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Clinical Systems Support and Training

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Edition 91 - March 2024

Welcome to the March newsletter. The notable feature of this edition will be some details of a rare occurrence, namely the release of a Medical Director program update. That's right, MD 4.3 has been released, and you should probably have it installed by the 1st of March if you want to have your AIR uploads keep working properly. As will be mentioned in the write up, there are a couple of compulsory new bits of information required now by AIR uploads. Similarly as flagged in the February newsletter, BP users should also ensure that they have Orchid SP1 Rev1 installed by March 1st.

You will also find details of the new Workers Compensation templates and also a way to refer to Mental Health Services via Healthlink smartforms. I have to say, Tasmania is starting to see some really good functionality added to the smartforms system, we're certainly not trailing the country in that respect. And how about that summer? If this is global warming, bring it on!

In fact Tasmania is a great place to live unless you dislike roadkill, have a [mental health issue](#) or want an ambulance. To be fair, people should probably realise that ambulance ramping seems to be a problem in every state in Australia, so don't expect a new state government to wave a magic wand and make it go away.

I do a lot of driving and see a mountain of road kill including in the leafy streets of my neighbourhood. I asked the Clarence council on multiple occasions to put up "slow down for wildlife" signs. They refused citing that it was a residential area and shouldn't be necessary. So I paid for 3 signs to be made professionally and I attached them to existing poles in key locations underneath existing signage. After a while they removed them citing they were in violation of height restrictions on signage. Apparently there was a risk of oblivious pedestrians being decapitated as they walked past.

So, I'm not a fan of the council, although to be fair, a couple of years ago they did strongly condemn the Russian invasion of the Ukraine, so that was helpful!!!!!! None of which has anything at all to do with health or IT or health IT, but I had a few paragraph cm to work with.

Back on topic, the Digital Health Agency launched their Digital Health roadmap for the next 5 years this past month. If this sort of thing excites you, you should grab the documents [here](#) and [here](#).

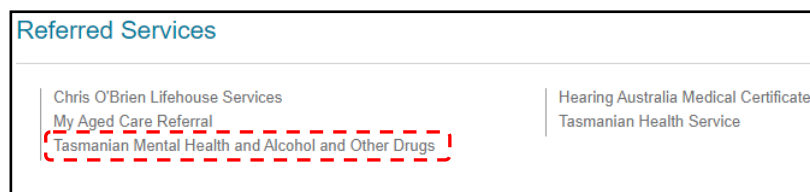
Templates

No new templates created by me this past month, but it's worth mentioning that the new Workers Compensation templates are now supplied with both MD and BP. MD users will find the **now single** form under "Workers Compensation Certificate of Capacity - Tas" and BP users will find it under "Tas - Workers Compensation Certificate of Capacity". Helix, Communicare, and Medtech users ~~will find it under~~, won't find it at all, although there is a pdf version available [here](#) as well as additional information on form completion.

To reduce confusion I would delete any old versions of the template you have in your system.

e-Referral

As flagged earlier, you can now initiate a referral to Tasmanian Mental Health services via your Healthlink Smartforms menu. The menu option is shown below.



The format will be pretty familiar to GPs who are using this mechanism for THS Hospital referral. The completed form is assessed by a centralised Tasmanian based triage team who will allocate the referral to the most appropriate service. The first page contains the caveat "Please do not use for critical emergencies". So apparently it's all good for um, non-critical emergencies??

It's been a busy period, so I can't remember who pointed it out to me, but I'm now aware that whilst you can attach all sorts of documents to one of these Smartform referrals, you cannot attach a care plan or health assessment in the format created by BP's *Enhanced Primary Care Module*. I guess you could print it to pdf format, import it back into BP and *then* attach it, but no-ones going to do that I suspect. The issue has been mentioned to Primary Health who will raise it with the Healthlink people.

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E-Referral

Some Healthlink updates for your address book:

Dr Adam Fowler	Neurosurgery	Centre for Neurosurgery	<i>tasspine</i>	
A/Prof Roland McCallum	Endocrinology	Brilliant Being	<i>brillbng</i>	
		Hobart Cardiology and Medical	<i>hcardiol</i>	Delete
Dr Ryan Endall	Endocrinology/Andrology	Brilliant Being	<i>brillbng</i>	
		Hobart Cardiology and Medical	<i>hcardiol</i>	Delete

One of the things I have done recently is to remove my eReferral lists from the providers section of my website. I actually thought no-one would notice, but 1 GP queried me on it within 24 hours. Rest assured, I still intend to make any changes I become aware of through this newsletter.

