

PracSavvy

Clinical Systems Support and Training

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October 2019 — Newsbrief

One thing that has been really pleasing in recent times is the enthusiasm that practices have shown for secure electronic communication with specialists. Whilst specialists have been embracing the whole thing with increasing gusto, the month of August saw the highest number of letters ever sent in Tasmania via Healthlink between GPs and Specialists. The “record” was broken in both directions, i.e. letters from GPs and letters to GPs. It’s great when you can see progress and it’s numerically verifiable.

If we needed any further motivation to switch to this method, read this [charming anecdote](#) of a regular citizen who was receiving specialist referrals on his home fax machine intermittently over a period of 2 years until he alerted the sending clinic. How much would I have loved to ask doctors at that practice if they had any security concerns around the MyHr? Of course using secure messaging doesn’t 100% guarantee against referrals going to the wrong destination, but at least the wrongly directed message will end up in a clinical setting as opposed to on the fax machine at Harvey Norman!

So I would urge admin teams to keep supporting the process by maintaining the address books and monitoring the sent items for any errors. Speaking of which I’m absolutely delighted to mention that the Calvary Specialist group have recently become e-referrable, increasing the number of private specialists state-wide to somewhere around 180. This represents an approximate 24% increase in e-referrable specialists. If you have downloaded my [web listing](#) since September 6th, you will have these addresses already, if not the changes are shown below.

eReferral

Additions:

◆ Dr Paul MacIntyre	Cardiology	chctlvcs	(also lgallign)
◆ Dr Saheb Al-Daher	Cardiology	chctlvcs	
◆ Dr Warrick Bishop	Cardiology	chctlvcs	
◆ Dr Leigh Bowman	Cardiology	chctlvcs	
◆ Dr Luke Galligan	Cardiology	chctlvcs	(also lgallign)
◆ Dr Keshev Bhattarai	Cardiothoracic Surgery	chctlvcs	
◆ Dr Ash Hardaker	Cardiothoracic Surgery	chctlvcs	
◆ Dr Jee-Yoong Leong	Cardiothoracic Surgery	chctlvcs	
◆ Dr Reza Davari	General Medicine	chctlvcs	
◆ Dr Gary Girao	General Medicine	chctlvcs	
◆ Dr Robyn Wallace	General Medicine	chctlvcs	
◆ Dr Richard Yu	General Medicine	chctlvcs	
◆ Dr Luke Rayner	General Surgery	chctlvcs	
◆ Dr Peter. Stanton	General Surgery	chctlvcs	
◆ Dr Rosemary Harrup	Haematology	chctlvcs	
◆ Dr Anna Johnston	Haematology	chctlvcs	
◆ Dr Nick Murphy	Haematology	chctlvcs	
◆ Dr Sonali Sadawarte	Haematology	chctlvcs	
◆ Dr Alistair McGregor	Infectious Diseases	chctlvcs	
◆ Dr Helen Castley	Neurology	chctlvcs	
◆ Dr Arvind Dubey	Neurosurgery	chctlvcs	
◆	But wait there’s more PTO !		

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eReferral

◆ Dr Jens Peters-Wilke	Neurosurgery	chctlvcs
◆ Dr Shalinder Sadiq	Orthopaedic Surgery	chctlvcs
◆ Dr Michael Jones	Radiation Oncology	chctlvcs
◆ Dr Marketa Skala	Radiation Oncology	chctlvcs
◆ Dr Warren Jennings-Bell	Rehabilitation Medicine	chctlvcs
◆ Dr Lucy Madebwe	Rehabilitation Medicine	chctlvcs
◆ Dr Nelson Nathan	Rehabilitation Medicine	chctlvcs
◆ Dr Richard Wood-Baker	Respiratory and General	chctlvcs
◆ Dr Stuart Walker	Vascular Surgery	chctlvcs
◆ Dr Katge Brede	Anaesthetics	chctlvcs
◆ Dr Matthew Yarrow	Anaesthetics	chctlvcs
◆ Also		
◆ Dr Cathy Thoo	Vascular Surgery	drcathyt
◆ Dr Andrew Black	Cardiology	lgalign
◆ Dr Jonathan Lipton	Cardiology	lgalign
◆ Dr Robert MacFadyen	Cardiology	lgalign
◆ Dr David Russell	Cardiology	lgalign
◆ Dr Mark Nicholson	Cardiology	lgalign remove

As always my web listing which details [Healthlink](#) users who are happy to receive electronic referral can be found [here](#).

