

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

May 2018 — Newsbrief

Welcome to the May newsletter. This issue will focus on an exploration some technology that is available to most practices, but possibly under-utilised.

PenCat - Missed Opportunity ?

Most General Practices in Tasmania have had access to the excellent [PenCat](#) tool since 2008, and I have been fortunate to have been heavily involved in training practice staff in it's usage for all of this time. It remains my most personally enjoyable work, not just because it is an excellent and easy to use program, but primarily because the practice nurses and managers almost universally respond with excitement and enthusiasm when they see how the tool can help them in their work.

But, I have often bemoaned the fact that GPs have had limited exposure to this program, and I steadfastly maintain that there are a percentage of GPs that given some information and training, would pick this program up and "run with it". What PenCat can tell you about your practice as a whole, it can also tell you about the patients of an individual GP. Based on patient attendance, the program can isolate an individual GPs patients and convey all sorts of information about the group. It offers the GP an opportunity to see what sort of patients they are seeing, how they are treating them, and how comprehensive their medical records are. A GP can focus on patients with a certain illness or on a certain medication class as an example.

In this day and age, I think there is a feeling amongst people generally that we provide or interact with large quantities of information, but often don't really feel like we are in full control of what is going on. It may sometimes feel like a [runaway train](#). (Only click this if you like the 1992 song by Soul Asylum !) This doesn't have to be the case with your patient records, you absolutely can put yourself back in charge of most of this information.

Of course GPs are limited in the time they have available, and their interest in evaluation of this type. Again, I am sure there would be at least a small number of GPs who would be interested in this, given the opportunity. It strikes me this topic would make excellent *fodder* for an evening session, with the practice providing suitable sustenance, and me providing the relevant training. So if you are one of my customers, and this is something you would like, please get in touch and we will make it happen.

RACGP Survey

The RACGP have recently released it's survey on *Views and attitudes towards technological innovation in general practice*, and it's available [here](#). Whilst I'm starting to notice that a lot of the "surveys" put out by various familiar software vendors are nothing more than a fairly cynical marketing tool, material put out by the RACGP is of course fully about assisting it's members. There is some interesting food for thought in the survey, and it's also worth mentioning the excellent [ehealth page](#) that provides practices with guidance around today's technology including use of social media and privacy etc.

Mobile Apps

If you think there is potential for more use of mobile apps in your practice, the [Digital Health guide](#) is worth mentioning again. As it seems to cover about a trillion apps, it strikes me as most useful if you have a specific app in mind, and want to see how it is rated, or if you are thinking about a specific area of medicine.

What actually may be just as useful is the links to other app resources from this site, including an apps page done by the [National Health Service](#) in the UK, as well as offerings from the Black Dog Institute and the Victorian Department of Health. Certainly a page worthy of being in your favourites or bookmarks.

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Templates

The following new template was created during the last month and is available [here](#):

- ◆ Dr William Osler

If you need any assistance importing or would like other templates created, please let me know.

eReferral

Whilst I am not aware of any additions to the *healthlink* *referrable* specialist list over the last month or so, it's probably worth mentioning again the other eReferral option that practices have, namely the *Healthlink Smartforms* that are available in both Medical Director and Best Practice.

In Tasmania at present, the only referral options are for *Australian Hearing* Medical Certificates, but in NSW this technology can be used to generate the *Fitness to Drive Medical Assessment* form, and there are hospitals in Victoria and specialists in South Australia that are referable using this method. My hope is that one day this will be the mechanism for referring to Tasmanian public hospitals.

I don't exaggerate when I say that referral in this way is completely straightforward, and a definite evolution from the word processing templates that we are used to. There are no address book entries to set up and as long as these forms have been enabled by your IT provider, you are ready to go.

Straightforward user guides and a training video are available for users of MD, BP and Genie are available at the Healthlink site here: www.healthlink.net/en_AU/support/knowledge-base/australian-hearing/

eHealth

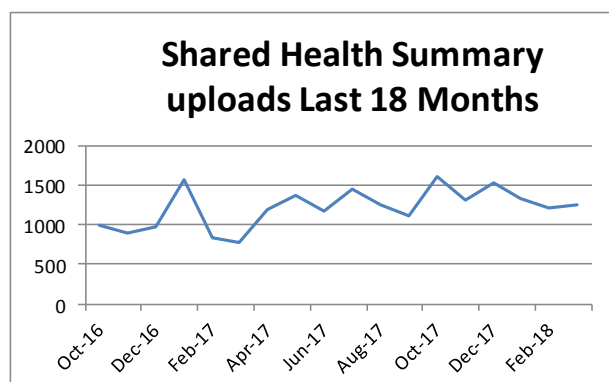
As we move closer to the MyHR becoming an opt-out system, the Australian Telehealth conference has been told by the head of the [Digital Health Agency](#), Tim Kelsey that about 85 per cent of private pathology reports, 75-80 per cent of dispensed medicines information and a significant volume of radiology reports will be uploading to the system by the end of the year. That's an interesting time-frame that, if true at least has the potential to cut down on duplicated pathology requests and the costs and time involved.

