

# PracSavvy

Clinical Systems Support and Training

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

October 2021 — Newsbrief

Welcome to the October newsletter. At the time of writing there is real acceleration to be seen in the Covid vaccination rate around the country. Sadly since the wild celebrations of the last newsletter, Tasmania has been overtaken by the ACT and NSW in terms of the percentage of the population that has received both doses. This is ok though, because as we all know it's not a race and ACT isn't a state anyway! If you want to keep a close eye on vaccination status across all jurisdictions all the good stuff is [here](#).

I'm sure practices have been getting requests for vaccination certificates, so it's worth pointing out again where patients can obtain these themselves, namely:

Via the MyHR after logging in through MyGov or a MyHR app.

Via Medicare Online services after logging in through MyGov

Via the [Express Plus Medicare App](#).

Via contacting the Australian Immunisation Register directly.

If you are ineligible for Medicare, via [Individual Healthcare Identifiers Service \(IHIS\)](#) after logging in through MyGov

Most would know that MyGov is the national portal for a range of online government services. Once you have signed up for MyGov it's just a question of linking your MyHR or Medicare Services or IHIS through the *Link another Service* link.

Once you have linked to Medicare for example, the Vaccine Certificate link will be displayed as soon as you log in to MyGov. The app is similarly straightforward offering to save the certificate to your digital wallet (whatever that is!) or straight to your phone.

I do hear some practices refer to the fact that they have a lot of elderly patients who aren't comfortable with technology. Whilst this is certainly true, I would encourage practices to try and avoid *enabling helplessness*. I have personal experience of one elderly person who displayed two entirely different levels of independence and capability depending on which one of her offspring was present. 'I'm no good with technology' is *sometimes* a bit of a lazy cop-out, (not always restricted to patients!), and most of those elderly patients have younger family members. With that in mind there are a number of print ready and electronic support materials that you may want to check out [here](#).

Finally on this topic, read down the page for the BP/MD version of the Vaccine Exemption template.

## Templates

The following new or updated templates are available at my website [here](#):

Women's Health Fund Application for Assistance (*Updated*)

Covid-19 Vaccine Medical Contraindication

## eScripts

The initial guidelines and training at the start of eScripts specified that any SMS or email script had to be sent to the patient or their agent/carer. There was also the suggestion that Aged Care residents would be exempt from this, but that eScripts were not to be sent directly to pharmacies.

Finding clearly stated guidelines on this topic is not easy, but I did exchange emails with someone helpful at the ADHA last week who flagged a softening of this rule and indicated that the online training materials will be shortly updated. The exact words from his email are:

***The GP may send the prescription directly to the pharmacy when that is the clearly expressed wish of the consumer, or in rare event like a script-owing from an emergency supply.***

Needless to say, I have kept the email.

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## eReferral

Whilst most Tasmanian practices send secure correspondence by creating a standard word processing document and sending it via Healthlink, as has been mentioned in [previous editions](#) there are 3 THS clinics that you can send an *ereferral* to using the Healthlink Smartforms that come with MD and BP.

Primary Health Tasmania has previously assured me that there will be more clinics available for referral via this method before the end of the year, and the pros (many) and cons (few) of this method have been written about earlier. I did hear some quite positive feedback though this week from a local GP who really enjoyed the fact that she was sometimes receiving an electronic reply to her referral in her In Box. The actual confirmation of referral was a pleasant change in itself, but on occasion the reply contained an answer to a question that she referenced in the referral and a brief dialogue with the relevant specialist was established.

So if actually hearing back from the public clinician at the Royal or LGH via your In Box or Holding File sounds appealing, your GPs may want to revisit this method of referral.

## MyHR

As people continue to get used to the MyHR it's interesting to note the slow transformation in the conversation around it. I'm hearing less of *I don't want everyone to see my clinical information*, and more of *Why isn't that information on my MyHR? I thought that was the whole point!*

So yes, there is a growing shift in public expectation and I'm very pleased to see it. Very occasionally a patient will apply a password to their MyHR or a document it contains. In this instance a GP will be unable to open the record or document unless the patient tells them the password. Once the password has been applied the MyHR will record that this particular practice can access the document or record and will not require a password in the future.

Even with the password protection enabled, a clinician can access the record through the *Emergency Access* button, in which case access will be granted for 5 days. I imagine this will be a pretty rare scenario in the GP setting, but I should emphasise that this method should only be used in genuine emergencies where there is a danger to well being and it is not practical to ask the patient for the password. There are large financial penalties that can be applied to misuse of this access. Which brings me to the point of the article, which is that the Australian Digital Health Agency (ADHA) have just released a guide and accompanying flowchart that steps you through the possible circumstances of using [Emergency Access](#).

