

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

January 2023 — Newsbrief

Welcome to the first newsletter for 2023. It's a relatively brief offering as is usual for this time of year.

The first thing to mention is that the RACGP released an update to their *Information Security in General Practice* publication. You can download the pdf version from [here](#), and it's worth having a copy at your disposal. I have to wonder about who oversees the design quality of this publication though. There are links to their website, which is fine, but many of these single hyperlinks are 3 or 4 lines long. Page 12 is an example where the entire page is basically all blue underlined text, with 90% of the link information repeated again and again. Sorry, that's a quality fail for mine.

On the upside, they have made the entire 101 page document an extremely economical 1.3MB download, as it should be. Contrast that to the recently released *Transforming Public Outpatient Services in Tasmania*, document, which can be downloaded from [here](#), as long as you are happy to wait for **20Mb** of data download for this 40 page brochure. At least they flag the size of the download on the page, but seriously they should be aware that the document quality that your publishing printer needs is far greater than what the viewer using a device needs. This document should be 10% of that size, tops.

Now I know these observations may verge on what some may describe as *nerdish*, but it goes to show that it's not just small business that sometimes fails to combine available technology with the use of *common sense*.

It's an awkward segue (yes, that's really how you spell it!), but we need to talk more about *Sense*, and it's *Primary* rather than *common*. Primary Health Tasmania signalled the end of an era in the last month, when they announced that for Data-Sharing purposes they would be transitioning to the [Primary Sense](#) tool, with statewide funding of PenCat and TopBar to cease after June 30th.

For me it's the cessation of my absolute favourite tool to train people in, and I've been doing that since 2008, so if not for you, definitely the end of an era for me. In the period since the announcement, I've watched a heap of [videos](#) about the product as well as reading the available documentation. I'll have some detailed opinions in the February issue and I know Primary Health will be sending out more information. I have to say, Primary Health have kept me fully informed about this development and are keen for me to support the new tool in the same way that I supported PenCat. So, you'll be hearing plenty from me about Primary Sense. In the meantime, I would advise making the most of PenCat while you still have it.

Dr Tim Hasted is a recently arrived gynaecologist from Queensland working with the Calvary group. He submits the following article which may be of interest to GPs.

vNOTES (vaginal Natural Orifice Transluminal Endoscopic Surgery) is a new advanced minimally invasive gynaecological procedure that combines the benefits of laparoscopic and vaginal approaches to gynaecological surgery by using the vagina as a surgical access route and leaving the patient with no visible scarring. vNOTES can be used to perform various surgeries, including hysterectomy and to access the ovaries and fallopian tubes after vaginal hysterectomy. Opportunistic bilateral salpingectomy (removal of the fallopian tubes) at the time of benign surgery (such as hysterectomy) reduces the future risk of ovarian cancer by about 50%. The lifetime risk of ovarian cancer is 1 in 78.

vNOTES has become a well-established procedure globally, but is a somewhat new approach in Australia. After vNOTES training in Sydney and Brisbane, Dr Tim Hasted is the first gynaecologist in Tasmania to offer this approach. Tim Hasted moved to Hobart in 2022 and has special interests in pelvic floor reconstructive surgery and laparoscopic surgery and has a Masters degree in Reproductive Medicine. He is consulting out of the St John's Sessional Suites in South Hobart and has regular operating lists at St John's, Lenah Valley and Hobart Private Hospitals.

P: (03) 6224 7244 F: (03) 6224 8992 Healthlink: CHCTLVCS

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

I've communicated a little of late with Dr Dan Wijeratne who is the co-founder of what he claims to be, "The world's first Digital Magazine dedicated to Primary Care", actually it's not just a digital magazine, it's a glossy paper one too, but more of that in a moment.

The offering can be found at www.mygpportal.com.au/#/, and whilst there will be some public videos available to anyone, the majority of the content will only be available to those with a site membership, and that membership is only available to people working in health, e.g. doctors, specialists practice managers etc.

There is an intention to host much clinical and business educational video content on the site, but the real *meat on the bone* is what it is offering in terms of practice promotion and GP recruitment. We all know that almost every practice is looking for new doctors, and that many practices limit their advertising to Seek, or some information on their own website or facebook page. If you are a practice manager who fancies themselves as having marketing skills, this website claims to have a next-level offering for you.

I'm no sales/marketing guy, and in fact struggle to control my eye-rolls when listening to these types, but we need to acknowledge that video may be the missing factor in your GP advertising. You may be interested to know that after Google, Youtube is the next most searched internet site. What this site encourages it's members to do, is to create and upload video content that really sells the great thing about your practice team, and/or the lifestyle that can be available to someone working at your practice.

