

PracSavvy

Clinical Systems Support and Training

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September 2021 — Newsbrief

How good are Tasmanians and how good is Tasmania's primary health electronic infrastructure!!

Pretty good as it turns out. Now, apologies for stealing a line from the PM, and yes our public hospitals are getting smashed (although nowhere is it all "beer and skittles"), and yes we have some worrying doctor shortages in certain areas, but consider the following:

Our Covid-19 Fully Vaccinated population is 41.50% making us No 1 in the country. Boom!

90.49 % of the Tasmanian population has a MyHR, putting us at No 2 in the country. C'mon!

Using the, admittedly rarely used, PracSavvy algorithm of adding a states full Covid vaccination % to their MyHR % and dividing it by two, we are **number one in the country!** 🙌

By the end of this month, **every pathology lab in the state will be uploading results to the MyHR.**

In Tasmania, **GP Specialist electronic correspondence is done using a single program, Healthlink.**

Don't underestimate these last 2 points, I'm pretty sure no other state has reached the point where all their generated pathology reports are being made available automatically for the benefit of all clinicians. Similarly, on a regular basis, managers in General Practices or Specialist rooms all around the country are regularly asking their social media groups, "which secure messaging programme should we get". There are about half a dozen companies offering this facility and their products do not currently 'talk to each other'. When mainland practices are wondering what to choose, they have to try and establish what surrounding health facilities are using. Then they have to navigate the various opinions they are offered, some informed, some not at all. Little wonder that often the easiest decision is to make no decision.

Not in Tasmania, as has been mentioned before, for historical reasons every General Practice is running Healthlink. Which means that any specialist or allied health practice that wants to communicate with GPs has to get a Healthlink account. No other decision to make. And they do, I am seeing a few new healthlink addresses appear in the directory every week. Specialists are already well established, so these new entrants are generally allied health or pharmacies. Some of them have got clinical software, but many of these are connecting with the Healthlink network via a web interface, specifically [MyHealthlink Portal](#).

So in a lot of ways e-fortress Tasmania is in pretty good shape, but I would urge us all to keep building our defences, improving our technology. It would be an extremely myopic GP who would not see that the MyHR has started to return some real time-saving benefits to doctors. Is it possibly time to put aside the practice financial incentive and reconsider the potential for uploading a quality Shared Health Summary to the MyHR in order to assist non-familiar doctors in what may be around the corner? Remember, what is good for the bee is good for the hive! Risking inevitable derision, I might also channel JFK, *Ask not what your country(state) can do for you, but rather what you can do for your country (state)*. The sentiments inherent here are what I would be using if I was Scott Morrison's speechwriter, but alas, opportunity missed.

It seems accepted truth that the *Delta* variant will hit our state at some stage. If not one of the lesser known *Kylie, Adele, or Beyonce* strains. We have fair warning and much of what we have achieved will help us greatly, but let's individually keep pressing and improving our advantage, after all, it's [your hometown!](#)

Medicare

Another brief note around [Medicare Web Services](#) as further information starts to flow. It seems that MD are going to be handling the whole interface between your clinical software and Medicare Web Services in a totally different way to BP. Apparently you will not need a Proda account at all for your organisation, when using MD to talk to Medicare.

Having said that, the Proda interface isn't going away and at some point there are going to be other reasons why you will want to be Proda authenticated. So irrespective of your clinical software, I would have accounts set up for your practice, your practice manager and one Principal Doctor at least, in the name of sensible forward planning.

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MyHR

I mentioned earlier Tasmania's great position in [MyHR statistics](#). As hinted at on the first page I was delighted to hear that [Tasmanian Medical Laboratories](#) will be uploading all pathology results (unless requested otherwise on a per patient basis), by the end of the month. Because repetition can be an effective teaching tool, I've updated last month's list of local MyHR contributors below:

THS Discharge Summaries	Hobart Private Discharge Summaries
RHH & LGH Imaging and Pathology Results	Hobart/Lton/NW pathology results*
Women's Imaging Documents	Imaging Plus Images
X-Ray Newstead Images	Hobart Dental Imaging images
AIR recorded immunisations	NE Soldiers Memorial Hospital Imaging
Sonic Bowel Screening Results (<i>National</i>)	Prescribing & Dispensing information
New TML Pathology Results (<i>from end of Sept</i>)	Genomic Diagnostics (<i>National</i>)
Medicare Billing History	

Again, I would urge you to make request that Hobart/Lton/NW pathology are uploading your results, if you haven't already. On a related note, hopefully many of you are aware that results uploaded to MyHR are available to the GP straight away, whilst the patient is locked out of the result for 7 days in order to ensure that the GP has access and communication options first. I've become aware that the exception to this is COVID test results, which are available to the patient 24 hours after upload to MyHR.

