

PracSavvy

Clinical Systems Support and Training

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November 2019 — Newsbrief

Finalising this month's newsletter I was reflecting that there was not anything particularly exciting to write about, and then Boom ! [Healthlink](#) announce the ability to refer to My Aged Care using the Smartforms software that is built into GP clinical software. This is seriously good news for referring GPs and you can read more about it on page 2.

Also this month Best Practice launched their Better Health App, and HotDocs, who call themselves a "patient engagement platform" also have an app you can install. There is an introduction to the BP app in this newsletter. General Practice is communicating more and more regularly with it's patients via technology and the trend will only increase.

I get that more communication will almost certainly mean more patient interaction and therefore more billing, and I also get that there are potentially health prevention spinoffs to this. So I guess we should all cheer, but my question is, do patient's actually want this? Personally, I don't. It actually really bugs me when I book a hotel or flight and the company in question wants me to install their app on my phone. As a relatively late smartphone adopter, my phone is now important to my work, and much like my pc I want it to hum along as smoothly as possible, doing the things I *really* want it to do. That efficiency is potentially compromised by having dozens of apps that I might use once a year or never installed on my phone.

This view may not be shared by everyone or anyone else, and I have been very fortunate in that 25 years elapsed between my last GP visit and the one before that (as a patient of course). What I want most out of my general practice is for there to be a doctor available when I really need one. I will note the appointment time myself, and will certainly be happy to get an SMS reminder. Also a Clinical reminder or pathology follow up message for sure, but I don't need a Christmas greeting or a reminder to wear sunblock. Other than that, I'm happy with long comfortable silences between my and my practice.

I should probably stop now as I risk annoying that group of readers that contribute to my financial well-being, but I do think that sometimes when businesses come up with strategies around these things, they don't always reflect on what they like or dislike as private citizens.

Templates

Updated template this month: Health Dynamics Statewide Referral, full list [here](#).

eReferral

Sadly no new specialists this month after last month's virtual waterfall of new participants.

It's an opportunity to mention a question that get's asked a bit, namely "Can we attach scans or PDF files to an eReferral". The short answer is no, not reliably. If you are an MD user using MDEXchange then the message size you are allowed is a paltry 300Kb, so you have no chance of attaching anything other than text files. BP has a much larger message limit which matches Healthlink's of 4.2 Mb, but the attachment of any pdf file blows out the file size of these essentially text only documents.

If you have a scan saved as a tif format file, you may be able to attach and send the referral using BP, but some specialist programs (like Genie) ignore embedded graphics in the document anyway and just display the words. So with the mechanism we currently have (Healthlink text based messages) , the best idea is to only attach documents that are text as opposed to Images or PDF files.

The near-ish future will offer new methods of electronic correspondence that should allow greater attachment flexibility as well as the removal of some of the other limitations.

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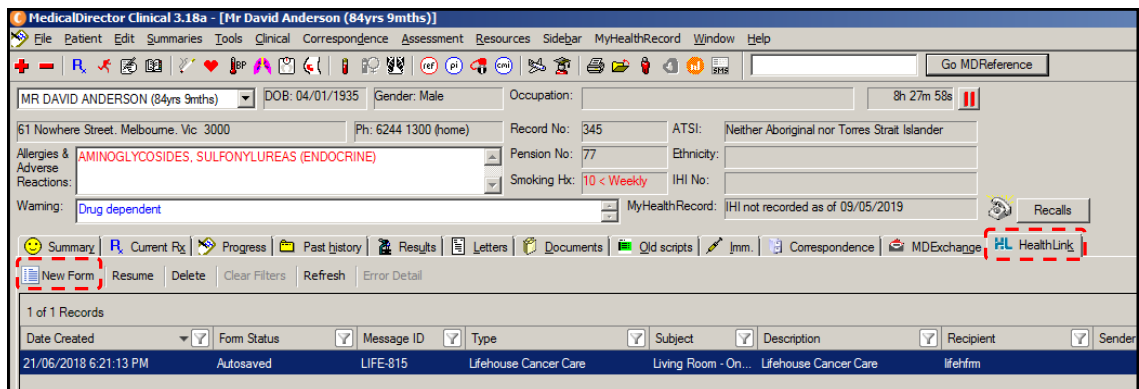
eReferral

Speaking of the nearish future, the end of October saw the introduction of a My Aged Care Referral Form into the documents creatable through the Healthlink [Smartforms](#) program that is available in both MD and BP and even Genie. This technology has been available in your software for quite some time, but for Tasmanian GPs, the only really relevant form was a referral to Australian Hearing. Admittedly access to some Optometrists was added recently, but I'm told GPs don't generally formally refer to them.

