

# PracSavvy

Clinical Systems Support and Training

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

May 2020 — Newsbrief

To slightly misquote the prime minister, *How good is General Practice?*

Viewing from the periphery, it's quite amazing to see how adaptive practices have been over the last couple of months in what has been an ever-shifting set of circumstances. *Moving the goalposts*, doesn't do it justice. Somebody ate the goalposts.

The isolation strategy seems to be working, although I struggle with some of the places that you aren't supposed to walk. Apparently main road Ravenswood is fine, but Risdon Brook dam is dangerous and irresponsible! Although people are trying their best, some still struggle with the whole 1.5 metre distance thing. I have a "Pro-Tip" though to help these people. Just pretend you are in your car and everyone else is a cyclist. Admittedly some people won't like you shouting and swearing at them as you go past, but you'll nail the distance thing!

I'm looking forward to the day when I can catch up with friends and even acquaintances, and I'm *really* looking forward to not worrying about whether a *hug* is warranted or required! Same with that whole *air-kissing* thing, one or two cheeks, no cheeks who knows? It's amazing how easily a confected gesture of affection can turn into a headbutt. Big thankyou to COVID-19 for taking that particular angst away.

On to weightier matters, and whilst it's evident that everyone is working with the bigger picture in mind at the moment, it isn't necessarily the case when things are running relatively smoothly. The QPIP data sharing arrangement is a case in point. Many practices participate, and some don't, of course its up to the practice, and some are vey happy to conjure up potential scenarios around inept or dishonest data handling and the need to shield patients from possible privacy breaches. Some even like to think of this as evidence of stronger ethics.

Now it's fine to imagine what terrible thing *might* happen, but does the same creative energy embrace the potential for really good outcomes? Do we look at Pros and Cons, or just Cons? Would this be a fair and balanced thing to do? Do the same people say to themselves, *...Imagine if, in the middle of a pandemic like this one or worse, state or national health authorities could have immediate access to a de-identified dataset, where they could accurately identify health cohorts in different geographical areas and shape their responses accordingly.* Potentially using something like the Pen aggregation tool as [demonstrated in this video](#).

If both scenarios were put fairly to a patient, which would they choose? Nobody loves bureaucracies, nor should they, but **the best and most detailed population health data lives in general practices**, and it's exponentially better than it was 10 years ago. When the question arises again, hopefully big-picture rather than *us and them* thinking will prevail.

Still on big-picture scenarios, I may have mentioned before that systems like the MyHR can be really useful in times of large scale disasters or, dare I say it pandemics. An increasing number of practice staff are realising there are some genuine time saving benefits to be gleaned from some of the dynamic reports available in the system. There are still plenty of GPs who happily ignore the system, so they almost certainly won't be interested in watching the [video](#) or listening to the [audio interview](#) available on how the MyHR provided a *silver bullet* solution for pharmacists trying to dispense medications during the Townsville floods. Apparently when people are evacuated from their homes, they don't always grab their scripts.

I'm continuing to enjoy the *shot in the arm* (topical metaphor) to the acceleration and uptake of further technology in the clinical setting. Of course it has to work, and by that I mean fit into a clinical workflow without introducing unreasonable time delays. But the sprint towards electronic prescribing is continuing with BP hoping to include it in their [Java SP3 update](#) in May. MD have just released a telehealth widget that seems to work reasonably well, see page 4 for more details. Even the downturn in bookings due to the crisis has prompted Primary Health Tasmania to expand it's [pilot program for electronic RHH clinic referral](#) to all practices, rather than just the initial test group. **If you want to help THS ereferral to move from Pilot to Practice, you should jump in and give this a try!**

# PracSavvy

Clinical Systems Support and Training

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

## Bits

There is a massive amount of information on COVID-19 out there as we all know, and it's changing daily in some cases. Taking a historical perspective, it's a good thing that this happened in the era of the Internet, as opposed to before.

I don't love saying that I'm old enough to remember when the prospect of a general practice connected to the internet filled some practitioners with fear and loathing. For some reason that army of hackers poised to steal everybody's medical records didn't eventuate. What did happen is that we all became part of a network where vital information could be made available to thousands of people very quickly. What did happen was that multitudes of people working in the medical profession could share information and support each other. In the spirit of learning from history, I note that the arguments against practices being permanently connected to the internet were extremely similar to those against the MyHR and data sharing.

