

PracSavvy

Clinical Systems Support and Training

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October 2017 — Newsbrief

MyHR

Twenty one percent of the Australian population now have a [My Health Record](#), with the Tasmanian number being spot on the national average, and comfortably beating South Australia, Victoria and West Australia (who should possibly have their GST share linked to their MyHR takeup) Is it too soon ? :-)

Additionally there are over 3 million clinical documents now available in the MyHR repository. My hope is that practices will move beyond the focus on the Shared Health Summary incentive, and start to embrace and contribute further to the advantages that are offered by this system. It really is a case of, the more it is used by everybody, the more it will be beneficial to everybody.

I was a little enthused this week (It's not sad!) when I read that GP advice given out by the government after-hours telephone advice service [HealthDirect](#) was now able to be uploaded to a patient's MyHR as an Event Summary. My excitement was tempered somewhat when I was informed that a percentage of Tasmanian callers using the advice line are diverted to the local GP Assist doctors who whilst give great service, do not fall under the HealthDirect umbrella. Nevertheless it is another practical example of how the MyHR can enable the sharing of information. Additionally I imagine access to the MyHR would be a huge benefit for clinicians at any After-Hours service.

Remember October 31st is the end of the ePIP incentive quarter.

eReferral

Here are the latest updates additions and changes to the published list of [e-referrable specialists](#).

New

Dr Adam Maundrell Rheumatology *jzrheuma*

Remove

Dr Hilton Francis Rheumatology *jzrheuma*

PenCat

I was talking to a GP this week, who advised me that certain diabetic patient's were being reported in the PenCat tool as not having a HBA1C test done in the last 12 months, despite the fact that there were electronic pathology results in the patient record.

The practice uses Medical Director and closer examination revealed that the missing tests were performed by Pathology South. The problem was, that unlike Hobart/Launceston/NW pathology who use specific and descriptive test names, these tests and several others were called "Biochemistry" or "Biochemistry - General," and thus were quite understandably not recognised by the PenCat tool as HBA1C tests.

At this point I haven't had a chance to check other practices or see if the same issue exists with Best Practice, although I suspect it does for exactly the same reason. It's definitely something you might want to get the practice nurses to check for, or at least be aware of. The issue has been mentioned to Pathology South for comment via the GP Liaison Officers.

Templates

The following new templates were created recently:

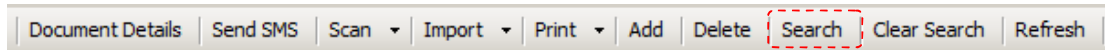
- ◆ Hobart Cardiology Referral
- ◆ Quitline Referral

Available in either MD or BP format, they are available at my website [here](#):

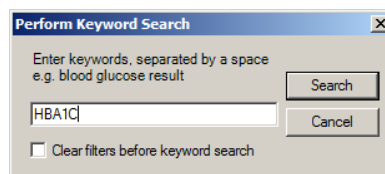
MD

As you may have read in the PenCat article, some test results are not as easy to identify in the patient record as others. This seems like a good opportunity to mention some of the results functionality that you may not be aware of.

Searching the contents of all the results can be done by locating the button below on the menu bar in the Results section.

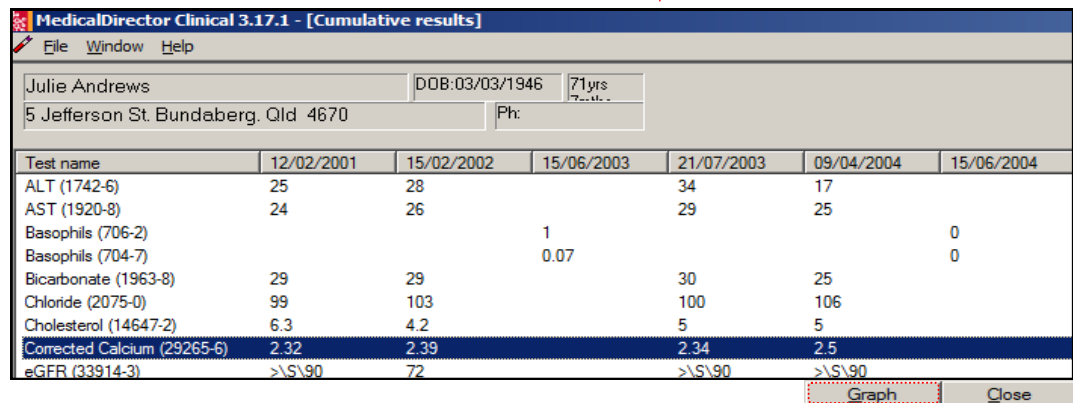
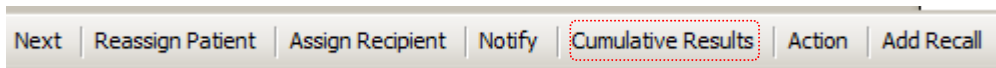


MD will take a moment to index the documents, and then you can type in your search word.