The reason I took the listing down is that I feared it would contain outdated specialist details with regards to moving practices or retiring. Last year when I sent an audit request out to local specialists, I only got a 50% response rate. Incorrect information on websites is one of my least favourite things.

This now seems like a good time to remind practices of the various alternative healthlink directories that are available to practices:

1) Healthlink web directory: <https://aupd.healthlink.net/>

If you haven't got a login for this, you should get one as it is the veritable "horses mouth". Mind you if you find a specialist or AH provider that you have never referred to, best to double check that they are happy to receive referrals this way. I know of one northern specialist group who has a healthlink account but only wants to use it for outward correspondence, not referrals. If you do get a login, updating your practice details with the names of your current doctors can only help.

2) Tasmanian Health Directory: <https://www.tashealthdirectory.com.au/specialties/1/home>

As good as anything for GP and Specialist Practices. Disappointing as far as healthlink addresses for Pharmacies and Allied Health practices go, only showing around 15% of the ones available. Should be better.

3) Best Practice Healthlink lookup Directory

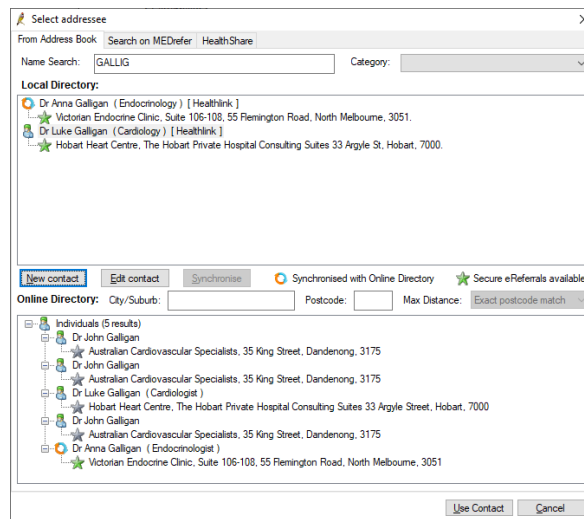
Enabled by Setup..Configuration..General.

And individually Setup..Preferences..Letters.

Online Directory for Contacts: Healthlink

Display Online Directory on contact selection screen

With these settings in place, when you generate a referral, your addressee selection screen will be split into two parts as below.



E-Referral

Healthlink Directories continued..

Now when you type in a name it will search your local address book at the top and an online Healthlink directory at the bottom. If your local address book has the word healthlink after the recipient name, you know you can send this document via healthlink. If it appears in the bottom half of the screen you can select from here and send via healthlink. Note that if you do select from the bottom half of the window the contact will be added to your local address book as well and will remain linked with the online version of the contact. This linkage will be flagged by the colourful icon.

So that's another way to source healthlink addresses, quite handy especially for non local referrals. Like other lookup directories not everyone who has a healthlink account appears here. I have no idea what determines whether an addressee will appear here or not.

4) Smartform Directories:

Happily more and more people are discovering the private specialists available via the Cervin Media Specialist Referral menu.



Specialists & Referrals Refer to Private Specialist

Whilst not every specialist has software that can receive smartform format documents electronically (despite having a healthlink account) most of them can. The beauty of this system is that the addresses are built into the system, so no need for you to know the recipients healthlink address. Like the THS referrals these referrals can have pdf format file attachments. It is also very easy to email the patient the specialists contact details.

We can access other general practices and a whole lot of pharmacies and Allied Health types via another smartforms menu option.

[Refer / Contact other health providers](#)

This option returns a directory interface that some may be familiar with by now.

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 State

Provider name

The mechanism is good, but I'm still feeling there are inexplicable omissions and possibly outdated information. However, I'm getting a sense that there are more "endpoints" than there used to be. Your best chance is to search by practice name, or even just select an organisation type, e.g. Physiotherapy and see how many are in your local area. By my reckoning there are about 160 odd pharmacies and Allied Health Organisations around the state that can be reached this way. One tip is that if you know the healthlink address and search that way, you will find anyone including organisations that do not come up with a "Name" search.

