

PracSavvy

Clinical Systems Support and Training

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Edition 81 - May 2023

Welcome to the May newsletter. The most impactful thing to mention today is that there are only 23 more sleeps until a [whole stack of RHH clinics](#) become e-referrable via Healthlink Smartforms. The South is the last region to have the majority of their clinics enabled, but given the quantity of referrals involved, it really should be a bit of a game-changer, with more compliant referrals and improved 2-way communications bound to have a positive effect on timely patient care.

This does also represent a further big step towards being able to get rid of the fax-machine. If we use secure messaging wherever possible, if we are smart in our use of efax products and yes, if we remember the information exchange potential of the MyHR, then yes the era of the fax machine may be nearing an end. Can I also say to the admin teams, if your e-referral isn't working, then get it fixed! Whatever issues that may occur are now generally well known and easily remedied. So call practice support at PHT, call me, call your IT, but call somebody. If instruction is your need, my clients can call me, or anyone can call PHT or just read some of the information provided [here](#).

The other item that will impact your practice or at least it's bank balance is the, slow to be released but oh so easy to apply for Strengthening Medicare - [General Practice Grants](#). This really does come under the category of *Money for Jam*, with accredited and non-accredited General Practices being eligible. It's worth mentioning though, that you do have to be a General Practice and the application must be in by June 15th. You can even specify whether the money is funded this financial year or next.

You can specify that the money is used for 1 or more of 3 specific streams, with the one that is of most interest to the writer being *Enhance Digital Health Capability*. So involve your IT support in the conversation. Would your practice benefit from a more powerful server? Can you buy more internet bandwidth? Upgrade your practice Wi-Fi? Would a second desktop monitor add to your GP efficiency? Would the practice's digital health compatibility be improved by providing more training and support? Would buying a *PracSavvy* subscription help achieve this? 😊

An initiative you are going to be hearing increasingly more about over the next couple of years is [Provider Connect Australia](#). The grand vision is that, one day, when you have a provider commence with you or leave, you can update one system, and all the health organisations that you interact with are made aware of the change. It's a common question from newer practice managers when they on-board a GP, Who else do I need to notify?

Now this will be a slow burn over the next couple of years as PHN's have other fish to fry (Avocados to smash - vegan alternative), and certainly we know that these systems only fulfil expectations if everybody that *can* participate *does* participate. I would urge practices to sign up their organisation when the opportunity presents, and even advocate it to business partners. I have said before that I feel* Tasmania may well be the most connected state health-wise, due to our physical size and some historical technological decisions. A healthy and early take-up of this potentially dynamic health directory would only enhance this.

**It is only a feeling, not a fact, but we know feelings are more important these days! ☺*

E-referral

Please see below for some e-referral updates for your address books. My listing of e-referral enabled specialists and Allied Health providers can be found [here](#):

Mr Andrew Hunn	Neurology	Tasmanian Spine Service	<i>tasspine</i>	delete
Dr Jessica Preece	Endocrine & General Surgery	Calvary Consulting	<i>chctlvcs</i>	

NOTE the Change of Healthlink EDI for Launceston Eye Doctors was formerly *teyehosp*

Dr Robin Abell	Ophthalmology	Launceston Eye Doctors	<i>laeyedoc</i>	<i>et al</i>
Dr Lucy Goold	Ophthalmology	"	<i>laeyedoc</i>	
Dr Andrew Patrick	Ophthalmology	"	<i>laeyedoc</i>	
Dr Jonathan Ruddle	Ophthalmology	"	<i>laeyedoc</i>	
Dr Tze To Toh	Ophthalmology	"	<i>laeyedoc</i>	
Mrs Julie Barbour	Orthoptist (AH)	Launceston Eye Doctors	<i>laeyedoc</i>	

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We would like to introduce **Hobart TMS**, which is now opened at Your Health Hub, Level 3, 31-33 Cambridge Rd, Bellerive 7018 to provide **outpatient TMS**.

The service is run by psychiatrists Dr Marzena Rybak, Dr Yvonne Turnier-Shea and Prof Saxby Pridmore. Our team has been working in TMS since the mid-1990s, and has published an extensive body of research. We are responsible for bringing the first TMS machine to Australia, and also established the first private TMS service in the world.

As most of you are aware, TMS is a very effective and non-invasive treatment for patients with treatment resistant Major Depression (MDD).

The introduction of Medicare items for the provision of TMS for patients with Major Depression (MDD) stipulates a lifetime total of 50 available sessions (one course consists of 20 sessions). This is applicable to patients only, who never received TMS previously. We do also accept privately funded patients and patients on WC or MAIB with approval for TMS treatment.

GP or specialist referrals are essential, but patients will be required to undergo a one-off assessment for suitability. Main exclusion criteria are a history of epilepsy, cochlear implants, metal plates, a history of traumatic brain injury, substance use disorders and weight of over 130 kg. Patients qualifying for treatment will be expected to pay a small gap on each treatment session. Please note however, that psychiatric follow is not included in the service.

For more information or for referrals you can contact us on hobart.tms@gmail.com
You may also contact Your Health Hub under Phone: 03 6122 0150 or Fax: 03 6122 0169.

Dr Jessica Preece is a specialist Endocrine and General Surgeon. She grew up in Hobart and completed her medical degree at the University of Tasmania, graduating in 2009. She undertook her internship and surgical residency at The Alfred, Melbourne before undertaking specialist General Surgery training in Victoria and Tasmania through the South West Regional Training Hub.

