PracSavvy

Clinical Systems Support and Training

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June 2021 — Newsbrief

Welcome to this month's *smaller but perfectly formed* newsletter. I wrote last month about various communication tips that I have picked up over the years. Continuing that theme a little, I thought I'd mention some of the medical technology terms that sometimes cause confusion amongst practice staff.

An area where there is understandable ambiguity concerns the process of sending documents electronically between different medical facilities. Sometimes people casually refer to this process as email, and I'm sure I often come across as super pedantic when I tell them, that this is definitely not email. Email involves using an email program like Outlook, or Thunderbird (if you're misguided enough to be a Mac user!). A lot of people have gmail or bigpond accounts and use their web browser to access and use their email account. However, the fit for purpose tool you use in your clinical software is far more secure and uses different technology.

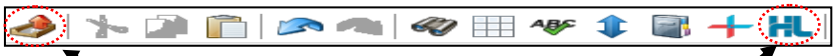
Most of the documents we want to send electronically will be referrals of some sort. Hence, the term *ereferral* is often used. Whilst there are several programs available to facilitate electronic referrals, for largely historical reasons Tasmanian general practices have a copy of Healthlink installed. This mostly came about because it was the messaging tool of choice for I-Med the imaging provider, and also for pathology reports sent out from our public hospitals. So general practices have pretty much had Healthlink for ever, even if going back a few years many of them didn't realise they were running it.

This became a fortunate situation in that when specialists started to wonder about sending information to GPs electronically (or were persuaded), they didn't have to worry about which program to use. Healthlink was in full usage with GPs, so specialists had an easy and obvious choice to make to be compatible. This is certainly not the case in other parts of Australia where there are often multiple programs in use in the same area, resulting in confusion about who's using what, and often inaction as a result.

We do have some understandable confusion though, and that is because GPs in Tasmania have two quite different ways of sending a referral using the Healthlink messaging program. The choices are between creating a document of your own design in your word processing program and then sending it to a Healthlink folder for transmission, or by loading a predesigned generic Healthlink *smartform* that has the destination address or EDI built into it, and then passing it to the messaging folders for transmission.

Primary Health Tasmania continues to work on promoting this second method, with a particular emphasis on THS hospital referral. To help differentiate between the two, they refer to the first method as *Secure Messaging* and the second as *ereferral*, which is fair enough in the interests of clarity. Currently the vast majority of electronic documents sent by GPs use the first method. But remember, both use Healthlink to transport the document.

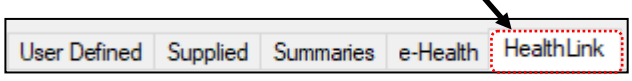
If you are using **Best Practice**, you create documents from *Correspondence Out*:



Method 1: After selecting a healthlink enabled recipient from your Contacts, prepare and save your document. Click the icon to drop a copy of the document into a folder for sending

Method 2: Click on this to select from a range of specialists and AH providers, as well as MyAgedcare and select THS clinics. Complete the smartform and click the submit button to send via Healthlink.

If you are using **Medical Director**, you create documents from *Letter Writer*:



Method 1: After creating and saving your document, click on the *MDExchange* icon to select a healthlink enabled recipient. The message will be transferred from MDExchange to the Healthlink network for sending.

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Continued..

Hopefully you will be able to deduct from the previous graphic that once you have made the *Healthlink Home page* selection from the templates screen, Method 2 is identical in Medical Director (MD) and Best Practice (BP).

If MD users want to understand the background process really well, they should know that with Method 1, the outgoing documents are passed from the *MDExchange* system to the Healthlink system via an electronic gateway on a server on the mainland. This interface has historically occasionally been problematic and is another potential point of failure, with documents sometimes becoming stuck between the two systems. On the other hand, MD users who are using Method 2 are using their standard Healthlink "out" folder on their local system, which is a far simpler and more robust pathway.

I'll finish off the bit on ereferrals with another couple of terms that are sometimes confused or misunderstood. Documents that are sent via Healthlink or any other compliant secure messaging programme are considered **Digitally Signed**. This is the top standard in terms of proving the authenticity of a document, as it can always be traced back to it's origin. This is far more potent than a signature or scan of a signature at the bottom of the page.