All results containing the word or characters will be highlighted in **Yellow**.

Cumulative or historical pathology result data can be viewed using the button on the menu bar at the bottom of the screen.



MedicalDirector Clinical 3.17.1 - [Cumulative results]

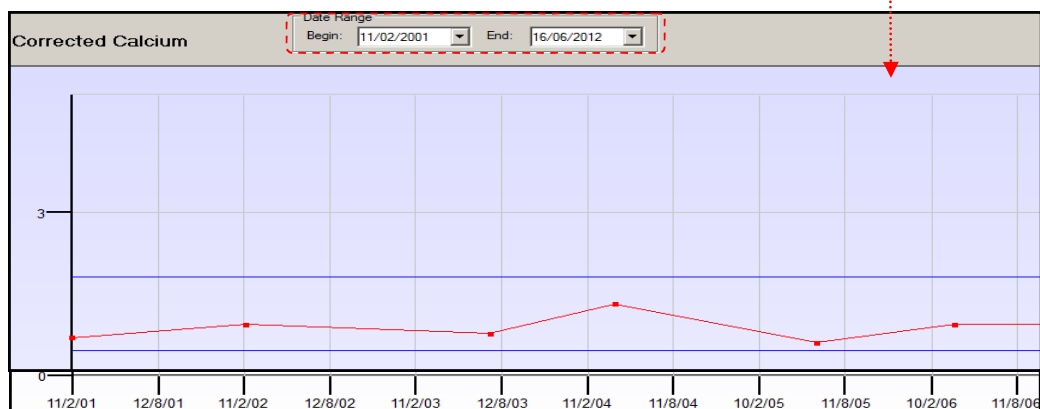
File Window Help

Julie Andrews DOB: 03/03/1946 71 yrs
5 Jefferson St. Bundaberg, Qld 4670 Ph:

Test name	12/02/2001	15/02/2002	15/06/2003	21/07/2003	09/04/2004	15/06/2004
ALT (1742-6)	25	28		34	17	
AST (1920-8)	24	26		29	25	
Basophils (706-2)			1			0
Basophils (704-7)			0.07			0
Bicarbonate (1963-8)	29	29		30	25	
Chloride (2075-0)	99	103		100	106	
Cholesterol (14647-2)	6.3	4.2		5	5	
Corrected Calcium (29265-6)	2.32	2.39		2.34	2.5	
eGFR (33914-3)	>\S\90	72		>\S\90	>\S\90	

Graph Close

Note also the ability to graph the results and adjust the date parameters, as depicted in the cropped graphic below.



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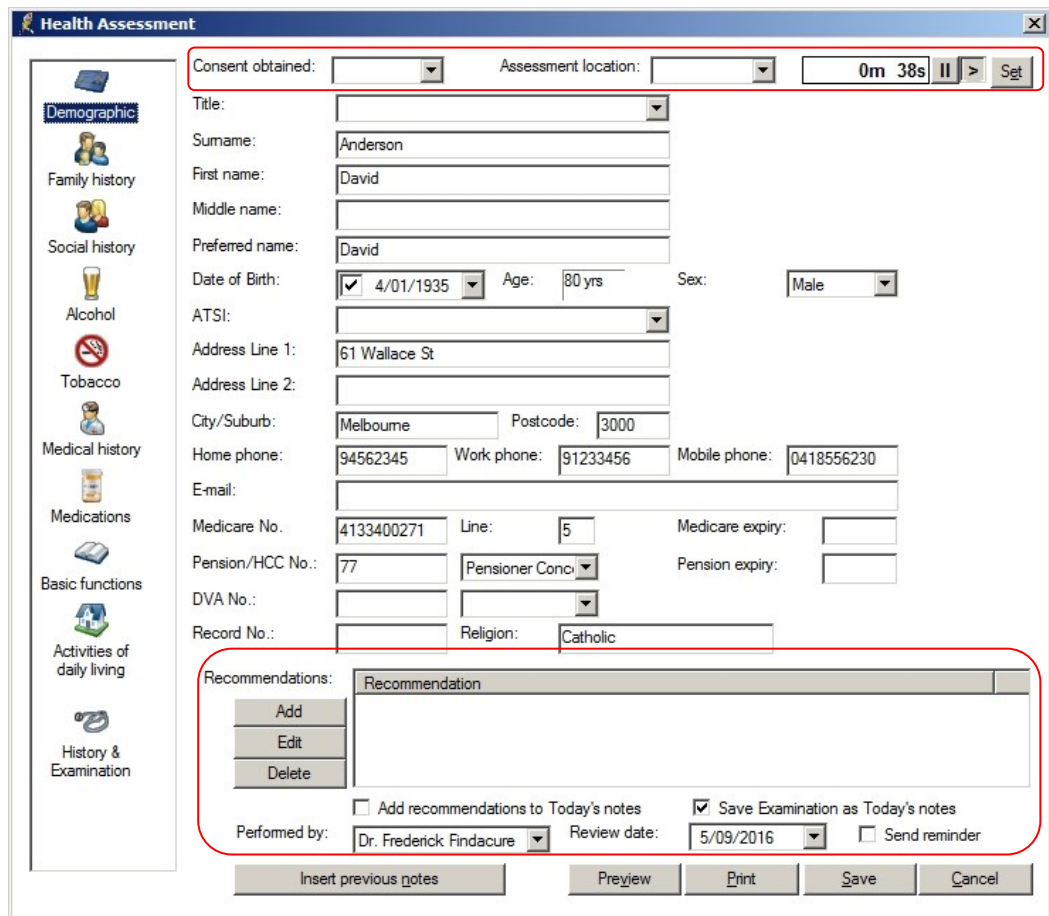
BP

