

PracSavvy

Clinical Systems Support and Training

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Edition 90 - February 2024

Welcome to this month's newsletter where a Best Practice update will be of interest to the ever-growing user base. Much of January was spent doing registrar and intern training around the state and whilst this is always a positive (if busy) experience, this year everyone seemed super-nice. So a big thank you to all the young doctors who were both interested and engaging. There is some hope for the world! 😊

I also spent a little time this month with a practice who had developed some quite detailed and specific performance improvement reporting. One thing that became very clear was that [Primary Sense](#) could not assist with the majority of the metrics that were previously obtained via [PenCat](#). A little ironically the measures being used arose out of a PHN workshop just last year.

Now as far as PenCat is concerned it probably was a case of *use it or lose it*, and my feeling is that the majority of practices really only used it for QPIP monthly data sharing and the occasional report on care plan or health assessment eligibility. It was a program where much of its functionality lay untapped most of the time. Mind you, I'm interested to see the uptake numbers of GPs who are using the Primary Sense prompts and alerts. The stories I seem to hear centre around the program being turned off by GPs. Possibly there needs to be more education on the benefits of these functions and really it needs to come from a GP.

If you are a very big practice there may be some value in [licencing your own copy](#) of PenCat. The best features of Primary Sense are the real-time reporting (of an admittedly much smaller data set) and the fact that it does make you focus on the patients with the most illness. My hope is that this year sees Primary Sense add a raft of functionality and accompanying support materials. I also suspect that the team at Cubiko will increasingly add clinical data to their reporting dashboards. Whichever product grabs the initiative, included functionality needs to be accompanied by educational voices of personality and passion to, it must be said an audience that *actually wants to know and use* this information.

On a related note, *In my best David Attenborough voice....*of the many and varied life forms found in the general practice environment, the overly meticulous GP or *healus pedanticus* is perhaps the most misunderstood. Typically but not exclusively presenting as older males, these creatures are often the cause much distraction and sometimes frustration for the resident practice manager or *herdus cattus*. A software upgrade can often spawn much consternation with these creatures as they discover bugs and issues that somehow escaped the notice of less attentive users or *beta testers*.

The issues raised are often to do with the incorrect electronic generation of notes or software prompts that may be missing, or indeed a gap between what these GPs would like to record and what the software is automatically capable of doing. The thing is, the very GPs that can sometimes cause teeth gritting for the harassed practice manager **are the very same GPs that you would absolutely want if you were a patient!** These are the doctors that leave no stone unturned and want your record to be factual and 100% complete.

So a big shout out to these GPs for not being satisfied with inferior software solutions or sloppy programming. A big thank you for wanting their patient's medical record to be as good as it possibly can be. You are probably in the minority and an underappreciated group, and I apologise for occasionally being one of the teeth gritters.

Conversely, it's fair to say that the GP in [this article](#) could not be accused of over-emphasis on attention to detail. For those reading the paper version of the newsletter, a Melbourne GP was cleared of misconduct allegations recently after having sex with a woman in a nightclub who turned out to be one of his patients. Apparently he didn't recognise her despite "treating" her 10 times including 3 weeks before the incident. He is quoted as saying, "*it only dawned on me she was a patient about two minutes into having sex, at which point I ceased intercourse*"

Oh, so thaaat's why you stopped after 2 minutes! On a briefly serious note, I'm a little sceptical, but being someone who frequently doesn't recognise people that he's supposed to (in broad daylight!), I really can't say too much. The patient wasn't named, based on his statement I'm hoping it's "Dawn" but that's probably asking for too much. On the positive side the patient was bulk billed and the GP has undertaken to see an optometrist and has also promised to stop trying to *swipe-right* in his appointment book.

E-Referral

Dr Scott Burgess

Paediatric Medicine (*specialising in sleep and respiratory issues*)

The Lindisfarne Clinic

lincoln

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BP

January saw the release of Orchid Service Pack 1 Revision 1 of the BP Premier product. One of the first things to say is that the release happily fixes the missing information that is auto-generated when a medication dose is changed as mentioned in [last month's newsletter](#). Unfortunately the non display of key MyHR summary reports has not been fixed yet.

AIR Functionality - There are some extra bits of information that will be compulsory for some vaccine uploads to The Australian Immunisation Register (AIR) from March 1st. For this reason alone you should ensure that you have installed this BP update by March 1st. The fields are depicted below.