Creation of the content is only half the strategy, the other half is ensuring that it reaches the audience that you want it to reach, namely doctors. That is what this site offers, but wait, there's more. The site launches in about a week, and if you are amongst the early *full* subscribers, you will score a full page profile ad in their magazine that is apparently circulated amongst GPs at conferences both locally and internationally. Now, I don't know how many of these conferences we are talking about to be honest, but they specifically mention the [Best Practice Conference in the UK, in October 2023](#). (Note, before it was a software product, *Best Practice* was a phrase implying clinical excellence)

Clinicians and Practice managers can sign up for a free membership, which allows for a free practice profile, 2 years of free jobs posting and the ability to watch the educational content. The dedicated practice video page as well as a full page in their magazine only comes with the full membership, which is currently \$3000 per year. I don't want to sound like I'm hard-selling this, particularly as it's really not my area, but I can absolutely see the potential in quality video content promoting your practice being directed *solely at the people that you want to see it*, namely those that are congregating at GP conferences or perusing the members-only website.

I may or may not have done this justice, but if you are halfway interested I suggest you visit the [website](#). There are email and phone contact details at the bottom.

At the risk of over-promoting related content, I want to briefly mention that Dr Wijeratne is also involved with a web based, BP/MD integrated care-planning tool called [MyGPMPTool](#), which started out as a TopBar app, but is now a stand-alone product.

The tool seems to do a good job of creating more individualized care plans as well as smoothly taking care of the TCA invitation letter situation and giving you a dashboard view of all the current practice care plans. Using a method that is slightly similar to the BP EPC module only being backed by greater and more specific option lists, the creators claim that use of the tool enables better Medicare compliance. Apparently there is a [review process](#) that waves the big stick at things like non-compliant care-plans.

If you are interested, check out the [website](#). There is a 30 day free trial and you can request a demo. There's also a fairly informal webinar on the product [here](#).

Templates

Nothing new that I've created, but last month I mentioned that the new templates for the Tasmanian Lung Service were about to be available at the PHT site. Well they hit the website halfway through the month. If you use the service at either their southern or northern locations, these new versions have updated tests that can be requested. So you should grab them from [here](#), and delete the earlier versions from your system.

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

BP/MD

There was much rejoicing in the [last edition](#) of this newsletter with the revelation of a whole bunch of LGH clinics now available via [Healthlink Smartforms](#). I'm happy now to mention that there are further goodies under the tree, and this time the south doesn't miss out.

HealthLink connecting with care | 1800 125 036 (AUS) | helpdesk@healthlink.net | Contact Us

Specialists, Allied Health Providers and GPs

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

The option highlighted above had actually disappeared from a few practice systems that I have access to. Actually my suspicion is that it was gone from everyone's system. But it's back now and it now gives you the ability to send a secure *smartform* document to:

- a) GPs or General Practices around the state
- b) Over 100 Pharmacies/Optometrists/Allied Health organisations

GPs will just receive these documents in their clinical software as per usual. Most of the 2nd group have signed up for a web based Healthlink mailbox called [MyHealthlink Portal](#). (My, there are a lot of things that start with *My* these days!) The receiver gets an email notification to their normal email address that they have a Healthlink message waiting for them at their portal. This solution accommodates non-GP types who can't afford a full blown Healthlink compatible clinical system, but want to correspond with those that do.

When you have clicked the link, you are presented with a search dialogue as per below. GPs are in the system individually as *Family Medicine Specialists*. When I first became aware of this facility, several months ago, I had reservations about the data quality in the search area. Personally, I would have preferred the data to be an extract from the [Tasmanian Health Directory](#), but you can't always get what you want.

Mr. David Anderson - HealthLink Forms Browser Window

http://work2022:5088/forms-directory/AlliedHealthProviderSearch.action?aduro_formDefinitionId=alliedhl_link_tas&owner=alliedhl_link_tas&servicePro

Search for GPs, Specialists and Allied Health Professionals

Please search for a provider or practice to view their details, create a referral or send a letter / report.

Search by Provider name Practice name EDI account

Specialty Pharmacy service State Tasmania

Practice name

Search Help Clear

Show 10 entries

Name	Provider Specialty	Practice Name	Location	
HOTCHIN AVE PTY LTD & MISCHI PTY LTD	Pharmacy service	Cygnnet Pharmacy	Cygnnet 7112	Refer patient Compose a letter
Josephine Sattler	Pharmacy service	Josephine Sattler	Lindisfarne 7015	Refer patient Compose a letter
Longford Discount Pharmacy	Pharmacy service	Longford Discount Pharmacy	Longford 7301	Refer patient Compose a letter
Meadow Mews Pharmacy	Pharmacy service	Meadow Mews Pharmacy	Kings Meadows 7249	Refer patient Compose a letter

If you do find data issues with the GP data, I would strongly urge you to mention to PHT. I have found that the best way to find somebody is to search on the *Practice* name field rather than on the *Provider* name, as per the graphic above. Indeed I found some people who are obviously solo practitioners who didn't show at all in the individual search results.

