

PracSavvy

Clinical Systems Support and Training

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June 2022 — Newsbrief

Welcome to this month's PracSavvy. One last reminder that practices have until June 19th to upgrade their systems to web services compatible versions. That's version 4.2 for MD and Saffron SP3 or preferably 3.1 for BP users.

The big news over the last week or so is the state governments budget announcement around their [Digital Health Transformation Package](#). A 10 year plan, which starts with \$150 million over the first four years for a range of initiatives, some of which will be delivered in conjunction with the assistance of Primary Health Tasmania. The AMA and the CEO of PHT have expressed their delight. *I'm so excited!*

Actually I'm not, but how else was I going to link to a song from the golden decade of popular music. I'm not excited because almost 20 years of working in this sector have shown me that the bureaucracies involved in this never seem to deliver as speedily or as well as you would like them to. Some interest is whipped up in the beginning and then it fades away as bureaucrats revert back to their natural tendency, which for *most* of them amounts to, *going through the motions*.

Consider the most recent joint initiative, namely the [smartforms electronic referral](#) mechanism to the, currently 3 THS clinics. This referral option has been available to all practices in Tasmania for 2 years now. From the numbers I've seen 55% of practices with a healthlink address have never sent a single referral, and if you disregard practices who have sent less than 5 referrals over a 2 year period, then the number of practices actually using the system comes in at around 28%. Additionally the number of electronic referrals seems to be slowly decreasing since the end of 2020. My question, does anyone at THS or PHT actually care about this? Are there goals and targets for uptakes, or are we just going through the motions? Is anyone at PHT actually 'taking a swing' for general practice?

One thing that would have almost certainly boosted the uptake would have been the addition of other clinics to the *ereferrable* list. This was initially promised (and propagated by me) to occur in the 2021 December quarter. I am now told that the THS has further cemented it's ties with Healthlink and that new clinics will be added in July. We shall see. To be fair, the absence of these new clinics may explain why a strong rollout hasn't happened. But the fact remains, the ability to refer electronically to a couple of clinics remains. Why not keep promoting it?

Speaking of Healthlink, whilst the almost 100% presence of their software in Tasmanian practices has been of huge benefit, the fact remains that their referral form still does not display the date from the Medical History entries. I advised them of this over 2 years ago, and for the life of me I don't understand why one of their major stakeholders (THS,PHT) hasn't pushed them hard to get this fixed.

A couple of disclaimers for the sake of transparency. The fullest appraisal would require some minor adjustment as there are several practice groups that share a common Healthlink EDI. However this doesn't detract from the number of practices that aren't participating at all. Additionally we can't lay the whole blame on the bureaucracies. There are some in General Practice who frankly have zero interest about anything coming from a non-doctor, but are still happy to complain about the need for improvement.

I also have to say that Russell at PHT has been generous enough to share the numbers with me, and has always been prompt and helpful if I've had a question to ask, even good-naturedly accepting my not always cheery feedback. So I hope this article doesn't come across as treacherous.

But I'd rather be effective than be nice. Many years ago when I started working in the health sector, I couldn't understand the need for non-clinical people being employed by the health system, I was deeply self-conscious that my salary could be used to fund a hospital bed, or employ a nurse, or a thousandth of a doctor! Reading about bed shortages and ambulance ramping only heightened this.

Some GPs may remember that we didn't always have an electronically created and delivered Discharge Summary from our public hospitals. The need for one had been flagged for years, with zero progress for much of that time. I was part of the small group from the then Division of General Practice that worked with public health to finally deliver this. I was lucky back then, to be able to participate in what were sometimes 'frank and robust' discussions, to put it politely. As the saying goes, you can't make an omelette without breaking eggs, (unless it's a vegan omelette**) but the outcome was worth it.

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Continues...

To finish on a positive note, there is plenty of good intention here, and at least some of it should land well. One of the offerings appears to be a statewide electronic medical record, with GPs having a portal with which to examine their patients information in the THS medical system. In one form or another the department has suggested this before. I don't know whether GPs would utilise this or not, I imagine asking them may yield a wide variety of responses, as is the case with most issues. In my previous incarnations I advised that GPs would rather be told/sent key information rather than having to go looking for it in another system.

I do also worry that any state-wide electronic medical record may duplicate or take away from what is already in the MyHR. There is also money for improving the access of ambulance operatives to patient data, which can surely only be a good thing.

On yet another positive note, practices will be happy to know that government funding of sms escripts has been extended to the end of September, with every chance (I'm told) of further extension.