Specialist Bit 1

The team at [Derwent Eye Specialists](#) are inviting GPs and Practice Managers to run their eye over their brand new rooms on Bathurst Street.

You are invited to come and see Hobart's newest private ophthalmology clinic, Derwent Eye Specialists, at a special event for local GPs and Practice Managers.

Come and see our new rooms, designed to optimise your patient's experience and maximise the quality of their care. Stay for a drink and a canapé and hear about our practice ethos of providing the best possible service to patients and the colleagues with whom we share their care.

We look forward to the pleasure of your company from 6.00 – 8.00pm on Thursday the 31st of October at Suite 2, Ground Floor, 99 Bathurst St, Hobart. RSVP by Friday 25th of October via [Eventbrite](#) or, on 1300 337 968.

Please note that the Hobart Central Carpark closes at 6.30pm, but on-street parking in the Hobart CBD is (mostly!) unmetered from 6pm.

Templates

The following new templates were created or updated during the last month and are available [here](#):

- ◆ Cannabis Access Clinics Referral

As always I encourage practice admin teams to maintain the list of templates. Certainly importing the one mentioned above should be a *high* priority..... Geddit?

Specialist Bit 2

Dr Sonali Sadawarte was engaged as a Clinical Haematologist at the Royal Hobart Hospital from 2012 to 2015 and is currently returning to Tasmania as VMO Haematologist at the RHH. Dr Sadawarte has undertaken clinical and research fellowship in Leukaemia at Alfred Hospital, Melbourne.

Sonali maintains an interest in all major areas of benign and malignant haematology including Lymphomas, Myelomas and Leukaemias with a special interest in Myelodysplastic Syndrome. She is keen to offer holistic care to patients during their treatment. She is strongly committed to clinical research and has pioneered clinical trials in MDS and Leukaemia. She is passionate about improving access to clinical trials for Tasmanian patients. Sonali has international presentations and publications to her credit and is on the editorial board of international journal 'Haematology and Blood Disorders'.

Dr Sadawarte will consult privately from the St. John's Sessional Suites:

She is also happy to be contacted directly by practitioners on 0484 076 070 or by email on sonali.sadawarte@ths.tas.gov.au.

MyHR

This month saw the availability of 2 new reports in the MyHr view of GP software. This is a good opportunity to highlight the features of the dynamically created reports that are available to GPs in the MyHR. They will stand out as they will be dated with the current day's date.

Current filter:					
From 02-Oct-2018; To 02-Oct-2019; Excluding prescription and dispense records; Excluding superseded or removed records					
Document Date	S...	Document	Organisation	Organisation Type	Saved
02/10/2019		Medicare Overview - past 12 months	My Health Record	Provision and administration of	Not Saved
02/10/2019		Medicare Overview - all	My Health Record	Provision and administration of	Not Saved
02/10/2019		Medicines View	My Health Record	Provision and administration of	Not Saved
02/10/2019		Pathology Overview	My Health Record	Provision and administration of	Not Saved
02/10/2019		Diagnostic Imaging Overview	My Health Record	Provision and administration of	Not Saved

The above is a Best Practice screenshot, but the details apply equally to Medical Director. A brief description of the reports follow.

1) Medicare Overview, (past 12 months or all) Reports gives Medicare sourced information including PBS and RPBS medications list, Immunisation list from the Australian Immunisation Register (AIR), Organ Donor status and MBS and DVA items billed and the provider involved.

2) Medicines View - Collates medicines information from uploaded pharmacy data, shared health summaries, hospital discharge summaries as well as any manually advised by patient. Through the *Medicines Preview* link can list medications alphabetically or by date. This report will soon have a link to the upcoming [Pharmacist Shared Medicines List](#) (PSML), which as the name implies will be a list only uploaded by pharmacists and will include non-prescription and over-the-counter medications.

3) Pathology Overview (New) - The RHH and the LGH have been uploading pathology reports to the MyHr for a year now, and private labs will soon be following. This new report consolidates all the lab uploaded reports into a single document and groups the tests by name or date for easy analysis.

