PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

October 2022 — Newsbrief

Welcome to this month's PracSavvy newsletter. It's been an eventful month generally, in a non-medical sense at least, with the death of the only monarch most Australians have known and the retirement of a king of a totally different kind.

The RACGP released it's annual state of the nation report. You can read the executive summary or the whole thing here. But it was the other report that really caught my eye. The Australian Institute of Health and Wellfare released it's second annual national report on the Practice Incentives Program Quality Improvement Measures.

To recap for some, or set the scene for others, most practices participate in the PIP QI scheme, which involves practices gaining payments for improving data quality. Practices partially qualify for this by submitting monthly deidentified data sets to their local PHN for collating on a local and national level. This is accomplished by a scheduled Pencat data extraction that typically takes place in the small hours on the first of the month. The data is extracted, deidentified and transmitted to a PHN server.

There are 10 quality indicators in particular being measured, although some of the measures are divided into sub-categories, resulting in 19 data points that are available for improvement and comparison. Note that practices can elect to improve on one or more of these QI indicators, or they can select an entirely different data indicator. All in all 31 PHN organisations across the country participate in this quality improvement scheme.

Now that I've set the scene, which PHN do we think came first out of 31 PHN's across the country, in terms of the overall best results across the 19 data points? That's right it was…….West Qld PHN. Okay, so slight anti-climax, but Tasmania did finish in 2nd place and there wasn't a lot in it. Not only did Tasmania finish with the 2nd highest average score across the 19 data points, but it actually had the best score in no less than 6 of the 19 categories, Even West Qld PHN couldn't manage that.

Of course it's not just about who gets the highest scores, (It's **totally** just about who gets the highest scores, sorry Millennial mothers, this aint no "every kid gets a trophy" newsletter). So Tassie actually did really well. I have no idea why!

There is a spreadsheet detailing the data that is used for the above linked report. I have taken information from it and edited to focus on Tasmania and where the state ranked in the various metrics. You will find the table on the next page of the newsletter, (where it fitted better). In short we seem to be really quite good at ensuring our diabetic patients have a regular HBA1C. We are also really good at vaccinating people against influenza. We are relatively poor at recording height and weight across all body types, and ran **3rd last** on recording people's drinking behaviours. On the plus side, Tasmanian practice staff **rated 1st** in the category of "like to have a beer with".

Note that I have abbreviated the wording of the measures in the table to help it fit at a reasonable font size. Remember also that the measures are calculated on the practice *active* patient population. Whilst I think the descriptor is confusing, it is of course patients that you have seen 3 or more times in the last 2 years.

On an interesting note, the actual national figures are a little down almost across the board when compared to last year. I have a theory that this may because some practices vaccinated patients whose regular practice wasn't offering the vaccine. When some practice staff expressed concern that this relatively undocumented cohort would adversely affect their overall data quality, I was unconcerned because as we know, the measures are calculated on *active* patients. However with boosters and in some cases 2nd boosters, these patients would have slipped into the *active* patient category, and therefore could easily have an impact on some of the practice metrics. Especially as it is not totally straightforward to identify and deactivate these patients. Best Practice has some helpful queries, but if you are an MD user, this is not that easy to do.

We shouldn't however, let some temporary hit to our data quality detract from the fact that this country did exceptionally well in it's handling of the pandemic.

