

PracSavvy

Clinical Systems Support and Training

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March 2022 — Newsbrief

This upcoming month the major issue for practices will be the change in security format for your NASH certificates and the potential upgrade to clinical software versions that use Medicare Web services instead of PKI location certificates for billing related activities. Angst around this has even surpassed the conjecture around what Vladimir Putin's preferred pronouns are!

I'll try to summarise what I think practices need to do as simply as possible:

1) Ensure that you have a NASH PKI certificate installed in your clinical software that has an expiry date later than March 13th. If you don't go and [apply for a new one](#). MD users, you only need it to be [installed in Clinical](#) not Pracsoft.

2a) Ensure that you have PKI location certificates installed that expire later than March 13th. For the vast majority of practices this will have happened automatically. If it hasn't, contact the [ebusiness office](#) about getting new ones.

OR

2b) Ensure that you have upgraded to Medicare Web Services versions of your software by 13/3. For MD it's version 4.2 for BP it's Saffron SP 3, both to be released any day now.

Option 1 is compulsory and I think I would plumb for 2a myself. I'm expecting a moderate to large amount of temporary pain in these upgrades. The longer you hold off the more you can learn from other's misfortunes. **Note:** The changeover deadline to the Web Services method was originally March 13th, but has now been extended to mid to late June.

To recap, NASH PKI certificates are used for ecripts and MyHR access, and are only required in your clinical software (MD users). You will need them into the future, they are not being replaced by Web Services. To check your current certificates expiry, go to *Tools..Options..Practice* in MD and there are [instructions here](#) for BP.

PKI Location certificates are needed for Billing related activities and AIR uploads. MD users only need them installed in Pracsoft although they are fine to be in MD Clinical as well. They will only be used until you have upgraded to the software versions mentioned above. To check the expiry dates for your current location certificates, see [here for BP](#) and *Setup..Global Settings..IHI Search* in Pracsoft.

As an aside, MD recently had one of their internal certificates expire recently, just to add a 3rd type of certificate. If you are seeing this message when opening MD, feel free to accept the offer of installing a new certificate. I think this issue is also fixed properly by the March drug update.

So, it's crunch time for certificates this month as well as potentially you might upgrade to Web Services versions of your software. MD have claimed that they will handle the Proda interface for you which actually worries me a little in that MD users just have to wait and see. But BP users, if you haven't upgraded to SP2 yet, please get your [organisation registered](#) with Proda and [configure a B2B device](#). Far better to wrestle with this now than when it is actually effecting the running of your business.

Wrestling is the right word actually. Around the country several practices have been stymied by a mismatch of the address details for the Organisation they are trying to create in Proda and what is held on the Australian Business Registry. The two things need to match and there are apparently other idiosyncrasies as well. This sort of thing often occurs when practices have had a change in ownership. So get it done before you realise your upgraded software won't work properly.









Templates

The following new or updated templates are available at my website [here](#):

- ◆ Wetaway Referral (Updated)
- ◆ Covid Vaccine Medical Exemption (Updated)
- ◆ Application for prescribing Amfetamine for Adolescents

PenCat

For those that claim not to see colour, the following article will be a bit of a waste of time. For those who have always wondered what makes the traffic lights turn green on the PenCat Data Quality dashboard, please read on.

Practice Name: Deidentified Practice			
Data is taken from the Data Completeness Report and Duplicate Patients Report.		View 5th Edition Guidelines	
Filtering By: Active Patient			
Allergies and adverse reactions		83.49%	View 4th Edition Fact Sheet
Medicines		21.76%	View 4th Edition Fact Sheet
Medical History		79.48%	View 4th Edition Fact Sheet
Health Risk Factors		66.88%	View 4th Edition Fact Sheet
Immunisations		76.64%	View 4th Edition Fact Sheet
Relevant Family History		74.64%	View 4th Edition Fact Sheet
Relevant Social History		43.80%	View 4th Edition Fact Sheet
Non-Duplicate Patients		0.00%	

Actually this article was inspired by one of my brutally data-efficient northern customers, who had generated a doctor specific dashboard for each of their GPs, thereby stimulating some long-dormant competitive juices to flow. Sadly it doesn't look like my suggestion of making the doctor with the least green lights work on the front desk for a week, is going to be taken up.