As mentioned before I have a page of hopefully useful links on my page [here](#). In terms of quality and up-to date information there have been some star performers:

[RACGP](#) Their resources are neatly maintained, often updated daily and date labelled. (Includes April 2020 update of their [Telehealth Guide](#))

[HotDoc](#) They were very quick to update their booking and messaging software to help with the current crisis. Their hub also contains great recorded webinars with in-depth information presented by a knowledgeable and very listenable presenter.

[Synapse](#) Not an area I usually deal with at all, but this medical administration business hosts a daily digest answering some of the curlier Item number queries.

[PM Network](#) Not my forum of choice, but this facebook group of practice managers from all over the country brings together some very experienced people sharing information and supporting each other.

## eReferral

The [HT Health group](#) have advised that they are now e-referrable. This has prompted me to start a separate Allied Health e-referral listing on the providers page at my [website](#). If you see any glaring omissions, please let me know and I will update.

Additions :

◆ Andrew Bonsey	Exercise Physiology	<i>hthealth*</i>
◆ Brenton Watson	Exercise Physiology	<i>hthealth*</i>
◆ Dr Andrew Elkerton	Medical Acupuncture	<i>hthealth*</i>
◆ James Fitzpatrick	Physiotherapy	<i>hthealth*</i>
◆ Jane Wilkinson	Physiotherapy	<i>hthealth*</i>
◆ Kellie Bryan	MH Social work	<i>linkyhsv</i>
◆ Natalie Fitzgerald	Psychology	<i>linkyhsv</i>
◆ Jesse Greenwood	Psychology	<i>linkyhsv</i>
◆ Alison Harndinge	Psychology	<i>linkyhsv</i>
◆ Thalia Papadakis	Psychology	<i>linkyhsv</i>
◆ Helen Shann	Psychology	<i>linkyhsv</i>
◆ Angela Waite	Psychology	<i>linkyhsv</i>
◆ Graham Hall	Clinical Psychology	<i>linkyhsv</i>
◆ Katie Ling	Clinical Psychology	<i>linkyhsv</i>
◆ Adela Marrone	Clinical Psychology	<i>linkyhsv</i>
◆ Leonie Coskun	Psychology	<i>lmc32lmc (North)</i>

\* HT Health Group use [HLConnect](#) to access the healthlink network. This means if you use MD there is special way of entering them in your address book. See an [earlier edition](#) for details.

## MD

Practices are starting or gearing up for Flu-vaccination time, with one of the tasks being identifying and potentially contacting those patients who are eligible for a free vaccination.

Normally PenCat would be the tool of choice for identifying these people, but in this instance MD has a dedicated search module that *may* be a better choice. From the main screen in MD, click *Search* then *Influenza 'at risk'*.

Only half the screen displays at first, but if you click *Show Advanced Options*, you will see all the exclusions. Given the parameters on offer MD may outpoint Pencat on this one as mentioned earlier.

A sharp-eyed Practice Manager (*suspicious inquisitus*) mentioned that it didn't quite match up with the Tasmanian guidelines referenced [here](#). She was right and scanning of the MD help documentation indicates that these parameters are based on the 2013 Immunisation handbook.

It's pretty close though. I haven't gone through the comparison in minute detail, but the main 2 groups of people who are missed by this search are:

- 1) ATSI patients between 5 and 15 years old.
- 2) Children between 6 months and 5 years who **don't** have a listed illness.

You could take care of problem 1 by unchecking the 2 ATSI checkboxes above and doing an MD database search for your ATSI patients. When you have the list, sort it in Date of Birth order and simply delete the ones born in in the last 6 months. Problem 2 is a little trickier, but you may just want to do an MD search on patients 5 or less, delete the 6 month year olds and recognise there may be a little overlap with youngsters who **do** have one of the listed illnesses.

What you may want to do with the resultant lists is to use the button at the bottom of the screen to create a unique and temporary recall for everyone on the list.

