

# PracSavvy

Clinical Systems Support and Training

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

## September 2018 — Newsbrief

Welcome to the September newsletter. This issue includes a review on the Doctor's Control Panel, a piece of add-on software that's been around for a decade or so. I also have part 2 of the what's new article on the BP *Indigo* release.

A couple of minor notes on the MyHR with the Opt-Out period being extended for another 30 days, and the health minister introducing legislation that law enforcement would need a court order to access anyone's MyHR. This has always been the policy of the Digital Health Agency, but now it will be enshrined in legislation.

The Labour party were one of the groups that asked for this as they navigated the line between supporting the MyHR but still wanting to criticise the government where possible. They were of course, completely out-manoeuvred by the government, who took all the attention away from the MyHR debate by proceeding to eat itself !!

### eReferral

Please note the following eReferral addition:

#### New

Dr Scott Mackie                      Orthopaedics                      Sth     *drmackie\**

\* MD Users only. Dr Mackie uses a program called HLConnect to connect to the Healthlink network. As such, the MD address book entry is done a little differently. You have to look up the EDI *hmsweber*, and add that to your address book. When you rename the address book entry to Dr Scott Mackie, you need to then specify his actual EDI in brackets after his surname. i.e. Mackie (*drmackie*). If this seems overly convoluted, it's because it is!

For BP users, just create the entry in the usual manner.

### PenCat

You may have already seen the announcement that PenCat version 4.8 and 4.9 will no longer work. So if you are clicking on the PenCat icon and getting a bunch of errors then this is probably the reason.

PenCat asks you if you want to update when you double-click on the icon, and unless you are in a tearing hurry you should say yes to this. These updates will generally be either added functionality or minor bug fixes. If you don't update at the initial request, you can always request the update via the PenCat menu under *Tools..Check for Updates*.

If you have this issue contact Pen via their [website](#) or on 1800 762 993. Alternately, if you are one of my customers, contact me.

### Templates

The following new templates were created during the previous month and are available at my website [here](#):

- ◆ Sleep Services Australia - Sleep Study Request

As always, please let me know if you would like any others created.

# PracSavvy

Clinical Systems Support and Training

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



The [Doctor's Control Panel](#) (DCP) is a piece of add-on software that has been around for about 10 years. The brainchild of a GP with programming skills, it started out as a very simple utility and has evolved into a veritable "swiss army knife" of clinical functionality. In my opinion what it does best is to condense key information from the clinical record into a small panel, at the same time highlighting what may need to be updated.

DAVID ANDERSON 83y 7m 26d

**Pneumovax Not Done** [Zero previous Pneumovaxes]  
Schedule Status: Pneumovax is Recommended for high risk patient.  
Criteria: PHx Diabetes I/II (PBS Covered)  
This patient is at higher risk [PHx Diabetes I/II]!  
High Risk Patients Benefit from a 2 dose course beginning as early as age 10.  
Baseline dose is repeated after 5 yrs

DAVID ANDERSON 83y 7m 26d  
**Un-Coded Summary History Items**  
Chronic Asthma 28/08/2018

DAVID ANDERSON 83y 7m 26d  
**Albumin Creatinine Ratio - Not Done**  
Consider checking Albumin Creatinine Ratio every 1 Yr  
Criteria: (Age≥20Yrs & Diabetes)

Items: ATSI\_OAHC, AsthmaPIP, MMR, GPMP, TCA, DiabPIP, M-DCP  
Clinical: SHS, IHI, Smoking, Soc Hx, Recall (7\* 1), Recent Dx(10), Coding(1)  
Med'n: CTG Eligible, P450 Iso2D6, Statin, Prune?(Reg 3)  
Imm's: ADT (1), Influenza (0), Pneumovax (0)  
Measure: AsthmaPlan, BloodPress, BMI, DiabAssess, DiabEduc, Dietitian, FEV1  
FootExam: FVC, Height, MedicReview, MMSE, Murmur, Ophthal, PEFR, PhysActiv  
Podiatry: VisualAcuity, Waist, Weight  
Targets: CVR High, Smoker, SysBP  
Tests: ACR, BMD, CXR, eGFR, FBE, Glucose, HBA1C N, LFT, Lipids, Unchk'd(1)  
Notify\*\*(9)

MR DAVID ANDERSON  
DCP

Double click on Patient Name to minimise the panel to a ribbon

The crowded graphic illustrates the folly of trying to illustrate the tools functionality in the space of a 2 page newsletter article. Essentially the main panel uses a standard "traffic lights" system for showing which items are due and which are not. So Red is not done, Orange is overdue and Green is done or up-to-date. The cream colouring is for informational prompts as per the Coding example above and the black squares are the label for the information category.