Immunisation form fields:

- Available Vaccines: ACAM2000, ActHb, Adacel, Adacel Polio, ADT
- Vaccine: Monkeypox, HIB, Diphtheria, Pertussis, Tetanus
- Billing Provider: Dr Frederick Findacure (Main surge)
- Given By: Dr Frederick Findacure
- Date: 10/01/2024, Country: Australia
- Route: IMI SC Oral Intradermal Site: Left Deltoid Sequence: 1
- Batch No.: [Field]
- Expiry: 10/01/2024
- Vaccine Type: NIP/Commonwealth
- Comment: [Field]
- Send to AIR:

Date	Vaccine Brand	Dose	Route	Vaccine Type	Status	Edit
28/11/2023	MODBBA	V			Valid	Y
28/11/2023	ACAM	V	Intramuscular		Invalid	Y
20/11/2023	Imjev	V			Valid	Y
20/11/2023	Agrippal	V	Oral		Invalid	Y
20/11/2023	ADT Booster	V			Invalid	Y
15/11/2023	AstraZeneca COVIS...	V		Antenatal	Valid	Y
15/11/2023	Adacel	V		Antenatal	Invalid	Y
14/11/2023	Convax	V			Valid	Y
13/11/2023	Adacel	V		Antenatal	Invalid	Y
13/11/2023	ActHIB	V		Antenatal	Valid	Y
13/11/2023	ACAM	V			Invalid	Y
09/11/2023	Influvac Tetra	V	Intramuscular	Private	Valid	Y
09/11/2023	Jespect	V	Intramuscular	Private	Valid	Y
09/11/2023	ACAM	V	Intradermal	Antenatal	Invalid	Y
06/11/2023	ACAM	V			Valid	Y
29/10/2023	ACAM	V			Valid	Y
19/10/2023	ActHIB	V			Valid	Y
26/06/2021	ActHIB	V			Valid	Y

The new field is the Vaccine *type* field which can detail under which program the vaccine is funded. The highlighted fields are compulsory for *indicated* vaccines, not all of them. The illustration on the right shows the extra information now available in the *AIR* view.

My Medicare - This release now includes extra fields in the Demographic Details for showing My Medicare status.

Demographic Details form fields:

- Medicare No.: 41334002/1 IRN: 5 Expiry: 01/01/20
- Pension/HCC No.: [Field] Expiry: 17/01/2024
- Pension card type: [Field]
- DVA No.: [Field] Conditions: [Field]
- Safety Net No.: [Field]
- Record No.: 345_Cons Patient ID: 172
- Usual provider: Dr Frederick Findacure Drs only
- Deny access to other users:
- Registered for My Medicare: 4/12/2023
- Registered Location: Main surgery

Patient record interface:

- Family members: Mrs Kathleen Aalbrecht
- Buttons: Finalise visit, My Health Record, My Medicare - Smith Street Practice
- Gender: Not Recorded Pronouns: [Field]
- Elite sports: [Field] Ethnicity: [Field]
- Interpreter: [Field]

Whilst the Usual Provider field has been available for years, practices may want to use this field for My Medicare purposes to show the assigned doctor. Note the illustration to the right showing a new indicator in the patient record. There are also new indicators available to front desk staff on the *Account Creation* screen and the *Appointment notes* field as depicted over the page.

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My Medicare - continued

Date	MBS Item	Description	Amount	GST	Total
22/11/2023	3	Surgery consultation, Level A	21.80	0.00	21.80
22/11/2023		10990 Veterans Access Payment	8.10	0.00	8.10
Total:					29.90

Registered for MyMedicare on 04/10/2023 with preferred provider Dr Marcus Manager

Not specific to BP users, you can generate a CSV format list of your registered My Medicare Patients via Proda. Best Practice is soon to release a tool that lets you use this list to auto-populate your patient registrations in BP. If you are a Cubiko customer or have the free [Cubiko Assist](#) tool installed, you can [populate using this list](#) right now.

Lastly there is now a My Medicare Site ID field that needs to be filled out under *Setup..Practice Details*.

eScripts - This release also tides up some issues left over from the national transition to ERX. You now do not need SMS comms set up* in BP for escripts to work. Also the issue where escripts sent via right-click from the *Past Prescriptions* list were failing, has also been fixed.

* Personally I think having a pool of SMS credits directly available in BP is useful.

Security and Administration - BP has further tightened up its security with this release, including getting rid of a couple of generic logins sometimes used by 3rd party programs including backups. These now need to be configured separately via *Setup..configuration Database*.

Connect to: WORK2022

Passwords: Third-party backups Emergency patient access

External data: Setup third-party integrations

They have also tightened things up around integrated 3rd party software accessing the database. All the big programs should be fine, but if you are running something 3rd party and it stops working, this is the place to look.

Lastly there is a little know utility under *Best Practice Software* in your Start menu called *BP Browser*, which now gives access to *all* the tables in the BP database. Whilst not that user friendly it does give more options for the intrepid data miner to access information not easily generated through the *Search* function.

The utility now asks you for your BP login and access to this is now governed by a new setting under *User Permissions*.