# PracSavvy

Clinical Systems Support and Training

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

## MD

*Free Flu Vaccination continued.*

When you create the Recall from this screen, it will default to the built in Influenza recall protocol and time parameters. However if you temporarily untick the *Once Only Recall* box, you will have full scope to specify a unique reason and an immediate due date, re-ticking the *Once Only* box when you have finished, as per my illustration on the previous page.

Now, I'm sure some people are saying, 'Why would I want to generate recalls for all these people?'

The reason is that the generated Recall is a means to an end. As soon as you generate a recall in MD you will have access to your SMS functionality. If you currently send out your own SMS messages, then once you pull these patients up on a recall list, you can send a specific SMS message and then delete the recalls immediately if you wish to.

If you use HotDoc for recalls for example, the same applies. You could go to your dashboard, create a specific recall protocol and once it has been actioned, delete the recalls in MD. Remember you can also create recalls from the main MD search results screen, that you may have used to identify the "missed" patients from the previous page. Of course, if you don't use SMS at all, there is no point in creating the recall.

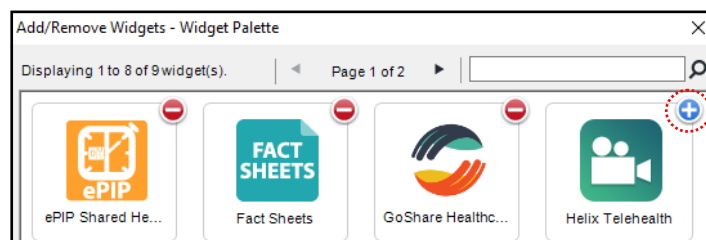
The one issue to remember with the above searches is that whilst they are great in that they give access to your SMS systems, nowhere in the searches can we narrow the list down to *regular* patients, as per the 3 or more visits in 2 years criteria. For that you will need to do the searching in PenCat, although for this exercise you may decide on balance that you don't mind burning a few sms credits.

## MD

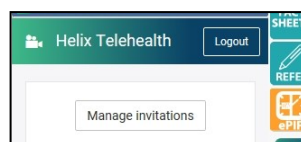
MD have just added a web based [Telehealth sidebar widget](#) to MD. It's "Helix" branded, **free for at least 3 months**, and relatively basic in it's functionality. In my limited testing it seemed to be simple to use and worked reasonably well. One advantage is that the patient doesn't need to download any software.

The practice will have received an email invitation to set up the facility at practice level. The basic steps to do this are:

- 1) If you don't have the sidebar enabled, go to *Tools..Options..clinical* and tick *Show Sidebar*
- 2) From the *Sidebar* menu, select *Add/Remove Widgets*. Click Plus on the Telehealth widget.



From here, click *Login to start*, where you will be prompted to enter your email address and the invitation code from the email you were sent. You will also be asked to create a password and respond to a further confirmation email. Once you have done this, the practice will be registered and you will be able to invite individual GPs at your practice by supplying their email addresses using the *Manage Invitations* button.



Your GPs will receive an invitation via email and will need to essentially go through the same steps as above to register individually.