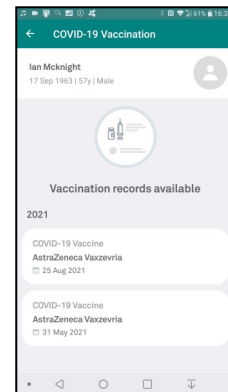
Only partially related to MyHR is the whole proof of Covid-19 Vaccination concept. There are some screenshots below of what the digital certificate or proof of vaccination screens look like on a mobile device.



[Medicare Express Plus App](#)
Digital Certificate



[Medicare Express Plus App](#)
Immunisation Report



[HealthNow App](#)
MyHR Immunisations view

The HealthNow App pictured at far right is owned by Telstra Health, who made headlines this last month by [buying Medical Director for half a squillion dollars](#). It may be just the shake-up they need at MD, although from a Telstra perspective it may be a case of "more money than sense".

The more familiar people are with how their apps can prove their vaccination status, the less cumbersome day to day life will be. What may not make life easier is that the Astrazeneca vaccine is going to have [a name change by the end of the year](#), I mean, didn't we just need that!

One of the few bright points of the last 18 months or so has been the introduction of e-scripts. Practices will be pleased to know that SMS e-scripts are now **federally funded until June 30th 2022**.

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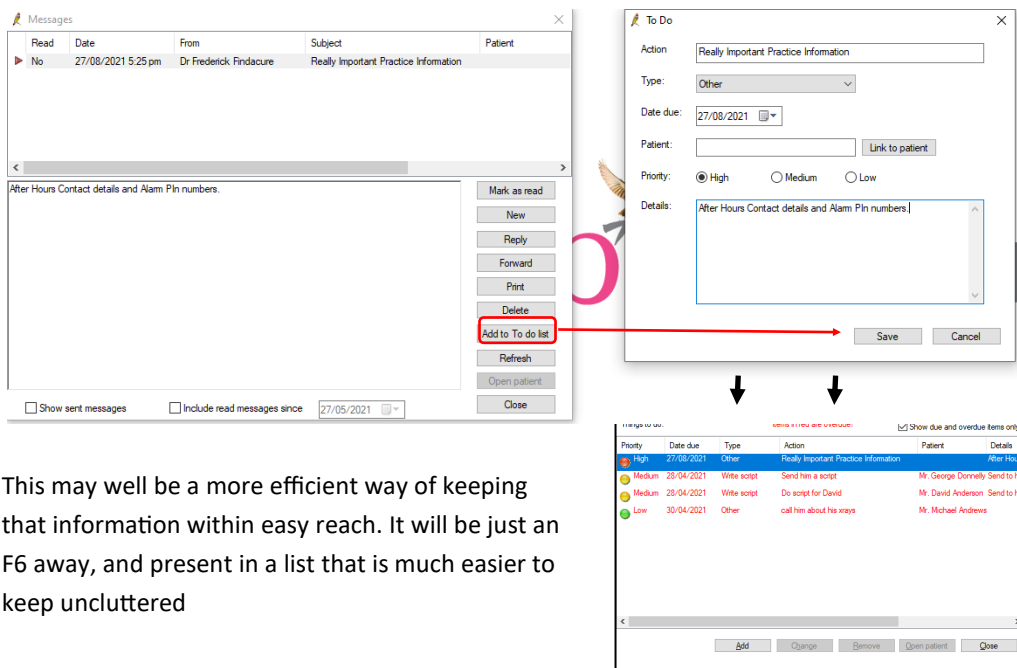
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BP

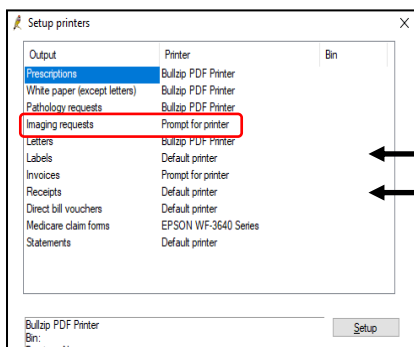
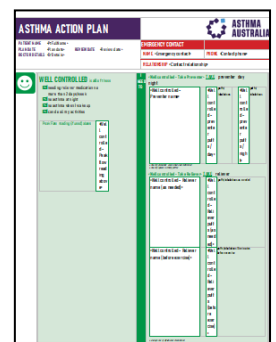
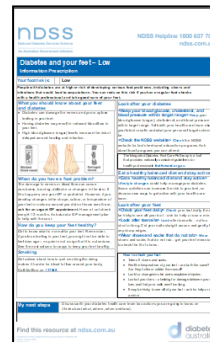
Back in the [May edition](#) I was highlighting the absolute convenience of the To Do list in BP, as a way of quickly making a note of something to remind yourself about, in the knowledge that the information is not reflected in a patient record and is only visible to the person who's list it is.