In NSW this system has been used for Driving Medicals for a couple of years. This technology allows for a much smoother and flexible referral process and if the addition of My Aged Care referral isn't enough incentive, this is the technology that is going to be used for referral into our public hospitals in the near future (according to the Healthlink website). Lastly, if either of my readers have any influence with Workcover Tasmania, I can think of no documents that would better suit this technology.

In Medical Director

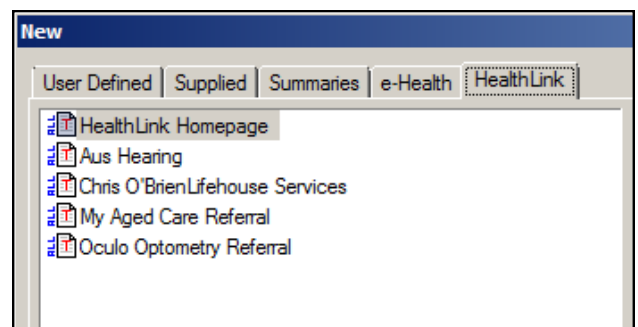
In the patient record, go to the Healthlink tab at the far right and click the new form icon. Note that this tab also shows any previous Smartforms generated for the patient.



An alternate way to access these forms is via the Healthlink Tab in your Letter Writer.


If you can't see the My Aged Care referral specifically, just click on the Healthlink Homepage and you can generate the form from there.

If you see an error message using either of the 2 methods then Smartforms have not been configured at your practice. Your IT support can quickly fix this.



From the front screen in MD, if you click the *Tools* menu and Select *Healthlink..Track forms*, you can monitor the progress of forms much like you can with the Sent items for MDEXchange. As the actual document creation is the same in whichever clinical system you use, I will refer to it at the end of the following Best Practice Instructions.

In Best Practice

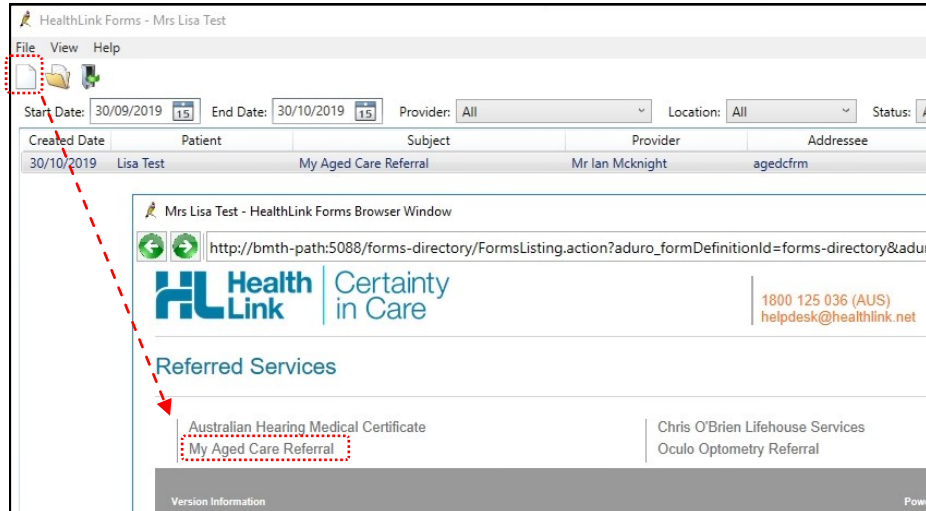
In the patient record, click on *View..Healthlink Forms* and click the new form icon. Note that this tab also shows any previous Smartforms generated for the patient. A more logical way possibly is to click on the  icon from the menu bar when you are in *Correspondence Out*.