**Apparently you can get vegan omelettes, they're a healthy alternative to actual food!

eReferral

Please update your address books with the following changes, remembering my full list can always be found [here](#).

Dr	Louise Owen	Sexual Health GP	<i>swshstas</i>	Sexual Health Service	
Dr	Alvin Ding	Sexual Health GP	<i>swshstas</i>	Sexual Health Service	
Dr	Jenny Mission	Sexual Health GP	<i>swshstas</i>	Sexual Health Service	
Dr	Kate Scholes	Sexual Health GP	<i>swshstas</i>	Sexual Health Service	(N)
Dr	Emily Price	Gynaecology and Obstetrics	<i>tas99ivf</i>	TasIVF	(Also Eternal Women's Hlth)
Dr	Warren Kennedy	Gynaecology and Obstetrics	<i>tas99ivf</i>	TasIVF	(Also Hobart Women's Spec)
Dr	Steve Sonneveld	Gynaecology and Obstetrics	<i>tas99ivf</i>	TasIVF	
Dr	Ben Dhanaraj	Gynaecology and Obstetrics	<i>tas99ivf</i>	TasIVF	
Dr	Manuela Toledo	Fertility Specialist	<i>tas99ivf</i>	TasIVF	
Dr	Sarah Hewer	Neurology	<i>chctlvcs</i>	Joynton Rooms	(Calvary)
			<i>hcardiol</i>	DELETE	
Dr	Jennifer MacIntyre	Neurology	<i>chctlvcs</i>	Joynton Rooms	(Calvary)
			<i>hcardiol</i>	DELETE	

Templates

The following new or updated templates are available at my website [here](#):

- ◆ Mr Tobias Evans Direct Access Endoscopy Referral
- ◆ HelloDoc Telepsychiatry Referral
- ◆ CU@Home CHaPS Parenting Referral

PenCat

For those of you who are still reeling with disappointment that one of our local GPs just failed to bring home the chocolates in [The Great Australian Bake Off](#), (a sentence I never thought I'd write), do not despair because it's time again for the [PenCS Awards](#).

This is actually a thing, in case you were wondering. If you think your practice has done really well in a quality improvement exercise, and you used PenCat along the way, why not nominate your practice. There are eight categories, you have until July 31st to nominate and you can read all about it [here](#). I was totally hoping they would invite me to be the MC, but alas...

It's coming up to flu season again of course so it's worth reminding you that both PenCat and TopBar have some very good tools to help you manage your patients and their vaccinations. If you want a recap of what they offer, read the last 2 pages of my [May 2021 newsletter](#).

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MD

I wrote a bit about the MD 4.2 release which makes MD compatible with Medicare Web Services back in the [March edition](#). However MD didn't actually release it to the masses until well into the last half of May, so it's worth mentioning again, particularly as some other bits of information have come to light.

Practices are going to like the immunisation improvements a lot. Immunisations input by GP or nurse are being sent straight to AIR via the input screen as opposed to via Pracsoft using Medicare batches. There is also the ability to interact directly with AIR from MD, you can:

- ◆ View the patient's AIR Immunisation History
- ◆ Edit Immunisations already in AIR (done by your practice)
- ◆ Download and print the Immunisation History Statement
- ◆ Upload Natural Immunity and Medical Contraindication details
- ◆ Record planned Catchups

Disease	Dose	Due Date
Tetanus	2	05/01/2022
Diphtheria	2	05/01/2022
Pertussis	2	05/01/2022
Varicella	1	27/07/2019
Meningococcal ACWY	1	27/01/2019
Mumps	1	27/01/2019

Date	Vaccine/Brand	Dose	Status	Reason Code	Message
05/11/2021	AFLURIA QUAD	1	VALID		
05/11/2021	ADACEL	1	VALID		

One change in process is that you don't see the immunisation schedule when vaccinating a child, you will need to go to the Immunisation History tab to see what AIR thinks the child is due for as per the schedule. If for some reason MD is unable to find the patient on AIR, then you will need to access the schedule via other means if you are uncertain.

All the extended AIR functionality needs a provider number attached to the user. So GPs will have full access and nurses will be able to upload vaccinations on behalf of GPs as per usual. For the nurses to access the extended AIR functions through MD, they will need an AIR provider number. The most practical way to accomplish this is to apply for a LOCATION provider number using the [IM-004 form](#) if you don't already have a number. Once you have this number enter it in the *AIR Ancillary Provider Number* field in the *User Setup* details for all your nurses.