What I have noticed recently is that there can be a relationship between the BP Messages program (F8) and the To Do list (F6). Say if you receive a message and it contains information that you want to keep for future reference. You could just leave it in your InBox window, but the problem is there is likely to be hundreds if not thousands of messages through this interface over time. So the important message could be accidentally deleted or just lost in the list. One possible alternative is to forward that message to your To Do list, using the button depicted below.



This may well be a more efficient way of keeping that information within easy reach. It will be just an F6 away, and present in a list that is much easier to keep uncluttered

I don't usually mention templates not created by me, but this month's data update saw several high quality NDSS templates added to the supplied ones in BP. Templates can vary in quality but these have been constructed with real care and skill. Sadly the colours will be wasted in most practices, but you should still check them out. There are also 2 new Asthma Australia ones, an updated Action plan and a referral to Asthma Australia.



Consider the dialogue to the left which is found under *Setup..Printers* from the main screen. The Imaging Requests setting has been changed to *Prompt for Printer*. Now whilst some GPs may shake uncontrollably at being asked to execute an extra 'click', what this does is let you choose a different printer, but more importantly, it let's you *Cancel* the print job. Thinking of *Print and Send* scenarios like the I-Med request for instance. You can send the electronic request but opt out of the printed copy.

MD

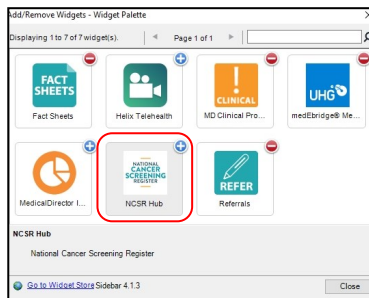
In the last major update, MD introduced access to the National Cancer Screening Registry (NCSR), via a new sidebar widget. I'm very interested to see how this appears in reality as Best Practice introduced this functionality several months ago, but I am yet to hear of a single practice that has been able to get it working.

The first steps in getting things going are to do some work in [Proda](#). There does seem to be no getting around the fact that practices are going to have to get comfortable with this system. The 2 distinct steps that are needed are:

- 1) Register the NCSR to your Organisation in Proda as a service provider
- 2) Log into the NCSR Health provider Portal and register your Organisation using your HPI-O number.

Happily the NCSR has created a good procedure guide for registering your organisation, as well as a quick start guide for Proda experts. You can find both of them [here](#).

Once you have done this, then add the NCSR widget to the MD sidebar for all the GPs that want to use it. From the front screen menu in MD, select *SideBar..Add/Remove widgets*, and click on the Plus icon on the NCSR Widget.



You can access this from the gear icon in your sidebar.



Once the widget is added, when you click on it in the patient record, MD will search the NCSR using key patient identifiers, namely HI number or Medicare Number, Family Name, Sex and Date of Birth. It may also use given name.

If the widget is able to match with a patient registered with the NCSR you will see a dialogue along the following lines. (Graphic taken from MD help file)

Program	Status	Last Screening	Next Action
Bowel	New to Screening		Due Now (newly enrolled, eligible now)
Cervical	New to Screening		DUE NOW

NCSR History | **Choose Form & Report**

Bowel Cervical

Program	Description
Bowel	NBCSP - Defer Bowel Program
Bowel	NBCSP - Opt Out Bowel Program
Bowel	NBCSP - Replacement FOBT Kit Request
Bowel	NBCSP - Adverse Events Report
Bowel	NBCSP - Colonoscopy Report
Bowel	NBCSP - GP Assessment Report
Bowel	NBCSP - Histopathology Form
Bowel	NBCSP - Replacement Participant Details Form Request
Cervical	NBCSP - Cervical Program Correspondence Preference
Cervical	NBCSP - Defer Cervical Program

Showing 1 to 10 of 13 < 1 of 2 >

Records shown are those that have been processed and included in the National Cancer Screening Register at the date accessed. Information is sourced from various third parties, including healthcare professionals, pathology laboratories and State, Territory and Commonwealth government departments. If you have any queries about the accuracy or currency of any record, please contact the NCSR Contact Centre on 1800 627 701.

Contact NCSR NCSR Widget Version: 0.0.63

If the patient is not registered with NCSR, you will get an error message.

The top part of the view gives important status information including last screening date and next action required for either Bowel or Cervical program.

Note that the display features 2 tabs:

- 1) **NCSR History** - Here you can view historical screening results; IFOBT, Colonoscopy, Cervical screening and associated investigations, as well as correspondence sent to the patient or GP and Bowel screen related MBD items.
- 2) **Choose Form & Report** - From here you can lodge various reports relating to the patients care and participation in the program. Some of the available reports are to be completed by a colonoscopist rather than a GP.

