PracSavvy

Clinical Systems Support and Training

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Welcome to the November newsletter. First shout-out goes to the Ochre group for jumping in in St Mary's and facilitating an ongoing general practice there utilising the services of their long-serving GP, Dr Cyril Latt.

Second shout-out goes to Prospect Medical Centre for picking up the Tasmanian General Practice of the year award. I'm sure there are many reasons for their success, including apparently that their IT training/ support consultant is "to die for".

Unfortunately they did not pick up the National award which was announced at the Wonca conference last week. Wonca stands for *World Organisation of National Colleges, Academies and Academic Associations.*

The schoolboy in me really wishes it was the World *Alliance* or *World* Axis which would have made for a way more ice-breaking acronym. You know, "*Nice to meet you Dr Carruthers, will you be at the Wanca conference this year?*" I used the excellent Tasmanian Health directory to ensure that I didn't inadvertently use the surname of an *actual* Tasmanian GP. There are limits to even my self-sabotage.

MyMedicare continues to be in the news along with triple-bulk billing incentives. These measures arriving at about the same time along with some very confusing and ambiguous messaging from Services Australia has left practice managers around the country somewhat perplexed. I have even realised that sometimes even the writers of the official web content are getting the information wrong early in the piece. I don't see much advantage at all in rushing to sign up patients for MyMedicare at this point in time and I generally stay out of the non-clinical side of software and processes. Nevertheless, because of the wide-spread confusion I've tried to group the most useful links on this topic in one spot on my website.

Lastly on the financial stuff that I generally stay away from, I've been pretty impressed by some of the Cubiko webinars I've watched recently. So much so that I've decided that if I was running a practice I would definitely have the product and probably spend too much time in it. One of the things that was offered in the last webinar was a free simple spreadsheet helping you forecast the business impact of the triple-bulk billing incentive. It's built in for their customers, grab it here if you are not one of those.

E-referral

One issue that was raised a couple of times in the last few weeks is that **for MD users**, the THS smartform referrals do not show the medication strength in the *Details* column. In the example below, I have clicked in the editable Instructions column and added the "10 Mg tablet" manually.

Current Medications

Date	Details	Dose	Units	Instructions	
21/09/2023	MOXONIDINE GX (Moxonidine)			Dosage: 1 nocte Qty:2*30	❌
28/06/2023	IMODIUM (Loperamide hydrochloride)			Dosage: 2 stat, then 1 capsule after each loose bowel action, to a max of x6/day. Qty:12	❌
28/06/2023	DORYX (Doxycycline (as hyclate))			Dosage: One tablet each day with food starting 2 days before leaving and continue for 2 weeks after return. Qty:28	❌
28/06/2023	MAXOLON (Metoclopramide hydrochloride)			Dosage: 1 10 Mg tablet	❌

You could alternately, before referral creation save a medications list as a *Letter Writer* Document and just attach it to your smartform referral as a supporting document. You shouldn't have to do either of these things. Note that this effects the Private Specialist smartform referrals as well as the THS ones, and again, it's only an issue for MD users, both of you. The error information has been passed onto Healthlink.

Good news on the smartforms score is that from the 2nd week in November there will be another 17 or so THS Allied Health facilities that can be referred to using this mechanism. See the right-hand side of the page here for the specifics and upcoming additional enhancements.

Templates

Templates updated or created last month at my website here:

Council on the Ageing (COTA) Referral form

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VALE - THORSTEN SELL

Thorsten Sell passed away at the beginning of the month. I realise that the name may only be familiar to a diminishing few people, and even then predominantly south of Campbell Town. However, some of you may still have him in your databases as a test patient, or under the pseudonym of Freddy Quinn.

Way back in 2001 Thorsten along with Tony Cooper worked for an IT company called eDocTas, which was run by the then South Tas Division of General Practice. This was pretty much right at the beginning of the computerisation of General Practice, back when Best Practice wasn't even a glimmer in someone's eye.

Joining the above named organization in late 2002 I witnessed first hand the magnitude of the workload involved in moving practices from paper to technology. It was also a much harder time to be an IT technician. Hardware and software platforms were way less stable and there was no fast broadband. The web was in it's infancy and the only things tweeting were birds. So there was no quick google search to find an answer to a problem or identify that the problem even existed. It was a very busy and highly stressful time for eDocTas, a fact not always recognized by others.

eDocTas was disbanded with the advent of Medicare Locals/PHNs and Thorsten continued supporting general practice technology, working with Hypertronics and then Techquity after the organisations merged. At a later time Thorsten took up a managerial position at the then Huon Valley Health Centre.

I would consider that Thorsten's greatest strength was his organised mind. At his best his systematic and logical approach to an issue could simply not be faulted, (even if I sometimes tried!) Additionally, he was also one of the very few people who could call themselves an expert in Pracsoft. Our relationship was largely based on mutual respect and over the years we referred people in each others direction depending on the expertise they required.

For over a decade and a half in southern Tasmania, Thorsten's was the most trusted technology voice in general practice.

Thorsten Sell   26/8/1957   to 1/10/2023

Just flagging that the Launceston Medicare Urgent Care Clinic is now at a new location:

Launceston Medicare Urgent Care Clinic
215 Wellington Street
Launceston   7250

Phone: (03) 6310 8309
Priority number for clinicians 03 6310 8210

info@launcestonmucc.com.au
launcestonmucc.com.au/contact/

BP

There are a couple of issues that have emerged with the escript system moving fully to ERX.

Firstly, and most importantly, you currently cannot resend an SMS escript via right-clicking on the prescription in the *Past Prescriptions* area. Not only that but the user will receive no error message advising that the re-send did not work.

Secondly, even though escripts are now fully funded via ERX, BP users still have to have BP Comms configured with at least one sms credit for escripts to be available.

