PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

Edition 80 - April 2023

Welcome to the April 2023 newsletter, where you will find quite the assortment of interesting bits and pieces, with the highlight for me being the new My Health Record app, which actually seems to be rather good.

Actually the month started rather inconveniently for me with my computer starting to run treacle-slow. As it turned out, my main data drive was dying and upon scanning showed many data errors. The actual point of relating this was that my habit had been, every Sunday night I do a cloud and removable disc backup of all my data, both work and personal. The backup routine only takes a couple of minutes, but it's a routine I had maintained for years.

For years, apart from the Sunday before this happened, when for some reason I broke the habit and clean forgot to do it. Admittedly, worst case scenario, I could have recovered the data from the Sunday before, not the end of the world, but pretty inconvenient, especially when it comes to email data. Happily the drive, whilst super slow was still working and I managed to back up all information off it before it completely died. It just took quite a while, although once the new drive was in place, the restoration was very efficient.

In case you hadn't already guessed, I'm just using this personal example to illustrate the importance of eternal vigilance when it comes to back-ups. If you aren't checking backup logs yourself, double-check that your IT support are, and ask them to do the occasional test restore just to ensure that things are working as expected. Don't underestimate the genuine stress this will save you from if things go pear-shaped. Good news is data loss (as opposed to data theft!) is much less common these days with a lot of server systems providing continual mirroring of hard discs and the like. But make sure just in case.

As flagged in a previous issue, Cubiko have now launched their a version of their financial forensics tool that is compatible with Medical Director. You can learn more here.

This past month saw the announcement that Woolworths can now provide people with Telehealth services via their Healthlife business. Good to know that if you have overindulged at their BWS stores or purchased too many ciggies from the *Fresh Food People*, they have your back.

Finally, under the heading of truisms that aren't true any more, we probably have to let go the quaint but outdated *There's no substitute for hard work.* This is made totally apparent by the University of Helsinki awarding 20 year old Greta Thunberg (you may have heard of her) an Honorary Doctorate in Theology. The key words here for me are DOCTORATE and THEOLOGY. It's not even Greta's first doctorate, with a Belgian university giving her another one a couple of years ago. All in all pretty good going for a twenty year old who seems to spend more time inventing hashtags than she does going to school and is currently working towards her first Batchelor's degree!

Neurosurgery Tasmania

Mr Andrew Hunn will be retiring from clinical neurosurgery practice from the end of April. Neurosurgery Tasmania rooms will close from 28th April 2023.

Mr Nova Thani, Dr Imogen Ibbett and Dr Hayden Bell will continue to be available to provide the neurosurgical expertise required by your patients going forward, through the Tasmanian Spine Service, Marian House, Calvary Hospital.

Templates

Templates updated or created last month at my website here:

Gastroenterology Services Tasmania

Tasmanian Cardiac Care Echo Request

Tasmanian Autism Diagnostic Services (TADS) Referral

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E-referral

Please note the following Healthlink EDI changes for your address book.
Full listing on my website here.

| Dr Andrew Buckle | Gastroenterologist | Gastroenterology Services Tas | *Veldhuis* | *(N)* |
| Mr Cameron Scott | Oral & Maxilliofacial Surgeon | Launceston HH | *lmc32lmc* | (N) |

e-Referral of one sort or another seems to be the flavour of the month at the moment, especially with the news that RHH clinics are going to be added by the end of May. (*Actually Rum 'n' Raisin is the flavour of the month, but e-Referral is a close second!*)

With this in mind, it is worth mentioning a couple of minor things that might appeal to GPs when using the Cervin Specialists Referrals. As has been mentioned previously, the private specialists can be accessed via the link as below.

S|R Specialists & Referrals Refer to Private Specialist | Refer / Contact other health providers

Once you have selected a specialist, there are a couple of useful buttons that let you print out the name and contact details for the patient , and even a function to email them the details.

☐ E-REFER

⊕ Add to frequently used

✉ Email Patient

❗ Report Clinic Updates

🖶 Print Patient Handout

Dr Stephen Chung

Gastroenterology

📍 Hobart

Hobart
Phone: 03 6214 3592
Street Address: Hobart Pvt Hosp, Grd Flr, Ste 6, Cnr Argyle & Collins Sts, Hobart TAS 7000

Email Profile to Patient
You can email this Profile to your patient.
The email will be sent from Specialists & Referrals Server, not from Directory or your local mail package.
Email

CLOSE SEND

Hello,

Your GP **Frederick Findacure** sent you the profile and contact details of **Dr Stephen Chung** on **aushealthpages.com.au** to view/contact specialist.

