

PracSavvy

Clinical Systems Support and Training

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Edition 85 - September 2023

Welcome to this month's newsletter. It's fair to say there is quite a bit going on in the General Practice space at the moment and this will continue over the next few months. This is a bit of a pain for practices, but on the plus side, helps generate newsletter content for me, so everybody wins, well everybody who's me.

It's a sad fact that practices will lose access to PenCat after the 30th of September, unless they license it for themselves. Annoyingly these [subscription packages](#) don't include the ability to buy standalone PenCat without add-ons like TopBar. This seems strange to me, as I would imagine that they would be bending over backwards to work with practices on cost, given the massive drop-off in revenue from PHNs they are experiencing. It may be that the revenue drop-off has been game-changing for them, and with well regarded products like [Cubiko](#) inching increasingly into clinical data areas, PenCat may be becoming *WaybackWhenCat*. Which would be a shame actually. No product is perfect, (this newsletter ~~accepted~~ excepted) but teaching and supporting PenCat has been great fun for me over the past decade and a half.

With the "no PenCat" deadline looming, I would urge practices to do something I suspect many have been putting off, namely have a good look at what *patient data Primary Sense cannot currently give you that PenCat can*. It may be worth doing a late September data extract and saving some spreadsheet reports of patient data that may be harder to generate in the future. I will actually go a step further and suggest thinking about what patient groups you may want to target for [MyMedicare](#) purposes.

As far as I understand it there are increased bulk billing incentives available for telehealth and selected other consultations for **registered eligible patients**. Similarly for Aged Care and CDM patients going forward. Do not take my word for the specifics, but my strong feeling is that you have a better chance of listing these patients via PenCat than you do using [Primary Sense](#). Particularly as around a third of the currently available Primary Sense Reports give you numbers rather than names.

Actually if PHN's really wanted to drive Primary Sense uptake hard, developing a suite of MyMedicare patient reports would be an excellent way to accomplish this. Cubiko, to their credit have thought on these lines and are offering a free tool called [Cubiko Assist](#) which is all about this topic and available to all BP users. Of course that would make you a marketing opportunity for their paid product, but there's no such thing as a free lunch.

On another note, practices have until September 30th to switch to [ERX](#) as their [escript provider](#). BP using practices also need to have installed the recently released Orchid SP1 update by this time. MD users are ERX users by default and as such have nothing to worry about (apart from the fact that they're MD users ☺)

What everyone has to worry about is the general stability of ERX and the responsiveness of their support team. I've suggested via a couple of channels that they need to offer a more prominent service status web page and possibly even an email subscription list so that practices can be quickly advised when there is an issue. Actually, this proactive information is an area where MD have lifted their game in recent times. My advice to practices would be that if you are told there is an outage, even an intermittent one, I would encourage GPs to do conventional scripts until the problem is fixed. It feels like a temporary backwards step, but it may well mean less messing around for the practice.

Staying on script(s), 1st September marks the first day of the pharmacy-hating [60 days script](#) for certain medications. This is facilitated by the monthly data updates, with the MD update available at the time of writing and the BP one no doubt by the time you are reading this.

Finally there has been some recent strengthening of anti-spam legislation, which should please everybody (especially the vegans!) . It has some small implications for BP users that generate SMS messages direct from BP, so read the section on page three for information about this and a review of the Orchid SP1 release.

Templates

Templates updated or created last month at my website [here](#):

Tasmanian Autism Diagnostic Services (TADS) Referral *Updated*

TADS Provider Questionnaire

Sleep Better Again - Referral and Patient record

At the [Primary Health Tasmania site](#): Access Mental Health Helpline Referral Form

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The Calvary Specialists group have advised me of some phone and fax number changes for certain specialists. You may want to compare your address books with the details below.