Finishing up with AIR, from the front screen in MD under the *Clinical* menu there is now an *Outstanding Immunisations* screen detailing immunisations that were not sent to AIR and need attention.

Date Recorded	Vaccinator	Patient Surname	Patient First Name	Post Code	Date of Birth	Medicare Card Number	Vaccine	AIR Status	AIR Message	AIR Error Message
24/11/2021	Dr Eli G (H...	Health	Marvin	2111	22/10/1998	2950889361	GARDASIL	Failed		
19/11/2021	Dr Ahmed P.	Health	Marvin	2111	22/10/1998	2950889361	FLUVAX	Failed	The request contains validation er...	Code AIR-E-1028 - Field...

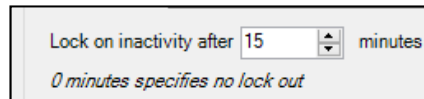
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MD

In a nice boost to clinical record security, MD now has a configurable inactivity Lockout time limit, which when passed will require the user to reinput their MD password. You can configure the time under *Tools..Options..Practice..Location*



Lock on inactivity after 15 minutes
0 minutes specifies no lock out

Other minor enhancements include:

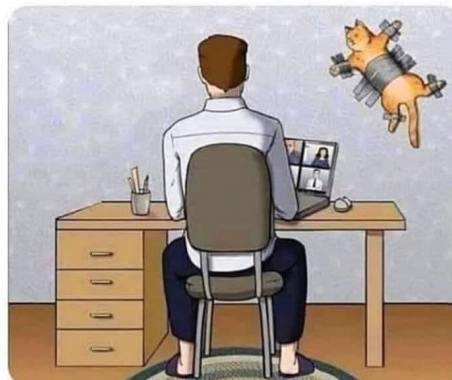
- ◆ Users with appropriate permission can now change another users password under *User..Setup..Users*, without having to know what the old password was.
- ◆ A patient's HI number can be looked up and their MyHR accessed without the patient needing to have a Medicare number. Entirely appropriate as overseas students, for instance are not Medicare eligible but can apply for a HI number and a MyHR.
- ◆ In the patient demographics there is now a warning if an incorrect or invalid DVA number is entered.
- ◆ Similarly, you are now warned if a change to the patient's demographic results in the system not being able to retrieve/verify the patient's HI number.
- ◆ You can now send a document via MDEXchange via a right-click menu from the list in *Letters*.

There is another feature flagged in the release notes that shows up as "Coming Soon" in my version of MD at least. *MedicalDirector Cover* is accessible via the addressee selection screen when generating a referral, and claims to be able to verify the level of a patient's Health Insurance cover as well as identify specialists that participate in known gap schemes offered by the insurer. It also identifies Health Management schemes offered by the insurer that the patient may be eligible for. You can watch a brief explanatory video [here](#).

As I investigated the above feature I realised that it has been developed by the good folks at [Honeysuckle Health](#). I'm being totally serious! So another group that links their name to something natural and healthy sounding, despite the fact that it has zilch to do with their product or business. It's similar to dumping pointless healthy sounding things into soaps and shampoos despite the fact that they actually do nothing but feature in the ad!

Anyway, I'm going to follow the money on this one, I've a sneaking suspicion they may be a subsidiary of *Oatmeal Oncology*.

How to prepare for a Zoom meeting



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Record Transfer

Transferring patient files from one practice to another is one of the more troublesome issues for practice admin teams around the country. Exporting and sending the patient file in a manner that meets the needs of both practices without being hugely time consuming, whilst maintaining appropriate information security, is an ongoing challenge. The 'sending' practice doesn't want to generate huge pdf files that are often too big to send electronically, and the 'receiving' practice certainly doesn't want to scan reams of paper, but at the same time often struggles with CD or USB media, given that they are increasingly working in a Remote Desktop type environment. It also has to be said that IT support types aren't always super-sensitive to their customers needs in this area.

Before we get started it's important to ensure we are all talking about the same thing. Occasionally, people will say, 'you just send using Medical Objects or Healthlink,.....it's soooo easy'. They are of course, soooo wrong! What you are doing if you use this method, is sending a Health Summary, not a patient file. A Health Summary, even one with lots of inserted information, is just a document. A patient file, when imported will populate every corner of the patient record, with all of the information stored and displayed just like your other patients.