The other term that you may hear used is **Electronically signed**. This refers to the senders name being typed at the bottom of the page, and is no less acceptable than a physically signed document. To reassure the recipient you can prefix the clinicians name with, *Electronically signed by*:, although there is no necessity for this. Electronically signed can also mean a scanned signature at the foot of the page, but I certainly wouldn't be bothered doing this. Electronically signed is fine, and Digitally Signed covers all bases.

If you are sceptical around all this, its covered in a loftier journal here, or you can peruse the Electronic Transactions Act if the mood takes you. It is a fact though that for this and similar things, the recipient needs to be happy with the content and delivery of the document as is discussed here.

To conclude I just want to mention *escripts* or *electronic prescriptions*. When people including myself use these terms, we are talking about the electronic sending of a script token or QR code, usually by SMS but also by email. But you may also hear the phrase *Electronic Transfer of Prescriptions* or ETP. This refers to conventional paper scripts that carry a scannable barcode at the bottom of the script. You can see that the terms are close enough to each other to be misused or create confusion. I will try and stay in the habit of referring to these as ETP's from now on. A key difference is that with an ETP, the paper script is still the legal document, whereas an *escript* token is a key to the document that is held online.

While I am on the subject of escripts, you may want to remind **your GPs that they can cancel an escript with multiple repeats halfway through the supply process**. Say, if a patient has filled 2 out of 4 repeats, the GP can change strategy at this stage and cancel the escript in the usual fashion. I'm told that this is a much easier process than when using paper scripts.

eReferral

Please note the following ereferral (Healthlink EDI) changes. As always the full listing can be found on my website here.

Dr Jonathan Lipton*	(*arrhythmia clinic*)	Hob Cardiology and Medical Specialists	Cardiology	*hcardiol (S)*
Asthma Australia Referral		Fax 07 3257 1080	*asthmaus*	(National)

* Also still at Hobart Heart Centre

Dr Jonathan Lipton will be running a monthly arrhythmia clinic through Hobart Cardiology and Medical Specialists

Templates

The following new or updated templates are available at my website here:

- LGH Fibroscan request
- RHH Ambulatory Care Centre Request\Referral
- DVA D9827 Diagnosis
- NPS Opioid Tapering Plan

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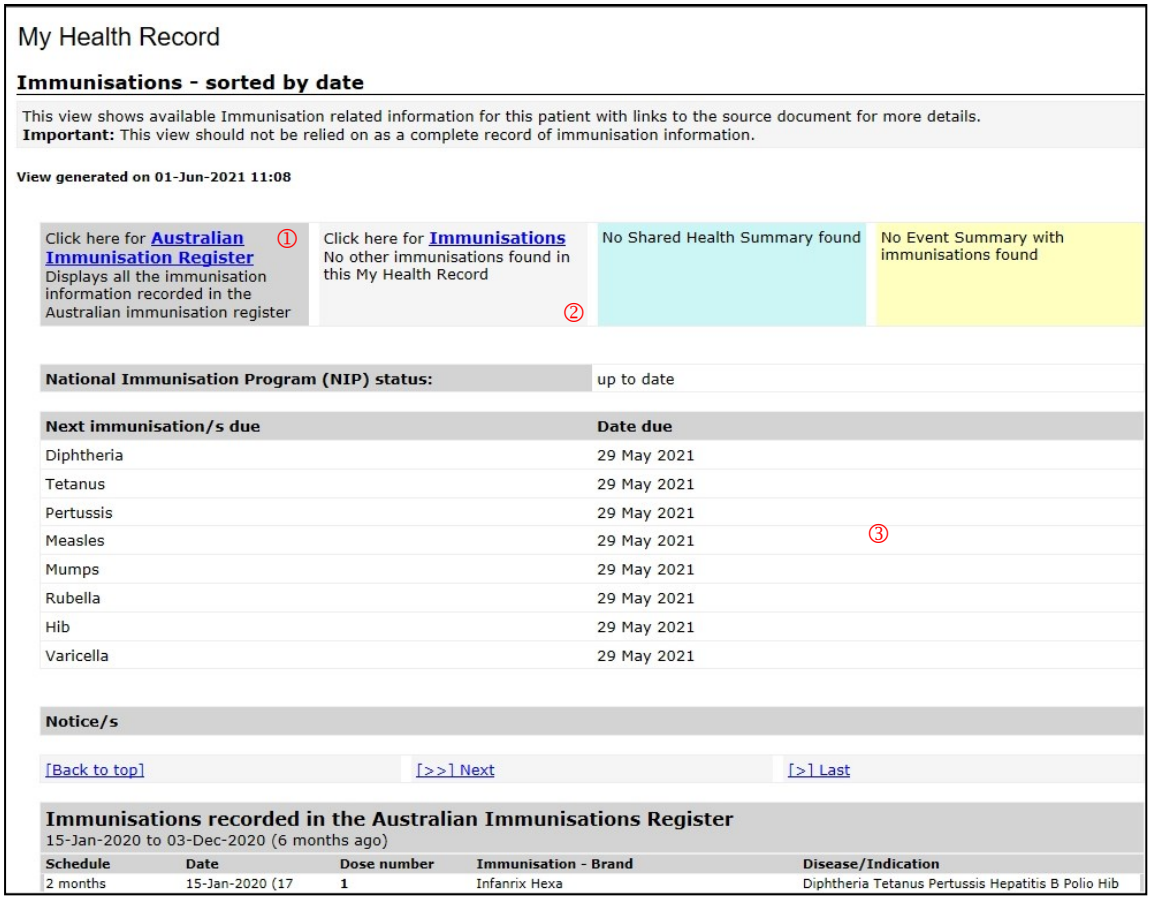
MyHR

