

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

February 2017 — Newsbrief

Welcome to the first newsbrief for 2017. Two (count them two) Springsteen concerts and watching Roger Federer win Grand Slam 18 on the tv has got the year off to a great start for this writer.

This is the first issue that we have had no new specialists to add to our list of those that are available for healthlink referral. As a couple of them are possibly on the verge of taking restraining orders out on me, (kidding !), it would be excellent if pressure to take this up started to come from General Practice.

Whether your motivation is saving trees, reduced paper handling and scanning or just a more systematic way of doing things, it would be great to keep the momentum going.

The articles on BP and MD in this newsletter look very similar and repetitive in nature as they deal with essentially the same subject. The presumption is that MD users won't read the BP article and vice-versa.

As usual, let me know if your staff require further training or assistance in MD or BP.

PenCat

One of the strengths of modern clinical systems is the ability to be able to identify patients with different health conditions for purposes of direct care provision or even identification for a clinical study. Another benefit of our current systems is the cross checking between a patient's medication list and their *diagnosed* medical conditions in order to identify potential issues.

Unfortunately for one reason or another, sometimes the formal diagnosis of the condition can be missing from the patient's history, thereby undermining the above-mentioned benefits, and in some cases creating a risk scenario. Even though there may be ample evidence in the record of treatment of an illness, it is the actual diagnosis of the condition in the past history, that flags the patient as having that condition in the clinical system. E.g. a patient may be on insulin for a decade, but unless the patient has an entry of Diabetes in the past history, they will not be recognised as a Diabetic by the system.

Fortunately *PenCat* gives some real assistance in this area in its *Data Cleansing Module*, by presenting lists of patients that have at least some indications of an illness without an actual formal diagnosis being present. Brief descriptions of the areas covered are:

Indicated CKD with no Diagnosis - Shows the likelihood and staging of CKD based on investigation results. Also shows action plan appropriate and other risk factors. More information in the CKD Guideline Booklet available at www.kidney.org.au

Indicated Diabetes with no Diagnosis - Indicates likelihood of Diabetes in a colour coded format, based on the elements of medication taken and results of HBA1C and FBG tests.

Indicated Mental Health with no Diagnosis - Presents a list of patients who have been billed for a 2700 series Item, (Mental Health Treatment Plan) and/or are taking a mental health related medication.

Indicated COPD with no Diagnosis - Combines the use of Triotropium medication and/or adverse spirometry figures to generate a colour coded list of patients for review.

Medication Review - Not actually a missing diagnosis list, this report shows Type 2 Diabetics whose HBA1C is not being controlled on their current antidiabetic medications.

Note that these reports are not a list of errors or omissions, they merely show lists of patients whose record may warrant being reviewed by their GP, based on other information contained in the record.

As always, if you would like me to provide some training of your staff around these reports or any other aspect of the PenCat tool, don't hesitate to get in touch.

MD

Often we can use a software program for years, and miss some of the enhancements that are introduced along the way. If there is a change that impacts the way we currently do things, then we will certainly notice, but we may miss things that are *hidden* in amongst the menus.

In an environment where clinicians are often aware of things that eat into their available time, often what is not acknowledged, or is missed altogether are the things that may actually save time, or increase efficiency.

I have seen many instances of a GP being surprised by what is available in the program they use every day, so, as a reminder of what is there in the patient record....

Summaries menu ... essentially one click, full records, health summaries, medication lists, immunisation lists and various Drug Charts including the *National Inpatient Medication Chart*. All sorts of summary information that can be quickly faxed off, or preferably in the case of documents for another practice, sent via MDExchange.

Tools..Calculators menu.. Calculators for dosage by weight, gestational age and a metric conversion utility.

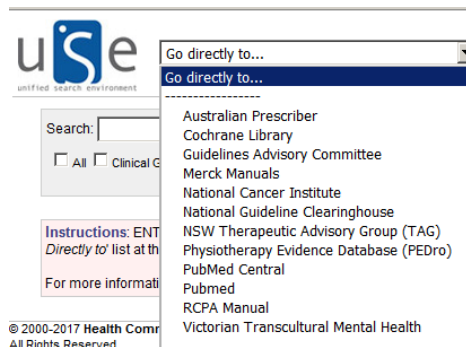
Clinical menu.. Medication compliance statistics, ceased medication lists and percentile charts.

Assessment menu

- ◆ Asthma Action plan module (basic)
- ◆ *Edinburgh Post Natal Depression calculator*—Questions and answers are saved in progress notes.
- ◆ Geriatric Depression Calculator—Score saved in progress notes
- ◆ *Hamilton Rating Scale for Depression*—Questions and Score saved in progress notes.
- ◆ Health Assessment and Medication Review modules.
- ◆ Mini Mental State Review—Questions and Score saved in progress notes.
- ◆ Pain Assessment module—Overall score saved in progress notes.
- ◆ Physical Activity assessment and script generator.
- ◆ ADF Post Discharge GP Health Assessment.

Resources menu Weblinks to Cochrane Library, PubMed and NPS Radar

MDReference Button Takes you to your internet browser where the following publications are indexed for searchability and available for reading.



BP

The previous article on Medical Director references the fact that there will often be features of the software that we use every day, that are actually unknown to us. Some of these features are “occasional use” and others can certainly boost efficiency and gain precious time for the busy clinician.

Some of the Best Practice hidden features in the patient record are:

File menu

- ◆ Full Health Summary with selectable options. Can be electronically transmitted to other practices via healthlink.
- ◆ Drug Charts in various layouts including the *National Inpatient Medication Chart*

Clinical menu

- ◆ Asthma Action plan module (basic)
- ◆ Cardiovascular Risk and Diabetes Risk calculators.
- ◆ Gestational Age Calculator
- ◆ K10 Assessment - Score saved in Today's notes *
- ◆ Mini Mental state Examination - Score saved in Today's notes *
- ◆ Geriatric Depression Scale - Score saved in Today's notes
- ◆ Edinburgh Post - Natal Depression Assessment - Score saved in Today's notes
- ◆ Ceased medication list.
- ◆ Percentile chart for height and weight
- ◆ Respiratory Function Calculator, with detail saved in Today's notes.
- ◆ Renal Function Calculator with handy pathology lookup function.
- ◆ Physical Activity prescription generator.
- ◆ Metric Conversion Calculator

* *History of previous assessments available through same module.*

View menu

- ◆ List of all previous patients seen by GP today (Shift-F2)
- ◆ Digital Health Media web link, (animations and diagrams around different medical conditions)
- ◆ NPS Radar document library links.

Main Best Practice Screen

The Clinical menu in the main Best Practice screen, also has some useful practice-wide utilities, including:

- ◆ Register of Diabetic patients and their cycle of care information
- ◆ List of all influenza vaccinations given in a specific timeframe
- ◆ List of Pregnant patients by assigned provider.