So as you can see, you have plenty of options for identifying practices you can e-correspond with.

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Centre for Neurosurgery - Mr Adam Fowler

Centre for Neurosurgery at Calvary, Lenah Valley is pleased to announce the addition of a new neurosurgeon to the team. Mr Adam Fowler brings a wealth of expertise, dedication and compassion to our practice.

Mr Fowler grew up in Sydney, New South Wales and attended the University of New South Wales. He was awarded the University Medal for outstanding academic performance, graduating in 1998. After completing internship and residency at Royal North Shore Hospital, he was commissioned in the Royal Australian Navy as a Medical Officer. During his time in the defence force, he saw active service in the Middle East and various peace-keeping and humanitarian missions. He subsequently commenced Neurosurgical studies in 2004 attached to major teaching hospitals in Sydney and Canberra. He obtained his PhD in Molecular Genetics of high grade brain tumours at the Kolling Institute of Medical research from the University of Sydney in 2011.

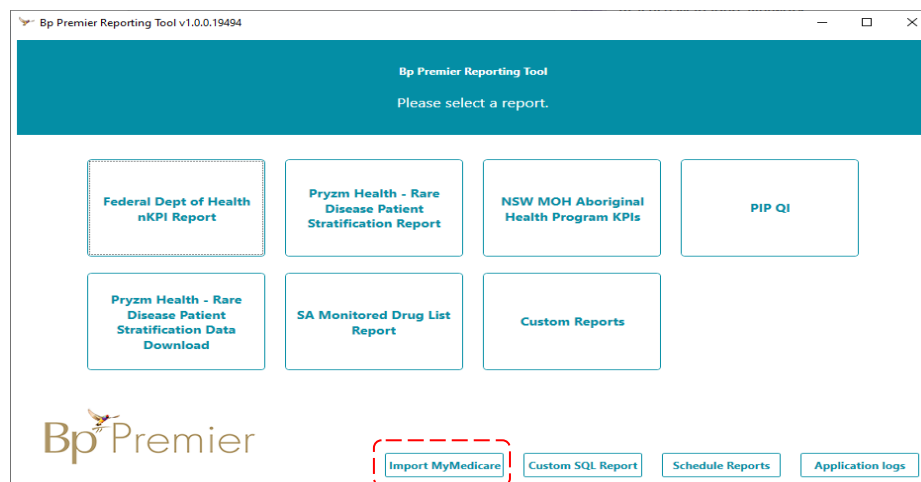
He completed a Fellowship in Paediatric Neurosurgery at The Children's Hospital at Westmead in 2014 and was appointed as a Staff Specialist. In 2022 he regularly assisted the Neurosurgery Department at Royal Hobart Hospital until 2023 when he accepted a Staff Specialist Position.

Mr Fowler has interests in all aspects of adult neuro-oncology, common spinal pathologies and paediatric congenital and craniofacial conditions.

BP

You can now use the Best Practice Reporting Tool to import My Medicare patient registrations into BP. First you export the csv file via Proda and then import the data using this tool.

If these instructions seem unusually brief, it's because it's been laid out in full detail [here](#).



As highlighted in the February newsletter, Cubiko users already have a [tool for this](#).

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BP

You can customise Best Practice via settings that can be found from the main screen under *Setup..Preferences*. All of these preferences have a default setting, some of which I believe to be quite flawed given the nature of human beings. So I've gone through and highlighted some values that I think you *should* have as well as some you *may* want to change .



<input type="checkbox"/>	Remove self from recipient list when sending message
<input checked="" type="checkbox"/>	Enable HealthShare Factsheets
<input type="checkbox"/>	Resize Patient Photo if larger than: <input type="text" value="200"/> Width
<input checked="" type="checkbox"/>	Default to PIN protected patient Emails

<input checked="" type="checkbox"/>	Adjust the Inbox layout on wide screen displays
<input checked="" type="checkbox"/>	Inbox selection buttons at the left of the document
<input checked="" type="checkbox"/>	Use the default MBS item in the Finalise window

If your IT have installed Healthshare factsheets, you won't be able to use them unless you tick this box. Also, please don't untick the pin number generation for emailed documents. It's worth incorporating the number into your workflow in order to make emailed documents more secure.

