

PracSavvy

Clinical Systems Support and Training

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February 2020 — Newsbrief

Welcome to the February newsletter and the start of a brand new decade.

Hopefully the next few years will see significant advances in the clinical application of readily available technology. In New Zealand Pharmacies have been told to get rid of fax machines by [the end of the year](#), and here in Australia there will be trials of completely paperless scripts and electronic hospital referral. Tasmanian public health doctors will finally be able to view the My Health Record, and local general practices and after-hours services will start to wonder how they ever coped without it.

Read on for more misguided optimism, as well as news and tips.

eReferral

Please note the following healthlink address changes.

Additions in the South:

◆ Dr William Osler	Gastroenterology	chctlvcs	<i>(delete drgastro)</i>
◆ Dr Simon Binny	Cardiology	chctlvcs	<i>(delete heartctr (North))</i>
◆ Dr Sam Lovibond	Cardiology	chctlvcs	
◆ Dr Matthew Wilkinson	Orthopaedics	matortho	

Calvary Group Specialist News

Dr William Osler - New practice contact details are:

Calvary Medical Group,
49 Augusta Road, Lenah Valley, 7008.
Phone: 62785456, 62785567. Fax: 62785233.
Email: TAS-LVH-CMG@calvarycare.org.au

Dr Simon Binny - We are pleased to advise that Dr Simon Binny will commence private practice at the Calvary Cardiac Centre, Calvary Lenah Valley from Wednesday 5th February, 2020. Full Biography [here](#).

Dr Sam Lovibond - We are pleased to advise that Dr Sam Lovibond will commence private practice at the Calvary Cardiac Centre, Calvary Lenah Valley from Thursday 6th February, 2020. Full Biography [here](#).

MyHR

Late last year saw the first pharmacy in Australia upload a [Pharmacist Shared Medicines List](#) (PSML) to the MyHR via the [Webstercare](#) software. The [latest figures](#) from the Australian Digital Health agency point to the huge amount of information now being stored in the MyHR. Of course what really matters is whether people know how to or are able to access this information when it counts. I firmly believe that the more the system is used, the more it's benefits will be realised.

I do remember last year [mentioning](#) that ensuring a Shared Health Summary is uploaded for patients in bushfire areas wouldn't be the worst idea, so I was ever so slightly pleased when I read this quote, from Paul Smith a Sydney pharmacist.

"The main hurdle I faced in the bushfires was assisting patients who had chosen to opt-out of the My Health record system"

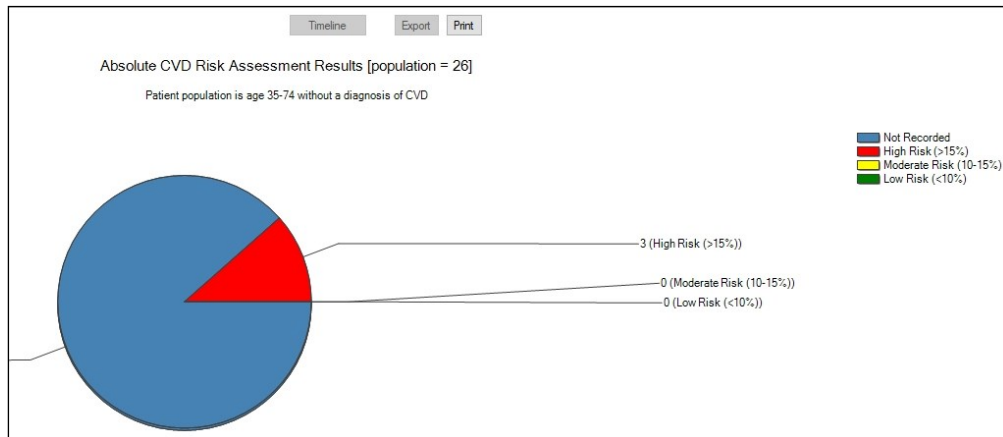
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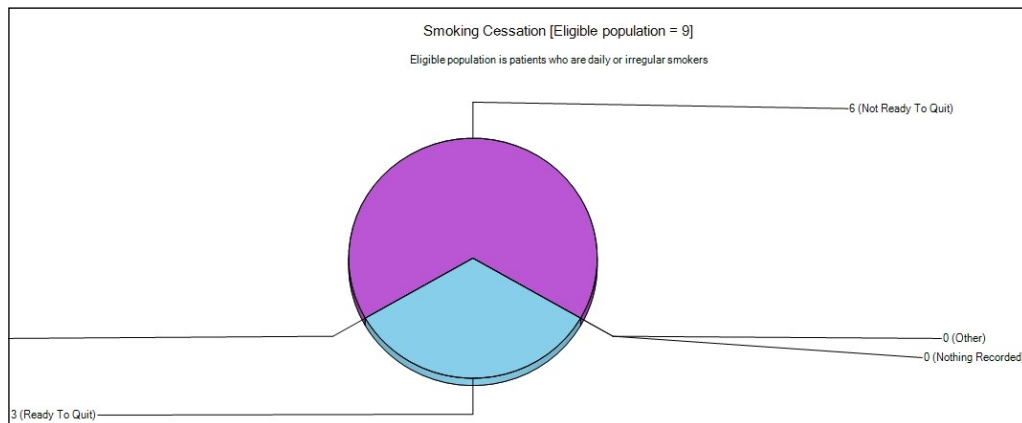
PenCat

