

# PracSavvy

Clinical Systems Support and Training

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## June 2019 — Newsbrief

Welcome to the June newsletter. This month I've tried to have a bit of a theme around incorrect medication lists in the clinical software. [Recent studies](#) around this issue estimate around 230 000 hospital admissions a year due to medication errors generating an annual cost of around 1.2 billion dollars. In General Practice I imagine the main issue is medications that are missing from the list of the patient's medications, or short term medications that have remained on the list. The clinical software provided doesn't always help, but we have tools to identify possible issues and things to watch out for when prescribing.

Not related to what I normally talk about, but a recent GPO newsletter contained a big update on THS women's health related information. Well worth [a look here](#) if you didn't see the GPO newsletter.

### eReferral

Please note the following eReferral changes:

◆	Dr Simran Mangat	Ophthalmology	<i>dwnteyes</i>	Delete	<i>taseyecl</i>
◆	Dr Richard Sheard	Ophthalmology	<i>dwnteyes</i>	Delete	<i>taseyecl</i>
◆	Mr Roland McCallum	Endocrinology	<i>hcardiol</i>		
◆	Dr Serena Parker	Rheumatology	<i>hcardiol</i>		
◆	Dr Kristina McDonnell	Endocrinology		Delete	<i>hrcardiol</i>

As always my full list can be found [here](#).

**Derwent Eye Specialists.** - Directors, Dr Simran Mangat and Dr Richard Sheard, have come together to build Derwent Eye Specialists, a place where clinical excellence, patient experience, inclusiveness and sustainability are core to their vision.

Simran and Richard are committed to providing patients with an exceptional experience from the first contact through to discharge. The practice has been carefully designed to create a calm and welcoming environment and is equipped with state of the art technology for cataract surgery, retinal conditions, intravitreal injections, oculoplastic surgery, glaucoma and all general eye conditions.

**Hobart Cardiology and Medical Specialists** are launching a brand new respiratory testing lab.

They have obtained the services of a respiratory scientist with over 20 years experience, and initially will have all testing reported remotely. They will be accepting referrals from Tuesday 11th June.

### Templates

The following new templates were created or updated during the last month and are available [here](#):

- ◆ Community Continence Service - THS-North
- ◆ Derwent Eye Specialists Referral
- ◆ Hobart Cardiology and Medical Specialists - Cardiac Testing Request.
- ◆ Hobart Cardiology and Medical Specialists - Lung Function Request.
- ◆ Sleep Clinic Services Australia Referral

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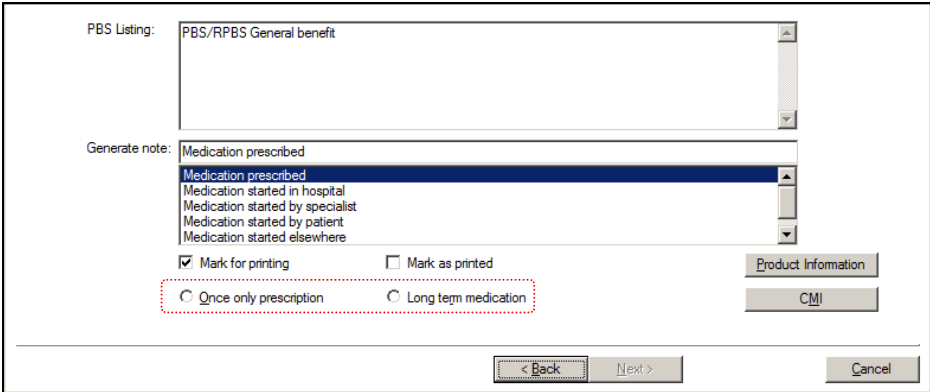
## Smartforms

Whether you use Medical Director (MD) or Best Practice (BP), you may have discovered the Healthlink Smartforms that are available via *Letter Writer* or *Correspondence Out* respectively. Up until now these smart electronic referral forms were only available for [referring to Australian Hearing](#), but now you can also refer to selected Optometrists using the Oculo referral form.

Actually, conversations with GPs reveal that referral to optometrists is something that rarely happens formally, so this particular bit of technology infrastructure will probably be more relevant to Optometrist - Ophthalmologist interactions. Nevertheless it is available in your software and is indicative of ongoing movement towards electronic communications.