Whilst practices often use word-processing templates for Care Plans and Health Assessments, Best Practice includes some modules under the *Enhanced Primary Care* menu that can assist with these tasks, and possibly represent the way that things will increasingly be done in the future. This article will look at the Health Assessments module.

Health assessments

You can view specific information on Health assessments here: www.health.gov.au/internet/main/publishing.nsf/Content/mha_resource_kit.

To start a Health assessment for the patient, select *Enhanced Primary Care..Health assessments*, and click on the *add* button.



As is shown by the graphic, the assessment is broken into distinct sections. The fields outlined in red, are visible throughout the entire assessment, regardless of which section is being completed.

Key fields are:

- ◆ Recording the patient's consent
- ◆ Documenting where the assessment was performed.
- ◆ Recommendations - This field should probably be addressed at the end of each section, with specific recommendations to be added for each if required.
- ◆ Review date - typically a year after the assessment is done, note the ability to add a reminder.

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BP



Health assessments

Some notes on the different sections:

Demographic:

- ◆ Information is pre-populated from the demographic details of the patient record.
- ◆ Information entered here updates the patient record.

Family & Social history, Alcohol and Tobacco:

- ◆ Information is pre-populated from the Family & Social History details of the patient record.
- ◆ Information entered here updates the patient record.

Medical History:

- ◆ Information is pre-populated from the Past history and Immunisation details of the patient record.

Medications:

- ◆ Information is pre-populated from Current Rx and Reactions details of the patient record.
- ◆ You can also generate a Medication Review for this patient, from the button provided.

Basic Functions:

- ◆ No pre-population of this information from the clinical record.
- ◆ You can also generate screens for *MMSE* and *Geriatric Depression Assessment*

Health Assessment

Consent obtained: Yes Assessment location: Home 5m 56s II > Set

Mobility: Normal Abnormal Uses aid:

Adequate nutrition: Yes No

Adequate exercise: Yes No

Adequate sleep: Yes No

Continent of urine: Yes No

Continent of faeces: Yes No

Hearing: Normal Abnormal Hearing aid:

Vision: Normal Abnormal Glasses:

Teeth: Normal Abnormal Dentures:

Cognitive impairment: Yes No **Mental state exam**

Depression: Yes No **Depression score**

Has had a fall in the last three months: Yes No

Attended other doctor in the last six months: Yes No

Have medications been prescribed: Yes No

Recommendations: Recommendation
6 monthly cholesterol check.

Add Edit Delete

Add recommendations to Today's notes Save Examination as Today's notes

Performed by: Dr. Frederick Findacure Review date: 5/09/2016 Send reminder

Insert previous notes Preview Print Save Cancel

BP



Health assessments

Activities of Daily living:

- ◆ No pre-population of this information from the clinical record.

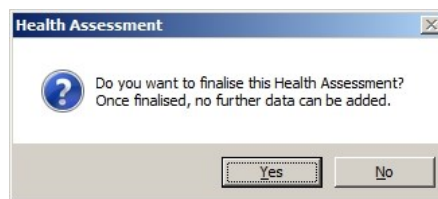
History and Examination:

- ◆ 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.

Note that you can save a health assessment for completion at a later time. If the incomplete health assessment is over 1 month old, and you try to update it, you will be prompted to choose between continuation of the assessment or starting a new one.

Any entered data in a partial assessment that is over 1 month old will need to be re-input.

Once you have completed the assessment and pressed print, you will be asked if the assessment is finalised.



You will also be prompted to print a copy for the patient. The completed assessment will be saved and visible on the right-hand side of the screen for future use and viewing.

Best Practice will display a warning message if a health assessment is attempted within 1 year of the previous one being completed. This alert is purely for billing purposes.