PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

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Welcome to this month's newsletter. Whilst I have been working with General Practice for getting close to two decades, I was recently thinking about the last ten years or so and what technology changes have genuinely made things easier for GPs and their patients. I concluded that the big four are:

- My Health Record
- Electronic Prescriptions
- Electronic Discharge Summaries
- Electronic Referral to THS Hospitals.

Now these are in no particular order, but I can imagine heads shaking at the first item on the list. For one thing I can tell you that hospital emergency room doctors would totally disagree with the naysayers, and yes If you don't embrace something, you won't reap the benefits. For those who aren't convinced it is well worth revising the ever growing list of Investigation/Imaging providers that are uploading their reports to the patient's MyHR, along with public and an increasing number of private hospitals. In a nutshell, if you know a report/investigation has been done and you haven't been copied in, your mouse cursor should go to the MyHR button before your hand goes to the phone. If you aren't doing this and you consider yourself time-poor, then know that you are, in part, contributing to this.

To the above four items, I would also give honourable mentions to the addition of Australian Immunisation Register, (AIR) and National Cancer Screening Registry (NCSR) access via GP desktop software. Admittedly many practices have not enabled the NCSR functionality, but those that have and have it working well are very happy with it. Add to this the rapidly evolving offerings in the e-request space (path/imaging), and it would be hard to argue that medical connectivity isn't improving all the time.

All this actually leads to the main thing that I wanted to celebrate, namely the fact that in the last couple of weeks the NW hospital clinics have become enabled for ereferral. Read page three for the details of which clinics are available and a couple of tiny reminders and suggestions. Doctors in the south should also be happy to know that a whole bunch of RHH clinics are due to be added before the end of the financial year.

More reasons to be cheerful this past month with the news that sms e-scripts are going to continue to be government funded until 30th June. I get the sense that this interim measure is close to coming to an end, with the government close to finalising arrangements for a provider for the ongoing electronic prescription infrastructure. Happily, this has been one of the super rare occasions where the glacial machinations of a bureaucracy have actually resulted in some benefit to it's constituents. Even when the sms e-script funding ceases, my feeling is that practices will pay 3-4 cents per script, which to my mind will still stack up pretty well against printer costs.

Those that are good at writing grant applications may be interested in the upcoming Strengthening Medicare General Practice Grants opportunity, which lists *Enhancing Digital Health Capability,* as one of the three main ways to access the grant. I'm wondering if this may be a way for some practices to increase their telehealth capability at the same time as improving their network speed. Might be time for a chat with your IT support provider. These grants are running late, but look like they are opening in April.

People may be interested in reading the paper and survey released recently by HotDoc detailing *The Changing Landscape of Australian General Practice*. You can download a copy here.

On an unrelated note, there is some important information on page 2 from Professor Graeme Jones at the Menzies Bone Density Clinic. Circulating this to all GPs at your practice would be most helpful to Professor Jones and the staff at the clinic.

In the last issue, I wrote an introduction to the new Primary Sense tool and had intended to follow up with a more detailed piece. However this software has not yet been rolled out to the initial group of practices, prior to the state-wide changeover from PenCat in July, so I will hold the article back for a month or two.

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Institute for Medical Research

Medicare Billing for DEXA scans:

Medicare have strict criteria for the billing of DEXA scans. In order to help us in making sure that all eligible patients can be billed through Medicare please tick **all** appropriate boxes for your patient on the referral or include **all** relevant clinical history.

We are currently bulk billing all patients who are covered by Medicare and wish to continue to do so.

 Please note the following:

Item 12320 – screening over 70 years of **age only applies once every 5 years** regardless of where the patient is scanned. If they have osteopenia/osteoporosis they can then be covered 2 years later under Item 12306 **.**

Item 12306 – monitoring of low bone mineral density - **once every 2 years.**

Items 12312 – glucocorticoid therapy, excess glucocorticoid secretion, male or female hypogonadism - **once every 12 months**

Item 12315 – hyperparathyroidism, chronic liver or renal disease, malabsorption, rheumatoid arthritis or thyroid hormone excess - **once every 2 years**

Item 12321- change in therapy or confirmation of osteoporosis after low trauma fracture **– once per 12 months**

These rebates apply regardless of where the client has had scans previously.