I've long advocated that accessing the Australian Immunisation Register (AIR) through the MyHR interface is the most efficient way to check those details. The functionality improved again markedly on the 1st of May when the *Immunisation Consolidated View* was added to the MyHR. If you use BP, the report should be immediately visible when you enter the record and will show the current date. MD users may have to use the *Document Filter* button to display the report. But those extra 2 clicks return some great value.



My Health Record

Immunisations - sorted by date

This view shows available Immunisation related information for this patient with links to the source document for more details.
Important: This view should not be relied on as a complete record of immunisation information.

View generated on 01-Jun-2021 11:08

Click here for **Australian Immunisation Register** ①
Displays all the immunisation information recorded in the Australian immunisation register

Click here for **Immunisations** ②
No other immunisations found in this My Health Record

No Shared Health Summary found

No Event Summary with immunisations found

National Immunisation Program (NIP) status:	up to date

Next immunisation/s due	Date due
Diphtheria	29 May 2021
Tetanus	29 May 2021
Pertussis	29 May 2021
Measles	29 May 2021 ③
Mumps	29 May 2021
Rubella	29 May 2021
Hib	29 May 2021
Varicella	29 May 2021

Notice/s

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Immunisations recorded in the Australian Immunisations Register
15-Jan-2020 to 03-Dec-2020 (6 months ago)

Schedule	Date	Dose number	Immunisation - Brand	Disease/Indication
2 months	15-Jan-2020 (17	1	Infanrix Hexa	Diphtheria Tetanus Pertussis Hepatitis B Polio Hib

① Click here to show Immunisation information held on AIR

② Click here to show both information from AIR and any immunisations that have featured on a *Shared Health Summary* or *Event Summary.* This will mean that some immunisations will appear twice, but also allows the displaying of immunisations that were not uploaded to AIR for various reasons.

③ This shows the patient's status in the National Immunisation program and when their next vaccines are due. It includes COVID-19 vaccine information.

So there you are, some really good information available through MyHR. You can still access some immunisation information via the Medicare overview report in MyHR, but you won't bother after using this.

MyHR Fun Fact: Since Feb 2019 more than 70,000 people have opted in to the MyHR after opting out or cancelling their previous record.

BP

If your GPs are interested in targeting patients at risk of *familial hypercholesterolaemia* (FH), then BP has a new simple data extraction tool that you can download here, or read about here. The tool identifies patients with potential high FH risk for clinical investigation and gives the ability to save the list as a CSV file. Once saved the list can be sorted in order of highest *Uncorrected Dutch Lipid* score.

If you want help downloading and running the extract feel free to get in touch. If you want to know what the previous paragraph actually means clinically, call somebody else!