This comes around at the same time as new [guidelines for pharmacists using the MyHR](#) have been issued. Disappointingly, there have been accounts of incorrect dispensing information being uploaded to the MyHR with the accompanying idea that focus on accurate patient information is much stronger in the General Practice environment than it is in the pharmacy sector. In my opinion for the MyHR to be optimally effective, the quality, compliance and participation blowtorch that has been used on General Practice should also be brought to bear on other parts of the health sector, especially public hospitals.

General Practice is now uploading over 1200 Shared Health Summaries a month in Tasmania.

Source:

http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Digital_Health



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PenCat

Whilst there was no significant PenCat update in April, I thought I might take the opportunity to start a series of articles that gives a step by step guide on how to accomplish a specific task.

Task. Identify the Diabetic patients of a specific Dr who have not had a GPMP in the last 18 months.

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

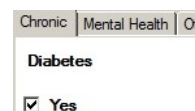


4) On the *General Filter Tab* in the top half of the screen, go to the *Activity* column and select *Active (3x in 2yrs)* if you want to focus on regular patients.

Activity

Active (3x in 2yrs)

5) On the *Conditions Filter Tab* in the top half of the screen, go to the *Chronic* sub-tab and select *Diabetes*.



6) On the *Date Range (Results) Filter Tab* in the top half of the screen, go to *Date Range (from-to)* click the radio button and put in a date range that goes back 18 months. This range is used for Item billing dates.

Date Range (from - to)

01/11/2016

03/05/2018

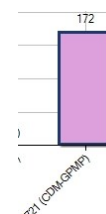
7) Click the *Recalculate* icon. This applies the settings specified in steps 4,5,6. (You must always click recalculate if you make any filter changes in the top half of the screen)



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

Medical Director 3, MD Live Data; Extract Date: 03/05/2018 5:49 PM; Filtering By: Active Patient, Conditions (Diabetes - Yes), Last Results 1/11/2016 to 3/05/2018

8) On the *MBS Items Tab* in the bottom half of the screen, go to the *Not Recorded* sub-tab and click on the graph bar labelled *721 (CDM-GPMP)*.



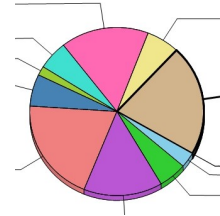
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PenCat

9) On the *Visits* Tab in the bottom half of the screen, go to the *Assigned Provider* sub-tab and click on the graph segment for the GP that you are working with.



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

Medical Director 3, MD Live Data; Extract Date: 03/05/2018 5:49 PM; Filtering By: Active Patient, Conditions (Diabetes - Yes), Last Results 1/11/2016 to 3/05/2018 Selected: MBS Not Recorded (721 (CDM-GPMP)), Assigned Provider (Dr. A. Practitioner..)

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 the bottom half of the screen.



You will now see your list of patients. Note the last 2 columns that show the assigned GP (de-identified in this case) and also when the last time the Item No was billed by the practice, if ever.

D.B (Age)	Address	City	Postcode	Phone (H/W)	Phone (M)	IHI	MBS Not Recorded	Assigned Provider
02/1962 5)	12 Jogger St	Suburb Town	3070	H:07 50505050 W:07 50509999	1234999999		721 (CDM- GPMP) Not Recorded	Surname_25
02/1983 5)	12 Jogger St	Suburb Town	5063	H:07 50505050 W:07 50509999	1234999999		721 (CDM- GPMP) Not Recorded	Surname_25
02/1946 2)	12 Jogger St	Suburb Town	4068	H:07 50505050 W:07 50509999	1234999999		721 (CDM- GPMP) Last Recorded 26/11/2013	Surname_25
02/1938 5)	12 Jogger St	Suburb Town	3216	H:07 50505050 W:07 50509999	1234999999		721 (CDM- GPMP) Not Recorded	Surname_25

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

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

- 1) Past Medical History for the Diabetes Diagnosis
- 2) Progress Notes (MD), Usual Dr Field or Past Visits (BP) for the regular GP.
- 3) Items Billed in Pracsoft or BP Management for the GPMP information.