The fee for Screening (non-rebatable) patients will be changing to $75.00 from 1/4/2023. This is the first increase in 10 years.

Our current bookings are very busy so we would greatly appreciate your assistance with this.

MyHR   The Australian Digital Health Agency has just released it's very own app that links directly to the MyHR. While there are already a couple of Apps like Snug and HealthNow, that linked to MyHR via MyGov, this is the first one that let's you download documents to your phone. It should make it very easy for you to send medical documents to a clinician involved in your care. Check back next month for an in-depth look.

Templates   Templates updated or created last month at my website here:

Women's Health Fund Application and Referral

Stop Press   In February the RACGP released some changes to the 5th edition standards for General Practice. You can read about them here. Practices have 12 months to comply.

There are also some MBS changes from March 1st. Read all about them here.

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Electronic Referral

As alluded to on the front page, ereferral via Healthlink Smartforms is now available in the North West. These are the available clinics:

North West Regional Hospital	**Mersey Community Hospital**

North West Regional Hospital

Allied Health
- Hand Therapy
- Falls Clinic
- Lymphoedema Service
- Nutrition & Dietetic Services
- Occupational Therapy
- Orthotic & Prosthetic Services
- Physiotherapy
- Speech Pathology Services

Cardiac Rehabilitation
Cardiology
Dermatology
Diabetes Service
Endocrinology
Gastroenterology
General Surgery
Geriatric Medicine
Gynaecology
Infectious Diseases
Neurology
- EEG
Orthopaedic Services
Paediatrics
Renal Medicine
Respiratory Medicine
Stomal Therapy

Mersey Community Hospital

Cardiac Rehabilitation
Endocrinology
Gastroenterology
General Medicine
General Surgery
Geriatric Medicine
Gynaecology
Infectious Diseases
Obstetrics
Orthopaedic Services
Rehabilitation
Renal Medicine
Respiratory Medicine
Stomal Therapy
Urology
Vascular & Endovascular Surgery

It may seem a little excessive to point out every clinic that's available, but then again it may also prompt someone who is still a little unfamiliar with the method. As I said on the front page, this is real progress, especially as using this facility seems to elicit at least some 2 way electronic communication between GPs and the hospital.

I want to repeat my urge to admin teams to keep an eye on *View..Healthlink Forms (BP) or Tools..Healthlink..Track Forms (MD)* from the main screen in either program. Whilst these documents are almost certain not to have delivery errors, I have occasionally seen it where a form has been completed but not sent. The *Status* column is the key one, and if you see a document that is a couple of weeks old but is still showing as Parked or Autosaved, you may want to check with the GP.

Subject	Provider	Addressee	Location	Status
My Aged Care Referral		agedcfrm		Completed
Primary Health Tasmania Hospitals		phtasref		AutoSaved
My Aged Care Referral		agedcfrm	ic	AutoSaved
My Aged Care Referral		agedcfrm	ic	Parked
My Aged Care Referral		agedcfrm	ic	Completed
SR Referral to Emilio Mignanelli		hobcolon		AutoSaved
My Aged Care Referral		agedcfrm		AutoSaved

Regrettably despite Healthlink being advised almost 3 years ago, these referral forms still do not show the date next to the Medical History Item. If you feel the dates may be helpful to the referral recipient, consider quickly generating and saving a Health Summary for the patient which you can then attach to the referral.

MD

One of MD's genuinely useful features is the ability for the user to organise and customise their view of the document and pathology lists. One of the few areas where MD outperforms the alternate software program, BP is that you can:

♦   Sort any of the document columns

♦   Hide any of the columns

♦   Rearrange the order of the columns by dragging to suit your preference

♦   Widen the columns

♦   *Filter* the columns to only show select values.

Changes in terms of column order, width and sorting will be remembered by the software. You can also make any filtered columns a temporary or *saved* setting.

Here's a couple of scenarios showing how you can put this to good use.

Viewing the *Documents* List.

MD doesn't do a great job of naming incoming electronic documents, and some of the date fields are sometimes left blank. I would mitigate this in the following way.

Date Created - I would drag this column to the first position, and also make it the Sorting column by clicking in the middle of the column header. This field reflects the date that MD imported the document and unlike the *Date Collected* field is never blank.

