

PracSavvy

Clinical Systems Support and Training

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Edition 78 - February 2023

Welcome to this month's newsletter. The increasing doubt that I could find reasonable content for edition number 78 was nicely eased by Best Practice releasing their [Orchid](#) update in the last few days of the month. This coupled with a previously promised analysis of the soon to be used [Primary Sense](#) tool, means the creative pressure is off for another month or so.

There were also a couple of "lesson to others" occurrences in the last month or so, happily neither of which emanated from Tasmania. The first involves a [communication mishap](#) from my country of birth, with the management team at *Askern Medical Centre* in the UK deciding to bulk SMS a season's greeting type message to their 8000 odd patients. Given that the UK is even further down the rabbit hole of wokeness than Australia, I imagine there was some agonising around whether they should even mention the word Christmas. To their credit they did, and decided on the following message:

We wish you a very merry Christmas and a Happy New Year.
In case of emergency please contact NHS 111
no-reply.txt@nhs.net

All good, nice and traditional. So they sent the message.....only they didn't. This is the message that was sent to 8000 patients.

From the forwarded letters at CMP, XXXXX has asked for you
to do a DS1500 for the above patient. Diagnosis -
Aggressive lung cancer with metastases. Thanks.
no-reply.txt@nhs.net

Apparently a DS1500 form allows patients with a terminal illness to claim certain benefits. You can imagine the rest. Thankfully Meghan Markle wasn't among the 8000 recipients, so carelessness rather than systemic racism has been identified as the root cause!

The next mishap originated closer to home courtesy of the Freemantle Hospital and a letter to one of the unfortunates on their waiting list. I've reproduced the key components below.

Re: Your Ophthalmology Procedure,

This letter is to advise you that you have been removed from the Elective Wait-list at the Freemantle Hospital for the following reason:

We have been advised that the patient is deceased RIP

If at some stage in the future you require further treatment for your condition, please contact your GP and request a new specialist referral.

There was a little more, and it was signed, *Yours sincerely*, but I have my doubts.

So, with all that in mind, here's a thought. How about a 6 monthly check by practice managers on the following items:

- ◆ The in-house SMS or word processing templates used in your clinical product and/or your 3rd party SMS tool, *especially* the ones used in bulk communications.
- ◆ Your clinical software list of reminder/recall reasons especially if they are picked up and included in the previously mentioned templates.
- ◆ Your website. Is the information presented still correct and up-to-date? Remember it's your 24/7 shop-window to the world.

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PHT have just flagged this and I don't really like to cross-post, but with the closing down of state-operated COVID-19 testing clinics, it probably wouldn't hurt to repost this [link](#) to the new arrangements.

Finally the [latest studies from Canada](#) around safe levels of drinking seems to indicate that we may have to re-think that next Rum'n Raisin ice cream or liquor chockie! The Americans are taking a serious look at this too, with one proposal from the Republican party suggesting that if you can prove that you've had less than seven standard drinks in a week, they'll give you a free machine gun!

Templates

Over at my [website there are templates](#) for the recently updated *Advance Care Directive* form.

BP

As mentioned already, Best Practice released it's Orchid update late in January, and as usual there are some nice additions.

1) **Email from Management module:** For practice teams this will be the clear highlight of the update, apart from the practices that inexplicably haven't [enabled email](#) for clinical purposes. Now you have the ability to email accounts and receipts straight from BP to the patient.

It's as simple as going to the *Billing History* screen and selection either a Service line (white background) for an invoice, or a Payment line (blue background) for a receipt. Then click the email button.

Mr. Darren Anderson
Account status: **52.00 owing** Show payments/deposits Include cancelled invoices Show only outstanding services Includ

Billed to: All Item numbers:
Use a comma to separate multiple item numbers

New account Pay single invoice Pay all **Email** Reprint Cancel Write off Adjust

Date	Invoice/Receipt No.	Service ID	Service	MBS Item	Provider	Billed to
19/11/2019	1053	1384	Surgery consultation, Level B	23	Dr Frederick Findacure	Anderson, Darren
05/11/2020	1069	1387	Surgery consultation, Level B	23	Dr Frederick Findacure	Anderson, Darren

Bp E-mail

To: Use addressee e-mail Use patient e-mail

CC:

Subject:

Attachment: REF PDF PIN:

Use account: smtp.telstra.com

The resultant screen is exactly the same as the one presented in the BP word processor. Click the checkbox to insert the patient email if you have it recorded, or manually type an email address. The default setting of a pin protected PDF attachment gives a reasonable security level. The PIN defaults to the day and month of birth of the patient, and you need to separately convey to the patient what this is.