The sorting buttons are useful too (red circles in the graphic). Some places are signed up under a name that won't be familiar. In the example above, I was looking for the Cygnnet pharmacy, but couldn't find it named as such. Only by sorting by the location did I find what I was after.

Continued..

PracSavvy

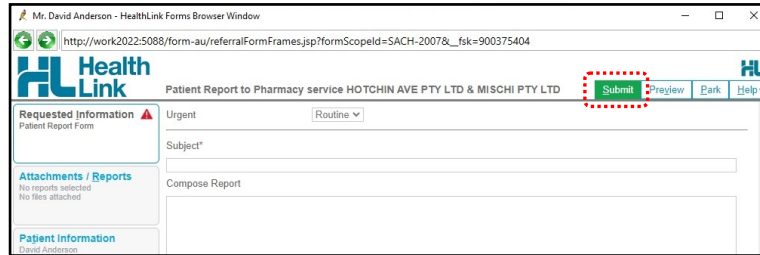
Clinical Systems Support and Training

www.pracsavvy.com.au

BP/MD

Allied Health Smartforms continued

Note that you have two choices of document template you can use, either a referral type template or essentially a blank letter. The blank letter only prepopulates the authors details and the patient's demographic and contact information. Crucially either method allows you to attach documents from the patient record. This ability to attach other documents in multiple formats remains one of the key advantages of smartform communications .



One glitch with the letter template is the little ▲ in the *Requested Information* area. Even if you fill out the 3 sections in this area, the triangle remains. This usually denotes missing compulsory information, but you can safely ignore it and send or preview the document anyway. You can submit the document via the green button as depicted or via the preview screen.

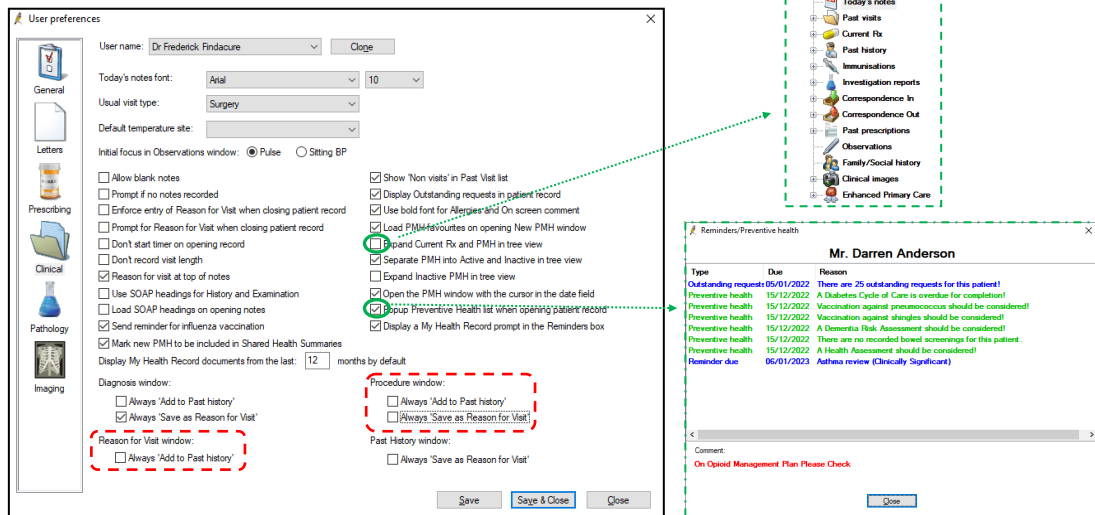
Note that all the providers available here have a Healthlink address and can also be communicated with via a standard word processing referral document. I wanted to publicise their addresses via my listings [here](#), but when I contacted 10 or so to gain their consent, only 1 or 2 responded. And cold-calling is not something I enjoy.

I would encourage practices to browse this directory and see if it shows any Allied Health or Pharmacy types that you regularly communicate with. You may even encourage some non listed correspondents to get themselves [an account](#). I would also encourage practices to utilise this whenever available. I've mentioned before that Tasmania is way better off for e-correspondence as everybody is using the same product, this situation doesn't exist on the mainland, at least not to the same extent.

It's also a paper-saving environmentally conscious thing to do, and is way less inconvenient than gluing yourself to a tree!

BP

Here's a couple of preference settings you absolutely **should have** set, and a couple you **might want to**. Found under *Setup..Preferences..Clinical*



First screen I visit when training a Dr or nurse is this tab. We absolutely don't want your *Reason for Visit* to default to a *Past history* entry. The green ones, give you a nice neat collapsed menu tree when you open a patient record, and the second one pops-up the Alerts panel when you enter the record. You may be more likely to read it.