Subject - I would have this in 3rd position as this field can be used for the Senders name when a document is scanned. (Sender field is not available for scanned documents)

Sender/Provider - This is useful for indicating the nature of electronically received documents, as they will often have nothing meaningful in the Subject field, e.g. "RSD-Correspondence". Seeing a specialist's name in this column will most likely inform you as to what sort of document it is, even if the Subject field is unhelpful.

Description - Another potentially informative column, I would have this in the position depicted. For a text document to be potentially available as a referral attachment, there needs to be something in this field.

So I would have these columns arranged as above, and MD will remember my layout.

Also note that the *Document Details* button on the menu bar gives you the ability to put more informative text in the *Subject* and *Description* fields.
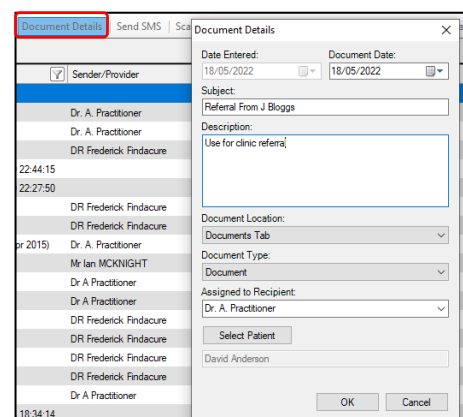
Continued..

MD

Continued..

The other area where you can really use these tools to great effect is the *Actioned Items* area, where if you are a nurse or part of the admin team, you may be tasked with following up the checked pathology results.

Actioned Items Screen

Date Created	Date Checked	Checked By	Patient	Subject	Notation	Comment	Date Notified	Mobile Phone
1/11/2016	1/11/2016	DR. A. PRACTITIONER	ABBOTT, MADELINE JANE	DEM Presentation	Discuss	Need chat, but next normal appt is fine		0417336805
7/11/2013	7/11/2013	DR. A. PRACTITIONER	ANDERSON, DAVID	ED-GLYCOSYLATED HB A1C	Discuss			0418336804
6/04/2009	24/01/2022	DR. A. PRACTITIONER	ANDERSON, DAVID	REFERRAL LETTER	Discuss			0418336804
30/09/2022	30/09/2022	DR. A. PRACTITIONER	ANDREWS, HEATHER JANE	SCREENING MAMMOGRAM RRS	Return Urgently			041833680
27/10/2016	1/11/2016	DR. A. PRACTITIONER	ANDREWS, HEATHER JANE	Specialist Letter	Discuss	Please arrange appointment in the next mth		041833680
7/11/2013	7/11/2013	DR. A. PRACTITIONER	ANDREWS, NORMAN J.	_B12, FOL \T\ RC FOLATE	Return Urgently	Nurse to be involved with discussion		0418336805
27/10/2016	1/11/2016	DR. A. PRACTITIONER	BAAS, RACHEL L	Bloods	Discuss	Please call for appointment		
1/11/2016	1/11/2016	DR. A. PRACTITIONER	BLOGGS, JENNIFER	ED-FBE	Discuss	pLEASE BOOK APPT		0416731250
21/02/2013	13/03/2013	DR. A. PRACTITIONER	DUNN, ELIZABETH	ELECTRONIC DISCHARGE SUMMARY	Return Urgently	Needs urgent recall but please do not tell res...		
22/04/2013	22/04/2013	DR. A. PRACTITIONER	TEST, HOBART	NON SCREENING SMEAR	Return Urgently	Needs to come back pronto		

I would arrange the columns in this screen along these lines, with the key ones detailed below.

Date Checked - You may want to use the filter icon to show only results checked since yesterday

Patient - Shows the patient name and I would click on this one so it became my *sorting* column. This way you easily see multiple documents or results for the same patient.
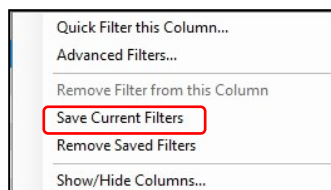
Notation - This column is key and should be filtered for the type of follow-up protocol you are looking for, e.g *Discuss* or *Return Urgently.* Note this is the reason why we require GPs to stick to established protocols, rather than free-texting their own.