## BP

In my opinion, Best Practice provides a prescribing interface, that is less likely to result in incorrect current medication lists than it's main software competitor. I say this because you are forced to make a decision every time you prescribe about whether the medication is a once only or long term medication. Once only medications are removed from the current medications list automatically as long as the system can calculate compliance information.



Alarm bells rang for me recently when a GP said to me that they never nominate a medication as *Long term* or *Once only*. The fact is, the "Next" button isn't enabled until you make this decision, so you have to choose. What the GP conversation conveyed to me is that sometimes this choice can become a "by rote" behaviour, one we do without thinking about it. So the takeaway is, to make sure GPs think about which option is selected each time.

As soon as the script is printed, it is also available via the *Past Prescriptions* menu in BP, and as I mentioned before, the once only prescriptions will be automatically removed from the *Current Rx* once the system calculates that the medication should have been used up. This can be compromised however if the system can not calculate compliance due to unusual characters being used in the dosage section. If this is the case, the once-only medication will not be removed. So using normal numeric characters in the dosage section should guard against this problem. As there are no specifics in the help system, I have contacted BP to see if there is any documentation on what characters/formats can cause a problem. I haven't heard back at the time of writing, but roman numerals for instance would be good ones to avoid.

Remember also that there is a column in the *Current Rx* list called *Long Term*, which has yes/no values for each medication shown. This would be one way to identify short term medications that haven't been removed from the list.

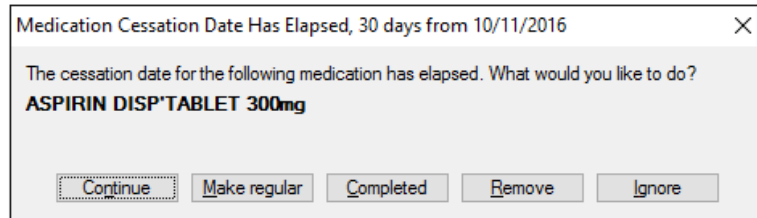
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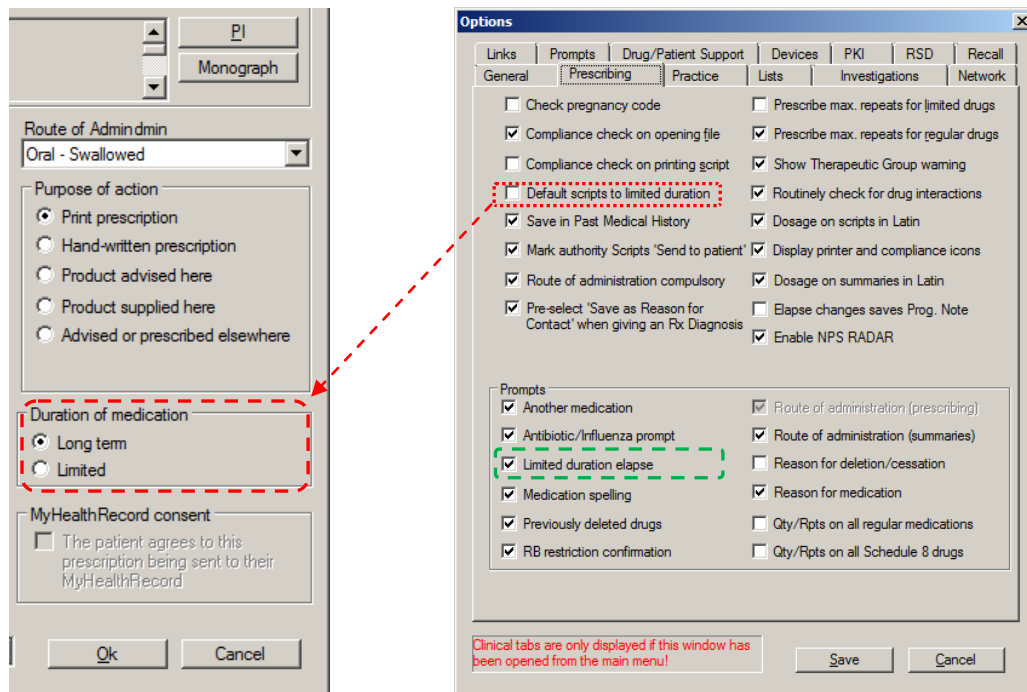
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MD

Medical Director by default, ensures that a GP is prompted about the expiry of a short term medication when the clinical record is opened.