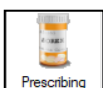
You may want to customise your Inbox display to facilitate a left to right workflow if you have a good sized monitor.



<input type="checkbox"/>	Save all new letters as draft
<input checked="" type="checkbox"/>	Show confirmation on export of HL7

<input checked="" type="checkbox"/>	No blank line after tables are inserted into template fields
<input checked="" type="checkbox"/>	Display Online Directory on contact selection screen

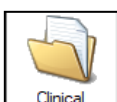
Saving all new documents as Draft means that they can be edited months later whilst still looking like the original document. I would definitely untick this. Aligned with a config setting mentioned earlier in the newsletter I would want to see the online Healthlink directory beneath my local address book when I am selecting an addressee. Chopping out blank lines between tables of data can save you some paper.



Reason for prescription:	
<input type="checkbox"/>	Always 'Add to Past History'
<input checked="" type="checkbox"/>	Always 'Save as Reason for Visit'
<input checked="" type="checkbox"/>	Always 'Add to Diagnosis'

<input checked="" type="checkbox"/>	Include Reason for Prescription page in Rx Wizard.
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I think everyone agrees, we don't want the "Always Add to Past History" to be the default setting of Yes. Some people uncheck the reason for prescription screen, I really wish they wouldn't, not least as there is an accreditation standard that talks about medications and the reasons people are on them.



Diagnosis window: <input type="checkbox"/> Always 'Add to Past history' <input checked="" type="checkbox"/> Always 'Save as Reason for Visit'	Procedure window: <input type="checkbox"/> Always 'Add to Past history' <input checked="" type="checkbox"/> Always 'Save as Reason for Visit'
Reason for Visit window: <input type="checkbox"/> Always 'Add to Past history'	Past History window: <input type="checkbox"/> Always 'Save as Reason for Visit'
<input type="checkbox"/> Enforce entry of Reason for Visit when closing patient record	
<input checked="" type="checkbox"/> Prompt for Reason for Visit when closing patient record	

<input type="checkbox"/> Expand Current Rx and PMH in tree view

<input type="checkbox"/> Display Outstanding requests in patient record

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BP

Preferences continued..



As we've already said, always happy to change the default *Always add to Past History* settings to "No". The trade off, of course is that you remember to tick this and the *Add to Summaries* box when your Reason for Visit or Diagnosis is a new condition of a significance that warrants prominence by including in the Past History.

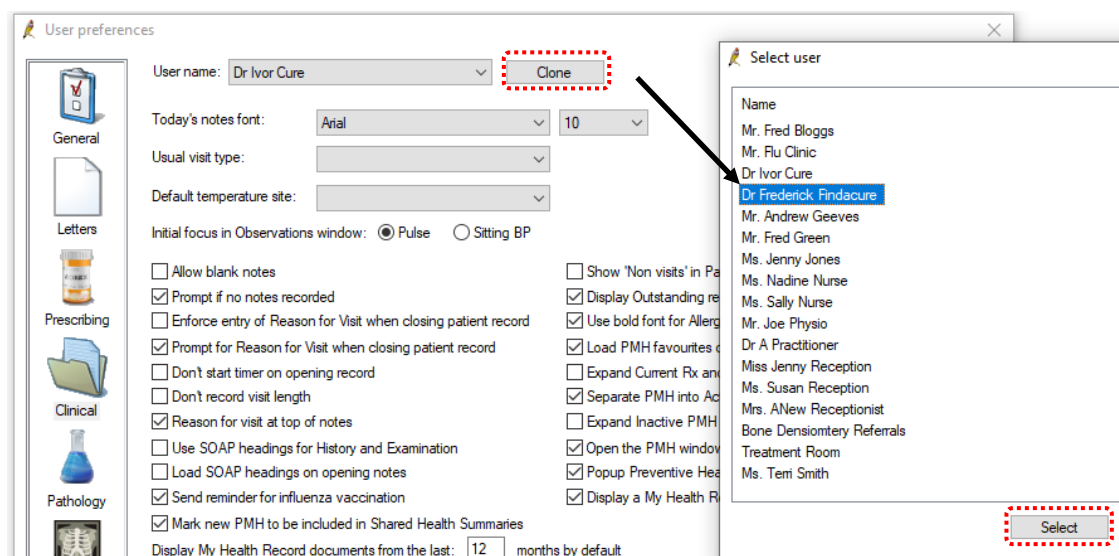
Other than that, you may want to change Reason for Visit from a mandate to a prompt. We **always** want to show a reason for a patient encounter, but wrestling with this when you have just opened the record to check something is counter-productive for mine. I like the patient record to display as a compact menu rather than an expanded one when I open a patient record, particularly as I tend to read the detail from the larger, right hand portion of the screen, rather than the menu tree. I think brand new doctors may find this a less overwhelming view when they open a record, but it is totally a matter of personal preference. Lastly I think the display of *Outstanding Requests* wastes a line in the *Notifications* area. Most GPs ignore this part of the pathology process anyway, and even if they didn't, I don't believe this is the right spot for the alert.