# PracSavvy

Clinical Systems Support and Training

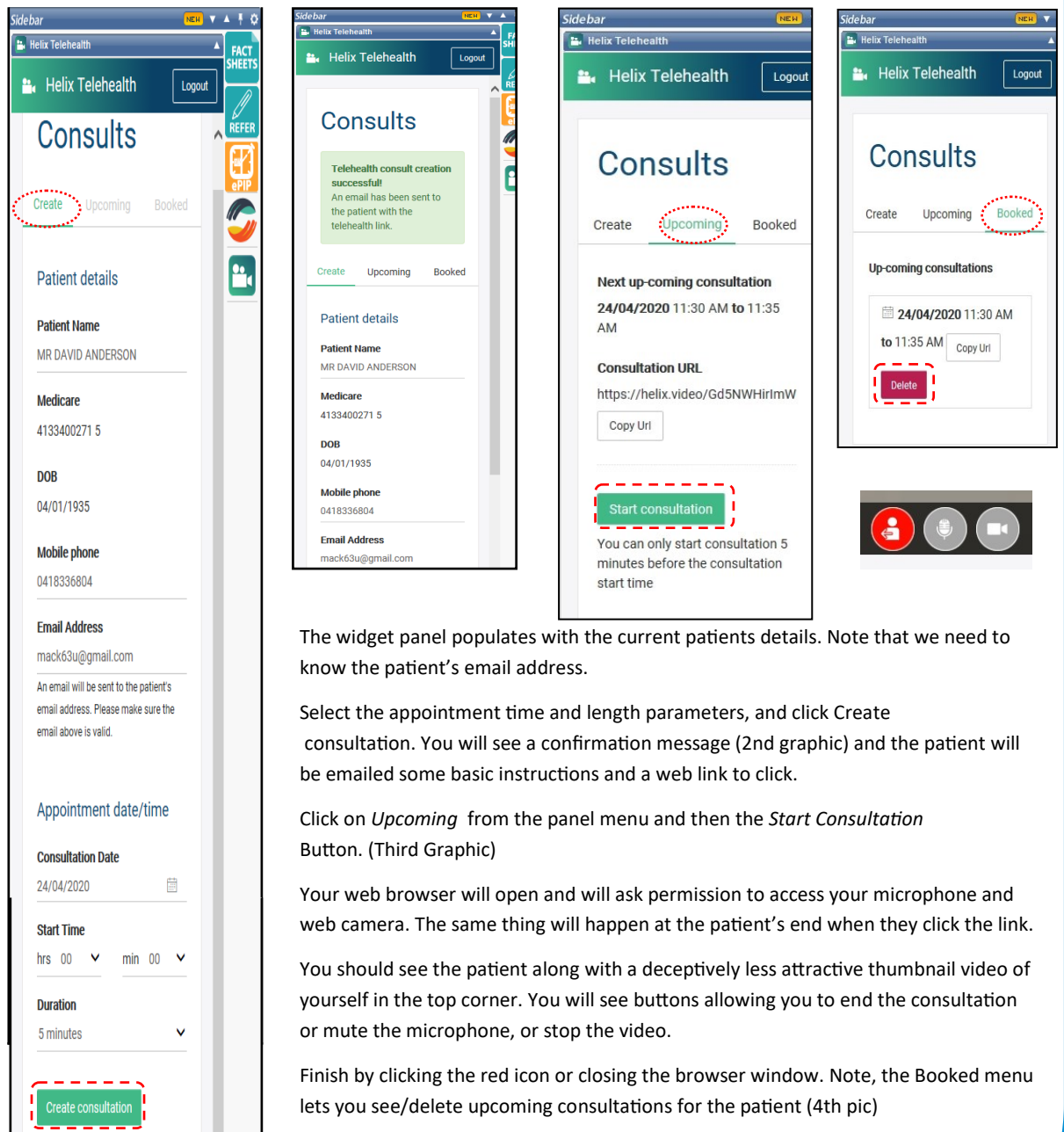
[www.pracsavvy.com.au](http://www.pracsavvy.com.au)

MD

Telehealth Widget continued.

Once this is done, the functionality is fully enabled. I must admit whilst I usually have my sidebar *un-pinned*, so it is just a ribbon at the side of the screen, I found that having it *pinned* or maximised worked better for me. When I was using the sidebar unpinned, I found that the Telehealth widget panel did not always render properly, preventing me from scrolling to the button at the bottom. GPs using different systems may not have this issue, but pinning the sidebar fixed it for me.

The GP will need to sign into the widget every day. When a patient record is open, and the widget selected, it will look something like the illustration on the left.



The widget panel populates with the current patients details. Note that we need to know the patient's email address.

Select the appointment time and length parameters, and click Create consultation. You will see a confirmation message (2nd graphic) and the patient will be emailed some basic instructions and a web link to click.

Click on *Upcoming* from the panel menu and then the *Start Consultation* Button. (Third Graphic)

Your web browser will open and will ask permission to access your microphone and web camera. The same thing will happen at the patient's end when they click the link.

You should see the patient along with a deceptively less attractive thumbnail video of yourself in the top corner. You will see buttons allowing you to end the consultation or mute the microphone, or stop the video.