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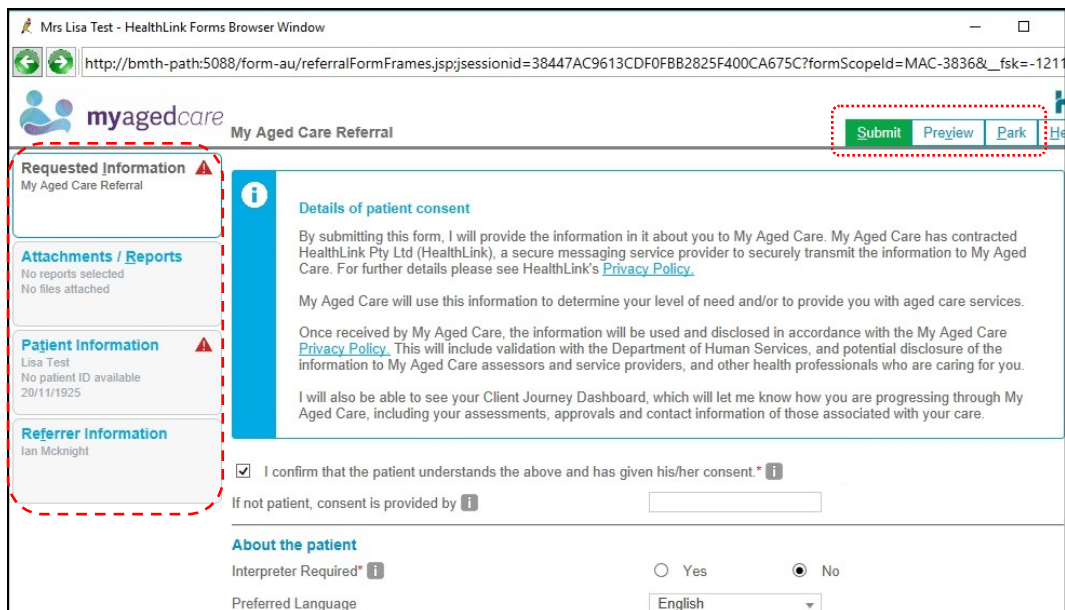
eReferral



When you click on the icon, select the My Aged Care Referral from the list provided

In Best Practice and Medical Director

After a few moments the form will appear, and it works the same way in whichever system you are using.



There are 4 sections denoted by tabs down the left hand side, with little red triangles denoting there is still information to be completed in that section. The document will pre-populate in the same manner as word processor templates, but what is really great about this technology is that when you make certain selections, it only gives you further options that are relevant to *that* selection. This is something that is pretty much impossible to achieve using word-processing templates. The attachment section allows you to attach a far wider variety of document formats than you are used to with standard referral templates, and MD users will particularly enjoy the 3700Kb size limit for attachments, as opposed to the 300K limit they are used to currently.

When you have completed the referral, use the *Submit* button at far right to send it electronically to My Aged Care. Note also the *Park* button, that lets you save a document, and return to it later.

Quickstart guides for MD, BP and Genie are available [here](#).

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MD

People are often asking me what the Medical Director Maintenance icon can be used for. Actually, no-one has ever really asked me that, but if they did, this is totally what I would tell them.



The first thing to say here is that there is some system level stuff that you really shouldn't touch at all unless directed to by the MD helpdesk or your IT support .

After double clicking the above icon you will see a screen with three distinct areas, as per below:

Maintenance Tasks - Common:

Mainly tools for your IT support here. There is a log files section which may sometimes make sense to the non-technical but are likely to be accessed at the request of MD helpdesk technicians. Similarly there is a system report you can generate from here.

Database Tasks - Common

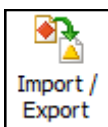
All of these utilities require a password. I've only shown the ones that a non-IT support person may have cause to use.



This utility scans the database ensuring that patient titles match their gender, e.g. male and Mr. As someone who breaks into a cold sweat agonising over the correct gender pronoun to use, I was relieved that this utility only analyses patients marked as male or female. There is also the ability to update patient names and addresses with the letter case of your preference. E.g. John Smith or John SMITH etc.