4) Diagnostic Imaging Overview (New) - Exactly the same principle as the Pathology overview but for Imaging reports. Again, currently the only local imaging being uploaded is from the public hospitals, but more will follow.

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PenCat

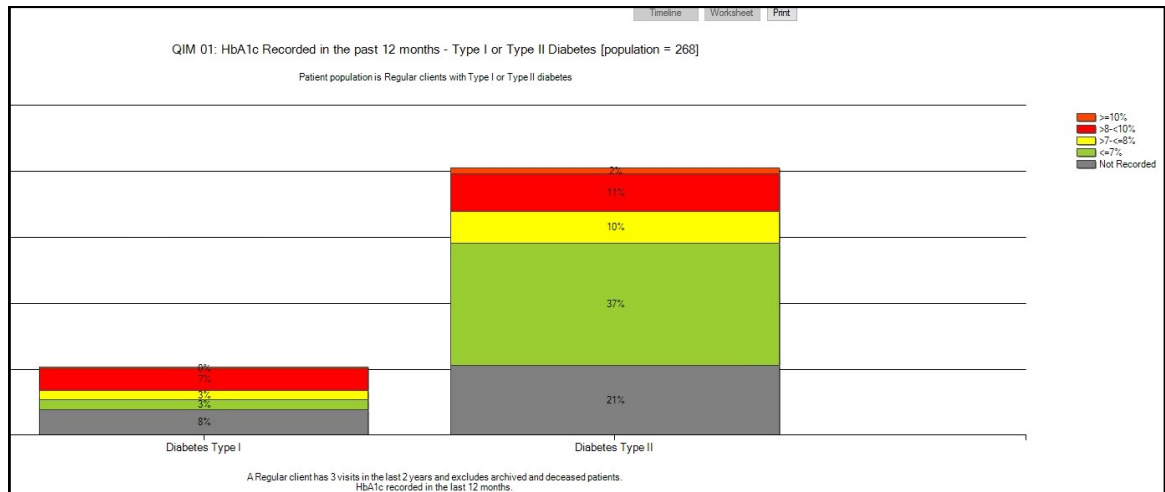
The Cat4 update released in September (version 4.19.0.0) contained specific graphs and reports around the Pip-QI improvement measures. Practices will recall that whilst these 10 improvement measures are the main data being looked at by Primary Health organisations, practices can elect to choose their own data improvement issues to focus on.

Even if you are choosing improvement exercises outside the nominated 10 measures, you may still want to keep an eye on how you are tracking here instead of, or as well as, waiting for the feedback reports from Primary Health Tasmania. PenCS have already provided [specific recipes](#) for doing this, and now there is a suite of reports that make this task super-easy.

To view the reports, load a data set and then go to the Standard Reports tab, and select the Pip QI sub-tab.

PIP QI	APCC	QAIHC	Healthy For Life	National KPI	OSR	eHealth	Health Care Providers
PIP QI Report	Diabetes and HbA1c	Smoking Status	Weight	Influenza Immunisation	Alcohol Consumption	CV Risk Factors	Cervical Screening

The Pip-QI report gives you the basic numbers, and keeping an eye on how these are trending may be all you want to do here. The rest of the tabs give you the standard Cat4 type graph for the 10 measures, with the ability to generate lists of patients in the manner that Cat4 has always provided. The beauty of these reports is that the filter and report settings that you would make when following the recipe's are automatically pre-configured in the reports, so there are no parameters to tweak.



The illustration depicts the graph provided for QIM 01, relating to Diabetic patients who have had a HBA1C recorded in the last 12 months. Another thing that is going to help immensely with this is that PenCS will be adding a specific PIP-QI app to [TopBar](#) in early October. This of course makes for a prompt at the point of consultation, and this may well be part of your Plan-Do-See-Act (PDSA) strategy.

With regards to TopBar, whereas practices may wish to see it being used by everyone at the practice, I'm conscious of a growing number of GPs succumbing to the new mental health affliction of being *Hyper-Prompted*. I expect this to be added to the coded diagnosis list in BP and MD any time now. So whilst I would love all GPs to be aware of the "Disease indicated but not diagnosed" data cleansing prompt in particular, it may be an idea to roll the program out to those whose arms do not need twisting in the early stages.