January has seen a couple of updates to the PenCat tool. There has always been a very good graph showing Cardio Vascular Disease (CVD) Event risk for your patients, with PenCat calculating a risk factor around certain recorded patient data. Now there is alongside this a CVD risk graph detailing any assessments that have been previously calculated in the clinical system, i.e MD or BP.



I guess this helps to keep the focus on patients who have had a risk assessment proactively done for them by one of your clinicians in the medical software.

BP users now have access to “readiness to Quit smoking” graph in PenCat. As BP only gives you 2 real options around this information, the graph given is very simple.



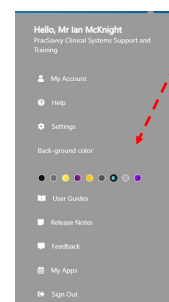
PenCS have also added the item numbers for the Healthy Heart check to the MBS filters and graphs.

TopBar



There have been minor updates to TopBar recently as well, with the most obvious one being that now, the “current patient” related apps are shown on the right side of the bar, with the other apps like *Waiting Room* and *CPD* grouped on the left.

And in a change that’s sure to “rock your world”, by accessing the menu using the icon at top right you can configure the background colour for your TopBar application (*tiny graphic alert*)



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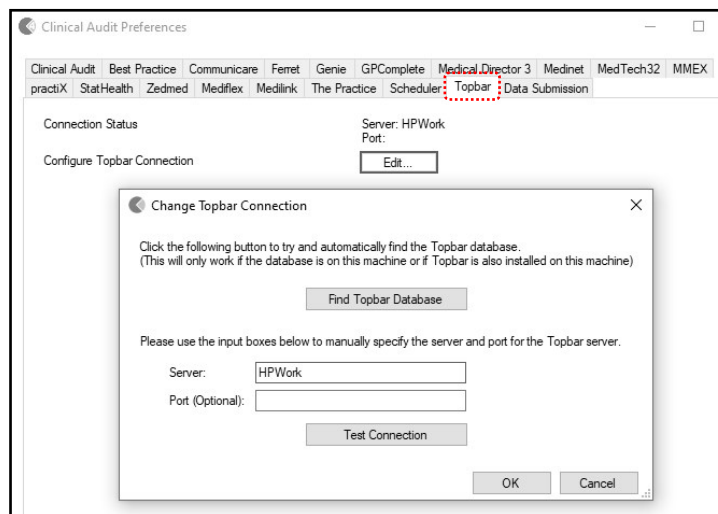
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PenCat

One of the “best bits” in my opinion of the PenCat and TopBar tools is the ability to identify diseases that are possibly present but not formally coded in the medical history. This is done through the *Data Cleansing* report in PenCat and the *Data Cleansing* app in TopBar as discussed in a [recent newsletter](#).

TopBar

Sometimes of course, after the information has been reviewed, we want to flag that the condition is NOT present and should not be included in the history. We can comfortably do that in the TopBar app, but to make sure that this is reflected in our PenCat audit report, or indeed to make the notation using the PenCat report, there is an important piece of configuration that needs to be in place. Your PenCat installation must be connected to your TopBar database. You can check this in PenCat via *Edit..Preferences..TopBar*.



If there is something next to the server name, there is nothing to be done, although you could click the Edit button and then Test Connection. If you don't see a connection here, ask your IT support. PenCat and TopBar will still be working fine on every other level, they just won't talk to each other as in the situation stated above.

If you want to flag a condition as *not present* in TopBar, just click on the button as highlighted below.

ITEM	STATUS	INDICATION DATE	ACTION
Mental Health	✘ Indicated problem with no diagnosis	12 Feb 2018	<input type="button" value="ADD IN CLINICAL SYSTEM"/> <input type="button" value="DEFER"/> <input type="button" value="CONFIRM INDICATED CONDITION DOES NOT EXIST"/>

The condition will then be listed as reviewed, along with the reviewers name. it will also appear as such in the PenCat Data Cleansing report if your settings are configured correctly. You will not have to do a new collection to reflect this update.

The following diagnosis have been reviewed:

ITEM	STATUS	INDICATION DATE	REVIEWED BY	ACTION
Mental Health	✘ Indicated problem with no diagnosis	12 Feb 2018	ianmcknight	<input type="button" value="REINSTATE"/>

If you want to use the PenCat report to confirm that the condition doesn't exist, simply click the tick-box at far right and then click the *Save and Remove* button. The item will be moved to the *Reviewed* report and will also be reflected in TopBar.