Dr Preece was awarded Fellowship of the Royal Australasian College of Surgeons (FRACS) in General Surgery in 2020 and undertook a fellowship in Acute General Surgery at Eastern Health, Victoria gaining further experience in the management of acute general surgical conditions.

Following this, Dr Preece undertook a dedicated high-volume fellowship in Endocrine Surgery at St Thomas' Hospital, London, United Kingdom where she gained extensive experience in the surgical management of both benign and malignant thyroid, parathyroid and adrenal disease.

She also trained in the management of multiple endocrine neoplasia (MEN) and paragangliomas.

Along with her specialist Endocrine Surgery practice, Dr Preece is also experienced in managing patients with general surgical conditions including hernias, gallbladder surgery and skin lesions.

Dr Preece is a member of Australia and New Zealand Endocrine Surgeons and General Surgeons Australia.

Dr Preece has returned to Hobart with her husband and young family to commence consultant practice. She has appointments at the Royal Hobart Hospital, Hobart Private Hospital and Calvary Lenah Valley and St John Hospitals.

Referral details: Calvary Consulting Suites
438 Elizabeth Street
North Hobart TAS 7000 Tel 03 6234 7511 or Fax 03 6234 6266
Healthlink EDI: **chctlvcs**

Email: admin438@calvarycare.org.au Website www.drprece.com.au

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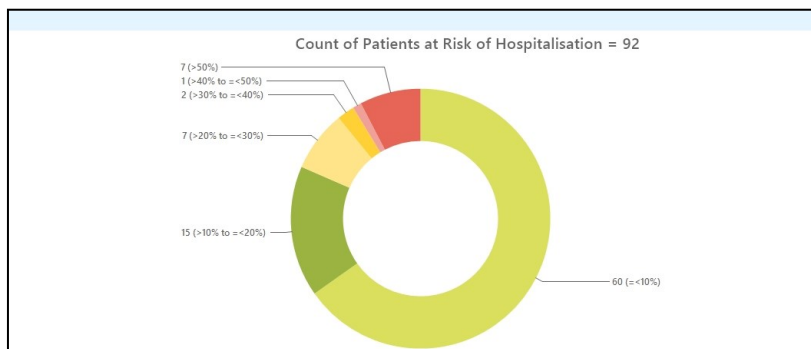
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PenCat

From July 2023 data shared between practices and PHN for PIPQI purposes will be facilitated by the [Primary Sense](#) tool instead of the possibly under-appreciated PenCat program. I did an introductory article on Primary Sense back in the [February](#) issue, and I intend to go into more detail in the June issue.

Meanwhile back at PenCat, they have added a [Risk Stratification report](#) to their information suite. The report calculates the percentage risk of Hospitalisation over the next 12 months for your patients. It is found at the far right of your Cat4 Tabs, and whilst the Tab itself is labelled as *Risk Stratification*, once you click on it, the revealed tab and graph are entitled *Risk of Hospitalisation* which is a good reminder of the truism “when a simple word will suffice, use it!”



The graph breaks the risk groups into increments of 10% with the riskiest group being the 50% and over group. The whole thing is calculated using a [CSIRO algorithm designed for hospitalisation in Australia](#). If analysing the algorithm and it's derivations is your thing, you can read the information at the above link. After reading this stuff, I realise it isn't *my* thing.

The report works the same way as all the other Cat reports, harnessing the ability to combine with other search parameters like usual GP, specific condition and relevant MBS Item eligibility.

To further enhance this, there is now a stratification filter in the General Tab that lets you apply a more granular filter to your patient list if required.

Other Health Cover Not Stated Medicare No. No

Risk Stratification Score(%)

From: 50.00 %

To: 70.00 %

The real strength of the PenCat tool has always been to take data and to turn it into information that is useful to a real world General Practice. As an example, I often see practices wanting lists of patients over 75 who are eligible for a Health assessment. The numbers returned are often quite large. In the example below I have taken over 75 HA eligibility and combined it with Hospitalisation risk of over 50%.

Cross Tabulation Reidentify Report [Patient Count = 5]

Filtering By: Risk Stratification from ≥ 50 , Selected: Risk of Hospitalisation (>50%), Health Assessment Eligibility (HC 75+ Not Claimed Last 12 Months)

ID	Surname	First Name	Known As	Sex	D.O.B (Age)	Address	City	Postcode	Phone (H/W)	Risk Score (%)	Active Medication	Active Condition	Health Assessment Eligibility, Medicare
274	Anderson	David	David	M	04/01/1935 (88)	44 Kennedy Rd	Demo Town	4523	H:91234567 W:91233456	59.01	Aspirin;Aspirin; Warfarin;Warfarin	Acute Coronary Syndrome, AF, COPD, Hypertension	HC 75+ Not Claimed Last 12 Months, M/C=41334002715
175	Andrews	Maureen	Maws	F	23/06/1923 (99)	3 Best St	Test Town	1234	H:8182 5634	51.77	Warfarin;Coumadin	Atrial Fibrillation	HC 75+ Not Claimed Last 12 Months

This generates a report with usefully grouped information like the risk score, medications and conditions as well as the date the last HA was billed (if ever). Used well this information could make “selling” the idea of a Health Assessment an easier proposition. It may even help yield good candidates for the difficult to utilise 45-49 year old Health Assessment.

This new report is well worth a look and should give practices greater opportunity to identify and possibly remediate at-risk patients. Video tutorial [here](#).