Documenting your Quality Improvement efforts towards this incentive will of course provide double value for practices who's next accreditation will be under the 5th edition standards. These accreditation standards have a strong QI component, and the [PenCat QI guide](#) gives plenty of help on how you can document things.

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MD

MD has just released it's 3.18a update and while there is not a lot to get excited about, there is one productivity improvement that I really like.

For quite a while, MD has shown 3 customisable buttons at the bottom right of the patient clinical window. In their default state one of these buttons invoked the default Medical Certificate whilst the other 2 were web access buttons that connected to the Medical Director web site. What many clinicians possibly do not know is that you can configure these buttons to whatever document and whichever 2 websites you want. When I do training with new GPs in particular, I often show them how to link these buttons to the [Tasmanian Health Pathways](http://tasmanian.healthpathways.org.au) website and the [THS Outpatient clinics](http://www.outpatientsouth.tas.gov.au/) website.

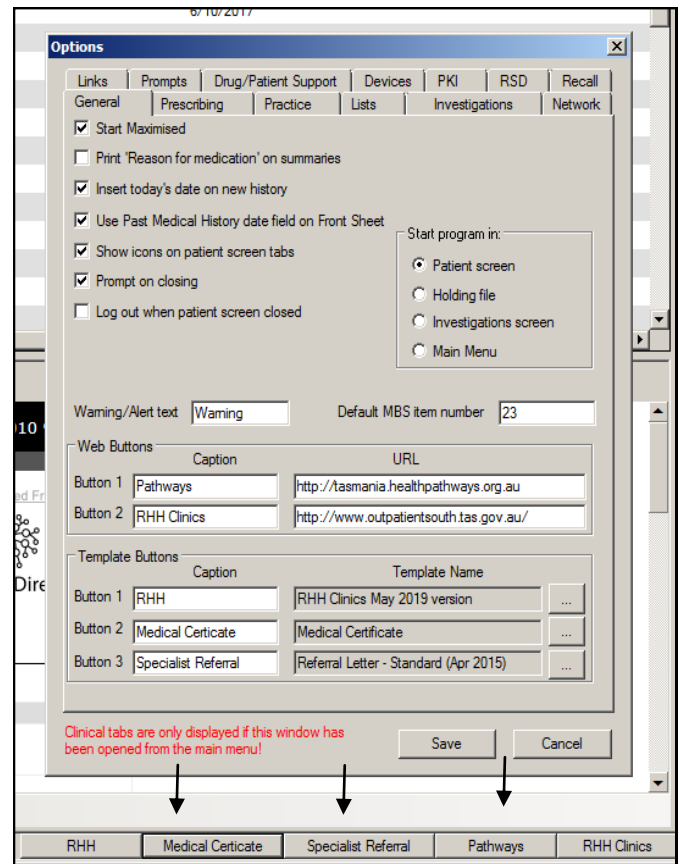
And now they have added 2 more buttons !!!!

Now that you have had a chance to compose yourself, read on for how this all works.

The 2 web access and 3 document access buttons can be configured by clicking on the *Tools* menu at the top of the screen and selecting *Options..General*.

To configure the web buttons, simply go to the websites that you want to connect to and copy the internet address from the bar at the top of your web browser. Then just paste the address into the *URL* field depicted at right, and name the button using the *Caption* field. (You can paste using Ctrl-V or Right-Click and Paste)

To configure the 3 document buttons, simply click on the ... button and browse *Letter Writer* for the template you want to access, and double-click on it. Like the web buttons, type a simple name in the *Caption* field.



Click Save when you are finished, and you will have 1 click access to 2 websites and 3 templates. The settings are login specific, not practice wide.

Another enhancement that is genuinely useful is the retention of a smoking history date and the ability to view historical entries. Previously when you viewed the smoking details, there was no easy indication of when the information was recorded, unless the recorder had the foresight to mention the date in the comments field.