428 Elizabeth St Ph: 6234 5302 fax: 6234 8565

Dr Adrian Yeoh General Surgeon
Dr Jessica Preece Endocrine and general surgeon
Dr Jacqui Brown Gynaecologist
Dr Sarah Thomas Anaesthetist
Dr Katja Brede Anaesthetist
Dr Mat Yarrow Anaesthetist

Ph: 6234 7511 and fax 6234 6266

Dr Arvind Dubey Neurosurgeon

E-referral

I want to talk some more about e-referral, particularly the smartform destinations that can be accessed through this menu.

SR Specialists & Referrals Refer to Private Specialist Refer / Contact other health providers

Referred Services

Chris O'Brien Lifehouse Services My Aged Care Referral Hearing Australia Medical Certificate Tasmanian Health Service

Firstly, the good news is that the issue with looking up Diabetes Tasmania has now been fixed. You can now write to them by typing in the Organisation name in the *Practice Name* search dialogue, rather than having to do an EDI search as mentioned in the [last newsletter](#).

One thing that has been troubling me for quite a while is that I know over the last 3 years that over 130 odd Allied health type organisations have signed up for something called [MyHealthlink Portal](#). This essentially means that organisations that don't have a compatible clinical software product can have a Healthlink mailbox and essentially swap secure correspondence with General Practice. Many of these 130 odd organisations comprise pharmacists, optometrists as well as physios, podiatrists, psychologists etc.

Well, that's great I hear you say! The problem is that almost half of these organisations can't be found with a provider or practice name search in this directory. Similarly, exactly the same ratio are invisible if you use BP's online Healthlink search directory**. The only way you can bring them up is if you do a search using their Healthlink address or EDI.

Search by Provider name Practice name EDI account

EDI name ttleyeca

Search Help Clear

Show 10 entries

Name	Practice Name
ttleyeca	Total Eyecare Huonville

So, how do you find out these EDI's? You might think you could try the [Tasmanian Health Directory](#), which, whilst great for Specialist and GP details, shows just 10% of the EDI's of these MyHealthlink Portal users. The only way you will know their EDI and therefore be able to correspond with them is if they tell you what it is or if you have access to Healthlink's [national web directory](#).

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e-referral

If you don't have access to this directory, you should probably ask for a login, as it will give you the whole national listing and you can search on a variety of details, e.g. Practice address, phone number etc.

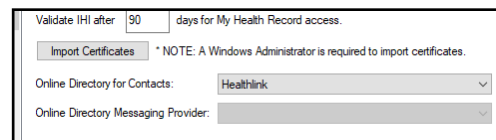
Of course, once you have the EDI, you don't have to use the smartform directory to write to them if you prefer using standard word processing documents. Just populate your address book in MD or BP with the correct EDI detail. It must be said though, using the smartform interface gives you greater control of the document appearance at it's destination, even if it is a generic format. And don't forget the BIG smartform advantage of being able to attach other documents.

I'd actually emailed about 10 of these providers last year, offering to publicise their details on my web page listing. Two of them got back in the affirmative and from the rest the response was "crickets". I could just list them, but consent always seems the polite way to go.

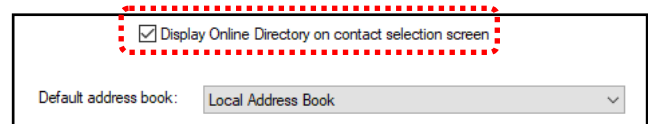
The other thing to say is that this "other providers" directory is pretty incomplete and in some cases was incorrect when showing details for local general practices. Primary Health are aware of this and have plans to get it fixed. Hopefully that happens and the issue can be revisited in a future promotional article.