Click here to view
Dr Stephen Chung's profile on aushealthpages.com.au

AusHealthpages is Australia's most comprehensive site of health services and professionals, their special interests and the full range of services they provide.

Hopefully what is apparent from the arrows is that you can print off the Specialist contact details, or even email them to the patient.

There are links to pdf guides at the bottom of the specialist search screen, and there are video guides to be watched here.

If you are a general practice that hosts specialists and receives referrals, you may want to contact the Cervin group and have your practice added as an ereferral destination for the specialist.

e-Scripts

A couple of quick notes about escripts:

BP Users. It seems that BP sends the GP mobile number and email address from the user setup details in Best Practice to the Prescription Exchange Service when an escript is generated. This information is visible to the dispensing pharmacist. The Digital Health Agency have advised that this is not intended functionality, and have advised BP. If your GPs are not comfortable with this, then the current solution is to remove these details from the GP user setup in BP.

e-Scripts

Here's a little nuance to be aware of. If your patient is supposed to be restricted to a single pharmacy to obtain their scripts, leaving the Active Script List (ASL) box enabled when you create the script means that theoretically the patient could fill their script at any pharmacy **IF** a pharmacist somewhere has signed them up for an ASL.

If you are concerned about this, ensure you uncheck/check the checkbox in your prescribing software.

Best Practice

Medical Director

Unfortunately at this point in time, there is no indication in the clinical software that tells GPs whether a patient has an enabled ASL.

TopBar

There's a little reluctance around this article because a) to my knowledge very few practices run TopBar and b) generally speaking most practices won't have access from July onwards. Additionally there are clinical bits that I don't have a clue what they mean, hopefully the interested doctor can fill in the blanks easily.

So, a less than inspiring introduction to the new TopBar *Heart Failure Triage* tool. One of the reasons FOR writing about this is the second sentence from the help information which states that in the given study, "80% of definitive heart failure patients did not have a Heart Failure diagnosis in their clinical records".

Some of your patients may generate a prompt indicator on the app.
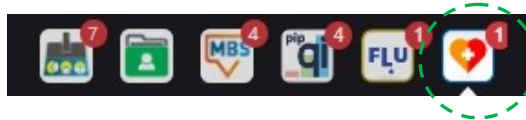
Clicking on the prompt will generate the following display, which will be shown and explained in more detail on the next page.

TopBar

The generated 3 column display will vary in line with whether the app has graded the patient as *Definite, Probable or Possible* for heart failure, as per the illustrations below which show an expanded view of the grading and the rationale for it. The screen on the previous page reflects a rating of *Definite*.

Definite Heart Failure ⓘ

This prompt criteria is based on:
Heart failure (HF) diagnosis recorded in the diagnosis section or LVEF ≤40% recorded in the imaging section (Parsons et al., 2020).

Based on the coded diagnosis in the clinical information system (CIS), the patient has been identified as having definite heart failure.

Probable Heart Failure ⓘ

This prompt criteria is based on:
Taking heart failure (HF) specific medications such as an angiotensin-converting enzyme inhibitors (ACEi) or an angiotensin receptor blockers (ARBs) with a HF specific beta blocker, or eplerenone, or ivabradine, or sacubitril/valsartan
Or
Having recorded at least 1 typical symptom and/or at least 1 typical sign of HF, and the use of a loop diuretic. The list of typical signs and symptoms is adapted from Parsons et al. (2020) and Atherton et al. (2018).

Based on the recorded symptoms and signs and/or medications in the clinical information system (CIS), the patient has been identified as having probable heart failure.

Possible Heart Failure ⓘ

This prompt criteria is based on:
A combination of 2 typical signs and/or symptoms of heart failure (HF)
Or
A combination of 4 less typical signs and/or symptoms of HF
The list of typical and less typical signs and symptoms is adapted from Parsons et al. (2020) and Atherton et al. (2018).

Based on the recorded symptoms and signs in the clinical information system (CIS), the patient has been identified whereby heart failure is a possibility.

These criteria appear at the top of column one, with the explanatory information and links to relevant studies made visible via clicking on the ⓘ. The following dialogue examples are from a patient rated as Definite, but there are common elements to all three gradings.

Left Ventricular Ejection Fraction (LVEF)   ☑Recorded?

=< 40% | 41-49% | >= 50%

REVIEW

NYHA functional classification
Select the patient's New York Heart Association (NYHA) functional classification

CLASS I | CLASS II | **CLASS III** | CLASS IV

Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity results undue breathlessness, fatigue, or palpitations(McDonagh et al., 2021) .