Finish by clicking the red icon or closing the browser window. Note, the Booked menu lets you see/delete upcoming consultations for the patient (4th pic)

**Tip:** Sometimes when I went from one patient to another, it retained the previous patient details in the panel. I remedied this by specifically closing the previous patient first.

**Tip 2:** If it doesn't work at all, get your IT support to add the following exceptions to your firewall: <https://telehealth-clinical.medicaldirector.com/> and <https://cdnjs.cloudflare.com>.

## BP

With Flu season coming up, practices *may* want to generate lists of patients who are eligible for the free vaccination, as per local criteria [here](#). It's next to impossible to generate a patient list that encompasses all criteria, so I've written BP queries that cover 4 of the 5 criteria. These queries were generated to be used by copying and pasting the provided text into the query box accessed from the main BP menu under Utilities..Search, ensuring that you first delete **all** the default search text. When you have pasted the text, you then click *Run Query*.

Because there is some overlap between a couple of the criteria groups (children 6 mths to 5 years and all ATSI patients over 6 months), I've made the children group non-ATSI.

<b>Non ATSI children 6 months to 5 years.</b> <i>(ages relative to 1st May)</i>	<pre>SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND ((Ethnicity Not like 'Aboriginal%') AND (Ethnicity Not like 'Torres Strait Islander')) AND DOB &lt;= '11/01/2019' AND DOB &gt;= '05/01/2015' ORDER BY surname, firstname</pre>
<b>All ATSI people aged 6 months and older.</b> <i>(ages relative to 1st May)</i>	<pre>SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND ((Ethnicity like 'Aboriginal%') OR (Ethnicity like 'Torres Strait Islander')) AND DOB &lt;= '11/01/2019' ORDER BY surname, firstname</pre>
<b>All Adults 65 and older Non ATSI</b>	<pre>SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND ((Ethnicity Not like 'Aboriginal%') AND (Ethnicity Not like 'Torres Strait Islander')) AND DOB &lt; DateAdd(Year, -65, GetDate()) ORDER BY surname, firstname</pre>
<b>Pregnant Women*.</b>	<pre>SELECT * FROM BPS_Patients WHERE StatusText = 'Active' AND InternalID IN (SELECT InternalID FROM ObsGynDetail WHERE NominalLMP &gt;= DateAdd (Day, -300, GetDate()) AND RecordStatus = 1) ORDER BY surname, firstname</pre>

\* You should compare this list to the one available under *Clinical..Pregnancy List* from the main screen.

These searches don't include the "Regular Patients" criteria commonly used in PenCat searches, or account for those that are already vaccinated. On the plus side, generating the lists this way lets you:

- ◆ Send an SMS to the list (if you have fully enabled SMS in BP)
- ◆ Create a one off temporary reminder for the whole list and then create a corresponding reminder SMS in HotDoc, deleting the reminders when the messages have been sent.
- ◆ Save the list as a CSV file that can be uploaded to HotDoc for sending an [Inform SMS](#).

The last criteria for the "free list" is *People medically at risk aged 6 months and older*. This is trickier, not least of which because of things like Severe Asthma is in, but everyday Asthma isn't. PenCat is probably your best bet for this group and they have a pretty good recipe for it [here](#).

If you haven't signed up for any PenCat related SMS programs, you can still save the list as a CSV file and upload it to HotDoc for sending an [Inform SMS](#) if you wish.

# PracSavvy

Clinical Systems Support and Training

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



I thought the above was great, saw it in the Australian a couple of weeks ago. I'm probably violating copyright, but I don't think they can touch me.....or anyone....or anything!

The current times seem to necessitate a higher level of frivolity than is normal for this newsletter, and the *PracSavvy Pandemic Pop Classics* last month were very popular (3 positive email responses= very popular). With that in mind, and continuing with the strategy of curating other people's creativity for my own credit, numbers 11– 20 on the charts are shown below. This particular batch includes some genuine rock classics, an old Country and Western favourite, and an entry from a band we all like even if we don't always admit it.

## PracSavvy Pandemic Pop Classics

[Number 11](#)

[Number 12](#)

[Number 13](#)

[Number 14](#)

[Number 15](#)

[Number 16](#)

[Number 17](#)

[Number 18](#)

[Number 19](#)

[Number 20](#)