Not to be confused with the practice defibrillator, this utility lets you restore patients who have been marked as Deceased or deleted.



From here we can import or export, entire medical records, patient demographic lists and address books.



Gives full details of any merged patients in your database, naming the "old" record and the one it was merged into.



Who knew MD has a built in internal messaging program! It's not as good as the popular Pink Notes, which probably explains why I have never seen it in use. But it is available.



This utility gives the ability to copy Pracsoft settings from one workstation to another as well as one user to another. I would really recommend leaving the workstation level stuff to your IT support, but if you have a pracsoft user where everything is set up perfectly, this provides an easy way to copy their settings to a new user.



Mainly for the techs, but if you access this on your server the *Manage Patient Locks* button will let you unlock any patient records that you cannot access.

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MD



Database Tasks - Medical Director Clinical



Use this utility to recover progress notes that have been deleted accidentally, (which is a hard thing to do!)



Note the decorative red border I've given this utility, signifying its usefulness. This allows you to display all un-coded diagnoses in your database and either link them to or change them to a coded diagnosis. Powerful, so to be used with much care.



Allows you to bulk-inactivate patients with no clinical or billing data. Hard to think that this utility is required much these days, possibly for a database migration mishap.



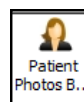
As the name implies, if a doctor has incorrectly updated a pregnancy as ended, this utility lets you recommence it.



If you are using the Care Plan module in MD as opposed to a *Letter Writer* template, this utility lets you add customised needs, goals and tasks.



Another very useful utility with most of the functionality around Recalls. It allows you to change disparate or misspelled recall reasons in your database to a standard uniform one. For example you could change all the "18 mth Imm" and "imm 18 mths" to "18 Month Immunisation". It also allows you to bulk allocate one Dr's recalls to another one. You can also merge address book categories and immunisation names.



If you use patient photos in the clinical record, you can bulk import a batch here.



Mainly for IT, but shows a list of devices and accompanying software that MD is currently compatible with, e.g Spirometers and Blood Pressure machines.



If you have done a mail-merge print and the printer jammed or the job was "lost", you can use this utility to reprint the mail-merge in it's entirety or selected letters.



If you are "Locked Out" of a patient document, this utility will undo the locks. Handle with care and read the instructions carefully.



While 90% of patients now have a MyHR, I'm sure some of the remaining 10% will come to their senses. If the icon is missing from your desktop, you can find it here. Through this program you can sign them up in just a couple of minutes.



You can select what dictionary MD *Letter Writer* uses here, as well as add custom words to the dictionary.

So, some very handy, some you will never use, and all to be handled with care!

BP

Best Practice continues the evolution of the communications side of it's program with the release this month of it's [Best Health app](#) (BHA) for mobile phones. You need to have the Jade SP1 release of BP installed to be able to communicate this way, and whilst it's extremely early days, I thought an introductory article might be helpful.

The first thing to mention is that the BHA is not a replacement for the SMS messaging that you currently do through BP. It sits in the system as an alternative form of communication and all the templates that you use for SMS as well as all the patient consent levels for SMS equally apply to the BHA. If you sign up for the BHA at your practice and already have SMS credits in the system, then these credits can also be used for your App messages. In fact one of the long term benefits of using the BHA is that these messages cost 6c per message, which is around half the cost of an SMS. So your message credit will reflect along the line of for example 1000 SMS/2000 App.

You sign up or "onboard" for the BHA via your Comms configuration screen, and you have to do it on a per-practice location basis. Once you have done this BP will send you a service agreement and if you sign and return it you will receive a welcome pack which will include posters and literature, staff educational material, a USB check-in beacon and any comms credits required. You can then enrol patients individually (after a suitable conversation with a staff member) through their comms consent screen. They will receive an SMS with an invitation to install the app on their phone.