The detailed help file on the functionality of the NCSR widget can be found [here](#).

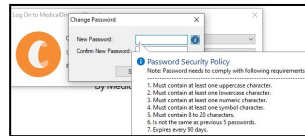
MD

MD has released it's 4.1 update and there are some useful additions as well as some cosmetic stuff and some bug fixes.

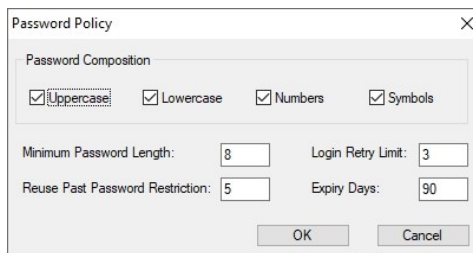
Security: In slightly sledgehammer fashion MD has beefed up it's security by introducing improved (as opposed to none) password policies. I say sledgehammer because for most practices, the first person to log in after the update has been completed will see this:



Followed by



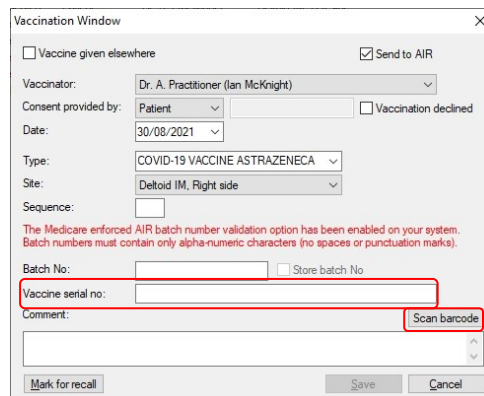
So rather than letting you initially log in and decide what password parameters you want to apply, the first person who logs in will have to create a password in line with the default settings. If the first person that logs in has top-level privileges, They will be able to assess *Password Security Settings* from the *User* menu on the front screen and decide what parameter choices they want to apply for everyone else via this:



What is missing from this is the ability to allow the user to change a password on demand or the ability to create an initial new user and force them to change their password at first login. Having slightly bagged the process can I now implore practices that this is now the time to fix this long standing issue properly. Hopefully practices will leave the above parameters in place or something similar and users will be prompted to create their own password. If you are a practice and admin staff are logging their Drs into MD first thing in the morning, then you are doing the wrong thing by your practice and your patients. It really is time to stop!

Immunisations: MD at long last fixed the missing Prevenar 13 at 12 months prompt on the childhood vaccination schedule, This has been an issue since July 2020.

More topically MD have included fields for vaccine serial numbers as well as the ability to scan these and batch numbers into MD. To assist multi-location practices, the vaccinators location will show after their name on the Dropdown list.



MD

MD 4.1 continued..

At the time of writing, the release documentation for this release is minimal to say the least. So there is no mention of fixing of the bug whereby the *Send to AIR* checkbox was sometimes becoming unchecked. To be on the safe side and save yourself future work, always eyeball that checkbox before you hit the *Save* button. Also remember that a vaccination that didn't make it to AIR can be deleted and re-entered for AIR transmission. You don't have to manually input it via Proda.

Prescribing: With regard to Active Ingredient Prescribing the default selections for *Allow Brand Substitution* and *Include Brand Name on Script* have been tweaked to reflect the nature of the prescription. For example when prescribing from a custom *Recipe*, the *Allow Brand Substitution* checkbox is unavailable for selection. Similarly, when prescribing a medication from the List of Excluded Medicinal Items list (LEMI) the *Include Brand Name on Script* checkbox is checked and greyed out.

As far as escripts are concerned the method and details of an escript are now recorded in the progress notes. PBS codes will now print on all PBS/RPBS Authority scripts which apparently will reduce pharmacy to GP queries.

Medications prescribed from the *Recipe* section will now be labelled as *Custom Product*.

Other stuff: When an SMS message is generated from within a patient file, a progress note entry is now automatically generated.

MD had won some friends previously when they made it possible to *Manage Patient Locks* from workstations as well as the main server. They lost those friends almost as quickly when it became apparent that only Drs with Top Level access would be able to use this function. This function is now available to other staff.

Pracsoft: I don't support Pracsoft but the release notes tell me that:

- ◆ They have reinstated the ability to add NOK patients from the Appointment Book.
- ◆ Two new Appointment types, "Covid-19 Vaccine 1" and "Covid-19 Vaccine 2"
- ◆ The above can be quickly invoked by Ctrl+1 and Ctrl+2
- ◆ Incentive items will no longer automatically be applied to Covid Vaccine Item Numbers

So not a life-changing update, but hopefully no bugs and some useful bits and pieces.