PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

February 2022 — Newsbrief

Welcome to the February newsletter. Hopefully most of you had a reasonable Christmas/New Year break, although for some, that probably already feels like a long time ago. Also want to give a shout out to a couple of Eastern shore locations that were instantly converted to hydrotherapy facilities at the whim of "Mother" Nature earlier on this month.

Did you know there are approximately six and a half thousand general practices in Australia? Given my understanding of market share, I would estimate that over six thousand of them are using either MD or BP. That's an awful lot of practices around the country that use the same clinical software that you do. Furthermore participation in some health related social media groups reveals to me that whilst some practices have ongoing and disappointing system problems, other practices run very smoothly indeed and describe their IT support as "wonderful".

The point I'm arriving at is that, if there are practices around the country on BP and MD and everything is working properly, then your practice can be (and should be) too. I'm not talking about minor glitches, I'm talking about the stuff that makes the system unavailable or unworkable repeatedly over a long period of time. If this is happening to you, then someone is not doing their job and not committing themselves to solving your problems. You are not getting what you pay for! Just this past month I've heard a Dr tell me that clicking on MyHR in MD causes the whole system to crash for the entire practice. I've also heard of 10 minutes to send an escript (MD) and a BP system that whilst now fixed, was crashing for 2 months!!!

I'm not saying IT troubleshooting is easy. It requires knowledge, a logical mind and importantly persistence. But every time a system crashes there are almost certainly going to be error log messages left behind. Remember, products being run by over 6000 practices around the country…..what are the chances of your practice having a problem that hasn't been experienced by other organisations elsewhere. The software companies document fixes and known issues and share with IT support providers everywhere. If you are having repeated crashes then your IT provider needs to be talking to the software support people at MD or BP if they are stuck for a solution. And by talking, I mean a 3rd level technician at MD or BP.

You can help by being specific and factual about the problem. Note as much details as possible, e.g. time of day, doctor or machine specific or practice wide. This helps very much, but after that It's down to your IT team working with the software vendor, it is very much a conversation for them. Certainly if you are a big customer, a strong conversation with an account manager type might be an effective way to get better attention to your problem. I would certainly encourage using IT support that is experienced in the medical sector. I know that there isn't necessarily a huge amount of choice when it comes to providers locally, but given that there are more and more systems hosted on remote servers, being physically available isn't as important as it used to be. Whereas years ago an IT person would need to look at your PC, nowadays it is more likely they will need to check your profile on a remote server.

In short, demand the same attention from your IT support that they would expect from your doctors if they were patients.

"***Just don't make me look like a dick in front of the patients!"*** This was a quote from a friend of my partners at a large medical facility (non general practice) when being told about their new clinical software. It resonated with me for the economy of language and the underlying sentiment it conveyed. Everybody at the practice wants to feel professional, nobody wants to look foolish, especially in front of people who don't know you well enough to have seen that you are not stupid. From an organisational advantage point of view, people who feel professional tend to behave in ways that reinforce that image of themselves and what they project to others. And the reverse is true, people who feel unprofessional and incompetent tend to become demoralised and invest less effort in what they are doing.

So, in case you hadn't already guessed, this is my regular plea to Drs (and nurses) to mark off your recalls and reminders. To mark your discussed pathology results as *notified* or *given*. Else, odds are one of your staff will find themselves trying to explain to the patient why they got a reminder SMS for the procedure that they had last week, or the pathology result that they've already had a chat about. So let's try and do the right thing by the colleagues whose interactions with the world aren't supported by having letters after their name.

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Covid

One of the down sides of the pandemic, (yes the pandemic has a down side, hear me out!) has been the effect on practice data. I've worked with practices for a long time now and the improvement in data quality has been obvious and ever increasing. Up that is, until Covid-19, for some practices at least. It's perfectly understandable and certainly no fault of the practice, but as I mentioned in the December news-letter there has almost certainly been an increase in duplicate patients in your system.

We can often put this down to 3rd party online booking programs and an increase in their use, particularly for practices running vaccination clinics. I make no criticism of programs like HotDoc here though. They have often manoeuvred their product brilliantly and quickly to assist practices in rolling out vaccinations, often with the same *shifting sands* that practices have had to contend with. And certainly a national speedy vaccine rollout takes precedence over having tidy data.