ADD TO CIS

Comorbidities

Conditions	Date of Diagnosis
Hypertension	9 Mar 2022
Artrial Fibrillation	28 Jan 2022
Acute coronary syndrome	16 Oct 2021

REVIEW

These three dialogues form the first column and you are invited to enter the LVEF from a patient's ecg if one has been done, as well as give the patient a New York Heart Association (NYHA) rating. There is also a list of the patient's comorbidities. The blue buttons essentially take you back to the patient record where you can record updated information. The above settings don't seem to be saved in TopBar, so I imagine they mostly serve as activity prompts.

The middle column gives suggestions for non pharmacological management as well as links to studies that show both the strength of the recommendation and the evidence base for it (surprisingly *low* in many cases) . There are also links to management and symptom tracking resources for patients.

Patient support

Non-pharmacological management

Content for exercise training and heart failure ⌄

Content for sodium intake ⌄

Content for fluid restriction and daily weighing ⌄

For more information, refer to the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018

Patient education

A guide for people living with heart failure

Heart failure symptom tracker

The final column as depicted overleaf incorporates a status panel for any medication changes you might make as well as suggestions for referral and potential MBS utilization. In the case the ⓘ reveals links to clinical evidence from the medications dialogue. The MBS items will be flagged if previously claimed, and the prompts in this column especially will vary in line with the Definite\Probable\Possible rating.

TopBar

So there it is, and to be honest I don't know if I have done it full justice. If this is a good tool, I don't believe PenCat have done a stellar job of the supporting or promotional materials. There is a fairly unexpansive 8 minute video clip available, and possibly more usefully an opportunity to register for one of their upcoming 30 minute webinars available here.

I must also flag that even on my own home office system TopBar isn't always as smooth as I would like when it comes to updating when a new patient is opened in the clinical program. That may just be my problem though, and If you are a GP that has TopBar running, I would encourage you to at least have a look.

Medicare

I don't usually mention much in the way of reception/front desk stuff, but I had a spare half page and on the second last day of the month the government announced the availability of the Medicare card as part of a digital wallet in the MyGov app. I was a little confused at first as I thought the card had been available via the *Medicare Express* app for a while, as per...

But the difference here is, as well as dropping your Medicare card into your MyGov wallet, the cards authenticity can be verified by scanning a qr code.

What scanner I hear you say? Well as I said, I don't really support the front desk stuff.

To add your card, make sure Medicare is linked to your MyGov account. Install the MyGov app on your phone if you need to, sign in and tap the wallet icon at the bottom of the screen. Then tap the plus symbol at top right and select the Medicare card and *voila*, or as the French would say *voila*.

Click here if a video explanation is more your thing.
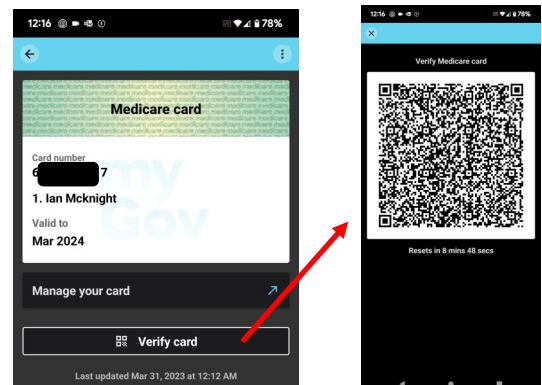
MyHR

As mentioned last month, the Digital Health Agency released it's dedicated MyHR app, and it's really quite good. So good in fact that it prompted me to buy a new phone as my previous one, whilst perfectly functional was running Android version 8 which was too old for the apps purposes and couldn't be upgraded.
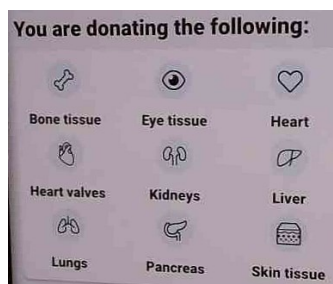
My intention was to screenshot the screens from my mobile, as I have done for other app stories, but I immediately ran into the fact that the app has security features that stop you from doing this, and all I got was blank screens in my screenshots. Fortunately there are some newly released brief video clips on the app and I was able to use images from these. If you would rather just watch the clips you can find them here.

As is fully explained on the website you can get the app from the Apple App store or the Google Play store. If you haven't already, you need to link your MyHR to your MyGov account and enter your password information and give the app the permissions it requires. Happily once you have done the preliminaries, you can link access to your phones biometric scanner, meaning the record may only be a fingerprint away. (A note of caution though, if someone steals your phone and cuts your finger off, they will be able to access your personal medical information!)