## Diabetes Tasmania - Snippets

Patients who have been treated for COVID-19 with high dose steroids (such as dexamethasone) may develop steroid-induced diabetes requiring insulin. All people with steroid-induced diabetes are eligible to register with the NDSS under the diagnosis of 'other' diabetes. More info [here](#):

**Diabetes Tasmania, with Primary Health Tasmania's support, has launched a set of seven 'Quick Guides' to streamline diabetes information for patients:**

[Insulin – understanding action profiles and safe administration](#)

[Monitoring blood glucose](#)

[Hypoglycaemia \(low blood glucose levels\)](#)

[Sick day management](#)

[Medications for type 2 diabetes](#)

[Non-insulin injectables \(GLP-1RAs\)](#)

[Nutrition.](#)

BP

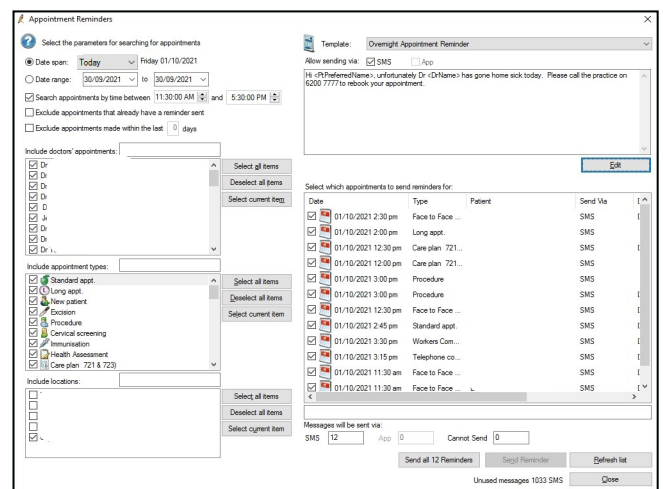
So you signed up with HotDoc years ago and they take care of all of your SMS reminders and messaging. Then escripts came along and BP shrewdly wrote their software so you needed a pool of BP SMS messages in order to do escripts. All good, as the government is funding escripts till June 30th at least, so everyone wins.

So now you have a probably small, pool of BP SMS credits, and whilst BP have *suggested* an overblown consent model and enabling setup (in my opinion) you may want to think about some pretty cool functionality that is now at your disposal. We are not talking about the daily churn of appointment reminders and recall/reminder messages, we can leave that where you have it, most likely with HotDoc or another 3rd party provider. What we are talking about is possibly quick and flexible ad-hoc functionality.

### Scenario 1 - Doctor goes home sick half way through the day.

Why not use the BP appointment Reminder facility (Utilities Menu) to SMS everyone who has an appointment. In the graphic, working from top to bottom and then across:

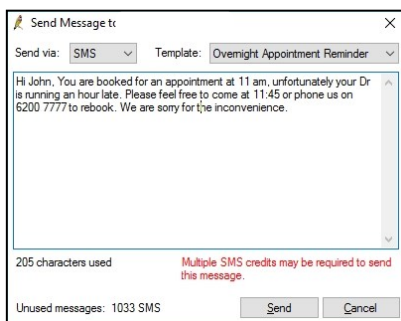
- Select Today and the timespan involved
- Select the relevant Dr
- Select All appointments
- Select location if applicable
- Load a template and edit it to reflect the circumstances.\*
- Send the SMS messages.
- \* The template will need *Allow user to edit before sending* ticked.



### Scenario 2 - Doctor running an hour late.

Maybe you want the patients know they can delay their attendance.

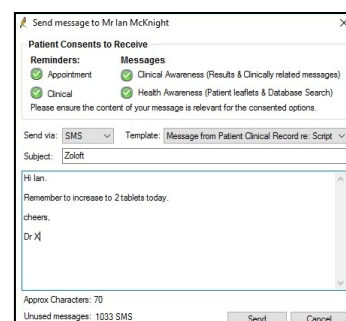
- Select patient in the Appointment Book.
- Under the Utilities menu, select Send Message
- Load a template for sending or editing first.\*
- Send the message.
- \* The template will need *Allow user to edit before sending* ticked.



### Scenario 3 - Quick Patient prompt from Dr

Your Dr has noted on their To Do list that they want to remind their patient to increase their medication dosage today.

- In the patient record, under the *BP Comms* menu, select *Send Patient Message*.
- Load a template for sending or editing first.\*
- Send the message.
- \* The template will need *Allow user to edit before sending* ticked.