As well as duplicate patients, I'm also seeing some databases with lists of patients who have no name details entered, just addresses and contact numbers. If you copy the test from the box below into your BP search screen (Utilities..Search), it should generate a list of records with this issue. Once you have the list you can mark them as Inactive in bulk by choosing the option under the file menu. I don't know whether this issue occurs in MD (running the default query may reveal this), but as the relevant query is very lengthy, email me if you want a copy. Or you can inactivate them one at a time.

```
SELECT *
FROM BPS_Patients
WHERE StatusText = 'Active'
AND Surname IS NULL
ORDER BY surname, firstname
```

MD Query.
Email ianmck@bigpond.net.au

On a final note, there is no need to worry about this issue impacting your QPIP data reporting as those metrics are calculated for regular patients only (3 or more visits in past 2 yrs). All we are doing is tidying up.

Still on Covid, I'm sure I am not alone when I reveal that I really don't like the masks. I've been compliant and I know the people reading this have it way worse than me, but talking for 2 hours running a tutorial whilst masked has no upside at all. Until, I came across this gem of an article that casually reveals that masks, especially blue ones can make you more attractive!!! This may have been worth mentioning Mr "Marketing Background" Morrison! Don't be banging on about *airborne particles* and *vulnerable Australians*, just tell people they'll look hot!

Anyway, I've taken to wearing mine to bed, I'll let you know how I get on in next month's PracSavvy (sealed section).

On a final Covid note, those of you with an interest in systems may be interested in hearing about the 1D10T error that is hampering our vaccine campaign.

Work Wanted

Nikki Franzin is a senior receptionist who has recently relocated here from the mainland. She is described by her former boss in a practice manager facebook group as being honest, hard-working and totally reliable. She has sent me some details below, get in touch with her via email if you want to have a conversation.

Nikki Franzin nikkifranzin@hotmail.com

Over 25 years Medical Administration/Reception experience.
Systems used- Best Practice, Genie, Karisma, Microsoft Office, Word, Excel, Publisher, Outlook, Anzio, Oasis.
Use of Eftpos, Medicare, Hicaps, Work Cover, DVA, Interpreting services.
Certificates in Senior First Aid and Resuscitation, Manual Handling, Conflict Resolution,
Fire Safety, Mandatory Reporting.
I love working with a wide variety of people and making a difference.
Prefer to work near the city and no more than 3-4 days.

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eReferral

Just one addition for your address books this month.

Andrew Ridge Accredited Pharmacist (HMRs) *andridge* *(S)*

I mentioned last month that a little disappointingly there were no more THS clinics added as destinations to the Smartforms facility in BP and MD, despite the earlier undertaking that there would be. I am told though that the THS has strengthened/formalised it's relationship with Healthlink and there are definitely more clinics to come on board in the future.

On a really pleasing note, I did hear some feedback from a GP this week, along the lines that they had had some 2-way communication via their inbox with a THS specialist as a result of using this method. Referrals that are sent into the THS electronically can be replied to using this channel. The GP in question was extremely happy with this, and this was the 2nd time I had heard this from a local doctor. I can promise you that neither of these GPs give fulsome praise lightly, so I do consider this a strong endorsement of the method.

MyHR

Ironies continue to abound with the MyHR. You may be amazed to know that this has been around since 2013, and yes I have been trying to sell GPs on it since then. The THS granted their users access to it a couple of years ago, being the last domino to fall as far as Australian public hospitals were concerned. Now, THS staff members are contacting general practices asking them to upload shared health summaries to support their Covid at Home program. Exactly the sort of situation the system was designed for.

Now if you a GP and have been busting to upload SHS's but don't quite know how, there are cheatsheets for both BP and MD, and because inclusive is my middle name, Genie, Communicare and MedTech32. Now, because this document is called a Health Summary, can I implore practices to ensure this is a quality document. Please don't undermine peoples faith in the system by uploading incomplete or incorrect summaries. Remember that if you are involved in the person's healthcare, **you absolutely do not need their consent to view their MyHR**. It is however considered good practice to involve them in the conversation if you are going to upload a Shared Health Summary.

On a slightly related note, the Telstra Health Healthnow app can now be used to download your Immunisation certificate from MyHR.

NASH Certificate Renewal

One of the things that practices need to have installed to access the MyHR is something called a NASH certificate. Traditionally these are issued with a 2 year life span and are the same sort of thing as your PKI location certificates, (which are actually being phased out). Many Nash certificates are due to expire on March 13th. The reason for the set day is that Medicare is upgrading it's certificate security from SHA1 to SHA2. I won't bore you with what that means, (not because I don't know!) but the bottom line is that some/many practices will have to apply for a new NASH certificate using PRODA over the next few weeks.