This contributes to keeping current medication lists accurate, but the program relies on the GP categorising the medication correctly when the initial script is generated. Unlike Best Practice which forces the GP to make a decision on this for each and every script, MD provides a field for selecting *Long Term* or *Limited* but populates the field with a default value from the individual GP prescribing preferences and does not compel the GP to edit this field.



This can result in both long term medications being mistakenly designated as short term and short term antibiotics for example, being designated as long term and remaining on the list for years. I have no opinion about what the default preference setting should be, but considering these medication lists are auto-populated onto care plans, referral letters, health summaries and MyHR shared health summaries, it does seem that GPs should be considering the *Duration of Medication* field for every script.

On a related note the mythological “Disappearing Medications” issue can be caused by the perfect storm of errors where an intended *Long term* medication is designated *Limited* due to a default preference and then when any doctor who has the *Limited Duration Elapse* preference unticked, opens the record after the medication has been used up, causing it to be removed immediately.

Remember the Current Rx list gives us some visual cues with **red text** showing that the medication has theoretically been used up and **blue text** denoting that this will happen within 7 days. Also the symbols in the # column provide compliance warnings, ⚠ for limited and ⚡ for long term medications.

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## PenCat

Continuing the theme of identifying patients with medication lists that may not be correct.

**Task. Generate a GP specific list of patients who have a large medication list that needs reviewing.**

1) Sign into PenCat and click on the Briefcase icon



Then



2) Click on the *View Extracts* icon and select the latest extract, OR click the *Collect icon* if there is not a recent enough dated information extract.



Or



*If you select an extract, give it a few seconds to load. If you do a new data collection it will take several minutes depending on the size of your database.*

3) Click on the *Hide Extracts* icon as this section is no longer needed. Click the *View Filter* icon.



Then



4) On the *MBS Attendance* Filter Tab in the top half of the screen, go to the *Claim Date Range* and select  $\leq 12$  months. Still on this filter, go to the *MBS Items Categories* section, and tick the **No** checkbox next to RACF. Now go to MBS Item Numbers at the far left of the filter, scroll down to 900 and check the **No** checkbox.

General | Ethnicity | Conditions | Medications | Date Range  
Patient with selected MBS Item(s) in Date Range

Any

Claim Date Range

All

$\leq 12$  months

These filter settings should reduce your initial patient lists to anyone who has not had an aged care item or a Home Medicines review billed in the last 12 months.

Providers | Risk Factors | MBS Attendance

MBS Item Categories

<input type="checkbox"/> RACF	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Health Assessment	<input type="checkbox"/> No
<input type="checkbox"/> GP MH Care Plan	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes SIP	<input type="checkbox"/> No
<input type="checkbox"/> Asthma COC	<input type="checkbox"/> No
<input type="checkbox"/> Telehealth	<input type="checkbox"/> No

**Optional:** If you want to restrict the target group to regular patients only, go to the *General* filter and in the *Activity* section check the (Active 3x in 2 yrs) option.

MBS Item Numbers

All of selected  Any of selected

<input type="checkbox"/> 715	<input type="checkbox"/> No
<input type="checkbox"/> 721	<input type="checkbox"/> No
<input type="checkbox"/> 723	<input type="checkbox"/> No
<input type="checkbox"/> 731	<input type="checkbox"/> No
<input type="checkbox"/> 732	<input type="checkbox"/> No
<input type="checkbox"/> 73806	<input type="checkbox"/> No
<input type="checkbox"/> 74990	<input type="checkbox"/> No
<input type="checkbox"/> 758	<input type="checkbox"/> No
<input type="checkbox"/> 900	<input checked="" type="checkbox"/> No

5) Click the *Recalculate* icon. This applies the settings specified in step 4. (You must always click recalculate if you make any filter changes in the top half of the screen)



*The status section at the middle left should look something like the one below.*

Medical Director 3, MD Live Data; Extract Date: 01/10/2018 3:04 AM; Filtering By: MBS Claim(s)  $\leq 12$  Months (RACF - No, 900 - No)

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## PenCat

6) On the *Medications* tab in the bottom half of the screen, go to the *Medications Not Printed in Last 6mths* sub-tab and click on the graph segment for (with 8+meds).