Also in 3.18a

- ◆ Inclusion of Gardasil 9 in the Childhood Immunisation Schedule.
- ◆ One click switching between Clinical and Pracsoft
- ◆ 24 new Appointment types and Icons (Pracsoft)
- ◆ Display of appointment time in the *Waiting Room* (Pracsoft)

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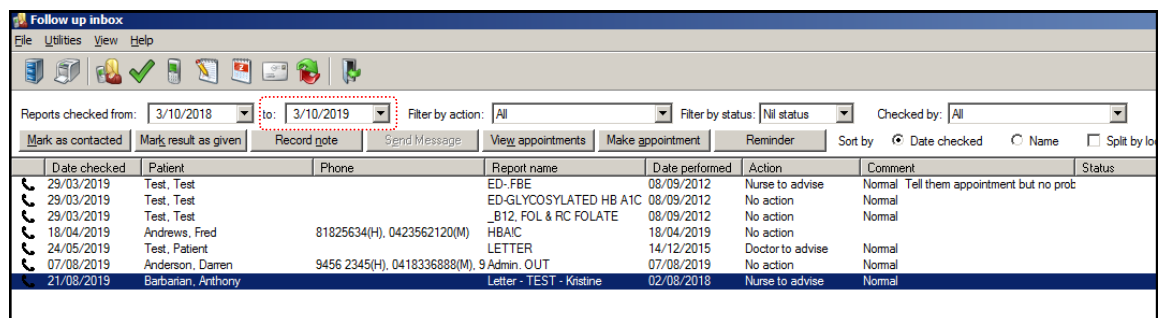
BP

It feels like there has been a heap of Best Practice upgrades in the last 12 months of which Jade Service Pack 1 is the latest one. There is no doubt that BP has been rapidly improving the communications side of it's program, at the same time trying to dissuade you from using 3rd party providers for SMS messaging etc.

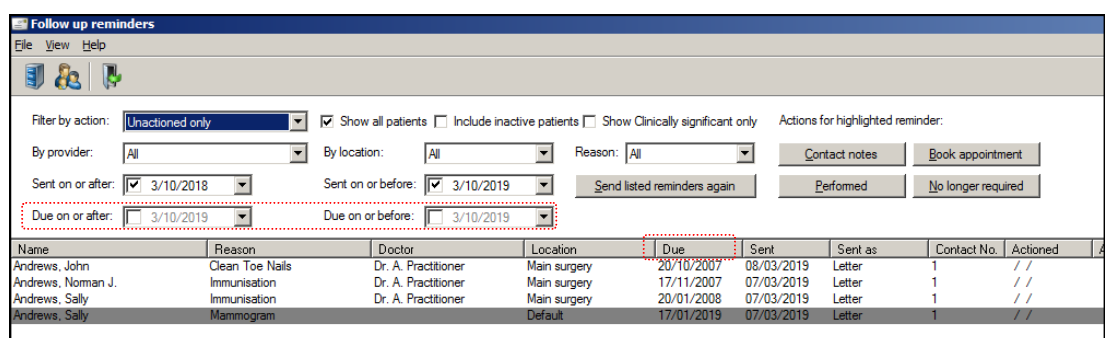
With this whirlwind of releases, practice managers should take note that **BP will not be providing any support for Lava, Service Pack 3 or earlier releases from January 10th**. If you want to confirm what version you are running, check the menu under *Help..About* from the main window.

The Jade SP1 release delivers small tweaks to it's interface for viewing reminder and follow up lists. There is not a lot of change here, an extra field or an extra button, but it does give extra choices to the user when generating follow-up lists.

- 1) The Follow-Up Inbox now has a Reports checked **To** field, letting the user generate an even more specific follow-up list.



- 2) The Follow up reminders screen is used for checking for reminders that have been marked as *Sent*, but not yet marked as *Performed*. These reminders may warrant another patient contact, or they may not have been marked off by the clinician delivering the care. The update now adds the functionality of *Due on or after* and *Due on or before* fields, as well as a column showing the *Due* date of the reminder.



Note that the above screen will not be of use to practices that use HotDocs for clinical reminders as these are never marked as *Sent* using that process. Additionally Contact notes are now more correctly linked to the *Reminder* rather than the *Sent Reminder* which was previously the case.

Finally the *Contact List* views have had an extra filter box and column added called *Origin*. This gives the user more ability to see what part of the BP program the contact note was generated from. I release that a lot of this Contact Note information possibly reads like gibberish to practices running the Lava release, but if you want to know more about what is a really good enhancement, there is information [here](#).