Default billing: Private Concession Direct Bill No default

You can set the default billing selection for pathology requests from here and only here.

Don't forget that you can *Clone* a new Doctors preferences to those of an existing Doctor. This operation can copy pathology favourites as well. In the example below, we are going to copy Dr Findacure's preferences to the profile of the logged in doctor, Dr Ivor Cure.



The same type of process can be used for *User Permissions*, with the button there being labelled *Inherit*, which is a much more logical description of what you are doing and the direction the information is travelling in.

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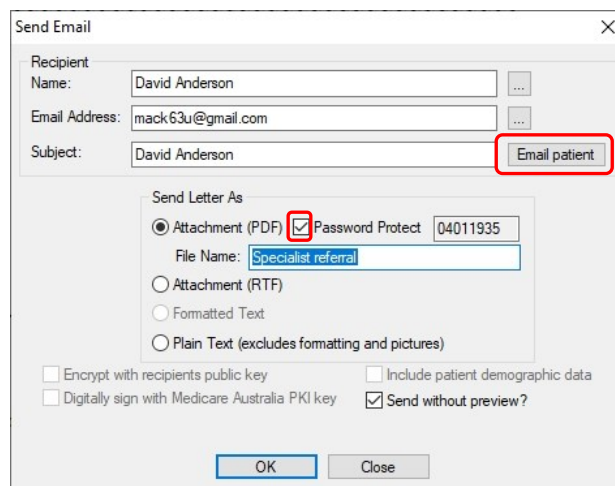
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MD

By my reckoning it's been almost 2 years since MD released a program update. It has to be said, that in that time, more and more practices, both locally and nationally have switched to another program, usually Best Practice. But, just before the siren, deep into injury time, in the last over of the day, they have released 4.3! I mean, geez, they don't even have exciting names for their new releases. As it happens, there are some nice improvements here, which I will outline in order of relative coolness.

1. More secure email

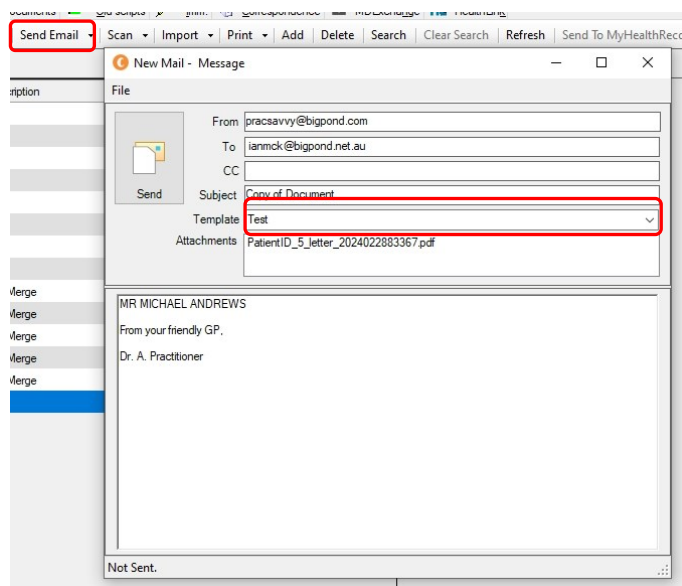
To start with they have shifted the configuration for email to the *Correspondence* menu, which makes it far easier to locate. In *Letter Writer* now, when you click the email button, you get a screen that looks like this.