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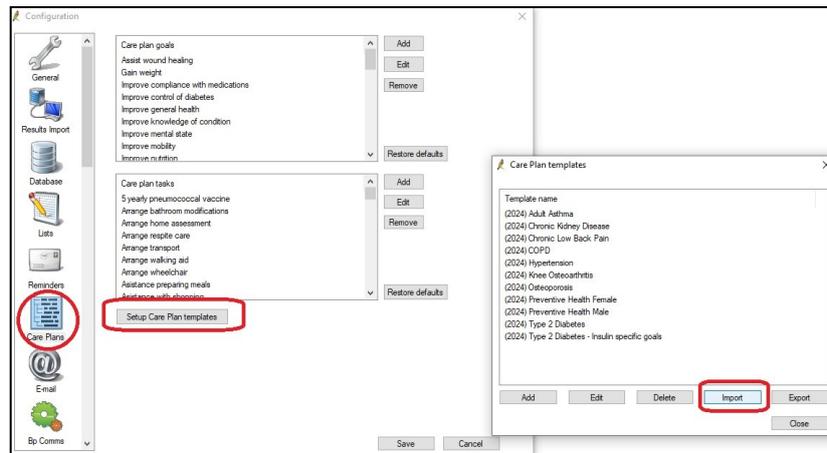
Best Practice provided this newsletter with even more reason for its existence this month with some further offerings that I learned about through their useful but entirely lacking in satire newsletter.

When producing GP and Team Care plans in BP, practices have to choose between using a word processing template or the built in [Enhanced Primary Care \(EPC\) Module](#). Whilst my feeling is that the vast majority of practices use the former, largely because of habit or tradition, I have often encouraged practices, especially recently converted ones, to at least play with the latter method, because in some ways it offers a simpler workflow. Additionally the EPC module handles the printing tasks for TCA's especially, a lot more efficiently.

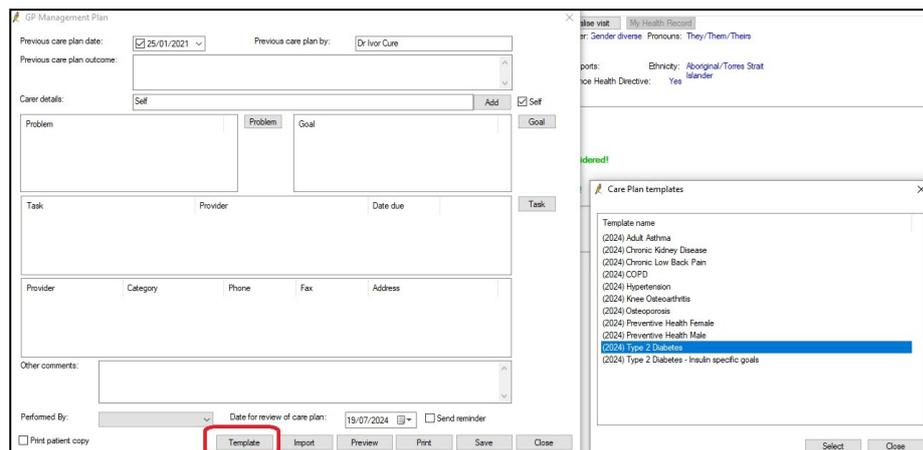
So this month, BP announced a total of eleven templates that can be imported into the EPC module for use throughout the practice. These templates incorporate guidelines from; the RACGP, the Kidney Foundation, The Lung Foundation, Heart Foundation, and the Asthma Foundation. As such they add some real guidance and framework to the EPC module and strengthen my feeling that practices should at least take a look at this method.

Instructions for downloading the templates can be found [here](#). The eleven choices can be downloaded individually or as one zip file that you can then unzip. I would grab the whole lot for your system personally, although I'm puzzled by the fact that 2 of them are preventative health plans for males and females. I always thought care plans had to be linked to a specific chronic disease(s) that the patient was suffering from. Then again for 50 odd years I thought there were just 2 sexes, so what do I know? Possibly these plans can be created but do not attract the CDM item numbers?

Once you've downloaded the plans, import them into your system via *Setup..Configuration..Care Plans*.



Use the buttons as highlighted to browse to where you saved the templates and import them into your system. When you want to generate a new care plan from the EPC module, go into the new plan and click the *templates* button to reveal your imported templates along with any others the practice may have created at some stage.



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Care Plan EPC templates *continued*

Now we know that care plans should be personalised for the patient, so be prepared to delete goals and tasks that don't apply and also add ones of your own. Make good use of the Right-Click button and the *Edit* menu to tweak the parameters of certain *goals* and *tasks* as well as to change the allocated provider that is going to assist with a *task*.

Task	Provider	Date due
Annual ECG	G.P.	19/07/2024
EDIT/DELETE: 24 Hour ambulatory blood pres...	G.P.	19/07/2024
EDIT/DELETE: Chest xray	EDIT Radiology	19/07/2024
EDIT/DELETE: Home monitor blood pressure r...	Patient	
Exclude secondary causes	G.P.	

Obviously the template won't know who your preferred local providers are so you will be editing these at time of plan creation or if you regularly use the same external providers you may want to edit the imported templates in the *Setup..Configuration..Care Plans* area. You will see the words EDIT/DELETE next to many of the goals and tasks as a tip that you may want to allocate a provider or tweak/delete a parameter.

I have to say, I think I really like these as guidance *to* and facilitation *of* Care Plan creation. I strongly encourage doctors and nurses to have a look and maybe familiarise yourselves with the module generally. Good instruction for using these templates is provided by BP [here](#).

Templates

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

Specialty imaging Tasmania Request (North) (Updated)