** I mentioned earlier in the article about BP's online Healthlink directory lookup, and as we are all getting more comfortable with electronic referral, it's worth mentioning how to enable it. There are just two steps required:

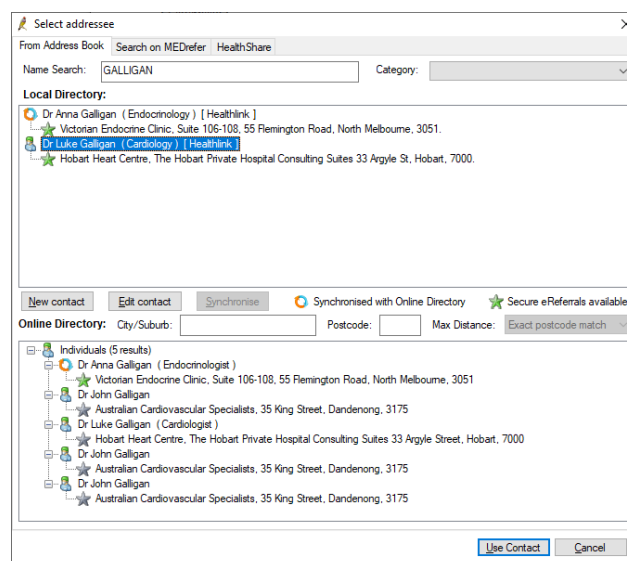
1) Setup..Configuration..General.



2) Setup..Preferences..Letters



The preferences setting is a per user setting. Once you have done this, your addressee screen will have two halves, with the top being the local address book and the bottom being the online Healthlink lookup:



Note that if you select the addressee from the bottom half of the dialogue, the entry will also be saved as an entry to your Contacts in BP. It will have the round circular entry next to it indicating that it is linked to the online entry in the Healthlink directory. You will need to click the *Unlink* button in your *Contacts* if you wish to edit that entry in any way, e.g. edit phone/fax numbers or notes

BP

As mentioned on the front page, recent changes in anti-spam regulations have some small ramifications for BP users. The issue is around the Alpha Tags that can be set under *Setup..Configuration..BP Comms..Configure SMS*. These help identify the origin of the SMS messages that you **send out directly from BP**. They are not however used on Appointment Reminder messages. If you want to change your Alpha Tag in the future, you will need to go through the BP helpdesk so that your tag can be *white-listed*, if not already being used. Failure to do this will mean non-delivery of the SMS. Alpha Tags that you are currently using are fine and have already been accounted for.

You can read the full detail [here](#).

Orchid Service Pack 1

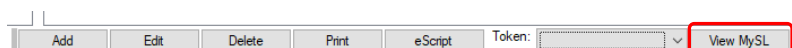
Best Practice released Servic Pack 1 for Orchid about a fortnight ago and there are some definite goodies to be had.

1) Active Script List (ASL or MYSL)

Let's get the annoying bit out of the way here. Whilst the official name is Active Script List, in BP it is sometimes labelled ASL and sometimes MYSL. It also seems to have morphed to MYSL in some official [reference material](#) in line with the fad referenced in the last newsletter that we have to put "My" in front of everything. Semantics aside, it has the potential to be really good and in SP1, BP have taken escripts to this final intended iteration.

By way of a brief recap, an Active Script List is an internet based listing of electronic scripts (including barcoded paper scripts) that a pharmacist can sign a patient up for. Note that even though barcoded paper scripts appear on the list, pharmacists still need the paper script to fill the prescription. However, with this release, no sms or email token to anyone is required for the script to be filled. All that needs to happen is that the patient needs to give the pharmacist permanent or one-off permission to view their list. Anyone starting to think about their elderly patients?

a) Viewing the MySL. BP now offers the opportunity to view a patients ASL via a button on the *Current RX* screen.



If the patient has a MySL, clicking on a button the first time will generate a dialogue asking if you want to ask the patient for consent to view the MySL.