Click the *Email patient* button (you don't want to email a clinician, that's why you have Health-link right?) and also click the *Password Protect* button because whilst email isn't totally secure, an email with a pin protected pdf is pretty secure, and to my mind shows that we took reasonable care. So yes it's a PIN, not a password, but we don't want to be picky. The PIN generated will be the person's Date of Birth in ddmmyyyy format. If you are communicating with the patient prior to sending you can relate this to them, but fear not the email sent will contain this line:

The contents of the attached PDF are password protected, the password is the patients' DOB in format ddmmyyyy.

But wait there is more, you can also email a copy of any document from the Results, Letters, Documents or Correspondence tabs. You have a choice, but I urge you to use the PIN protected option.



Note you can type whatever you like in the email text part of the screen, or you may want to load a custom template created under Correspondence..Email..Template.

If you do send a document this way, it will neatly document the action in your progress notes.

Actions:

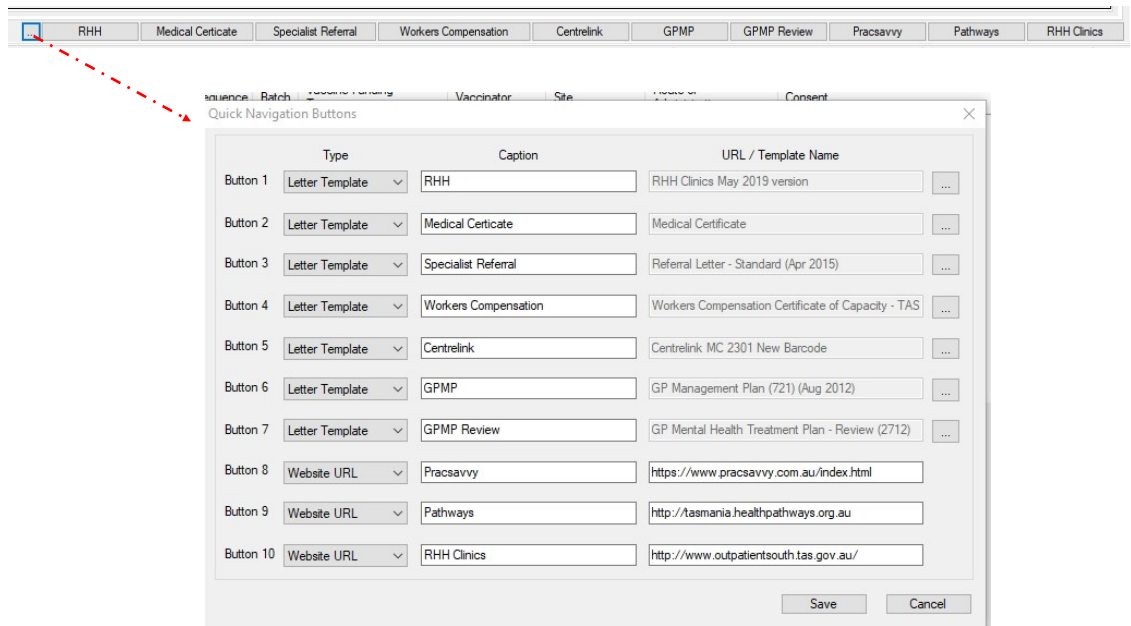
Email sent with password protected attachments at 28/02/2024 23:11:10 to ianmck@bigpond.net.au password set to patient's Date of Birth

Unfortunately this notation isn't generated if you email from within *Letter Writer*.

4.3 release continued.

2. Way more Quick Links.

One of the nice things about the MD interface is the ability to configure quick link buttons to connect you to your favourite websites or a commonly used word processing template. Well now there are 10 of these, which could mean your 10 most frequently used templates are 1 click away. Genuinely useful, I'll let the pictures tell the story.



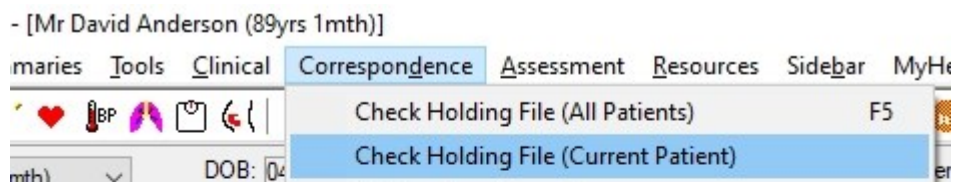
3. Floating Progress Notes

In this release MD compensates for its 1990's vintage software design with an ability to launch your progress notes into a floating box that you can access whilst you are in other areas like the Letter Writer. Some users will certainly like this.