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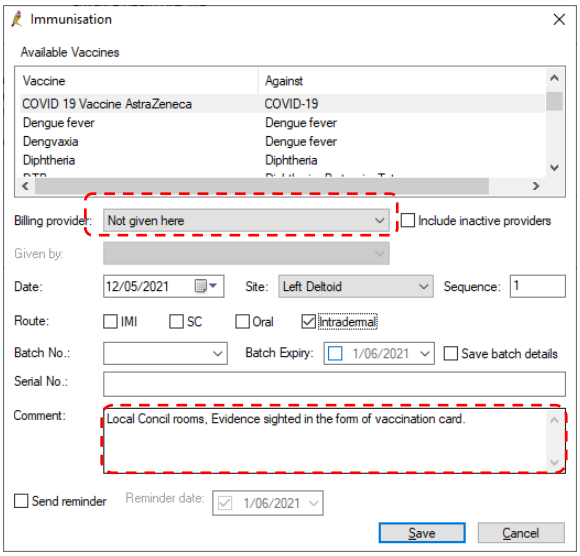
BP

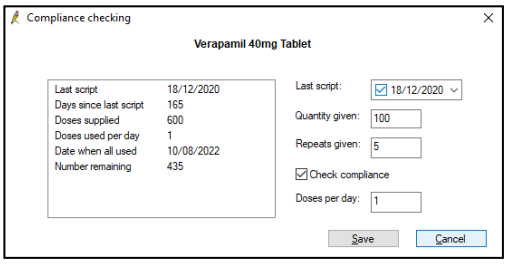
Disappointingly BP does not give you a vaccination declined field, so you are limited to working around this and displaying it in the *Past Visits* or possibly and reluctantly as an un-coded *History* Item. You do however have the ability to flag a vaccine or immunisation as given *elsewhere*.

If you have seen the evidence, enter the vaccine as *given elsewhere*.
Once the information is entered the vaccination in question can be part of a *Shared Health Summary* or *Event Summary* upload. Additionally the immunisation will be visible on the *Immunisation Consolidated View* report mentioned on the previous page. This report will be increasingly used as the overall source of truth for patient immunisation information, as it combines AIR uploaded vaccinations as well as non-uploaded ones.



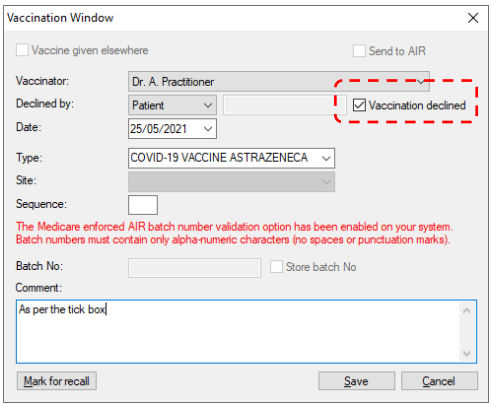
Medications quick-tip:

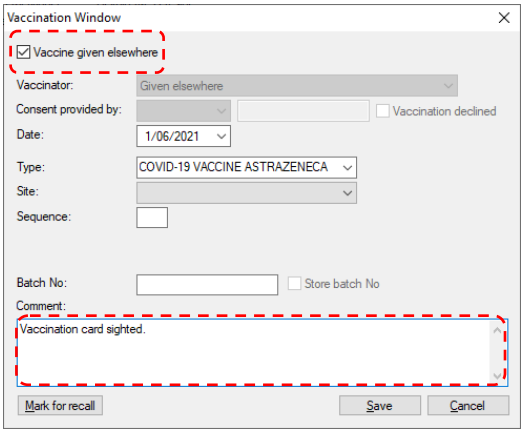
Drs who have converted from MD are quite right to point out that they miss the *Script Elapse* date on the current medications list. At the moment we are stuck with this, with the best option being to right click on a medication and select Show compliance, yielding the information shown in the graphic >>>



MD

Happily the MD vaccination dialogue gives you a good way of flagging a vaccination as *declined. Not* only does this appear in bright red font in the immunisations module, but the associated PenCat immunisation status reports take it into account, as does the built in MD searching. >>>>>>>>>>>>





<<<<<< MD also gives you the option of recording immunisations that are given elsewhere. For all the reasons why this a really good thing to record, see the 2nd paragraph on this page, which deals with the same issue in Best Practice.