

PracSavvy

Clinical Systems Support and Training

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Edition 88 - December 2023

Welcome to the December newsletter. One of the discussion worthy items this month is the news that the Office of the Australian Information Commissioner (OAIC) has commenced [proceedings against Australian Clinical Labs \(ACL\)](#) over a 2022 data breach.

Now whilst I've always try to encourage secure use of technology, I'm also not in any way a fan of the people that wave the "Privacy Principles" stick at people in order to win an argument about process. Often there is actually no principle that is being breached, with the quoter often banking on the fact that you will be suitably cowed by the implication or not know enough to confidently challenge them.

Which is why, I particularly liked the sentence from the OAIC that read, " *We consider that ACL failed to take **reasonable steps** to protect personal information it held for an organisation of its size with its resources, and considering the nature and volume of the sensitive personal information it handled* " As per the highlighting, it's the "reasonable steps" that is key. Organisations like the OAIC and individuals like judges etc, are not looking to crucify people for not dotting an "i" or crossing a "t". They are expecting that organisations behave with reasonable diligence with a view that we all have to function in the practical world. Contrary to popular belief and the words of some with a vested interest, these people know that it is not in anybody's interest to punish medical organisations for an innocent mistake when they are displaying otherwise secure and ethical processes. Appropriately with the ACL, what was taken into account was the amount of data they were custodians of, along with the amount of resources (that were available to them) that they deployed in keeping that data safe.

So, in a General Practice setting, I would suggest that letting everyone have the same password does not meet the *reasonable care* standard. Clinical software in use now incorporates a prompt for change of password, so there is just no excuse for this now. Happily with corporates and cloud environments, this feels like a rarer scenario now, but if you are still doing this...

With regard to Best Practice, I see a few cases where a user is disabling the pin number protection for documents emailed from within BP. I really don't understand this considering that the PIN is an enabled by default setting and that all that needs to be done is to ensure that the recipient knows what the PIN is. By disabling this, what you are doing is ignoring the opportunity to make a *mostly* secure process a little more secure. If you feel *clever* by doing this, I suggest a dictionary should be on your Christmas wish list. In the mean time this to me, would be a fail when the *reasonable care* criteria is applied.

Akin to this is the practice of recording the pharmacist email address as the personal email address for the patient, for the understandable purpose of facilitating pharmacy escripts. This wouldn't have been problematic until BP introduced the ability to email patients documents from the word processor. Whilst a great enhancement, coupled with the previously stated behaviour, what we have is a significant increase in the chance of personal medical information being sent to the wrong place. Every chance of a reportable data breach, and a probable fail on the *reasonable care* criteria. Hopefully the software companies will introduce a second "escripts only" email address some time in the future.

Having said that, I do believe that reasonable people have to carry two often contrasting ideas in their heads, and balance the two. I do like the sentiment that goes something like, "*It's good to know the rules, its good to understand why they exist and it's good to know when it's ok to break them*". My favourite example of this was a scene during the pandemic, where there was a compulsory lockdown in Sydney. The police were waiting on the beach to arrest/question a guy who was windsurfing. Clearly by himself in the pacific ocean with not another human in sight, this was a great example of understandable rules not being applied with common sense by the police. The only time that guy was a risk to others was when the police approached him. They should have just looked the other way.

This is risky business of course and it does involve extra trust being invested in somebody at the practice. It's absolutely true that access to a GP password has often meant that myself or other support types have been able to solve an issue far more quickly and efficiently, due to being able to see a symptom or issue from the GPs perspective. So, the whole thing can be a balancing act, although I strongly believe that an error based upon an admitted thought process (right or wrong) would be more kindly looked at than one which occurred as a result of thoughtlessness or negligence.

In other news, the consultation period for MyHR improvement has closed, and it seems certain that by the end of next year, all imaging and pathology will be uploaded by default. The AMA have come out however against the removal of the 7 day lockout to patients on most of their pathology results. Whilst not really being a brandy drinker, I think I'm with them on this one.