Now if the receiving practice is happy with a health summary instead of the whole file, then that's fine. Just learn their Healthlink EDI address and create and send the document. Your restriction will be that Healthlink can only transport a document that is 4Mb in size, and if you are an MD user using MDExchange, then the message size limit is less than half of that. As I said, the receiving practice may be happy with just a summary, although if the patient has a long medical history, I'm not sure they should be.

There is one other thing to mention, the full patient file is an "xml" format file, whether you use MD or BP. But it's not as easy as that. You may *usually* be able to import a patient record from an MD system into a BP system, but you can't import a full patient record from a BP system into an MD system. It will just generate an error. (Happily MD have taken steps to rectify this incompatibility by losing market share at a speedy rate as their customers convert to BP!) Transfers when both practices use the same clinical software is no problem.

Now we have got our terminology and incompatibility straightened out, what I am going to suggest is a system for efficiently and securely transferring large patient files. For this to work, the sending practice needs 2 free bits of software at it's disposal:

[7Zip](#) - This free utility lets you easily compress a file to a much smaller size as well as encrypting it and password-protecting it.

[Google Drive](#): Free with every Gmail address, this gives you 15Gb of free internet storage in a way that lets you share files with other people.

I mention Google Drive and this example will feature this facility, but if you have a [Microsoft OneDrive](#), you can do exactly the same thing.

Exporting a Patient File using Best Practice:

Under the *File* menu in the patient record, choose *Export Patient*. Select *Entire Record* and *XML* as the file format. Note the ability to include information flagged as confidential.

Select the folder you want to save the folder in. You will also be asked to enter your normal BP password again.

Note: The user doing this needs to have the *Export Clinical Data* permission set to *Allowed*.

Export Patient: Mr. Alan John Abbott

Data to Include

Entire record Include confidential material

Data Types to Include

Family history Social history
 Allergies/Adverse reactions Current medications
 Past history Immunisations
 Investigations Requests
 Correspondence in Correspondence out
 Visit notes Observations
 Past prescriptions EPC reports
 Reminders Actions
 Clinical images Cervical screening
 Obstetric history Patient Photo

Dates to Include

All Dates
 Selected Dates

Start Date: 9/05/2012
End Date: 9/05/2022

Export As

XML HTML

View output

Export Cancel

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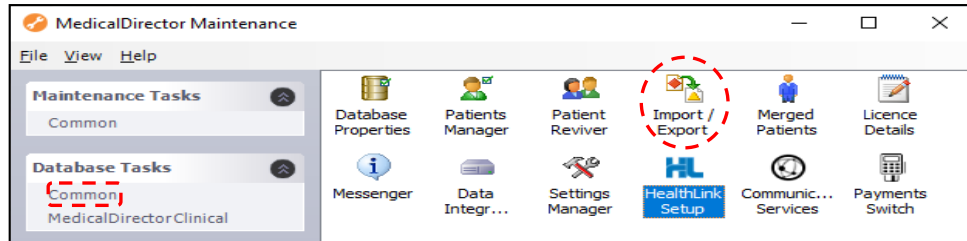
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Record Transfer

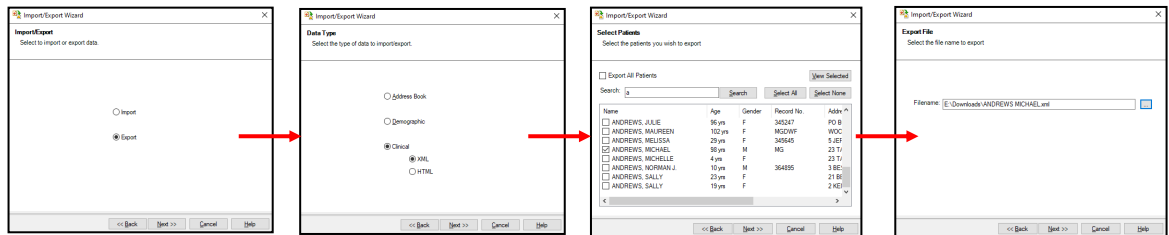
Exporting a Patient File using Medical Director:



Double click the *Medical Director Maintenance* icon on your desktop. From *Database Tasks - Common*, select *Import/Export*. You will be asked for your MD Login password.



Then follow the Wizard, selecting; xml format, a patient and a folder to save in.



Note: The user performing this operation will need the *Data Export Privileges* box ticked under their *User Setup*.