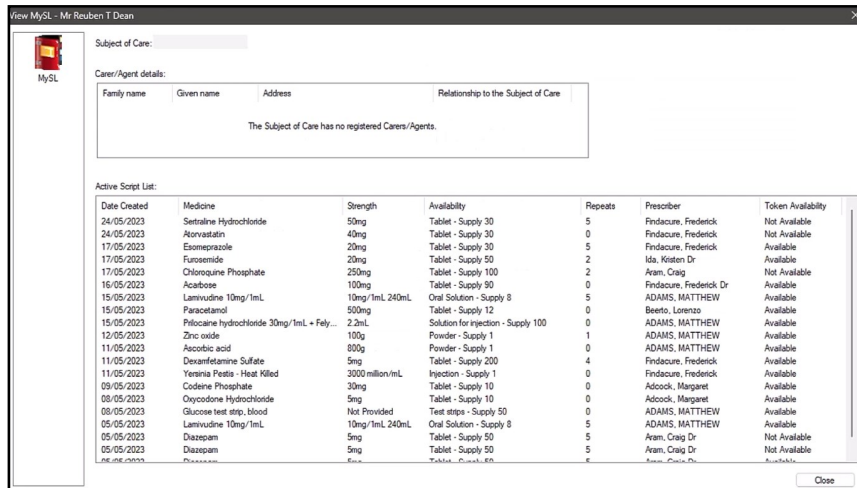
If you click YES, the patient will receive a notification via SMS or email, (depending on what they chose when they enrolled) asking them if they are happy to give the practice consent to View their MySL . They can answer with:

- 1- Yes
- 2- Yes for one day only
- 3- No

Once they have consented, click the View MySL button again after a few seconds and you should be able to view the list. **Note that even if you don't want to view their MySL, but do intend to send scripts directly to the MySL without generating sms or email tokens, you need to get this consent .** This is somewhat tedious, but I guess prevents you from sending a script as MySL only, when they don't actually have one. If that is your intention, I imagine a *workflow* might be to request the access at the beginning, then go through your script generation routine in the hope that by the time you get to the end, the MySL consent would be in place. A *workaround* might be to send the script to SMS AND MySL and just tell them to ignore or delete the SMS. You would only tell them to delete/ignore the SMS if you were positive they had a MySL.

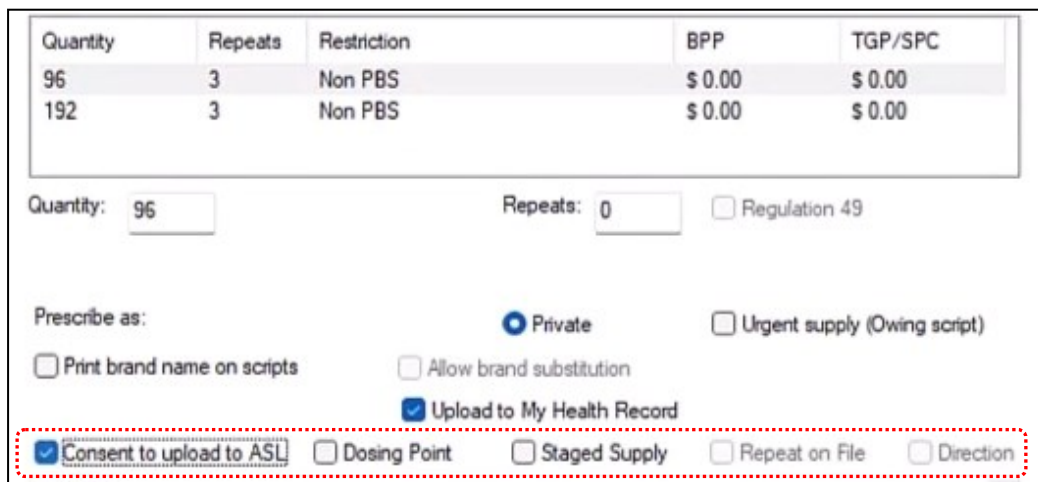
BP

If you have consent, their MySQL window should appear looking like this one.



Note that this is a read only window. The scripts marked as Token - *Not available* are barcoded paper scripts that require the physical document for the prescription to be filled. Also note that the View MySQL button will have a green border around it to denote that the patient has given the practice access. A GP can enable an automatic checking of a patient's MySQL status via a setting under *Preferences..Prescribing*.

b) Sending a script to MySQL only. Note that if you don't want to send a script to a patient's MySQL only, your prescribing routine remains unchanged. There are some new options on one of the prescribing dialogue boxes though.