In a similar fashion to scenario 3, a GP can send an SMS to a patient direct from their In Box, advising them of a pathology outcome. Happily, all of the actions above generate an automatic *Contact Note*. There is some preliminary work in that you have to enable clinical SMS messages in your comms setup as well as enabling individual patient consent for these messages. Also your clinical protocols may not accommodate GPs sending SMS messages from the In Box. At the very least though there may well be some real time and money benefits in not having reception staff hanging on the phone when appointments have to be cancelled or moved.

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## eReferral

Please note the following eReferral (Healthlink EDI) changes. As always the full listing can be found on my website [here](#).

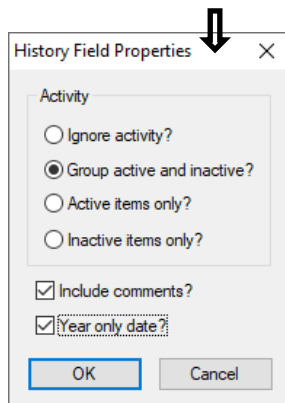
|                 |                  |                                 |                                |
|-----------------|------------------|---------------------------------|--------------------------------|
| Dr Amanda Young |                  | General Surgeon                 | <i>amandaby</i> (N)            |
| Dr Gordon Wise  | Tas Eye Clinics  | Ophthalmology (Retired)         | <i>taseyecl</i> <b>Delete.</b> |
| Dr Hayden Bell  | Neurosurgery Tas | Interventional Neuroradiologist | <i>neurotas</i>                |

## MD

You've possibly been using the same referral template for years and enjoying the fact that the patient clinical information gets pre-populated from the record. What you may not know is that many of these fields have parameters set in the template design that can finesse the information that is displayed on the page. These extra parameters may save you from adding bits of information manually. I've mentioned some template fields below and indicated how these fields may be tweaked.

In Letter Writer, go to the *File* menu and select *Modify Template*. This puts you into design mode for this document. Below are some fields and their option boxes. You bring the options up by right clicking on the field in the document and selecting *Properties*.

<<Clinical Details:History List>>



History Field Properties

Activity

Ignore activity?

Group active and inactive?

Active items only?

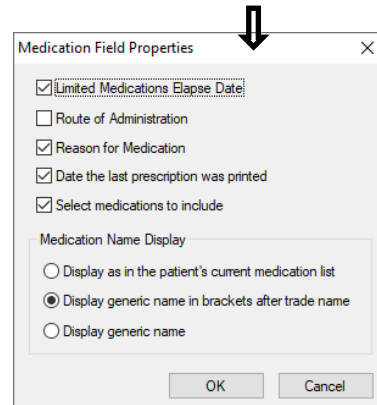
Inactive items only?

Include comments?

Year only date?

OK Cancel

<<Clinical Details:Medication List>>



Medication Field Properties

Limited Medications Elapse Date

Route of Administration

Reason for Medication

Date the last prescription was printed

Select medications to include

Medication Name Display

Display as in the patient's current medication list

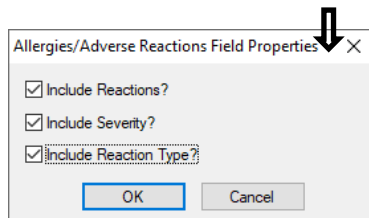
Display generic name in brackets after trade name

Display generic name

OK Cancel

In the above examples I have ensured that both *Active* and *Inactive* history items are displayed and also any contextual information I have entered in the comments field. As far as medications go, I want the opportunity to select from the presented list in case I have inadvertently left an old medication on the current medications list. Also showing the last script date and the reason for medication will only assist the intended recipient of the referral.

<<Clinical Details:Allergies/Adverse Reactions>>



Allergies/Adverse Reactions Field Properties

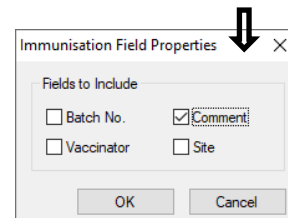
Include Reactions?

Include Severity?

Include Reaction Type?

OK Cancel

<<Clinical Details:Immunisation List>>



Immunisation Field Properties

Fields to Include

Batch No.

Comment

Vaccinator

Site

OK Cancel

For the allergies filed, including the extended information around nature and severity of reaction seems obvious to me. As far as immunisations go, including the comment field if present may certainly be helpful to the reader. Lastly if your templates prepopulate certain observations by including this field: <<Clinical Details:Measurements>>, replacing it with <<Clinical Details:Measurements (Selected)>> means you will be able to select the date range of the observations that you want to include.