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PIPQI Indicator	Tasmania	Tas Ranking
QIM 1: % of patients with diabetes with an HbA1c result recorded the previous 12 months		
HbA1C recorded - Type 1 diabetes	65.7	4
HbA1C recorded - Type 2 diabetes	80.1	1
HbA1C recorded - Undefined diabetes	74.4	1
QIM 2: % of patients with a smoking status record and result in their GP record, 15 years+		
Smoking Status Recorded	67.5	9
Current smoker	14.4	20
Ex smoker	30.4	3
Never smoked	55.1	24
QIM 3: % of patients with height and weight recorded and a derived BMI result, 15 years+		
Height & Weight Recorded	22.5	15
BMI Underweight	1.8	17
BMI Healthy	21.5	20
BMI Overweight	31.5	16
BMI Obese	45.3	12
QIM 4: % of patients aged 65+ with an influenza immunisation status recorded within the previous 15		
Immunisation Status Recorded	70.5	1
QIM 5: % of patients with diabetes with an influenza immunisation status recorded within the previ-		
Immunisation Status Recorded	65.4	1
QIM 6:% of patients with COPD with an influenza immunisation status recorded within the previous 15 months, 15 yrs+		
Immunisation Status Recorded	71.4	2
QIM 7: % of patients with an alcohol consumption status recorded in their GP record, 15 years+		
Alcohol Status Recorded	49.8	29
QIM 8: % of patients with a record of risk factors for CVD risk assessment, 45-74 years age		
CVD Risk Factors Recorded	71.3	1
QIM 9: % of Female patients with an up-to-date cervical screening test record within the previous 5 years, 25-74 yrs		
Screening Test Recorded	51.3	1
QIM 10: % of patients with diabetes with BP recorded within the previous 6 months, all ages		
BP Recorded	62.3	4

eReferral

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

Dr Adrian Yeoh	General Surgery	Calvary Consulting Suites	*chctlvcs*	
Dr Kate Hughes	Paediatric Medicine	Launceston MC	*lmc32lmc*	(N)
Dr Stephen Brough	Urology	Launceston HH	*r8utorac*	(N)
Mr Richard Cetti	Urology	Launceston HH	*r8utorac*	Delete *cprsurgy* (N)
Dr Nishanti Gurusinghe	Gen and Colorectal	Launceston HH	*r8utorac*	Delete *cprsurgy* (N)

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Templates

The following new or updated templates are available at my website here:

- *Call to Mind* Telepsych referral
- Paul Harvie Orthopaedics

As per their last newsletter, PHT have updated forms for The Hobart Clinic and Zoledronic Acid Infusion. There is also a new one for Post Covid-19 Syndrome Navigation Service referral.

ereferral

Some things keep coming up. Somewhere in Australia every 17 minutes a GP referral is sent back because the GP hasn't scrawled his/her name at the bottom of the document. Well it's not quite that bad, but it prompts me to write something that I should have written years ago. Actually, I did briefly, in my rarely seen in the wild, March 2018 newsletter. I've also written about this in more emails and facebook posts than I can remember.

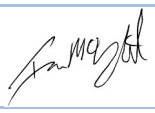
I'll provide some detail, but if you want a quick punchline:

The definition of what constitutes a signature on an electronic document is different to that of a signature on a paper document.

In getting the message across this is a nuance that has been missed in trying to convince those have read somewhere that all referrals and similar have to be signed. It's not that they don't need to be signed, it's just that when they are fully electronically created and transmitted, the definition of a signature is different.

This came about principally through the Electronic Transactions of 1999, with section 10 being the key part. You will still mightily struggle to find anywhere where Services Australia, spells it out for you, but it's a fact that Electronic documents can be *electronically signed*.

People don't necessary know what an electronic signature is, and that is part of the issue. Below are 3 electronic signatures that when shown at the bottom of the page are **all equally appropriate** as a signature on an electronic document.

Ian McKnight	Electronically signed by: Ian McKnight	

As I said, all 3 are permissible, so why on earth would you bother with option three which involves messing around with scans and inserting graphics. Personally I would have my templates ending with option two. The words *Electronically signed by:* aren't necessary, but do somewhat serve to reassure the recipient that you know what you are doing. They're also not in any way inconvenient to have in your document.