In earlier editions of BP, the Consent to Upload to ASL was ticked by default, with the setting being ineffective if the patient didn't have one. The next four settings require explanation though and if any of these are selected the script will not be sent to the MySQL

- Dosing Point refers to a doctor nominating or arranging for a patient's medication to be held in the pharmacy instead of allowing the full supply to be taken.
- Staged supply is used when the medication needs to be dispensed in stages, such as when the patient is receiving chemotherapy or has a complex medication regimen.
- Direction is a requirement for jurisdictional regulatory teams and is only available for MediSecure.
- Repeats on file is used to indicate that repeats should be kept on file for monitored drugs in compliance with Tasmanian requirements.

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Orchid SP1 - Sending script to MySL only continued

The final step is to generate the script, with the only change being selecting MySL then eScript

The screenshot shows a software interface with a red warning banner at the top: "There are unchecked reports for this patient!". Below the banner are several buttons: "Add", "Edit", "Delete", "Print", "eScript", and "View MySL". The "eScript" button is highlighted with a red dashed box. To its right is a dropdown menu labeled "Token:" with "MySL" selected. Below these buttons are more options: "Select all", "Select red", "Run all checks", and "Prescription and Dispense View". At the bottom left, there is a "Script date:" field set to "20/03/2023". A note at the bottom right says: "Tick the boxes of the items that you want to print. Items in red have been calculated to have been fully used."

Remembering that the only thing we are doing here is generating a script that will just be sent to the MySL without any sms or email produced. If you are uncertain about this, remember that if a patient has a MySL, generating an sms or email script will send it to the MySL as well.

Writing about this ended up being more convoluted than I first imagined due to the new consent requirement, but hopefully GPs can see a method that may well work better for older indigenous patients, (wise elders) or older non-indigenous patients (silly old buggers), especially those with multiple medications. A chat with your local pharmacist regarding patient sign-up may well be warranted, especially in rural areas. Note that GP and patient setup for MySL scripts is exactly the same as it is for eprescribing generally.

2) MyHR - Advance Care Directive Upload

Joyously GPs and nurses now have the ability to upload a patient's Advance Care Directive to their MyHR. Note that I said *upload* rather than *create*. The document needs to be a PDF file on your pc outside of BP or a PDF file stored in Correspondence IN and labelled with a category of *Advance Care Planning*.

It's as simple as selecting *Upload Advance Care Planning* from the *My Health Record* menu in the patient record. This will present the following dialogue:

The screenshot shows a dialog box titled "Advance Care Planning". At the top, it says "Correspondence documents:". Below this is a table with columns: "Date", "From", "Category", "Subject", "Date checked", and "Checked by". One row is visible with "Date" 01/09/2023, "Category" Advance Care Planning, "Date checked" 01/09/2023, and "Checked by" (blank). Below the table is a section "Import new Advance Care Planning document" with an "Import PDF" button. Underneath are "Import details:" and "Document Author details:". "Import details:" includes fields for "Date:" (1/09/2023), "Category:" (Advance Care Planning), "From:" (blank), "Subject:" (Advance Care Planning), and "Details:" (a large empty text area). There is also a "Confidential" checkbox and a "User reference:" field. "Document Author details:" includes a "Use patient details" checkbox (checked), a "Use Contact Details" button, "Title:" (Mr.), "First name:" (Ian), "Surname:" (McKnight), "Phone Number:" (0362471178), "Mobile Number:" (blank), and "Email:" (mack63u@gmail.com). At the bottom right are "Preview" and "Cancel" buttons.

The above dialogue merely reflects the ability to either select a document of appropriate category from *Correspondence In* or to select an external PDF file which will also get saved in *Correspondence In* as part of the process. You also have the ability to reflect the name and contact details of the document author if it was someone other than the patient.