The other email enhancement is the ability to configure some standard body text to be included in every email you send out. You can create this under: *Setup..Configuration..Email*, and it's a useful place to mention the practice phone contact details, opening hours and also a reminder that this email account is not monitored and therefore not to reply to the email. There is a 500 character maximum, so plenty of scope to get across what you want to say.

Outgoing email text:

This email is from ABC General Practice
This email address is not monitored, so please do not reply to this email.
If you have any queries, call us on 6245 1122
We are open 9am to 5pm
Additionally, please let us know if you don't want to receive emails from us.

Path to PKI certificate store:

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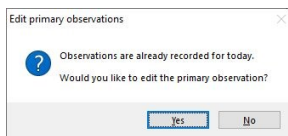
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Another nice piece of housekeeping is that all emails generated now create a [Contact Note](#). Additionally they have tweaked the processing of emails such that, if it is a large document, this is actioned as a background task, enabling the user to continue to work in BP. A confirmation message is generated when the email is sent.

2) **Multiple Observations.** It is now possible to record more than one set of patient Observations in a single visit. After you have recorded initial observations, the only way you can add additional ones is via the stethoscope icon on the toolbar or the *Add* button in the *Observations* area. These are the dialogues that follow:

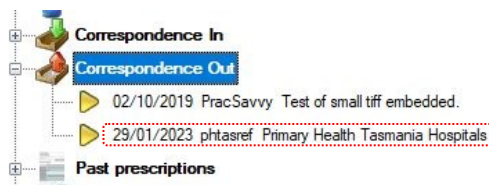


In this example, we have answered YES to the “Would you like to edit the primary Observation” question. Note the checked tickbox at top left of the ensuing screen. Doing this would replace our initially recorded observations. If we had answered NO to the initial question, then the observations recorded would have recorded as *Secondary* observations and stored as such. In the *Observations* table, *Secondary* observations are shown in a blue font, and multiple observations from the same visit are also time-stamped.

22/11/2022	29/01/23 4:58 pm	29/01/23 5:01 pm
140/80	135/70	120/80
185	185	185
85	90	100
24.8	26.3	29.2

Note that whilst you can record several same-day observations, only the *Primary* ones will appear in the consult note for that visit. As per the graphic above right, you have the option to include *Secondary* observations in documents you create.

3) **Healthlink Smartforms - Parked.** If you have created a document using *Smartforms*, and have parked it, you can resume this document at a later point in time by selecting it from *Correspondence Out* in the menu tree, NOT in the main part of the screen.



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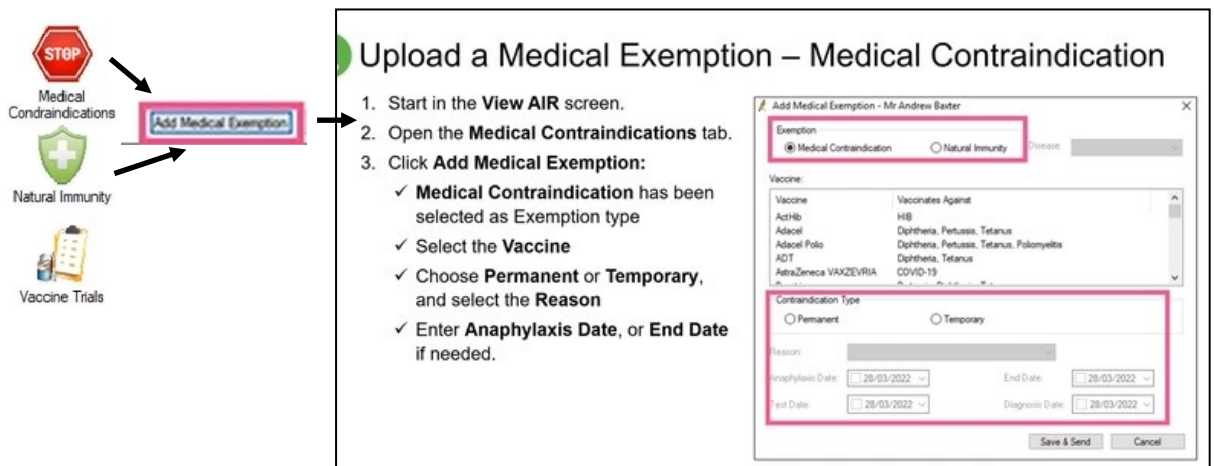
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I actually have some reservations about this. When you select the form on the left, it is displayed on the right side of the screen and is able to be edited. This is inconsistent with how draft document editing usually works in BP, whereby you double-click it from the right hand side and it opens in the word processor.