Cutting to the chase, the colours work like this;

RED : 0 – 60% for all

ORANGE : > 60 – 90% for allergies, >60 - 75% for the other indicators

GREEN : > 90% for allergies, >75% for the other indicators

Now as to the individual indicators:

Allergies: An *average* of 3 numbers:

% of Active patients with allergy status recorded

% of Allergies recorded that are a selection from a coded list

% of Allergies recorded that have content in the Reaction Field

Medicines: % of current medications recorded for Active Patients where a coded reason for prescribing has been entered.

Medical History: % of past history items recorded for active patients that have been selected from a coded list

Health Risk Factors: An *average* of 6 indicators :

% of Active patients 10 and over who have a smoking status recorded

% of Active patients 10 and over who smoke and have a daily quantity recorded

% of Active patients 10 and over who used to smoke and have a cessation date recorded

% of Active patients 14 and over who have alcohol quantity recorded

% of Active patients 14 and over who have alcohol frequency recorded

% Active patients who are overweight (BMI ≥ 25) or underweight (BMI < 18.5) and have a waist circumference recorded.

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PenCat

Continued..

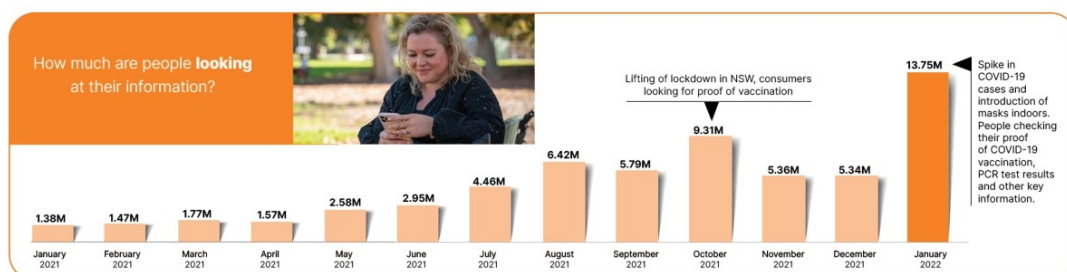
- Immunisations:** % of Active patients with an immunisation recorded
- Family History:** % of Active patients with an Family Medical History recorded
- Social History:** An *average* of 6 indicators:
 - % of Active patients with living arrangements recorded
 - % of Active patients with ethnicity recorded
 - % of Active patients with 'is carer' recorded
 - % of Active patients with 'has carer' recorded
 - % of Active patients 15 years and over with occupation and employment status recorded
 - % of Active patients 15 years and over with relationship status recorded
- Non- Duplicates** % of Total patients that are not duplicated

My thoughts:

- Allergies:** Sometimes hand written rather than selected, which compromises prescribing warnings. Sometimes the type and severity of reaction isn't specified. Very doable to get this to **90%**
- Medicines:** Often a **red light** which is a shame as it's more useful than some other indicators
- Medical History:** The big improver, a **green light** and high 80's or mid 90's in many practices.
- Health Risk Factors:** Big challenge to get green given the low age range.
- Immunisations:** Impossible to get **green** till COVID-19 made it a cinch.
- Family History:** Possibly easy but don't know how much is recorded for young patients.
- Social History:** Ridiculous to need to record Carer status for all active patients. **Orange** at best

MyHR

This months fun fact from the MyHR world is that 196,000 people who initially opted out in Jan 2019 have now enrolled in the system. It's a system that Australians, (non doctors at least) are becoming increasingly comfortable with, and knowledgeable about. Like many other medical related technology opportunities, familiarity with MyHR has certainly been boosted as a result of the pandemic, as the graphic below shows.



I'm sure the newly included [COVID-19 dashboard](#) would explain a lot of the increase in usage by people. I'm also certain that what is going to follow is that people are going to have increased expectations of what their record should include, and will start to ask questions if they believe there are important omissions. It has frequently been mentioned that people don't take enough personal responsibility for their health and wellbeing, so presumably this increase in awareness around their shared health record will be warmly welcomed by GPs.