**Optional:** You can include patients with 7,6 or 5 medications by clicking the other graph segments as well.

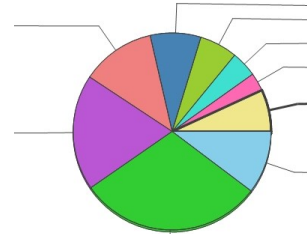
7) On the *Visits* tab in the bottom half of the screen, go to the *Last Visit* sub-tab and check *Select all*.

8) Still on the *Visits* tab, go to the *Assigned Provider* sub-tab and select the GP whose patients you want to target.

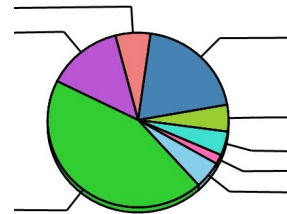
**Optional:** If you just want a practice-wide list rather than an individual GP list, then check the *Select all* Checkbox.

10) Click on the *Report* icon at the top of the screen. You must always use this icon if you are selecting from multiple graphs in

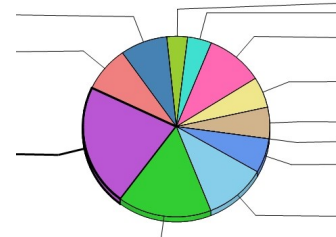
Medications Not Printed in Last 6mths per Patient



Last Visit Date [population = 10318]



Assigned Provider [population = 10318]



Report

D.B (Age)	Address	City	Postcode	Phone (H/W)	Phone (M)	Med. Count > 6mths	Assigned Provider	Last Visit
10/1947 )	12 John St	Suburb Town	2157	H:07 50505050 W:07 50509999	1234999999	8 of 9	Surname_S	28/09/2018
10/1950 )	12 John St	Suburb Town	3719	H:07 50505050 W:07 50509999	1234999999	12 of 17	Surname_S	17/09/2018
10/1976 )	12 John St	Suburb Town	3591	H:07 50505050 W:07 50509999	1234999999	10 of 10	Surname_S	23/05/2017

You should now see a list of patients who haven't had a HMR in the last 12 months and are not Aged Care residents. Because of our selections at steps 6-8, the last 3 columns of the report show us how many of their listed 8 or more medications haven't been scripted in the last 6 months, as well as the name of their usual GP and the date of their last visit to the practice.

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## PenCat

You can either print the report or save it as a document or spreadsheet using the icons shown at the top.

From here the GP can review the list and may choose to recall patients and/or refer them to an Accredited Pharmacist for a Home Medications review. If the patients are to be recalled, your practice may want to set up a specific template (SMS or Letter) in either your clinical software or in HotDocs if you use that program.


The above task was accomplished by using PenCat collected data from the following areas:

- 1) Current Medications list in your clinical software
- 2) Progress Notes (MD), Usual Dr Field or Past Visits (BP) for the assigned GP
- 3) Progress Notes (MD), Usual Dr Field or Past Visits (BP) for the date of last visit
- 3) Items Billed in Pracsoft or BP Management for the MBS information.

With one tiny disclaimer, the information generated can be used to generate a clinical prompt in the associated TopBar program. Please read below for details.