Indicated Reviewed
Patient List [count = 2]

Double-click a patient to open it in your clinical system (MD.BP.Zedmed) Page No. [] Go [] Save & Remove [] Export []

Double-click a patient to open it in your clinical system (MD.BP.Zedmed) Page No. [] Go [] Save & Remove [] Export []

Legend: ■ Likely ■ Possible ■ Review

	Surname	Firstname	DOB	Indication Date	Sex	Antidiabetic Medication	HbA1c	FBG	Eye Exam	BMI	BP	Foot Exam	Chol	Trig	HDL	Maltb	Smoking	eGFR	Assigned Provider	Confirm Condition Does Not Exist	
	RICHARDS	JIM	12/12/1958	04/02/2008	M	Y				35.1	160/90	Y							Dr. A. Practitioner	<input type="checkbox"/>	
✓	TEST	PATIENT	01/01/1980	06/09/2012	M		7.4													Dr. A. Practitioner	<input checked="" type="checkbox"/>

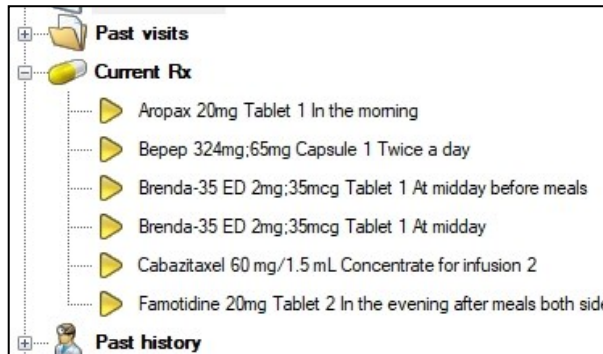
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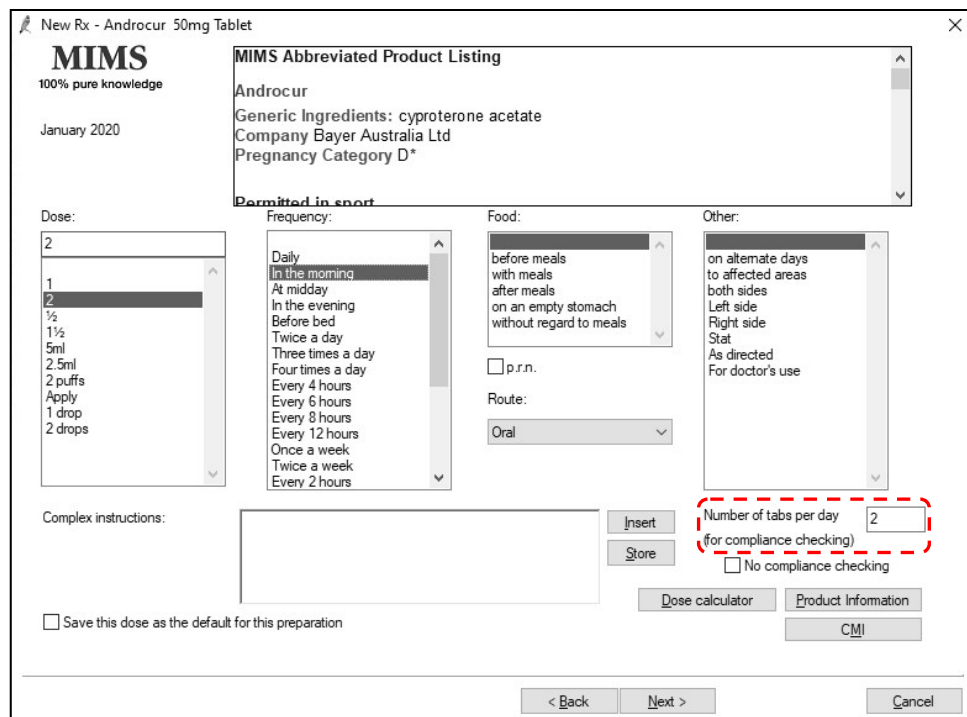
BP

Just a couple of quick tips or reminders around prescribing in Best Practice. Remember that if you like to look at the current medications list via expanding the menu tree, it will **only show the long term medications**.



--- Only displays Long Term meds

Best Practice does a reasonably good job of calculating medication compliance, which is why it is often able to remove a once-only medication from the list automatically when it thinks the script has been used up. If you want to give the system the absolute best chance of calculating this correctly, remember to fill out the number of tabs per day checkbox.



Notice that if you see a number on the fact sheets button after you have printed a script, as per the illustration below, it will generally mean that the system has found an information sheet on that treatment for the patient.

Fact Sheets (2*)

This sheet can be printed off or emailed to the patient. This functionality will only be available if you have enabled fact sheets under your General Preferences from the front screen.