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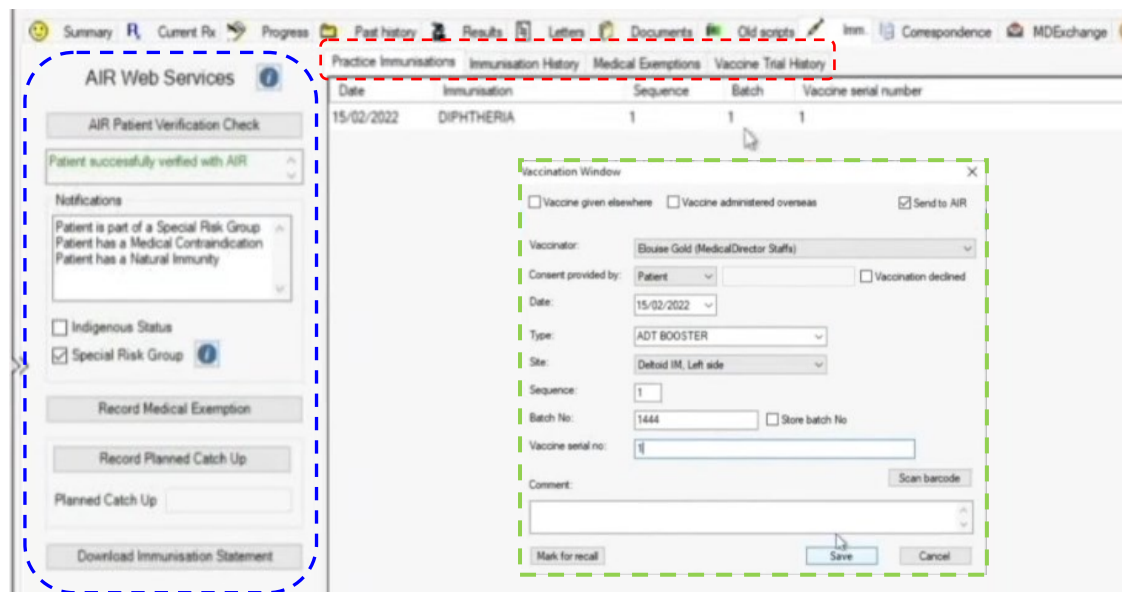
MD

Medical Director's Web services upgrade is version 4.2 and it is being released progressively over the next few weeks. This is the upgrade that will make your PKI location certificates redundant. Most of the changes are in the "back end" of the software actually, with Immunisation functionality being the major visible change. Having said that, ***I would strongly encourage practices to ensure they have sent all their immunisation batches before doing the upgrade.***

Whilst I don't support Pracsoft, there are some improvements in this upgrade that I will mention for interest without editorialising.

- ◆ Online claiming modules and exception reports now have much more specific error messages that come directly from Services Australia and should make it easier to understand why a claim was rejected.
- ◆ Medicare Claim numbers are reset to A0001 at the start of each day. Each claim will have a Medicare claim number and a Pracsoft claim number.
- ◆ Claiming Transaction reports will have separate columns for Amount Charged and amount Deposited to make it easier to identify discrepancies
- ◆ Immunisations are now sent directly from MD Clinical.

The main change in MD clinical is the Immunisations input screen, which has morphed into a full gateway to the patient's AIR record. As well as giving immunisations and sending them straight to AIR, practices can now update or edit the patient details in the AIR.



The left hand panel confirms that the MD patient has been matched with an AIR record. If a message indicates that there isn't a match you can check the patient demographics and try again using the top button.

As well as notifications for the patient from AIR, the clinician can; update the patient's Indigenous status in AIR, flag the patient as being part of a special risk group, record a Medical Exemption, record a Planned Catch Up and download a copy of the patient's Immunisation Statement into the MD Documents area.

After the default Practice Immunisations tab, there are 3 more tabs showing details of the patients immunisation record on the AIR. On these screens, entries in black font are ones submitted by your practice and as such can be edited or removed by your practice. Items shown in red require action.