The *Preview* button merely generates a document header with the pdf shown as an attachment. From there it's just a matter of clicking the *Upload* button.

Orchid SP1 - Advance Care Directive upload

Note that there is a known error whereby if you are using a remote desktop environment (almost everybody) and you click on the attachment link in the preview document, you will get an error message saying the document can't be found. Fear not, the document still gets uploaded (you can check the MyHR to confirm) and this issue will be fixed in Orchid SP2.

3) eReferral Management Screen.

This one is well overdue and most welcome. You now have the ability to mark failed e referrals as actioned on the *eReferral follow-up* screen found under *View..eReferrals* from the main screen in BP.

The first thing to mention is that the screen view defaults to just show messages that have an error or that no acknowledgement message has been received for. Acknowledgements can sometimes take hours to come through, so it's documents with an error status that are the main issue.

Date	Patient	Provider	Addressee	Messaging Provider	Status	Action	Details
<input type="checkbox"/>	02/09/2023	Mr. David Anderson	Dr Frederick Findacure	Dr Fred Bloggs	Healthlink	Removed	Invalid namespace address of receiving facility
<input type="checkbox"/>	02/09/2023	Mr. David Anderson	Dr Frederick Findacure	Dr Adam Brownhill	Healthlink	Removed	Invalid namespace address of receiving facility

Note the extra buttons and the selection boxes next to messages. The two documents depicted show the most common error experienced by practices, namely an attempt to send a document to someone without a healthlink address, or an incorrectly typed one. Once admin staff have dealt with these errors by either sending to a correct address or faxing the referral, they can select the documents and click the *Mark as Actioned* button. The document will instantly disappear from the list of documents to be actioned.

Note that you can always uncheck the *Hide* checkbox to reveal the ones that have been acknowledged along with the ones you have fixed. The latter documents will show the word *actioned* in the *Action* column. Also note that if you incorrectly mark a document as *Actioned*, you can select the document and use the *Reset Action* button to fix this.

4) End of legacy e-ordering.

Once you have installed this update, older style e-ordering configurations will not work. Pathology and Imaging providers need to be a BP partner organisation for this to work, and at this stage I don't think this is the case for I-Med. Either way it's important for your IT to check the e-ordering configuration on your server once they have installed the upgrade. All the information they need can be found [here](#).

Related to this, there has been a change made to the *Investigation Requests* screen, viewable from the *View* menu in the Main BP screen. This is a problematic screen in big practices as it defaults to the last years worth of Investigation Requests and can take an eternity to load. Once it has loaded though, you will see a filter check box to show failed e-orders.

Date	Patient	Requested tests	Ordered by	Status	Provider	eOrder	eOrder created on	Barcode
<input type="checkbox"/>	10/02/2023	Madeline Abbottess	Plain X-ray - Abdomen	Dr F. Findacure	Outstanding	Radiology Tasmania	Yes	895C601626
<input type="checkbox"/>	0/02/2023	Madeline Abbottess	Plain X-ray - Ankle	Dr F. Findacure	Outstanding	Radiology Tasmania	Yes	Failed F7C30722F1

Once any configuration errors have been resolved you can resend these e-orders via a right-click on the offending order.

Continued.

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Orchid SP1 -

Other enhancements include:

- ◆ Ability to edit a parked smartform referral by double-clicking on it from Correspondence Out
- ◆ Added an ability to use customised html in the standard text for an outgoing email. This is useful for putting a link to your website etc. (*Setup..Configuration..Email*)
- ◆ Added an ability to put Individual provider bank details on invoices.
- ◆ Added extra Office 365 email authentication configuration for outgoing email.

If you want the full details, the release notes are [here](#). I'm definitely pleased with the main improvements, particularly the MySI and the referral management screen, with the Advance Care Planning stuff running a close third. Whether you are as impressed as I am or not, definitely install this update by the end of September.