Compressing, Uploading and Sharing a Patient file (BP or MD):

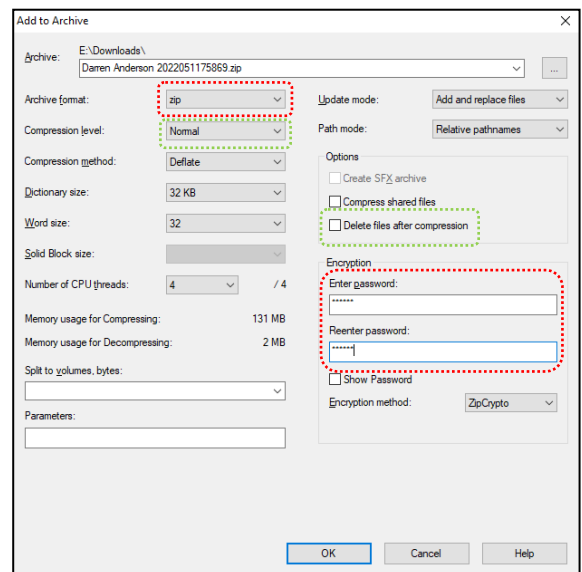
With 7Zip installed, right click on the file and select 7-Zip...Add to Archive

There are plenty of settings that you can play with here, but the only ones that you need to check are the ones with **red dots** surrounding.

Leave the file extension as the standard .zip, this means that the receiving practice software will recognise the type of file, even if they don't have 7-zip installed.

Give the file an encryption password. Anyone wanting to access this patient file will need to supply the password.

Optional: **Green dots**. You can automatically delete the original xml file after you have made your zipped copy if you want to. You can also increase the compression level if you want to make the file as small as possible. Even left on the *Normal* setting the file in this example was shrunk to 10% of it's original size.



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Record Transfer

So now we have a much smaller and more secure copy of the patient file. You may actually have a file small enough to email to the receiving practice (send the password separately) For purposes of this exercise though, we are presuming the file is still too big to email.

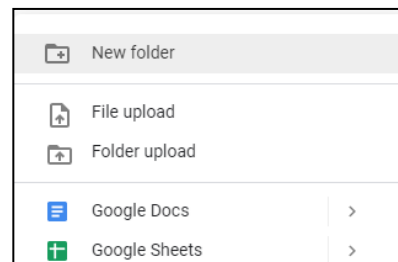
The next step is to move it to our Google drive. Bring up Google.com in your internet browser and sign in using the button at top right of screen, if you are not already signed in.

From here click on the Apps icon and then the Google Drive icon.

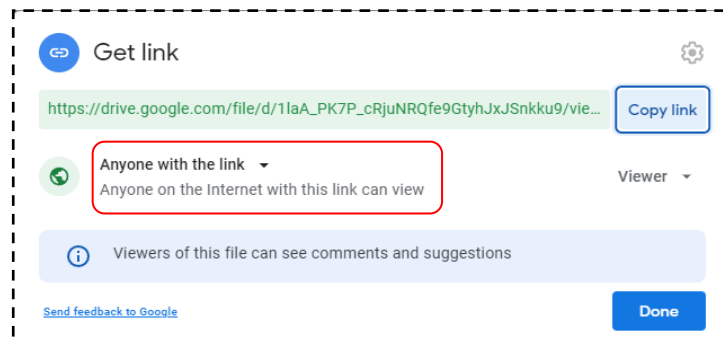


Uploading a file to your Google Drive is as easy as right-clicking in the screen and selecting *File upload* and then browsing to where you have the zip file on your pc and selecting it.

If you use your Google Drive for other files, you may want to create a Patient Records folder and drop the files into this.



You will see a status box at the bottom right of your screen that will alert you to when the upload is finished. Your next step is to make it possible for the receiving practice to grab the file and import it into their system. Right-click on the file and click *Share*.



In the dialogue shown above, change the setting from *Restricted* to *Anyone with the Link*. When you have done this, click the *Copy link* button and then click *Done*. This is the link that you will be pasting into an email to the receiving practice. If you get side-tracked and you can no longer paste the link, you can come back to the file, right-click on it and select *Get Link* and hit the *Copy Link* button again. If you happen to be a Microsoft *OneDrive* user, you can even make the link expire after a certain period of time.

As your final step, create an email to the receiving practice and paste the link into it and send it off. In a separate email, send them the password you used when encrypting the file. The receiving practice will be able to download this file (and only this file) via the supplied link.

Your job is done, you have made a complete large patient file available without a need for discs, postage or printing. You have also taken more than reasonable precautions in terms of encrypting the file and protecting it with a password.