A large list of task specific instructions can be found at the PenCat help site below:

<https://pencs.zendesk.com/hc/en-us/categories/115001548168-Recipes>

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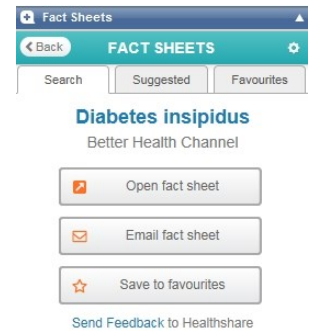
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MD

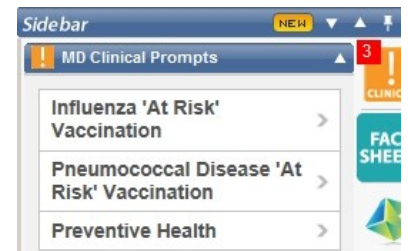
The sidebar that appears at far right of the Medical Director screen is often ignored by users. With that in mind, I thought it might be useful to go through some of the widgets that are available via the sidebar, and explain their functionality.



The most useful widget in my opinion, it allows an online search of endorsed Australian health sites, with the ability to print the information sheet off, or email it straight to the patient. Note the email is sent from a healthshare email address, not your own email address. It will record the action that you take in the progress notes, and whilst the focus is patient information, there is GP targeted information too. The widget searches in the background too, so if you enter a diagnosis for instance, a number will appear on top of the widget indicating that some material has been found. The latest version has an option to search for consumer medication information automatically when a patient starts a treatment for the first time.



If you are sick of clicking away prompts when you open the patient record, this may be the widget for you. It displays many of the prompts in yellow boxes down the side of the screen when you open the record, as opposed to popping up in front of you. The boxes disappear straightaway and what you are left with is shown in the sidebar as depicted at right. You can click the arrows to display more information if required. The sidebar needs to be pinned or maximised for this widget to work properly.



This one's more for the practice manager really, or whoever is in charge of making sure you hit your quarterly quota for uploading Shared Health Summaries. Simply put your swpe number in the designated field and it will generate your upload target and monitor your upload number.

PIP Quarterly Period	SWPE ¹	SHS min. upload target ²	SHS Practice upload
Nov to Jan 31	NOV <input type="text" value="0"/>	0	0
Feb to Apr 30	FEB <input type="text" value="0"/>	0	0
May to Jul 31	MAY <input type="text" value="1000"/>	5	0
Aug to Oct 31	AUG <input type="text" value="0"/>	0	0



The referrals widget is a link to an online specialists directory, and allows you to search by name or specialty or special interest. Whilst you could be forgiven for thinking that there are more provider directories than providers, not all of them show special interest, and this one has some information around billings and gap payments. Once you have selected the specialist, you are directed to letter writer where you select a template and proceed as usual. As with any directory, the big question is, how well and often is it maintained. We are on our way to a national one-stop shop, until then I would be maintaining your local address book and referring to the local one [here](#).

REFERRALS

By Specialty | By Name | Favourites

Search by Specialty

Specialty or Special Interest

Suburb, Hospital or Post Code

Hobart - TAS - 7000

Patient Health Fund (optional)

Search



The UHG Insurance Report Widget allows for the receipt of electronic requests for medical reports for insurance purposes, and their subsequent completion. Once you are registered, requests for the Dr will appear in the sidebar, and upon entering a correctly matched patient record, you will given a modular form to complete, similar in function to a shared health summary. Video guide [here](#).

BP

Best Practice includes a full Dementia Assessment tool that can be found under the *Enhanced Primary Care* menu tree. Just click Add to start a new Assessment.

The assessment is broken into 6 different sections, some of which is populated from the patient record, as well as some specific other questions. As in some of the other Enhanced Primary Care screens, the *Consent obtained* and *Assessment location* fields are always visible. Sections summarised below,

Demographic/Social History:

- ◆ Information is pre-populated from the relevant details of the patient record.
- ◆ Information entered updates the Demographic/ Social History part of the patient record.

Daily Living:

- ◆ Health Assessment questions. No pre-population of information from the clinical record.

Risk Factors:

- ◆ Information is pre-populated from the *Past history* details of the patient record.
- ◆ Although you can enter new conditions here, it is preferable to make sure the patient record is complete before you start preparing the assessment.
- ◆ The screen lists known risk factors for Dementia, and a view for selecting which clinical conditions are to be considered in the assessment.

History and Examination:

- ◆ Information is pre-populated from the relevant *History and Examination* details of the patient record, provided it has been **recorded on the same day**.
- ◆ You can load a previous day's notes into this section, (*insert previous notes*)
- ◆ Information entered here updates the patient record.

Education:

- ◆ Selection of Dementia specific information, also available through *Patient Education Leaflets*
- ◆ Option to record that the patient has been given the information

Once you have worked through the document and printed it, BP will ask you if you want to finalise the assessment. When the assessment is finalised, viewing it will show a completed document, rather than the input screens.