The parked document also doesn't seem to display in *Correspondence Out* until you have closed and re-opened the patient record. I also experienced some BP crashes when I resumed some parked documents. I'm hoping that this is a vagary of my network setup and not a more widespread problem. If your Drs do have this issue, a work-around is to open the parked document from the main BP screen from under *View..Healthlink forms*.

4) **Increased AIR functionality.** You can now advise AIR directly of any Medical Contraindications or Natural Immunity to a disease. Click the *View Air* button in the *Immunisations* tab.



Upload a Medical Exemption – Medical Contraindication

1. Start in the **View AIR** screen.
2. Open the **Medical Contraindications** tab.
3. Click **Add Medical Exemption**:
 - ✓ **Medical Contraindication** has been selected as Exemption type
 - ✓ Select the **Vaccine**
 - ✓ Choose **Permanent** or **Temporary**, and select the **Reason**
 - ✓ Enter **Anaphylaxis Date**, or **End Date** if needed.

The above graphic has been lifted from BP's webinar. You can see that the dialogue box above is very similar depending on whether you want to record an immunity or contraindication. *Save and Send* button sends the information directly to AIR. If your practice hasn't enabled AIR functionality for your nurses yet [Insert shaking head resignedly emoji here].

There's also a nice addition to the local Immunisation record with the ability now to filter immunisations by disease vaccinated against.

Date	Status	Vaccine	Filter by disease:	Batch No.	Ordered by
31/12/2004	Given	Comvax	All		Dr F. Findacure
23/02/2006	Given	Avaxim	COVID-19		Dr F. Findacure
11/07/2007	Given	Gardasil	Hepatitis A		Dr F. Findacure
11/07/2007	Given	Fluvax	Hepatitis B		Dr F. Findacure
25/07/2007	Given	Rh D immunoglobulin	HIB		Dr F. Findacure
			HPV		Dr F. Findacure
			Immunoglobulin		Dr F. Findacure
			Influenza		Dr F. Findacure

5) **Increased Sexuality Options.** Because, well really you can't have enough, the Orchid release expands on the oh so last century 3 offerings, with a further 6 for a grand total of 9!. I'm a little embarrassed to say as far as I can see, 3 of those choices mean exactly the same thing. I must confess I also had to google *Skoliosexual*, and now I kind of wish I hadn't.

But enough of my ranting, if you want to ride the rainbow, you'll find the new options under the *Social and Family* section of the patient record.

6) **Internal Message Sorting and Filtering.** Sneaking it in at the bottom of the page, you can now sort and filter your internal messages using the options at the top of the dialogue.

BP

7) **Improved Patient Searching** Practice admin teams are going to like this too. In all of the dialogues where you traditionally key in the patient surname to select them from the database, you can now search on a whole bunch of fields. In practical terms what will be super useful is the ability to find a patient by their mobile number or phone number. But you can use address as well as other fields.

Name	Age	Address	D.O.B.	Record No.	Medicare No.	Home Phone	Work Phone	Mobile
Andrews, Maureen "Maws"	99 yrs	3 Best St, Test Town, 1234	23/06/1923	345644	2294724171 - 5	8182 5634		0417235142

8) **More Health Identifier (IHI) lookup options.** BP now revalidates a patient's IHI number when the record is opened or demographic details are saved. Additionally you can now opt to look up the patient's IHI using either Medicare OR DVA number.

Health Identifier: 8003601094731960

Validate HI using: HI Medicare No. DVA No.

HI Status: Active

Medicare No. 6007890597 IRN: 1 Expiry: 03/2024

Pension/HCC No.: Expiry: 1/03/2024

Pension card type:

Lastly BP have beefed up the algorithm that encrypts user passwords, but that is definitely a back end update that won't be noticeable to users. All in all as long as things work as intended it's a pretty good update to Australia's best general practice software.

Primary Sense

In early December Primary Health Tasmania advised us that they would be rolling out the [Primary Sense](#) data extraction tool over the remaining months in the financial year, as a replacement for the PenCat software. I have now watched and read all the currently available information on the tool at least twice, and I have to say, I'm not thrilled with the decision. Before you start preparing picket signs however, it's probably worth mentioning that I'm a "glass half-empty" type, or more specifically a "glass half-empty and someone's spat in it" type.

It certainly isn't all bad as far as I'm concerned, so let's start with what I like.

1) John's Hopkins Adjusted Clinical Group (ACG) rating. - Many of the reports you can call up from your extracted data have a column that allocates the patient an ACG level of complexity rating. The range goes from Level 0 (No documented conditions or insufficient data recorded) to Level 5 being don't make any long term plans, (or even any short term ones). These risk bands which are allocated as part of the extract process, are internationally recognised and used in many countries around the world.

