

PracSavvy

Clinical Systems Support and Training

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October 2020 — Newsbrief

So just when you thought 2020 would yield nothing positive at all, the 50th edition of the PracSavvy newsletter slides effortlessly into your inbox!

That's right, reaching a number that I never achieved with a cricket bat in my hand, this fearless publication (*quite possibly the only one of it's kind in Australia!*) comes out for the fiftieth time.

So I thought I'd allow myself some self-congratulations and a piece of 'free for personal use' clipart. I may even break out a new teabag later on today!

Happily, there's some interesting stuff to write about this month. The federal government announced that the funding of sending escripts would be extended until the end of March 2021. Whilst escripts are pretty much available throughout Victoria now, the Tasmanian availability is severely limited, due to limited areas that are designated [Communities Of Interest](#).

MD have joined BP in having the software update available, as long as you are in one of these areas. As I mentioned previously practices can communicate with their local pharmacies with a view to then registering as one of the approved areas and thereby getting access to the software. I really believe GPs will love having escripts as one of their prescribing options.

I'm also rapt to see that BP users that use I-MED for imaging can now use fully secure electronic ordering, instead of a paper form. Check the details on page 2.

Templates

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

- ◆ Healthy Dynamics Referral (Updated)
- ◆ Neurosensory Referral
- ◆ Corporate Services Drs Progress report
- ◆ Hobart Pathology PreNatal Testing request

eReferral

Please note the following providers that can now be corresponded with via healthlink. The full listings are available on my website [here](#):

Dr Rajesh Raj	Renal Medicine/Nephrology	<i>lmc32lmc</i> (North)
Dr Toly Pavlov	Gynaecology and Obstetrics	<i>lmc32lmc</i> (North)
Dr Kim Dobromilsky	Gynaecology and Obstetrics	<i>drkimdob</i> (NW)
Megan Smoak	Clinical Psychology	<i>lmc32lmc</i> (North)
Kelly Lockett	Mental Health Social Work	<i>lmc32lmc</i> (North)

I-MED e-Referral

Good news for BP users this last month with the news that you can set up your system to send your imaging requests to I-MED via healthlink. They certainly have been better than most in trying to accommodate remote working scenarios for GPs, even if the rtf templates they supplied [here](#) for Tasmania did come with email addresses hyperlinked to the wrong I-MED office.

But they've redeemed themselves by taking advantage of the fact that the most widely used clinical software in Australia is well integrated with the most widely used Secure Messaging platform, namely Healthlink. The steps for enabling this are fairly straightforward, but certainly one for your IT Support, even if it is only a 5 minute task, namely:

- 1) In the Healthlink client, set up a message type and folder for I-MED messages
- 2) In the BP Contacts book, make sure there is a contact set up for I-MED in the category of Imaging Provider, and link this to the folder created in the previous step.

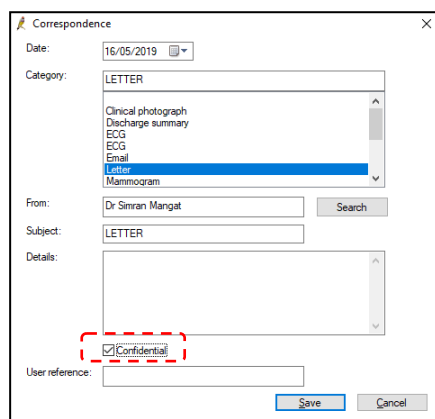
When this is done, a requesting GP will see a *Print and Send* button rather than a *Print* Button, when they do an Imaging request. The printer/paper prompt message will still show, and a copy will be printed, unless you have set up to print requests to PDF, in which case the GP will be given the option to cancel. In fairly short order the patient will receive an SMS or email confirmation from I-MED, with a link to view the request form if they wish. For this reason, it's a good idea to confirm the at least the patient's mobile number before you order.

There is no confirmation screen like normal e-referrals, but practices can always test their setup using a test patient who has a practice member mobile number in their demographic details. I tested it on my system and it worked perfectly. There's IT instructions and a good instructional video to be found [here](#).

Making a Document Confidential

You may not be aware that you can make individual documents from *Correspondence In* or *Correspondence Out*, confidential. You can do this by accessing the *Document Details* panel, and ticking the checkbox towards the bottom of the dialogue.

You can do this from the initial *Save* dialogue when it is a document that the practice has created, or via the Right-Click menu accessing *Edit Details*.



