

# PracSavvy

Clinical Systems Support and Training

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

## January 2022 — Newsbrief

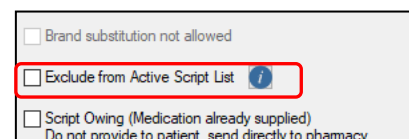
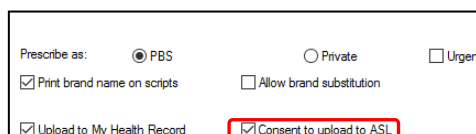
Welcome to the first newsletter of 2022, or as some people are pessimistically/realistically calling it, 2020 too. This month the newsletter goes out a little earlier and a little smaller, but rest assured, in February I will be back delivering on the 1st of the month in the traditional long-winded format!

Congratulations to all doctors and practice staff who have managed to weather another year of the pandemic and it's ever changing circumstances around safety, vaccine rollout and funding thereof. I was going to use "moving the goalposts", but that seems inadequate now. Never mind the goalposts, the shape of the ball has been changed and the playing surface is more ice than grass. *Flattening the curve* feels like soooo long ago! I do worry that a third year of this is really going to stretch the patience of even the most mild mannered compliant citizens. Hopefully that won't be the case and the outlook will brighten.

Earlier in the month one of my northern customers was good enough to give me a tour of the National Cancer Screening Registry via the Best Practice interface. This really does look very useful, and as I have written about before is available to whether you use [Best Practice](#) or [Medical Director](#). If you are one of the two GPs that read this, maybe give your practice manager a nudge (and encourage them not to be easily fobbed off by their IT support). If you are a practice manager reading this, possibly think of the quaint suggestion I have previously made about giving your GPs the absolute best technology environment you can in order that they may deliver the best care.

Another new system that may have a place for certain patients is the Active Script List (ASL) which is also referred to as My Script List (MSL). Whilst you may not have heard much about it, it is currently available in both MD and BP. It represents the final evolution of e-scripts in that, no token of any sort is sent to the patient, rather the information is sent to the patient's active script list on the internet. The patient can then go to any pharmacist and give them ongoing or one off access to the list, which enables them to prescribe the medication.

As I mentioned, this functionality is already available in both programs, users of BP and MD respectively may recall the following default settings (which achieve exactly the same thing as each other)



The thing that isn't fully implemented is the ability to ONLY send to the ASL. So the patient will still get a paper script to present or an SMS token, **which they can ignore or destroy**. I know of a Dr on the mainland who uses ASL for a group of nursing home patients. He actually emails the token for the patient to his own email address and deletes the email. The important thing is that the script information has been sent to the patient's ASL. This may well be a great fit for elderly patients who are on a lot of meds but would be happy to have the whole thing done electronically. The key points are that, a) the GP has to be set up for e-scripts and that that patient has signed up for their ASL. **This sign-up has to be done by a pharmacist** at this stage.

There is a patient fact sheet available [here](#) and a neat summary under the Option 2 heading [here](#).

## eReferral

No new e-referral addresses that I am aware of this month, and sadly no new THS clinic destinations using the Healthlink Smartforms method. It's a shame because it was asserted to me several months ago that there would be new clinics added in the final quarter of this year. I guarantee if I enquired the response would include a word beginning with 'C' and ending in 'd', but it's still disappointing.

Here's a nice, obscure, impossible to monitor tip. Get your GPs to refrain from using the "&" symbol in their e-referrals. This is a special character that is used in the creation of electronic HL7 format medical messages. It means something like "end of section" and the effect it has is that it ignores all letter content from that character onward, so the recipient gets an, shall we say, abridged document, with no information after and including the "&" character. Similarly if you get a "chopped" letter from a specialist, this is the explanation. I have let local specialists know about the issue.

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## MyHR

One of the interesting MyHR statistics to emerge recently is that public hospital viewing of the record has actually doubled in the last 6 months. With this in mind it's worth again mentioning that there should be strong focus on quality and accuracy when uploading a Shared Health Summary. There is more than a chance that your epip-targetted upload will be a clinical document that a young hospital Dr relies on at some point.

I saw some Shared Health Summaries (SHS) recently that contained nothing in the Past Medical History. Any clinician reading this document could rightfully conclude that the patient had no significant health issues. However in this case the patient did have some key issues, but for some reason the GP in question was not noting these conditions in the Past Medical History. If there is a better argument against the "don't worry about software training, you'll pick it up as you go along" approach, I'm yet to see it. At least in this case, the nurses at the practice had felt the need for some training, and the issues were revealed.

Bottom line, when you upload a SHS, pretend it's for a family member (one that you like!).

If patient's access their MyHR through the MyGov website, there is now an extra piece of functionality, namely the *COVID-19 Vaccination Dashboard*. This handy screen offers the ability to:

- ◆ download proof of past vaccinations
- ◆ save your COVID-19 digital certificate to a digital wallet
- ◆ link to the COVID-19 vaccine clinic finder and side effect checker
- ◆ see the due date of your second vaccine, if relevant
- ◆ see your recent COVID-19 test results
- ◆ see any history of anaphylaxis, recent medicines, medical conditions and recent vaccinations in your record.