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E-referral



Always happy to trumpet some more e-referral destinations available from your Healthlink Smartforms menu. The changes this month were a bunch of THS Allied Health destination as itemised below.

North West

Community Physiotherapy
Community Podiatry
Community Social Work
Community Speech Pathology
Cognitive Assessment and Pathway Service
Community Continence Service
Neurological Support Service
Spinal Support Service
Youth Health

South

Community Physiotherapy
Community Podiatry
Community Social Work
Lymphoedema Service

North

Community Physiotherapy
Community Podiatry
Community Social Work
Oral and Maxillofacial

Additionally, obstetric services have been renamed as Antenatal.

There is no e-referral for Antenatal in the south until some time next year.

Templates

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

Child and Mental Health Services - Statewide Referral CAMHS updated
GCA protocol and referral (Northern Tas)
Drug and Alcohol testing form
Kids Care Clinic (KCC) THS-Statewide Referral
Head to Health Launceston Referral

Dora



There's been some issues with [DORA](#), and I don't mean the intrepid explorer (who, if we're honest isn't a patch on [Angelina Jolie's Lara Croft](#)!) The problem actually is the PKI location certificates that are used to connect with DORA.

Not wishing to invoke painful memories but you remember that last year Medicare upgraded their systems so that PKI certificates were no longer needed to securely connect with their servers. Now PKI certificates can be used for other things (like accessing DORA), so these certificates weren't abandoned all together. The other thing that has changed in recent times is the phasing-out of Sha1 format PKI certificates in favour of the more secure Sha2 format.

Thing is, DORA isn't compatible with Sha2 and needs you to continue using Sha1. There was a level of awareness at Services Australia that practices MAY still need Sha1 certificates for miscellaneous reasons and as such asked practices to complete a PKI usage survey in August with the view that practices could flag that they still needed this format and therefore were to be exempted from the bulk certificate cancellation that was to commence on 31/10/23.

Additionally Services Australia provided Tasmanian Pharmaceutical Services Branch with a listing of Tas clients who currently had Sha1 certificates in order that they could assist with flagging practices who should not have their certificate cancelled.

The issues with the above measures is that a) Surveyed practices may not have remembered that Dora access was dependent on PKI certificates and b) Practice contact details may have been out of date in terms of receiving the survey in the first place. Additionally if the certificate was registered to a business name that wasn't obviously a general practice, it could have been missed off the "do not cancel" list.

So, if your DORA connection has just started failing, it possibly means that your certificate has been cancelled. If so, you can contact ebusiness@servicesaustralia.gov.au and tell them that you need a Sha1 location certificate **specifically stating that you are in Tasmania and need it for access to the DORA system.**

Additionally, Pharmaceutical Services branch are very keen to support usage of their system and as such [contacting them](#) may well result in speedy resolution because of their contacts at Services Australia.

Lastly, in case you were wondering, no you cannot use your PKI Nash certificate to communicate with DORA. You may also be interested to know that work is being done on [TasScript](#), which will be a real time prescription monitored service integrated with your clinical software. No ETA on this yet.

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My Medicare

The, of questionable value, [MyMedicare](#) scheme along with the introduction of unrelated triple-bulk-billing incentives has served to confuse the vast majority of admin teams around the country. Actually if you want to let the powers that be know your feelings on PRODA and HPOS, they have a feedback survey [here](#). It's actually quite easy to complete once you have uploaded your 100 points of ID and downloaded your Individual NASH Certificate and been delegated the appropriate attributes by your organisations Responsible Officer (RO).....just kidding.....this time!

At least a patient's Medicare Registration status and primary doctor can now be viewed from the MyHR. In [Best Practice](#), click on the MyHR button, then unselect the 2 checkboxes on the left and click *Update*. The report is called *MyMedicare Registered Practice Information* and can be downloaded to the patient record like any other MyHR document. It is an absolute mystery why you need to uncheck the *Exclude prescription and dispense records* checkbox, but you do.

My Health Record - Hiroko Honeysett

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professionals as needed.