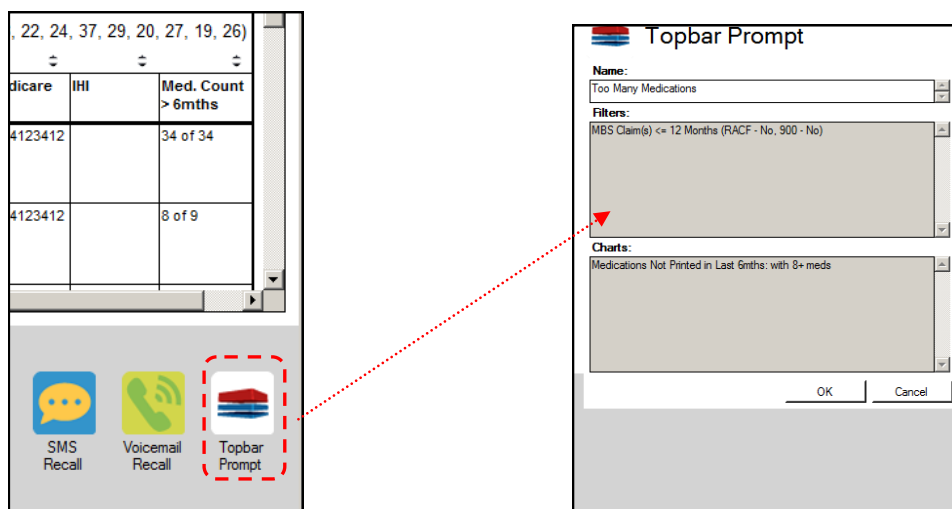
## TopBar

If you are running the Pen Clinical Systems program called [TopBar](#), then you can use the preceding method to generate a clinical prompt that will be visible at the time of patient consultation. There are just a couple of variations to the process:

a) At Step 1 click the *Daily Cat* icon  rather than the Briefcase icon. (You can only generate TopBar prompts via the *Daily Cat* view at this stage)

b) Skip steps 7 and 8 as you have no access to the *Visits* tab through Daily Cat. This means that you will not see the assigned provider name or last visit date on your final report. You may want to use the Optional filter mentioned at step 4 and/or the *Provider* filter to generate a GP specific list.

Once you have generated the report, click on the *TopBar Prompt* icon at bottom right of screen to create the prompt and label it.



dicare	IHI	Med. Count > 6mths
4123412		34 of 34
4123412		8 of 9

**Topbar Prompt**

Name: Too Many Medications

Filters: MBS Claim(s) <= 12 Months (RACF - No. 900 - No)

Charts: Medications Not Printed in Last 6mths: with 8+ meds

OK Cancel

Note that this prompt will show for any patients that meet the criteria in the future, not just the patients shown on the report.

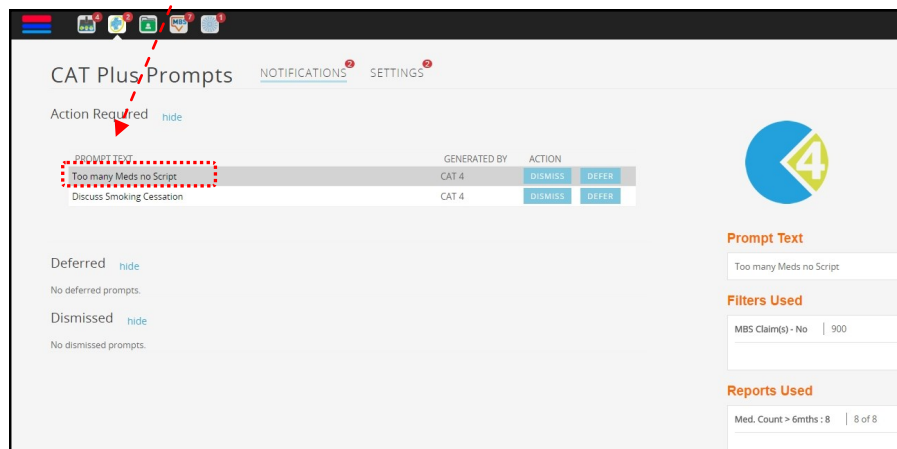
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## TopBar

Now that you have created the prompt, an alert will appear in the form of a number over the Cat Prompts application on the TopBar.



Clicking on the Cat Prompts App will reveal the specific prompt. Clicking on the prompt itself will reveal details of the PenCat filters and report criteria used in creating the prompt. From here you can choose to; ignore, defer or dismiss the prompt.

Even if you hadn't created a customised Cat prompt for this issue, TopBar will still prompt the clinician that a the patient is eligible for a HMR via the MBS Items application notification, as shown below