The screenshot shows a 'Correspondence' dialog box with the following fields and options:

- Date: 16/05/2019
- Category: LETTER
- From: Dr Simran Mangat
- Subject: LETTER
- Details: (Empty text area)
- User reference: (Empty text area)
- Confidential: Confidential (highlighted with a red dashed box)
- Buttons: Save, Cancel

All good, but there is a little bit of a trap to it.

As soon as you make it confidential, it will only be viewable by the GP who is set as the patient's usual Dr in the demographic panel. So if the person making the document confidential is not the designated usual Dr, it will immediately hide the document from them.

If there is no *Usual Doctor* value set, then the document will be visible to any doctor, but only doctors.

As an aside, considering that General Practices are increasingly hosting Specialists and Allied Health Providers, I'd like to see the field changed in name and scope to 'Usual Provider'.

User Details report

There is a very useful report tucked away in Best Practice, called the *User Details* report. It's located under *Management..Reports..New* and is close to the bottom of the list. If you can't see it, then you haven't been allocated permission to it under your *User..setup..reports* details. But just look at what this report gives you at a glance.

User Status / Licence / Locations	Billing options	Default Account	Default Item	Prescriber Number	HPII	Registration Number	CPD Number	Vocationally Register	DVA LMO	User Count
Active users										Total Active users users: 8
Full time doctors										2
Dr Frederick Findacure	Has Appointments & Accounts	Direct Bill	23	*****		*****		VR Registered	DVA LMO	
Mrs. Psychology Specialist	Has Appointments, Accounts & Referrals	Practice fee								
Part time doctors										1

This is taken from a samples database so it doesn't really convey the full value, but it is broken up into Full Time Drs, Part Time Drs and Non Drs. It shows the locations they work at if you are a multi-branch practice, and shows the key numbers and identifiers you should have for each individual.

I absolutely guarantee that some practice managers are individually checking each user record to check on certain things. This report will tell you an awful lot of what you need to know, and the larger the practice, the more help it will be. It even shows you details on inactivated users.

If I was a PM, in a big practice, I'd be printing this off every couple of months, so as someone in the 80's once said...[Do yourself a favour!](#)

Gender Identity

In one of the recent Java updates, there were new fields added and other fields renamed in the area of gender identity. I had briefly mentioned these in passing, but rather than risk a *Please explain* letter from the Anti-Discrimination Commissioner, I thought I'd provide a bit more detail.

So the *Sex* field has been renamed *Birth Sex*, and there are now *Gender Identity* and preferred *Pronouns* fields. The new identity fields are as depicted below.

Birth Sex:	Female
Gender Identity:	
Pronouns:	Female
Ethnicity:	Male
Address Line 1:	Gender diverse
Address Line 2:	Transgender
	Different identity

Male—Toxic ——— -> Future Update
 Male—Privileged White —> Future Update

Puzzlingly these fields aren't available yet as template fields for use in *Correspondence Out*, although you would imagine they would be included in the next major program update. In the interim, if you don't want your letters to look *So Twentieth Century*, you will have to manually adjust your correspondence.

MD

I really wish MD would bring out some meaty update or enhancement in order for me to have something to write about. Their 3.18c is being released slowly and it does contain [their escript changes](#), but I want to hold off until there is an MD user in Tasmania that is actually using it.

So I challenged myself and came up with the following article.

Why Medical Director is better than Best Practice!

Actually it isn't. Sorry MD, you might be the original but you're no *Coca-Cola*

I used to say that it was a 50/50 call, but over the last few years, I really feel the BP product as well as the support behind it has comfortably pulled ahead of MD. This may well be because MD have put a lot of resources into Helix. Unfortunately for them, this product still appears to lag behind MD and BP in terms of functionality, while their MD desktop increasingly looks like old software.

Nevertheless, sometimes when I'm teaching MD to a previous BP user, I still find myself noticing certain things that MD does a little or even a lot better. So here's what I think they are...

