adding some more Item numbers to the COVID-19 financial analysis reports as well as some detail around which vaccine and which dose for the practice vaccination status reports.



## TopBar

TopBar was updated to version 2.14 and it contains 3 new apps, 2 of which are also available as completely stand-alone applications. I know that having an App on TopBar is potentially a way of catching the clinicians attention, but I am more of a fan of the apps that enhance your use of the main program, rather than drawing you to a whole new application.



The MGT app can be used as a fully featured program to complete Care Plans and Heart Checks. You can sign up free for 30 days and read all about it [here](#) or watch this [video](#).



[Foxo](#) is a messaging, video and collaboration tool for health professionals. Like a few other initiatives, it is free to GPs in the hope that GP uptake will create leverage for specialists and others to purchase the product. You can read about the TopBar integration [here](#).

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## TopBar

Continued..

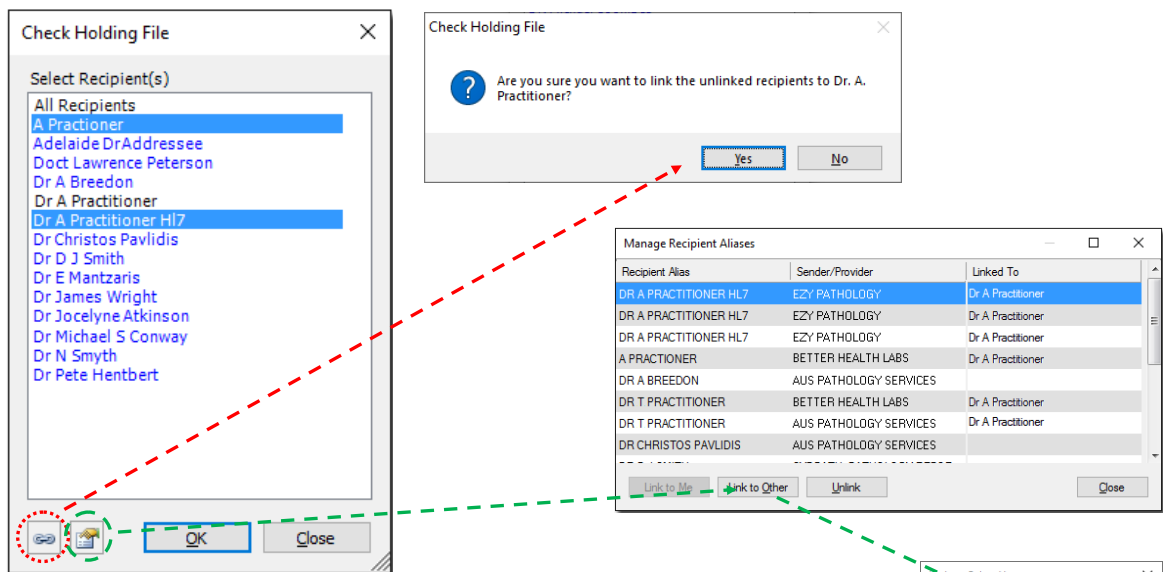
Foxo *may* be one of those products that looks good in a brochure or video clip but doesn't translate well to real world behaviours. I *may* be short-sighted or totally wrong about this, but I'm sceptical about specialists and the like sitting around waiting to accept chat or video requests.

On the Webinar I had 2 goes at asking "where is the list of specialists that are available via the Foxo network". The answer that came was essentially "it's a secret", which pretty much confirmed my thoughts about the business model.

The 3rd new App, is basically a facility to create your own app(s) which display on your TopBar and when clicked, take you to the website that you configured it for. You get to select from a few app icons. So I created this one  which links to the PracSavvy website. How exciting is that!!

## MD

With electronically received correspondence ever on the increase, it's inevitable that Drs may see several versions of their name mentioned when they open the *Holding File* in MD. This occurs whenever a provider sends a document that is addressed in a way that doesn't exactly match the way the Dr's name is set up in MD. Sometimes a difference can be as simple as missing the "Dr" bit. Documents that do exactly match the Drs setup in MD will be grouped under a name that is displayed in a black font. Everything else will show in a blue coloured font.



In the illustration above, Dr A Practitioner is checking the Holding File and he is properly listed in the black font. He also has documents addressed to *Dr A Practitioner HL7* and *A Practitioner* in a blue font (highlighted). If he doesn't want to fix this particular issue now, he can just use the ctrl key to select all 3 versions of his name, and then click OK to open the Holding File.