Using PRODA can sometimes be challenging, causing some, more than a little g*nash*ing of teeth (see what I did there?) However, there is some information below that will make the whole thing a bunch easier:

What NASH is and the basics

Renewal Cheat Sheet

Renewal Comprehensive guide Powerpoint slide show.

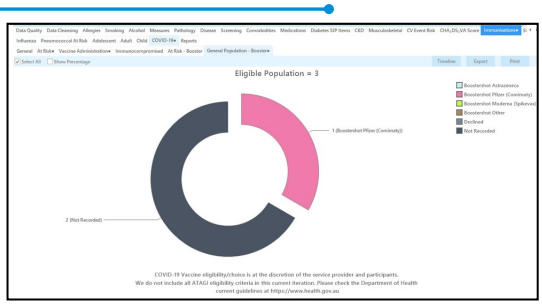
Once you have your new NASH certificate, give it to IT support for installation.

PenCat

During January Cat4 was updated to include some other Covid vaccine mappings as well as a Booster report for the practice population.

This is in addition to the Booster for the At Risk population report that was released in December.

As at the time of writing, eligible patients shown are those that had their 2nd shot at least 90 days ago. (From the date of the data extract)



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BP

Many practices use word processing templates for Care Plans, rather than the modules provided by BP under Enhanced Primary Care. There is a bit of a frustration for practices that have recently converted from MD, in that documents that looked like they were a care plan were moved to the *Enhanced Primary Care (EPC)* folder, rather then to the *Correspondence Out* folder.

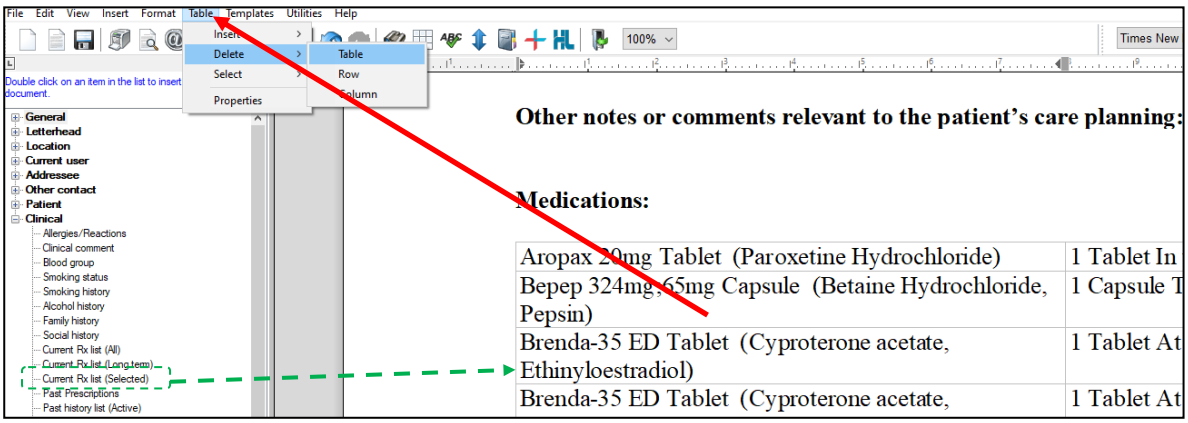
The storage area isn't the issue though. When documents are opened from the EPC area, you are unable to perform a Review on the plan by editing the original document and then using the *Save As* function. This means, you have to somehow create the plan again, just so you can review it. You can actually open the original document in an external program like WORD, do a Save as and then import or scan back into BP. This however, doesn't qualify as efficient by anyone's standards.

Thankfully you can accomplish what you need with a couple of minor steps first.

- Open the plan from the EPC folder
- Right-click on the document and select *Select all*
- Right-click on the document and select *Copy*
- Close the document
- Go to Correspondence Out and on the blank page, Right-click and select *Paste*.

You can now edit the document as required and save when you have finished. Of course, as we haven't prepopulated anything, we have to be wary of things that may have changed since the original plan creation.

At the very least I would delete and refresh the Medications and History tables using the *Tables* menu and then inserting the new values from the *Data Tree*.