Like the other ways of accessing the MyHR, you can choose your own record or anyone else that you are an authorised representative for, e.g. your children. You can even select a favourite account to view. Once you have chosen the record, you are rewarded with a nice looking display.
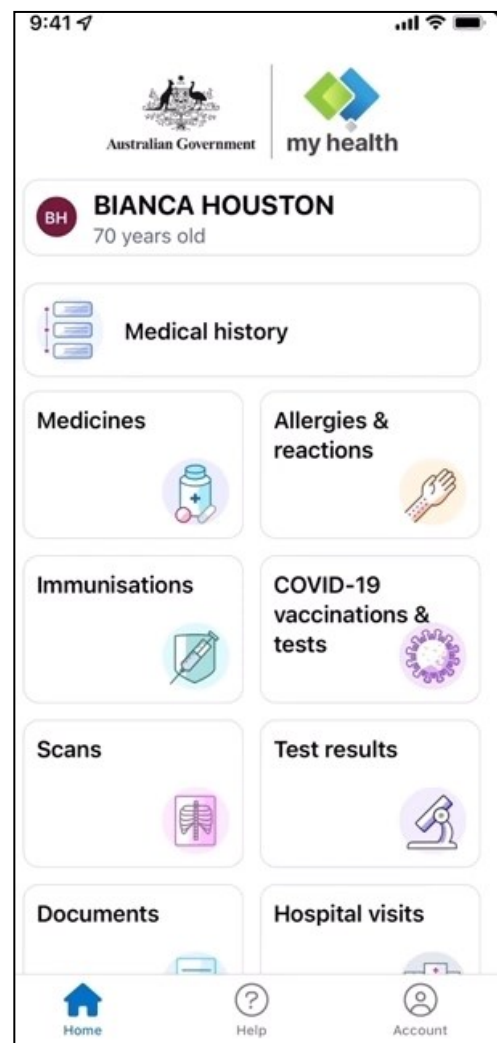
But wait, there's more, two extra tiles at the bottom that weren't depicted in the video clips. There are tiles for *Advance Care Directive* documents as well as your *Organ Donation* decisions.

The Organ donation one even has little pictures of what you have donated as depicted (badly) below.

You are donating the following:
Bone tissue | Eye tissue | Heart
Heart valves | Kidneys | Liver
Lungs | Pancreas | Skin tissue

There is even a link to instructions on changing your mind about donations, for example if after seeing the graphic you figure that you're happy with most of it, but you'd rather hang on to your pancreas.

The Advance Care documents, like any document in the record can be shared with anyone using the standard sharing functionality available in mobiles. So you can email, text or even Bluetooth any of these documents to a health professional.
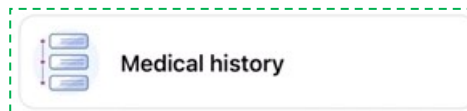

Australian Government | my health

BIANCA HOUSTON
70 years old

Medical history

Medicines

Allergies & reactions

Immunisations

COVID-19 vaccinations & tests

Scans

Test results

Documents

Hospital visits

Home | Help | Account

MyHR | *Continued..*

Medical history

There are a couple of different ways to view the available information. Clicking on the *Medical History* button on the home screen (Previous page) returns a chronological view of all your medical interactions and uploads both clinical and Medicare billing.

The most recent items are at the top and then you can scroll back through history if required, with information being shown year by year. (Actually a little annoyingly, if nothing happened in a given year it still shows that year)

There are a bunch of filter buttons across the top of the screen that you can use to reduce the view to just information in that category. These filters duplicate the tiles on the home screen, minus the *Advance Care* and *Organ Donation* and *Covid Vaccination and Tests* ones. Having said that the Covid Vaccinations are included in the *Immunisations* filter and the tests in with all the other tests. If you go right to the end of the row, you will see a filter for *Medicare Services* that will give you MBS Item information.

If you select a filter it will highlight in a solid colour, reminding you of what your selection is. Note that you can't select multiple filters, so your choices are everything, or one particular thing. You can also tap on the *All* option to generate a calendar of years, so you can zero in on a specific one.

The tiles on the home screen play by the same navigational rules on the whole, with the Covid Vaccine and Tests one just having a few different characteristics. Here positive test results are highlighted in red and negative in green. You can also grab a copy of your vaccine certificate, domestic or international and save it to your phone.

I have to say I think they have done a really good job with this app both in functionality and layout. A big phone display is certainly a help, but I feel many older people could get quite comfortable with it. It strengthens the whole MyHR idea, a fact even the most ~~absurdly curmudgeonly~~ understandably sceptical GPs may have to concede.