Both of these issues will be fixed with the installation of the upcoming Orchid SP2 update.

Are you one of those clinicians that never glances at the Notifications area when you enter a patient record? If so, shame on you, as there is useful information to be gleaned here and possibly marked off. Admittedly the green preventative health reminders are for me a fair way down the hierarchy of importance here as they are software generated rather than by a human. (I'm old fashioned like that).

Some of you have undoubtedly tried to *swipe-left* on these without success. You can disable specific ones for the patient you are in only, by clicking the *Preventative Health* button and checking the box of the reason you don't want to be reminded about.

One of the more onerous ones was brought to my attention by a local clinician recently. The patient had had their Bowel screening done a while ago, but the green reminder refused to budge. If you are looking for evidence of screening, I've noticed these results are being uploaded to the patient's MyHR and if you are connected you should also see the report on the National Cancer Screening Registry. (Which of course your BP is connected to! Right?) Unfortunately the preventative reminders can't access these areas.

The reminder is removed when a report with FOBT in the title is found in *Investigation Reports.* You can actually manually add a report with this name directly into Investigation Reports and the reminder will disappear, (sometimes you may need to press F5 to get the screen to refresh).

The other thing that will work well, consists of two steps:

1) In the patient record, disable the prompt for this patient as described above.
2) Under the *Actions* button create a Bowel screening prompt with an appropriate date of effect. The Action will remain in the Actions area and start to display in the notifications area, 30 days before the date you selected.
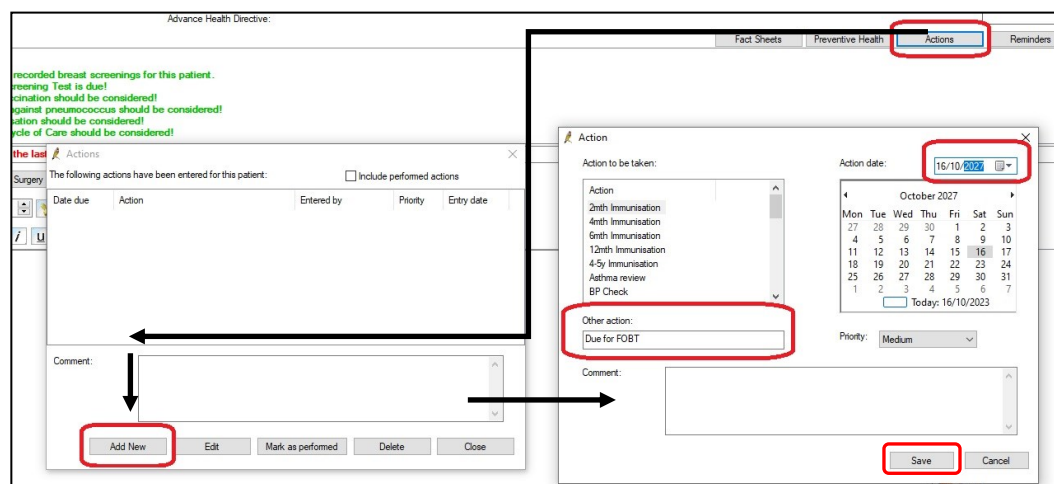
So, one method for a human operator to *take over* one of the system generated reminders with a more useful prompt.

Primary Sense

Some welcome signs of creative germination from the Primary Sense (PS) tool this month, with some enhancements as part of it's automatic 2.18 update, which you can read about in fairly scant detail here.

As I mentioned these updates should happen automatically at your practice. to confirm you have the latest release you can right-click on your running PS program and select *About*. The resultant dialogue should confirm the version you are running.
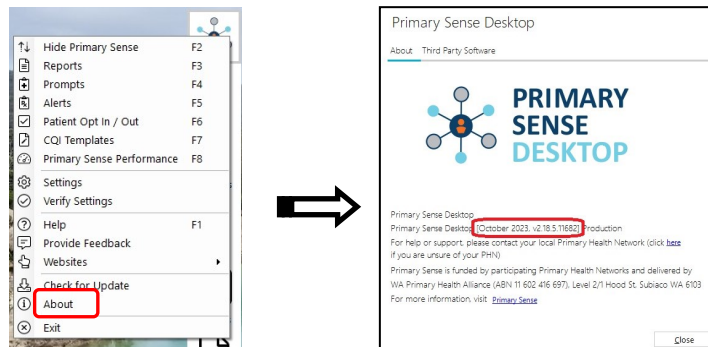
Straight under the version number is the bonus feature which says (*Click here if you are unsure of your PHN*) I'm tipping this may become the program's most frequently used feature ☺

The main innovation is a new Clinical Audit feature, found at the top-right of the reports screen, and gives you half a dozen queries to choose from.

The queries that are currently available are selectable from the left hand dialogue. The information displays in a tabular form. With this data you can:

1) Look at it on the screen.

That's right, you can't save, export, print or even copy and paste the information. You can just look at it! I'm going to give them the benefit of the doubt and presume that there is further data functionality for these queries just around the corner.

In recent weeks they have also release a MyMedicare Voluntary Registration Report, which purports to show you the patients that **may** be most appropriate for MyMedicare Registration.

The report does a pretty good job of identifying the practice's most complex and medicated patients. Although it does ignore the key eligibility criteria of 2 face to face visits in the last 24 months. This may be because this eligibility criteria can be waived for patients experiencing hardship.

As I said, the report does a good job of identifying the most involved patients, applying a couple of different criteria to achieve this. It also handily indicates patients who are complex but seeing different doctors at the practice.

Good, on the whole to see PS developing further, I am unaware of their human resourcing, but they could certainly do better in the provision of documentation and support materials.