Just to finish things off in terms of privacy and security, you may want to diarise a point in time in the future when you go back to your Google Drive and delete the patient files. It may be, say 10 days after you sent the email, or you may just want to have it as part of your monthly 'housekeeping' activities. The timeframe is your choice, but make the clean-up a part of your system.

Now read on to see what happens at the receiving practice.

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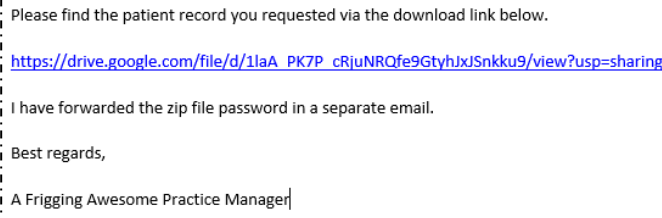
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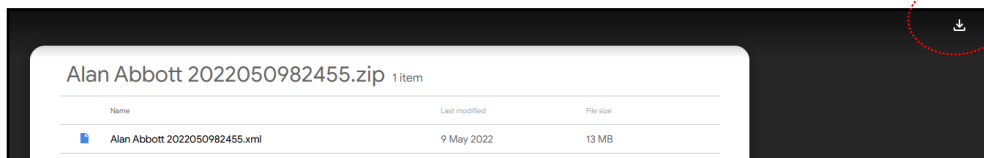
Record Transfer

Receiving the email and downloading the file.

The receiving practice will get an email that looks something like the graphic below. They will also have received an 'unzip' password via a separate email.



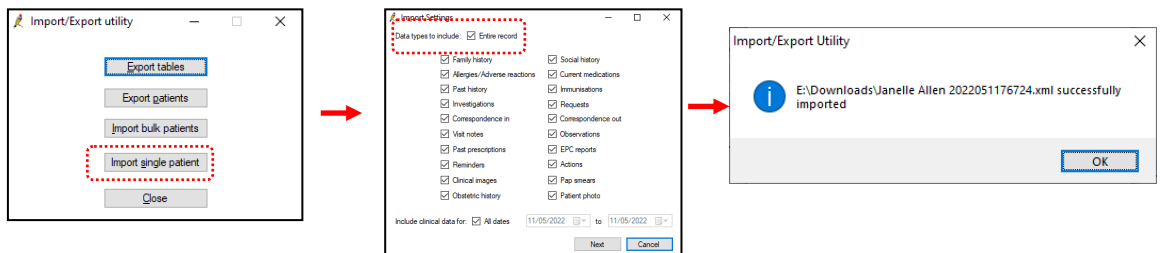
Click on the link and the next screen you see will look like this. Download via the icon at top right.



So the practice now has a zip file, with the XML file inside. If your practice has 7-Zip installed, just right click on the file and select, *7-Zip..Extract here*. You will be prompted for the password and when it is finished you will see the xml file ready for importing. If you don't have 7-ZIP installed, right-click on the file and select *Extract All*. You will be prompted for a folder to save in and also for the password. The xml file will be extracted into a folder in the patient's name under the folder you selected.

Importing the Patient Record using Best Practice.

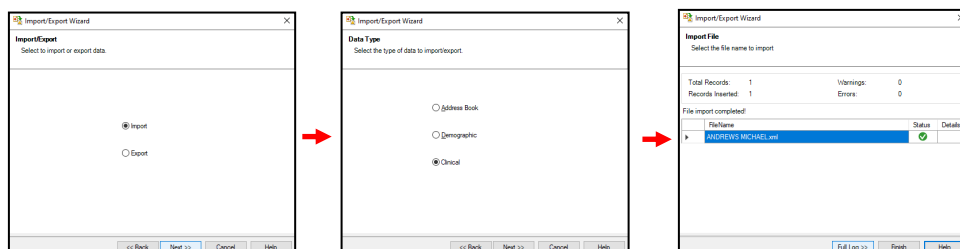
From the *Start* menu in Windows, *Best Practice Software...Patient Import-Export*. You will be prompted for your BP password.



Select *Entire record*, browse to where the xml file is saved click *Open*, the record will be imported into system. You can now delete the xml and zip files

Importing the Patient Record using Medical Director.

Double click the *Medical Director Maintenance* icon on your desktop. From *Database Tasks - Common*, select *Import/Export*. You will be asked for your MD Login password.



Select *Import* then *Clinical*. Browse to and select your xml file and click *Next*. The record will be imported and confirmed in the final screen. You can now delete the xml and zip files.