Click in the Medications list then go up to *Table* menu to delete it.

Expand the Data Tree and from the Clinical Section, double click *Current Rx list (Selected)* to populate the refreshed information.

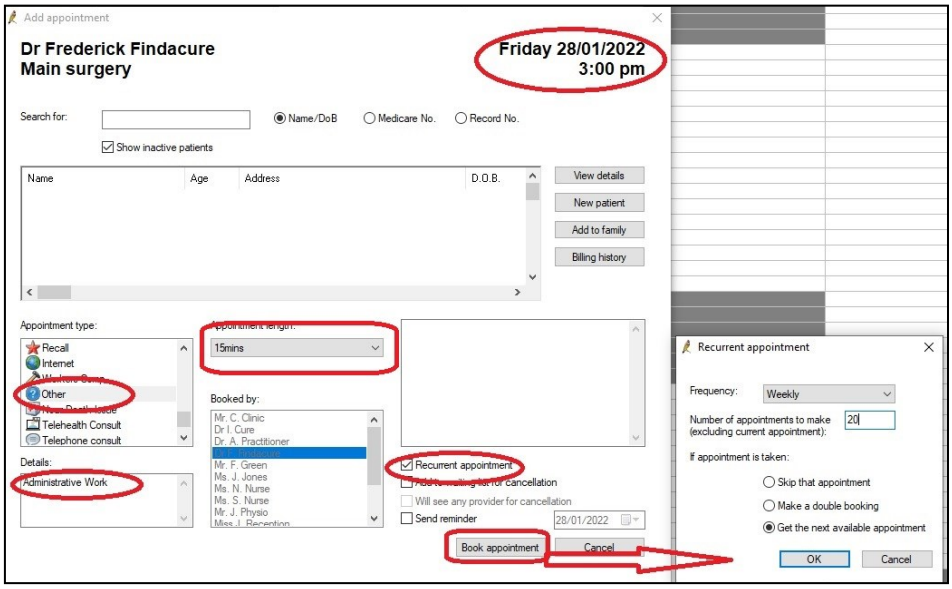
Do the same with the History list and anything else you may feel has changed since the original plan date. Also remember to update any dates in the document. This may present some GPs with their first experience using the Data Tree. It is a potent way to drop information from the current patient record into a document. It mean's you should virtually never have to go back to the patient record to copy and paste things.

By way of completion, I want to mention that if the original plan was *created* using the EPC module, if you go to that area again, select the Care Plan folder and click *Add*, it will ask you whether you want to do a review on the plan that was previously created. If you choose to, it will then load the original Plan screen and data, but call it a Review. You are then free to document any recommendations and tweak the goals and tasks of the original plan. The finished document looks very much like the original plan, but with your review comments. I don't know that I love the end result, but it may be ok for simple care plans, and I don't do them for a living, so you should definitely make up your own mind.

BP

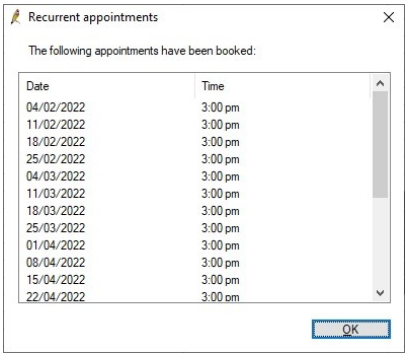
It's good when people ask me how to do stuff and send them instructions, because it can have the double benefit of inspiring a newsletter article where I have already done part of the work. Now, I don't normally claim to support the front-desk, non-clinical side, but I thought this may be worth sharing.

Question: How do I create recurring regular spots in the appointment book for non patient-contact activities?

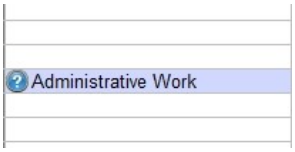


Find the spot in the calendar you want to reserve. Select a non-patient type appointment and write something descriptive in the *Details* section. Select the duration you require, make sure you tick the *Recurrent appointment* box and book the appointment. You will then be presented with a dialogue that asks for the frequency of these appointments, how many into the future that you want to book , and what action to take if that slot on a future occasion is already taken.

After you have clicked OK, a box will show a list of the appointment slots you have reserved into the future.



It will display thus in the AppointmentBook.



Apart from the Appointment Type these steps also apply if you want to book a recurrent appointment for a patient.