2) Likelihood of hospitalisation in the next 12 months. - For people in ACG band 4 or 5 there is an algorithm that calculates the likelihood of hospitalisation in the next 12 months. If this number is calculated to be over 80%, it too appears on many of the patient reports. The effect of these 2 categorisations may well be that the patients in most need of further intervention or care are more prominently exposed in the data. Their visibility is more strongly emphasised than with PenCat and may even stimulate GPs to generate a few reports of their own

3) Chronic Disease and Diabetes risk ratings. For people aged 40-49 a risk factor for Chronic Disease (0-6) and a Diabetes Risk Score (2-19) are also generated. In a similar but less dramatic vein to the first 2 points, these ratings may help ensure that the right patients are focussed on.

4) Real Time Data Extraction. Rather than a scheduled monthly collection or often untimely data extracts, this data is refreshed every few minutes. So any report you run will be essentially completely up to date.

Continued..

Primary Sense

Continued..

5) Fast Reports. Because you select a report to run, rather than an entire data set to load, required information can be at your fingertips much more quickly. This again may motivate GPs to *look under the hood* at their data in a way they are frankly unlikely to do with PenCat. This speed is theoretical though, I have never seen the tool in use, and am interested to see whether the ongoing data extract has a detrimental effect on practice network performance.

6) Existing appointments. Primary Sense does have some data quality and MBS Item potential reports, and a handy feature of these show the date of any booked appointment for the patients shown on the list. A column showing the date of the last visit of the patient is also handy.

7) Green buttons on reports. This last “like” is a bit of a double edged sword. The reports contain green buttons where clicking on the first one tells you about the criteria for selecting patients in the report. Which is handy, because you don’t get to choose! Some of the reports focus on all patients, some on RACGP “Active” patients and some only include patients who have had a visit or script issued in the last 12 months. So it’s inconsistent, you don’t get to pick, but those factors make that green button really helpful.

And as far as what I don’t like goes...

1) Vastly reduced data set and report options. I don’t think I am being unfair when I say that this tool can only generate about 10% of the information that PenCat can, ACG and Hospitalisation Risk ratings notwithstanding. The good news is that this could change over time, especially with the increased roll-out of the tool in different areas across the country. But as it stands right now, Primary Sense delivers a fraction of the information that PenCat does, and in terms of practice analysis is a poor substitute. Fingers crossed for oodles of new reports being worked on as we speak, but I wouldn’t want to bet my life on it.

Of course, playing devils advocate a little, are practices accessing all the information available via PenCat? When I demonstrate the tool, granted there are audible gasps when people see what can be delivered. But in reality how much is that extra information being accessed or utilised? Certainly not directly by GPs as far as I can tell. Little advantage in reams of data that isn’t being used. It MAY well be that less information that is able to be accessed far more quickly might result in more GPs utilising it.

2) Very Prescriptive PenCat smiles seductively at you and asks you “what would you like to know?” Primary Sense slaps you across the face with it’s leather gloves and tells you “this is what you **need** to know!”. I’m not sick!

3) As a presentation tool, Primary Sense is a virtual non starter. No big colourful graphs and their transitions, most of the tool is just tables of patient data. A bland at best presentation tool, and a less inspiring tool to train with.

4) Greatly reduced data manipulation tools. From with the tool, you can sort on any column and there is a search function that let’s you filter on just any one column. If you want to use multiple filters then you will be doing them in your exported saved spreadsheet, using Excel or the like. Due to the reduced reporting capability, practice staff will need to acquaint themselves with the built in query tools in MD or BP.

5) Greatly reduced ability to analyse individual practice data in a group practice situation. If you work in a group practice and want to analyse information on just one branch, life just got harder. Pen didn’t always offer this, but has done for a few years. Your best chance of isolating a practice is via filtering on Dr names in your exported spreadsheet, and as far as I can see, provider numbers aren’t in the displayed data set, so your doctors better not work in multiple locations.

I’ve tried to be as honest and reasonable as I can here, and yes I am a big fan of PenCat. As I’ve mentioned before, Primary Health thus far have included me in communications and offered to make educational materials available to me, which I will gratefully accept. I would **strongly** urge practices to utilise PenCat whilst it is still available to them.

From a Primary Health perspective, they would hope that the tool is installed on every GP desktop. What I haven’t mentioned so far is that as well as audit reports, it includes some TopBar type functionality in the form of some selected clinical prompts as well as some medication alerts. Specific prompts or alerts can be disabled selectively by individual GPs.

In the next newsletter I will report in detail on these three components.