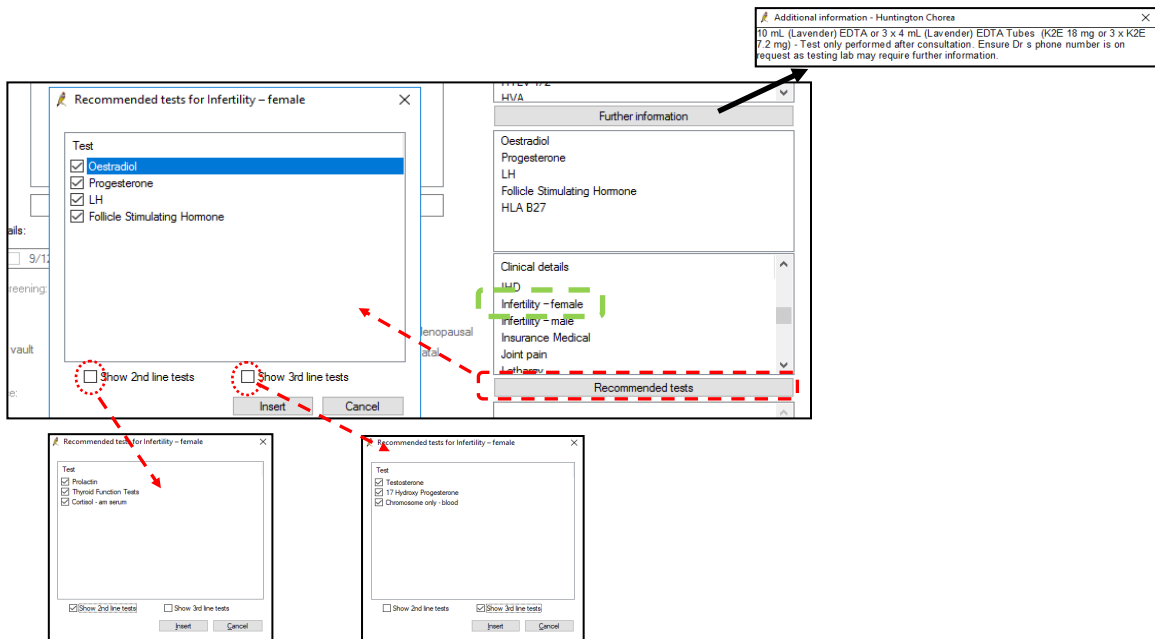
However he can fix this issue now by selecting the two blue listings and clicking the bottom left "Link to me" icon which is shown circled in Red. After confirmation, these two listings will be *aliased* to his proper name. They will disappear and will not appear when future documents arrive addressed this way.

Similarly, a third party like the Practice Manager, can select the incorrect listings and using the other icon (circled in Green) access the *Manage Recipient Aliases* facility. Then, using the *Link to Other* button, they can 'alias' these listings to Dr A Practitioner, with the same effect as described above.

Note also on the initial Management screen the display of existing aliases and the ability to cancel these using the *Unlink* button.

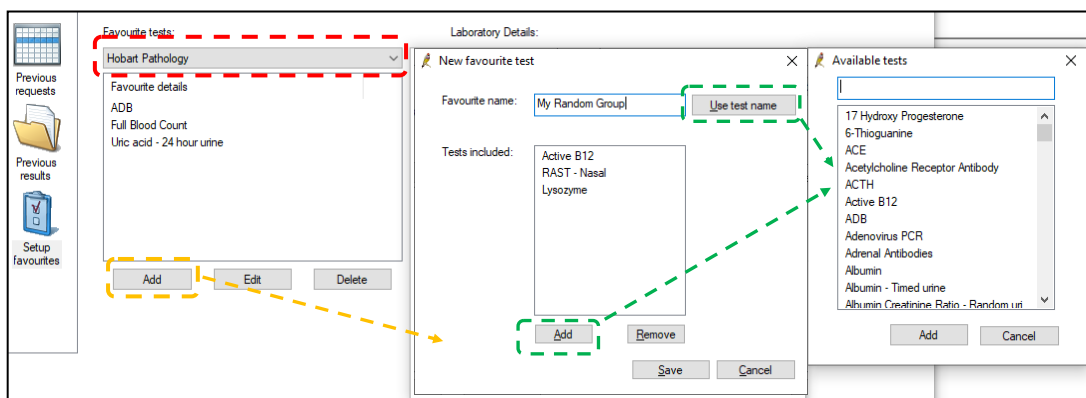
BP

I mentioned it briefly in my [March newsletter](#), but it's been such a popular tip in my training sessions, I thought I'd give it another run, and also add something I didn't mention previously. These tips come courtesy of the software interface between Hobart/Launceston/NW pathology and only work if these providers have been set-up properly at the practice. When you select a particular test, you can click the *Further information* button to reveal details around collecting the sample including tube colours etc.



The other thing you can do is select from the list of Clinical details and click the *Recommended tests* button to show exactly that. Note also the selection boxes at the bottom of the dialogue that let you select 2nd and 3rd line tests. Click the *Insert* button to move the tests to the request list.

Setting up favourites can sometimes feel a little fiddly, and for a while I found the 2nd screen not particularly intuitive. I've tried to show a traffic light sequence to show the order of events here. Firstly, from either your Pathology Request screen (*Setup Favourites*) or from *Setup..Preferences..Pathology* tab, select the favourite list you want to edit. This will usually show a choice of *Generic* and the lab you have set up. In the diagram, I have selected the Hobart Pathology favourites list. Then click *Add*.



At the next screen, if you just want to add **single** test names to your Favourites list, just click the *Use Test name* button, select your test, then click *Add* and *Save*. Repeat if required. If you want to create a **group** of tests as a favourite, click the *Add* button, select and *Add* them one at a time and when you have made all your selections, type the name of your group of favourites in the *Favourite name* field and click *Save*.