Some documents may contain attachments. My Health Record System operator makes no guarantees as to the safety of file content uploaded by third-parties. Individuals and healthcare providers download and display the attachment at their own risk.

View Latest Shared Health Summary

Document List

Filters

Reset Filter

From: 05-Jul-2022

To: 05-Jul-2023

Document Type: All

Saved Status: All

Exclude Medicare documents

Exclude prescription and dispense records

Exclude superseded or removed documents

Update


Current filter: From 05-Jul-2022, To 05-Jul-2023, Excluding superseded or removed records

Document Date	Service Date	Document	Organisation	Organisation Type	Saved
05/07/2023		MyMedicare Registered Practice Information	My Health Record	Provision and administration of (Not Saved	
05/07/2023		Medicines View	My Health Record	Provision and administration of (Not Saved	
05/07/2023		Immunisation Consolidated View	My Health Record	Provision and administration of (Not Saved	
05/07/2023		Diagnostic Imaging Overview	My Health Record	Provision and administration of (Not Saved	
05/07/2023		Pathology Overview	My Health Record	Provision and administration of (Not Saved	
05/07/2023		Medicare Overview - past 12 month	My Health Record	Provision and administration of (Not Saved	
05/07/2023		Medicare Overview - all	My Health Record	Provision and administration of (Not Saved	
29/06/2023	28/06/2023	Advance Care Planning Document	MEDTESTORGS21	General Practice	Not Saved
29/06/2023		Advance Care Planning Document	MEDTESTORGS21	General Practice	Not Saved
29/06/2023		Evert Summary	MEDTESTORGS21	General Practice	Not Saved
22/06/2023		Evert Summary	Test Health Service 502	General Practice	Not Saved
02/06/2023		Advance Care Planning Document	National Consumer Portal	Provision and administration of (Not Saved	
02/06/2023		Advance Care Planning Document	National Consumer Portal	Provision and administration of (Not Saved	

Superseded Removed

Open Save History Supersede Access Code

Close

In [Medical Director](#), click on the MyHealthRecord menu and when the window presents, select the filter icon in the *Document* column,  then click select all and OK. The document will be available as per the graphic and can be saved down to the local MD record. It appears the document will always be dated Nov 1st.

My Health Record for HI [REDACTED]

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professionals as needed.

This patient has an active My Health Record to which you have access.

My Health Record View Prescription and Dispense View Pathology Report View Diagnostic Imaging Report View

Show Recent Shared Health Summary Hide Medicare Records Hide Medicine Records Reset All Filters List is Filtered By: Document Date (In Last Year)

Document Date	Service Date	Document	Organisation	Organisation	Author	Size	Saved In M
02-Nov-2023	02-Nov-2023	Medicines View	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved
02-Nov-2023	02-Nov-2023	Pathology Overview	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved
02-Nov-2023	02-Nov-2023	Diagnostic Imaging Overview	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved
02-Nov-2023	02-Nov-2023	Medicare Overview - past 12 months	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved
02-Nov-2023	02-Nov-2023	Medicare Overview - all	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved
02-Nov-2023	02-Nov-2023	Immunisation Consolidated View	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved
01-Nov-2023	02-Nov-2023	MyMedicare Registered Practice Information	My Health Record	Provision and admi...	My Health Record	0.0 bytes	Not Saved

MyMedicare | 2 Nov 2023 | DAVID | SEX Male |

START OF DOCUMENT

DHS Medicare Repository Services

MyMedicare

Not registered.