The Immunisation input dialogue has only marginally changed, with the addition of a button to enable scanning of vaccine barcodes and the introduction of an ability to record vaccines that have been given overseas. Once you click *Save*, the immunisation is recorded and sent directly to AIR.

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BP

At the time of writing Best Practice was on the verge of releasing it's [Saffron SP3](#) upgrade. As has been mentioned previously this is the version that will dispense with PKI location certificates and it's also the version that requires you to have your Proda 'ducks all lined up'. You absolutely shouldn't do this upgrade until you have done the Proda configuration.

One further bit of homework that practices should do is to ensure that they have an AIR provider number for their practice location. Once entered into the software this will enable practice nurses to upload directly to AIR as well as modify AIR information for the patient. You can find the application form [here](#). While we are talking about immunisations, **practices should absolutely ensure that they have sent off all immunisation batches before installing the upgrade.**

Much of the upgrade features enhancements to online claiming. My customers will be aware that I don't generally support the billing side of things, so I will mention the changes briefly and without comment.

- ◆ For Direct billing services provided in Hospital, the Hospital name and provider number must be entered in *Contacts*.
- ◆ Direct Billing in hospital services must be in the form of 1 batch per specific hospital
- ◆ Medicare claim batch numbers will reset every day to A0001
- ◆ Online Claiming screen will now contain unique correlation ID numbers to facilitate troubleshooting batches with Medicare
- ◆ Enhanced Pending status of claims via Check for Payments button
- ◆ Penable claims to enable adjustment prior to possible rejection

From a clinical perspective the big enhancement is direct access to AIR via the patient record. Doctors and nurses can view information in AIR, without needing to go through PRODA or the MyHR. Additionally the clinician can edit the patient's details in AIR from within BP.



Using the *View AIR* button from the immunisations area, you can bring up a 5 panel display of AIR information as per the graphic (upper right).



Using this tab, you can view AIR alerts for the patient as well as Vaccinations Due (children only)



You can also update the AIR profile of the patient from BP. You can advise Indigenous status, flag that they are in a Special Risk group that require additional vaccines, or document a Planned Catch Up.



You can view the AIR immunisation history for the patient here as well as having the ability to save an immunisation to the record in BP via the right-click menu. You can also download and/or print the patient's vaccine history statement.



You can view AIR listed Medical Contraindications here (ability to edit in future release)



You can view AIR listed Natural Immunity here (ability to edit in future release)



Patient participation in Vaccine Trials can be viewed here.

As was mentioned earlier, vaccinations can now be sent directly via the input dialogue box as long as the check box is ticked.

Vaccine	Vaccinates Against
ActHib	HIB
Adacel	Diphtheria, Pertussis, Tetanus
Adacel Polio	Diphtheria, Pertussis, Tetanus, Poliomyelitis
ADT	Diphtheria, Tetanus
Afluria Quad	Influenza

Billing Provider: Dr Katherine Cox (Hospital) Include inactive

Given By: Dr Katherine Cox

Date: 5/01/2022 Country: Australia

Route: IMI SC Oral Intradermal Site: Sequence: 1

School ID: Serial No.:

Batch No.: Expiry: 5/01/2022 Save batch details

Comment:

Send reminder 5/01/2022

Send to AIR

Remember, a nurse can only send directly to AIR if an AIR location provider number has been entered in the Practice location details. Note that the previous workflow for sending immunisations from a separate screen will still be available, but I imagine this will become something that is used for immunisations that were unable to be sent at time of giving. It's not depicted above, but the provider dropdown list now contains a *Given Overseas* option, with the ability to specify the country.

Note that the AIR browsing and editing functionality will only work if your BP based demographics for the patient match what is in the AIR system. If the records don't match, you will just be working in your local BP record. If you can fix the demographic issue, then you can try and leave and re-enter the immunisation screen. If you are unsure whether the practice is set up fully for direct AIR access, click the *Check AIR Access* button for a summary of what may be deficient in your setup.

You can a nice cheat sheet on the new Immunisations setup [here](#).

The only other interface change in SP3 is the addition of Bowel and Breast screening preventative health prompts in the notifications area of the patient record.

So there you have it, another evolution of clinical software and another system that you can seamlessly integrate with from your clinical desktop.