Key features of the alert panel are:

**Items** - As the DCP analyses practice billing data, a quick illustration of what common MBS items are available to be billed will be attractive to GPs and nurses alike.

**Clinical** - These indicators are linked to clinical standards, so clicking on an item also reveals the criteria behind the colour coding as well as quick access via the icon to that part of the clinical record. The other clinical categories are also linked to appropriate standards as you can see by the ACR example above. (You can also create your own rules if you really feel like getting your hands dirty) The DCP is cohort sensitive (if that's a phrase!), so you will see a different set of alerts for a 10 year old girl, then you will for a 60 year old with diabetes.

**Measure** - Quick and easy access to commonly recorded observations would be a boon to practice nurses, along with the reinforcement of outlining the reason behind the activity. In the case of Orange and Green alerts, clicking on the indicator shows the date that the observation or measurement was last recorded.

# PracSavvy

Clinical Systems Support and Training


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



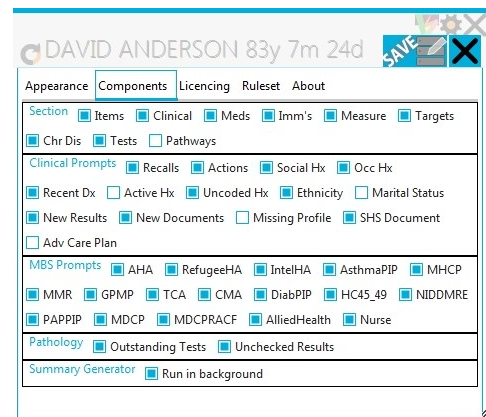
Key features continued:


**Medications** - As well as purely clinical prompts, a specific flag indicates “current medications” that haven’t been prescribed during the last 12 months.

**Immunisations** - At a glance view of immunisation status. Linked to the immunisation schedule, when clicked these prompts show some basic information, as well as date last given.

Happily all the items in the various information categories are configurable via the  icon.

So that’s the tool at it’s most basic level, a condensed view of clinical status and recommended actions in a colour coded format, combined with one-click access to the relevant part of the record. For many users, that may represent full value in itself.



The advanced functionality of the DCP can be found by clicking on the  icon.

If it wasn’t already apparent, *less is more* is not really a ‘thing’ for the designer of the DCP both in terms of colour usage and more happily, functionality. The product [website](#) displays similar flamboyance and possibly shouldn’t be viewed by those prone to seizures or psychedelic flashbacks .

But as I’m often told, appearance isn’t everything, and this functionality overlay contains several features that some GPs may really like. I’ve detailed a couple of highlights below, there are several others.



**Patient Centric Documents** - There is a large collection of templates here, that are auto-populated in the usual way. Whilst the smaller interface may look a little “techie”, there is a button to facilitate copying the finished text to a normal letter in MD or BP.

**Form Automate** - Some will certainly love this feature, which allows for the partial auto-completion of certain PDF or web based forms, with the My Aged Care one certain to be popular.

**HMR Referral** - Integration with the [Medscope](#) software to easily generate an online HMR referral.

**Medication Pricing** - A direct link to the Chemist Warehouse database let’s you easily search for the cheapest brand of a medication.

There are other features to the DCP including benchmarking and performance tools, more details at the [website](#). It strikes me as a tool that you can use for it’s basic functions or delve into it much deeper. DCP is compatible with both MD and BP. The licence information can be found [here](#), and it is free to non-doctors. You can also install the software free for 30 days as a trial.

# PracSavvy

Clinical Systems Support and Training

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

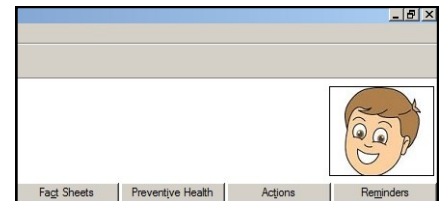
BP

## Indigo Update Part 2

We continue the *Indigo* update article started in the August newsletter.

### Patient Photo.

Double click in the space depicted at right to import a photo of your patient. You will have previously saved this on your computer in a "jpg" format or similar. Take care not to create unusually large images. These photo's can also be added to a patient document.