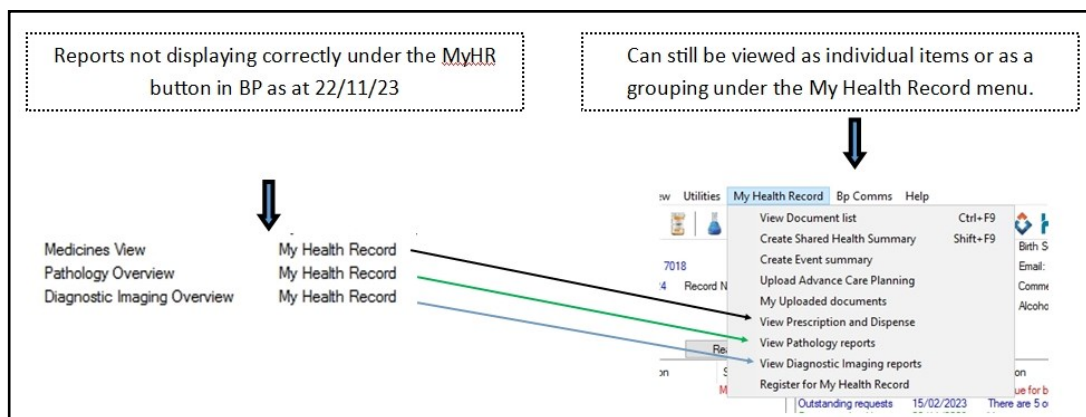
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MyHR

As at the time of writing there appears to be an issue with how some MyHR reports display, or rather don't display if you are a BP user. The reports affected are the super useful overview reports, dealing with medications, pathology and Imaging. The individual documents will still display fine, just not the dynamically created reports that reflect today's date. Collated information in these areas can still be found under the My Health Record menu, (as opposed to the button). So you can get what you need, just not in the optimal layout that the overview reports give you.



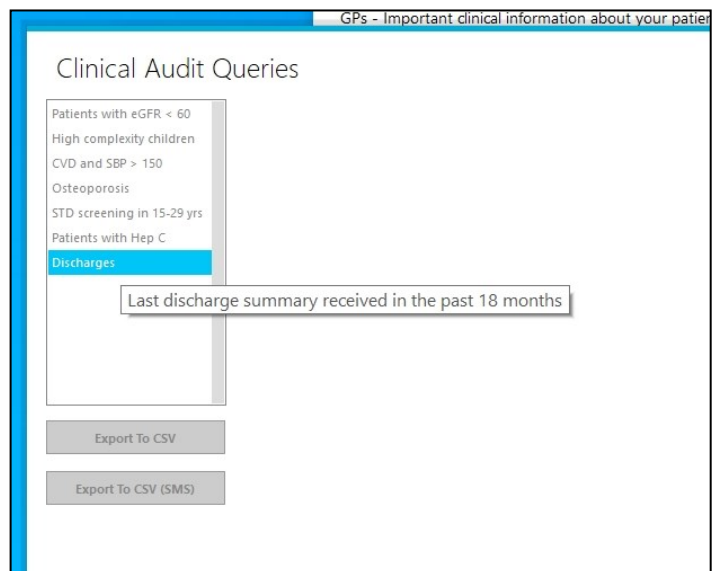
Hopefully BP will fix this issue quickly.

Primary Sense

It appears that we have to get used to the idea that there is a trickle of functionality improvement being released by the Primary Sense developers without any real fanfare or accompanying information. It's ok for me actually because I tend to monitor these things and thus have ongoing material for this newsletter.

You may recall that in the November newsletter I mentioned that they had added some basic queries from the reports screen. I may have *inadvertently* mocked the fact that you could only view the onscreen information and not print it or save it anywhere.

Well, the November update not only adds a new query called *Discharges*, but also adds buttons to export the query data to CSV files, thus transforming data to useful information that you can manipulate further with your spreadsheet program.



This is good functionality and I eagerly await more queries being added to the list. As you can see from the graphic, they have also added a tool tip telling you more about what the query is. So the new *Discharges* query is not a list of patients secreting *icky* substances, but rather patients who have had a hospital discharge in the last 18 months.

It seems to accomplish this by searching Correspondence In/Documents for documents with "Discharge" or "Hospital" in the subject field. Not fool proof, but not bad either, and to be fair not something that PenCat could have given you. I guess this continues the tool's focus on hospitalised or *potential to be hospitalised* complex patients. For that and giving me something to write about, I give PS a thumbs-up this month.