Comment - No sorting or filtering required but definitely have this column on your screen next to *Notation*, as the GP may have written some helpful extra information.

Date Notified - I would have this filtered to only show Blank values, because if a result has a notified date, there is nothing further to be done. This column illustrates the fact that if GPs remember to mark results as notified, the nursing/admin staff do not waste time looking at items that actually don't need to be followed up any more.

Mobile Phone - Handy to have this visible as a call or a text to a mobile number is the most common way of contacting patients about results. It also makes the patient without a mobile quite visible.

You can save these filters via the right-click menu that is available so that you don't have to set your filters every time.

Quick Filter this Column...
Advanced Filters...
Remove Filter from this Column
Save Current Filters
Remove Saved Filters
Show/Hide Columns...

Note also the ability to remove all the filters, or just the one from the currently selected column. If you have limited screen space you can even elect to hide some of the columns that you don't tend to look at. The *Advanced Filters* dialogue will even let you make all of your filter choices in one go.

Hopefully this article will have opened up some potential ideas for customising the MD screen to better suit your tasks. Any saved or remembered settings only apply to the logged in user, not the system as a whole.

Covid-19 Pandemic in Australia

The COVID-19 pandemic has had a significant impact on Australia, affecting public health, the economy, and daily life for millions of Australians.

Australia initially had success in controlling the spread of COVID-19 through strict border controls, contact tracing, and social distancing measures. However, outbreaks have occurred periodically, resulting in lockdowns and restrictions in various states and territories.

As of February 2023, there have been over 3.5 million confirmed cases of COVID-19 in Australia, with over 6,500 deaths. The vast majority of cases have been in the states of New South Wales, Victoria, and Queensland.

The Australian government has responded to the pandemic by implementing a range of measures, including:

♦ *Closing the borders to non-citizens and non-residents, with exceptions for essential workers and compassionate cases.*

♦ *Requiring all travellers to Australia to undergo mandatory quarantine in designated facilities for 14 days.*

♦ *Encouraging people to practice social distancing, wear masks, and wash their hands regularly.*

♦ *Providing financial support to businesses and individuals affected by lockdowns and restrictions.*

♦ *Rolling out a national vaccination program, with vaccines available for all Australians aged 5 and over.*

Australia's vaccination rollout has been slower than some other developed countries due to supply constraints, but it has accelerated in recent months. As of February 2023, over 76% of the eligible population has received at least one dose of a COVID-19 vaccine, and over 68% are fully vaccinated.

Australia's response to the pandemic has been largely successful compared to other countries, with lower rates of infection and death. However, the pandemic has still had a significant impact on the country and its people, particularly in terms of mental health, economic disruption, and social isolation.

You may have concluded from the lack of laser like insight, and the absence of side-splitting humour in the above article, that it probably wasn't written by me. In fact it wasn't written by any**body** at all!

The above text was generated in a little under 12 seconds by typing "Covid-19 Pandemic in Australia" into the dialogue of [ChatGPT](). The title implies something to do with GPs, but what it is, is an **A**rtificial **I**ntelligence (AI) content generating tool. If you've heard stories of kids going on line to get software to do their homework for them, this is what they are probably using. If you have heard the phrase "chatbot", well this is the kind of thing. Written content generated by an AI program, which has learned by scanning billions of internet documents and social media interactions.

A lot of people are rightly worried about AI and it's potential impact on human society. Happily the [group behind this application]() state their mission as "..to ensure that artificial general intelligence benefits all of humanity". Which should provide some relief for those people who are worried about being chased around the house by their previously benign but now relentlessly homicidal smart vacuum cleaner.

On a more sensible note, the tool isn't perfect, with a writing skill and style possibly equivalent to a passing standard year 12 student. It will also sometime generate factual errors, but this hasn't stopped certain online news services getting it to write some of their content. One things for sure, it will only improve from here on. If you want a simple guide to ChatGPT, click [here]().

Because it's fun to play with these things, I asked it "Best thing about Springsteen". The result..

"The best thing about Springsteen is his ability to capture the American spirit in his music. He tells stories of the working class and gives a voice to the struggles and dreams of everyday people. His music is timeless and inspiring, and resonates with generations of fans. #Springsteen #TheBoss #AmericanIcon"

Fair enough too. Welcome to the future!