- 1) The Summary Tab.** Pulling Family and Social History, Medications, Past History, Immunisations and Preventative prompts into a single screen whilst leaving Allergies and Warnings visible is a great *one-grab* look at the next patient, particularly in a well curated record. BP would do well to emulate this screen.
- 2) Progress Tab.** Having today's consultation on the same screen as previous encounters, plus the ability to preview the notes from any previous encounter with a click without having to leave the screen, makes this a highly functional screen. The ability to drag the 3 window edges upwards, downwards or sideways only adds to the utility. Probably under-appreciated.
- 3) Context Sensitive Help.** That's what I call it anyway. Click in any MD screen, (almost) and hit the F1 key on your keyboard. This will invoke a help screen that directly pertains to the screen you are looking at. Usually fully explains the screen and how you can use it. As they do quite a good job of maintaining the help files, I think it's a better alternative than a redirect to an online knowledgebase.
- 4) Far Superior Document Storage Interface.** I rarely go into this in much depth with new Drs now, because with things like referral and MyHR, a 2 hour session can go past quicker than you can say "I need to start earning revenue". The fact is though, in the results and documents screen an individual user has complete control over the size and location of the preview windows, as well as the display, order and width of all the information columns. Not only that but every column is sortable and filterable, as is every other piece of summary information. In terms of layout, the system will remember an individuals choices. All of this functionality is also right there in the *Holding File* and *Actioned items* screen. This ability to individually customise at least part of the look of your interface is something that BP doesn't really offer at all.
- 5) Recall Audit Trail.** Used properly MD gives you a really good way of entering and monitoring any follow-up activities that relate to a specific Recall, (they should have called them Reminders really). Any Recall or Pathology follow-up communication is pinned to the actual item. BP got close in recent times with their Contact Notes system, but credit to MD for recognising several years ago that follow-up communications or attempts do not have to be scattered through the encounter notes.
- 6) Website and Template Buttons.** At the lower end of the scale but still useful, MD gives you customisable quick link buttons from your clinical screen to 2 websites and 3 letter templates.

So there it is, a quick reminder to myself at least, that MD still has some strong features that other products don't. I also note that MD was by far first cab off the rank when it came to integrating SMS with the clinical part of it's program. Does make me a little poignant and wonder what might have been, sigh!

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MD



Back in November 2018, I wrote about the ImageSafe widget found in the MD Sidebar. I've only shown it to a couple of people, and to be honest I don't know if anyone at all is using it. It's a facility for storing images captured on a phone app and linking them to the clinical record in MD.

It's a moot point now as MD are discontinuing it as at December 31st. So if you have been using it, you should [export all your images and store them somewhere else](#).

Hot Tip

So here's the thing. We live in an era where people like to take photos, lots of photos! People photograph themselves a lot and certain demographics feel compelled to photograph whatever they are eating. Some of us stop and smell the roses, others stop and *Instagram* the roses.

But there is one thing you absolutely don't need to photograph, and that's your computer screen. I get the sense that people feel it's a clever way to show an onscreen error message to their IT provider or trusty, albeit inexorably ageing, training and support person. But it's actually **less** clever...

In a nutshell here is all you need to do to send a picture of your screen or part of it:

- 1) Press the **PrtScr** key on your keyboard. You may need to hold down the **Fn** key while you do this if you are using a laptop. This will copy an image of your entire screen to the clipboard. Then open your email programme and in a new email select *Edit..Paste*, or right-click on the page and select *Paste*. You will now see a picture of your screen in the email.
- 2) If you just want to illustrate a pop-up error message rather than the whole screen, hold down the **Alt** key and then the **PrtScr** key on your keyboard. As above if you are using a laptop, you may also need to hold down the **Fn** key. Then paste in a new email or blank document as above.
- 3) If you want to be really clever and you are using Windows 10, click the **Windows** key **+Shift +S**. This will invoke the *Snip* tool. The screen will go dim, then hold down the left mouse button down and draw around the area of the screen you want to share. Release the left mouse when you are done and that screen area will be copied to your clipboard. Then go and paste it somewhere!

So there we go, no more screen photos needed.

PenCat

September saw a PenCat update that seemed to fix a few irregularities as far as the PiPQI measures go. The following information is taken from the Cat 4.27 release notes:

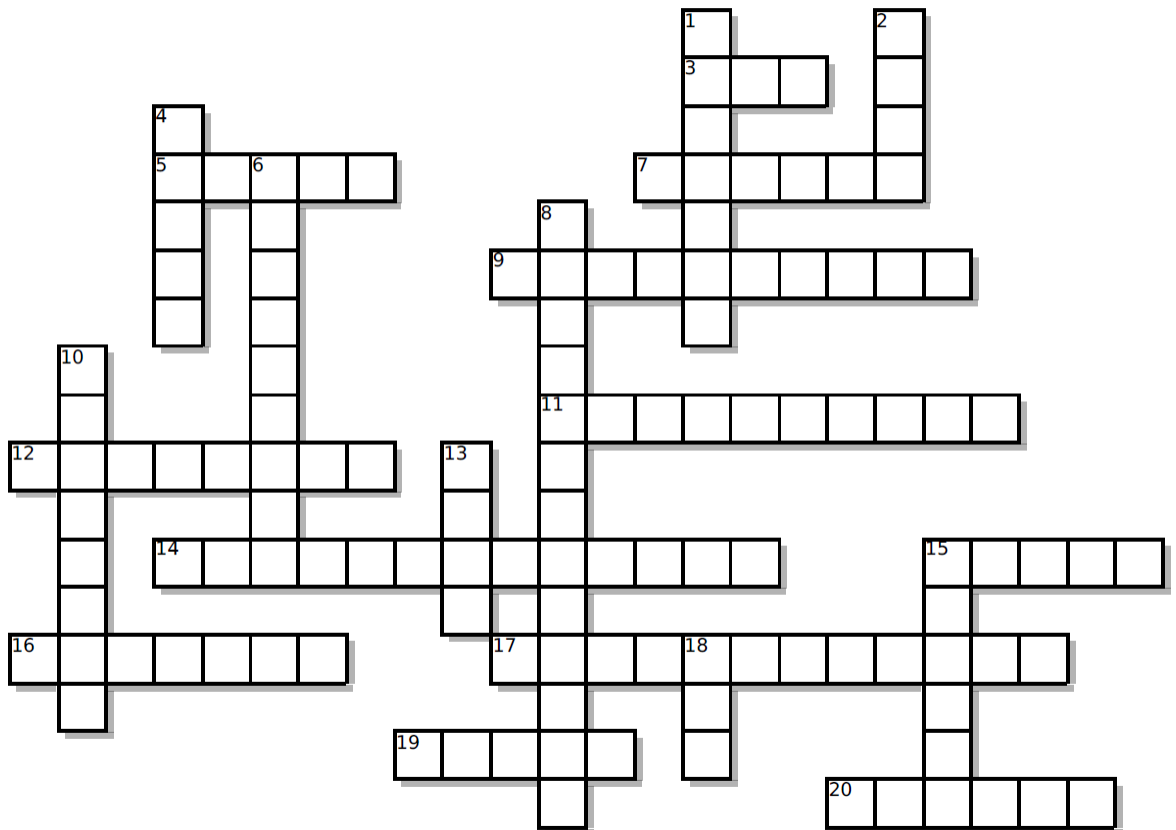
- ◆ Patients who have declined immunisation are now not included in the Quality Improvement Measures (QIMs). This applies to MD only as BP does not have a Vaccination declined field. (*Darn, is this another point for MD?.. see page 4*)
- ◆ Patients with Undefined diabetes re now included in the relevant QIMs. (*Fixing up records showing Undefined Diabetes is a good little data improvement exercise in itself*)
- ◆ Cervical screening age group now aligned with age guidelines 25-74, (*was previously 20-74*)
- ◆ Patients with existing CVD are now excluded from QIM08 and Indigenous patients from 35 are now included.
- ◆ Self funded practices can now export the bare 10 QIMs from their system. (*Mentioned in September issue*)

Other non PiPQI changes

- ◆ Heart failure is now included in the CVD category.
- ◆ Pneumococcal vaccination schedule changes now reflected in relevant reports
- ◆ Additional Covid-19 PCR and Serology test names are included in the mapping rules.

And now for something completely different...

The PracSavvy Puzzler



ACROSS

- 3 The acronym we all learned this year (3)
- 5 What we want all our history entries to be (5)
- 7 Alerts you to data or care gaps at point of consult (6)
- 9 Easily the most used messaging software in Tas (10)
- 11 One of the 2 Southern THS clinics available for electronic referral (10)
- 12 The Health minister (8)
- 14 Southern GP got himself elected recently (7,6)
- 15 Sounds like a Russian newspaper, but having this account will help with Medicare (5)
- 16 In Tennis, he's not a goat, he's the GOAT (7)
- 17 Another point of care prompter is Doctors _____ (7,5)
- 19 The only Northern THS clinic available for electronic referral (5)

DOWN

- 1 Extinct but legendary support organisation from the bottom half of the state (2,5)
- 2 The national health system that people are slowly warming to (4)
- 4 This brownish yellow group run practices all over the state (5)
- 6 Aussie cricket legend, gone too soon (4,5)
- 8 Before they were a PHN they were a....(8,5)
- 10 This guy has been kicking around in Health IT even longer than I have. For the N/NW unscramble shorten (8)
- 13 The Health minister as well (4)
- 15 Demonstrating this remains my favourite work (6)
- 18 Document templates need to be in this format (3)