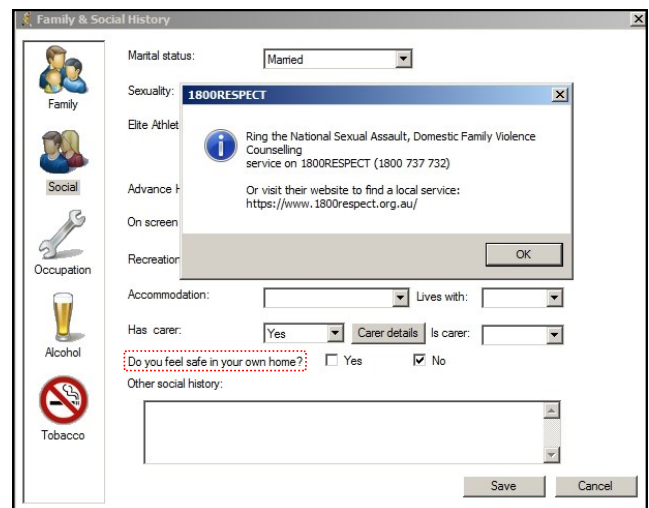


### Family/Social History.

The Social History screen now includes a question and an information prompt around domestic violence.

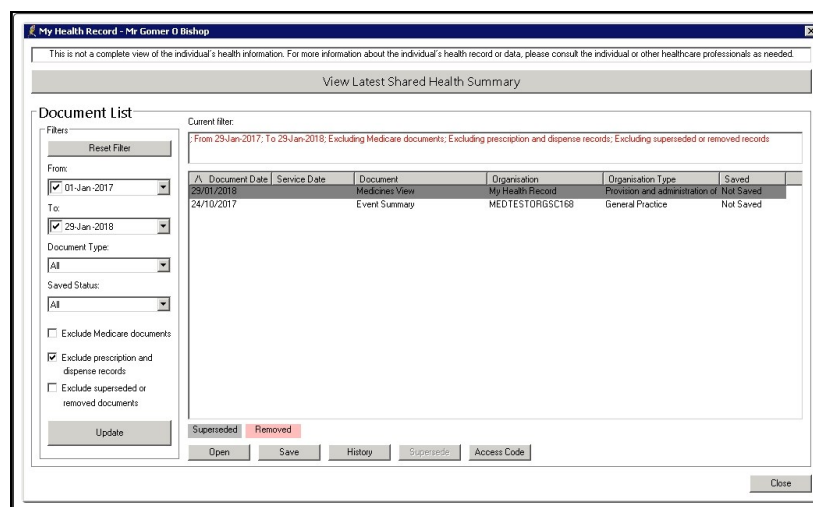
The Alcohol details screen now includes the Audit-C assessment tool.

On the initial Family/Social History screen there is information of when the record was updated and by whom. Similarly on the demographic details screen.



### MyHR.

The MyHR main window has been updated to incorporate usability improvements. You can now filter the window by specific date ranges.



Under the My Health Record Menu there is now direct access to Pathology and Imaging sections of the MyHR. It is anticipated that there will be content here in the very near future. From this release any users with a HPI-I entered can create Event Summaries.

# PracSavvy

Clinical Systems Support and Training

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

BP

## Indigo Update Part 2 continued..

### Results.

From **Incoming Reports**, you can now identify Inactive Patient Records, and exclude them when allocating documents to patients. (This was not previously the case.)

Name	D.O.B.	Address
Xerox Abbott	23/06/2007	12 Jogger Street, Albany Creek, 4
Mr. Ashley Ackemann	10/07/1980	71 Billabonger Road, Willawong, .
Mrs. Maree Ackemann	06/08/1981	71 Billabonger Road, Willawong, .
Mr. Felix Adams	30/12/1928	35 Yarrabine Road, Landsborough
Mr. Felix Alexander Adams	30/12/1928	35 Yarrabine Road, Landsborough
Adrienne Adrianski	13/12/1938	10 Alanvale Rd, 7248.

From the **Follow-up Inbox**, you can now access a patient's full demographic details, via the **View Details** button.

Fields include: Title (Mr), Family name (Anderson), Given name (David), Middle name (David), Preferred name (David), Date of Birth (4/01/1955), Age (63 yrs), Sex (Male), Ethnicity, Address Line 1 (61 Wallace St), City/Suburb (Test Town), Postcode (1234), Home phone (9456 2345), Work phone (9123 3456), Mobile phone (0418336888), Email, Health Identifier, HI Status, Medicare No. (4133400271), IRN, Expiry, Pension/HCC No., Expiry, Pension card type, DVA No., Safety Net No., Record No. (345), Patient ID (172), Usual doctor (Dr Frederick Findacure), Usual visit type, Usual account, Practice fee, Health Ins. Fund, Health Ins. No., Expiry (30/07/2018), Religion, Head of family (Self), Next of kin (Fred Smith), Emergency contact, Occupation (Current ADF), Health Care Home (Tier 1, 12/01/2018, HCH), and checkboxes for 'Registered for CTG PBS Co-payment relief', 'Inactive', and 'Deceased'.

From the **Inbox**, you can now generate graphs of certain Investigations.

**Extra:**  
The National Inpatient's Medication Chart now includes short term medications.