The practice can decide whether it's default communication method is via the APP or SMS. If the practice chooses BHA as the default, then patients who have enrolled for that will receive any messaging via that method and everyone else (who has consented) will continue receiving SMS. If the practice elects SMS as the default, then only the patients who have enrolled for the BHA and NOT consented to SMS will get the message via the BHA, with everyone else getting an SMS. Again, your existing SMS templates are the same ones used for the BHA, as are the message type consents that the patient has agreed to.

Through the BHA the patient can get the following messaging and utility.

Same as SMS:

- ◆ Appointment Reminders
- ◆ Clinical Reminders
- ◆ Pathology recalls
- ◆ Health Awareness messages

Plus:

- Diary of Appointments (synched with practice)
- Check in via the BHA when inside the practice
- Practice can send you a Health Summary
- Practice can send you fact sheets

So that's the How and What, it's also worth mentioning the Why Not. The great thing about SMS is that it just pretty much works, whereas with an app, there is more that can go wrong. How many patients want another app on their phone, and how many can be trusted to reinstall the app when they change phones, or forget why they have got it and delete it? Who provides tech support when the app doesn't work? Whilst there are log files that flag failed messages, SMS has the advantage of high familiarity coupled with low to no maintenance.

Having said that, whilst I've been busy ruining the planet for future generations, I've noticed that there is a demographic that shun text messages in favour of Facebook Messenger, Viber, WhatsApp etc. So within your practice there may be a cohort that you could run a soft trial with. Maybe 18-30 year olds who are frequent attenders, young expectant mothers maybe? Even then, I probably might wait until after BHA version 1.0! Much more detail on the BHA [here](#).

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BP

At different times over the last year I've been singing the praises of the new Contact Notes facility that BP included in its Indigo release. To recap quickly Contact Notes give you a completely different area to note communications between the practice and the patient. Historically this has been accomplished by making notes as a "Non Visit" in the clinical notes. These Contact Notes are auto-generated if the practice sends out SMS messages or letters in bulk from BP itself. Even if you use HotDocs for these communications, there are still plenty of phone conversations that occur in different areas of the practice that can be documented here.

You can even flag that the communication involved a carer or emergency contact.

If I have one criticism of this feature it's that in certain areas of BP, when you view the contact notes, you only see notes originating from that area of the program. For example if you right-click on an appointment and select *Record Note*, you will only see other notes for that patient that were initiated from the Appointment Book. Similarly, if you select Record Note from the Follow-Up Inbox, you will only see notes initiated from this area of the program.

Happily, there are a couple of quick ways, to view absolutely every Contact Note for a patient, no matter where it came from.

- 1) From the front screen in BP, Hit the F10 key, type the patient name, select the patient and hit the Contact Notes button at bottom right of screen. You will see all the notes.
- 2) From the Appointment Book, right-click on the patient, choose Patient Details and then click Contact Notes button at far right of screen.
- 3) From within the patient record, select View..Contact Notes from the menu.

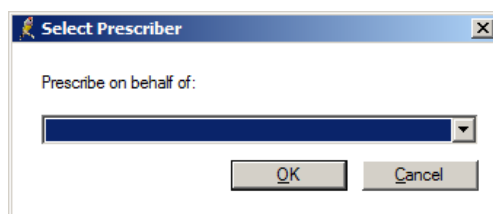
I'm hoping that points 1 and 2 will be helpful for front desk staff in particular.

On the subject of front desk staff, I'm wondering whether people have noticed that recent releases of BP give you the ability to see details of who booked the appointment and whether it has been modified by anyone when you use the right-click then *View text* function in the Appointment book.

Penny Anderson - Long appt.
Appointment time: 3:15 pm
Location: Second location
Created by: Frederick Findacure on 12/10/2019 12:44:03 AM
Updated by: Dr. A. Practitioner on 12/10/2019 12:50:02 AM

Recent Improvement/Annoyance.

One of the Indigo updates brought with it the ability for a non-GP to generate a script on behalf of a prescriber. I'm not sure how much this enhancement was wanted, but it did come with the unwanted side-effect of an extra pop-up box any time a GP re-prescribes from the current medications.



If this is annoying your GPs, go to:
Setup..Users..Edit..Set Permissions
for the GP in question. Find the *Prescribe on behalf of* permission and change it to *Deny Access*. Problem solved!