4. Holding File filtered for the current patient

You can now go to the *Holding File* from the patient record with the screen ready filtered to just show documents for that record.



4.3 release continued.

5. Easier to prescribe drugs with complex names

When you use the prescribing window the letters that you type will be searched for anywhere in the name of the drug, not just at the beginning.

The screenshot shows a 'Select Drug' window with a search bar containing 'MOX'. Below the search bar, there are checkboxes for 'Exclude OTC items from search result' and 'Show results that contain above text'. A table of search results is displayed below:

Drug name	Strength	Qty.	Rpts.	Avail.	RPBS	B.P.P.	T.G.P.	S.P.C.
ALPHAMOX CAPSULE	250mg	20		PBS	Yes			
ALPHAMOX CAPSULE	250mg	2*20		sAUTH	Yes			
ALPHAMOX CAPSULE	500mg	20		PBS	Yes			
ALPHAMOX CAPSULE	500mg	2*20		sAUTH	Yes			
AMOXICILLIN CAPSULE	250mg	20		PBS	Yes			
AMOXICILLIN CAPSULE	250mg	2*20		sAUTH	Yes			
AMOXICILLIN CAPSULE	500mg	20		PBS	Yes			

6. New Vaccination fields

From 1st March, certain vaccines will have additional compulsory information requirements for upload to AIR. The main one being specifying whether the vaccine is a scheduled one or not.

The screenshot shows a 'Vaccination Window' form with the following fields and values:

- Vaccine given elsewhere
- Vaccine administered overseas
- Send to AIR
- Vaccinator: Dr. A. Practitioner (Ian McKnight)
- Submit on behalf of: Dr. A. Practitioner
- Consent provided by: Patient
- Vaccination declined
- Date: 28/02/2024
- Vaccine Name: FLUCELVAX QUAD
- Site: Deltoid, Right side
- Route of Administration: Intradermal
- Vaccine Type: NIP/Commonwealth
- Sequence: 1
- Batch No: 11111
- Store batch No
- Comment: *

7. Pronouns and Gender Identities.

This release sees the sex field renamed to Sex at Birth and the addition of the oh so vital personal pronouns. Although personally, [I'm with the cat.](#)

The screenshot shows a 'Patient Details' window with the following information:

- Title: MR
- First Name: DAVID
- Middle Name:
- Surname: ANDERSON
- Known as: DAVID
- Date of Birth: 04/01/1935
- Sex at Birth: Male
- Gender Identity: Unknown/Inadequately described
- Pronouns: (Dropdown menu open showing options: She/Her/Hers, He/Him/His, They/Them/Theirs)
- ATSI: She/Her/Hers
- Ethnicity: Australian Aboriginal, Torres Strait Islander
- Head of Family: Mr David Anderson (89yrs 1mth)
- Medicare No: 4133 40027 1
- Medicare Expiry:
- Pension No: 77
- DVA No:
- Safety Net No:
- Record No: 345
- IHI No:
- IHI Record Status:
- IHI No Status:
- Regular Practitioner:
- Pension Status:
 - None
 - Pension/HCC
 - Full DVA
 - Limited DVA

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MD

4.3 release continued.

8. More Granular Permissions

Under User Setup now, you can be more specific with some of the permissions you can allocate. Hopefully they will add further options.

9. Miscellaneous Cosmetic changes.

There is now a check box to denote My Medicare registration under the patient details.

The Recall button has now moved right to the top of the screen in the patient record. If a Recall is due, it still shows one of those cool phones that plugs into the wall so you never lose it.



They have started to build their new *Smartbar* with Helix style icons for their Care Planning and Telehealth tools as well as some upcoming access to research functionality. Looks aren't everything, but they aren't nothing either, and these do look a little better.



There are a couple of technical back end changes and also a couple of Pracsoft items. You can read the underwhelmingly brief release notes [here](#). Too early to tell whether this release is buggy, but taken at face value, if I was a GP I would be genuinely happy with some of the changes in this release, especially regarding more secure email and improved efficiencies.