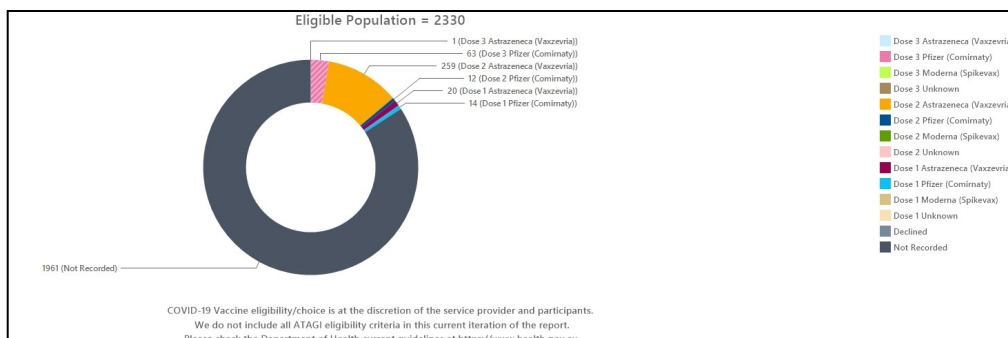
Read all about it [here](#).

## PenCat

There hasn't been a lot of Cat4 development to write about in recent times, but the December update version 4.38, includes some reports to help with identifying priority patients for Booster shots. As an aside, I want to mention that there are 2 versions of Cat4 being installed, (I'm not sure why) but one of them doesn't prompt you to download an program update when there is one available. I usually get round this by installing the version that allows for updates.

The 2 new reports are:

[Immunocompromised Covid Vaccine status](#) (including 3rd dose) (depicted below)  
[At Risk Patients Covid Booster status](#).

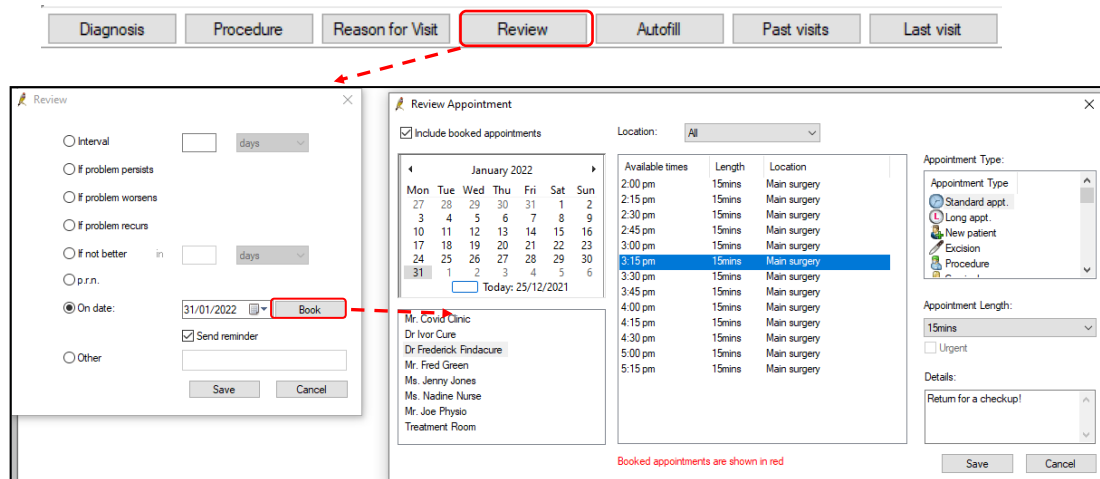


The reports above are described via the hyperlinks. They may not give you all you want to know, but are certainly a great way to get started. Additionally, the patient list that can be exported now shows the risk condition identified and the date of the last vaccination in the final 2 columns.

**N.B.** Both reports state that the current iterations of these reports do not include all the ATAGI eligibility criteria, so be aware, depending on your practice plan, you may not be seeing all eligible patients on these reports

BP

When I've done BP training previously, I've barely given the humble *Review* button at the bottom of the daily notes panel a mention. I generally saw it as a shorthand way to note that you want to see the patient again, possibly. But I'd missed the fact that you can book an appointment via this button, as the graphic below illustrates.



So yes, it gives you direct access to browsing the appointment book and picking an available timeslot. What you type in the *Details* box will appear in the appointment text in the appointment book. The fact that you have booked an appointment will also be entered into your encounter notes. In the graphic above, I have also ticked the *Send reminder* option, although I don't know that you would want to do this really, especially if the timeframe is fairly short. In performing this action, the patient has agreed to an appointment, so really the standard appointment SMS the day before should be sufficient, without the need for a Reminder system SMS.

### Bulk Document Import tips.

Back in the [November 2020 issue](#) I wrote an article about the options around BP scanning and importing of documents. This may be worth a revisit, especially if you pick an assigned recipient from a list containing every staff member at the practice.

Scanning can be fiddly sometimes and methods can vary depending on whether you are using the built in BP interface or the one that came with your scanner software. Just remember though that if you have a group of pages scanned and want to join some of the pages as they apply to a single patient document, you can accomplish this by using the Ctrl key, selecting the documents and then choosing *Merge Selected Items* from the *File* menu. Similarly you can use Ctrl-click method to select multiple documents that you want to allocate to the same patient or the same GP for checking. People may well know this already, but it's not unheard of that we can sometimes stay in a routine of doing things inefficiently because no-one has showed us an alternative.