I know I've mentioned this before, but if you send your document via Healthlink or a similar fit-for purpose messaging product, these documents are considered *Digitally Signed*. This trumps *Electronically Signed*, as it is considered fully secure in the modern sense. That is, the contents are encrypted using one of your PKI certificates and the origin of the document can be proven through the logging that is inherent to electronic messaging products. I would still have a Doctor name at the bottom, but rest assured this is way more secure than any scan of someone's handwriting.

People sometimes quote Medicare in the same way they refer to the Privacy Act. The hope is you won't argue when they mention that and the discussion will end in their favour. People will often mention the privacy act when it actually has zero implication for the situation they are talking about. I enjoy those moments.

As far as I can see, Medicare has 2 requirements for referrals:

1) That the referral has to be delivered in a manner and form that the recipient is happy with

2) That the referral must be able to be reproduced by the recipient at a later date.

Point 1 could be a loophole actually. This could give the recipient the ability to insist on a handwritten signature. But it would have no basis in law or regulation, other than they want it. They could just as easily insist that the document be written in pink text. .....PTO

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……..*Continued*

Services Australia does in fact touch on these details, if you look near the bottom of the page here. It would be nice if they spelled it out in plain English, but at least they do refer to the right legislation.

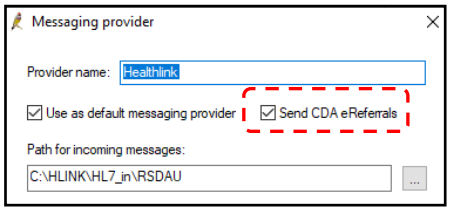
In conclusion I would urge practices to stick to their guns on this and not be talked into a scenario that causes unnecessary work for anyone. If a specialist or anyone else insists on a handwritten signature, there is no law or regulation supporting that need, merely one that says 'the recipient must be happy with the document'. I would try and education them along the lines of this article, they may well be receptive to reason. I'm happy also for practices to forward the newsletter to any uncertain parties and am equally comfortable to participate in a conversation in the interest of achieving sensible progress.

BP

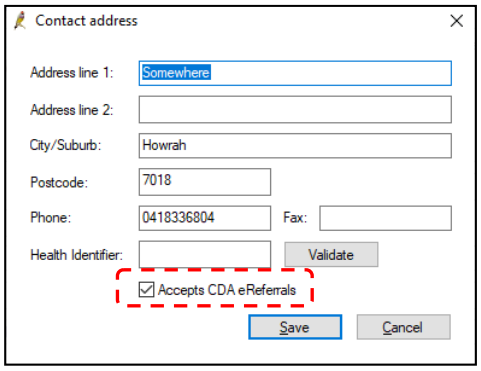
I have actually been deferring writing this article for a long time, so much so that some of the graphics I sourced have a creation date of Dec 2020! I was reluctant to write it because many people would not have seen this behaviour in their software before and would be quite confused by what I'm talking about. I also didn't want to write it because I think it documents a fairly ordinary piece of implementation by BP. Never the less, for a few GPs around the place, it might be an "aha" moment. (and I don't mean the one hit wonder Norweigan band from the 80's)

So, on with the e-referral prompt, and the circumstances when you will see it. Apologies if it reads like a database query.

IF, under Setup..Configuration..Messaging...Healthlink you have this setting:



AND, you are writing to a clinician with this setting in their contact details:

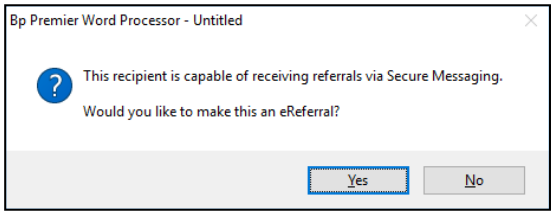


AND, the writer is a clinician with their HPI-I number entered in BP

AND, the patient in question has their HI number and a phone number in their demographic details

AND, you select a Correspondence Out template with the word "Referral" in the name.

You will see the following prompt"



……..*Continued*

If you select NO to the question posed by the previous dialogue, you will just continue using the template you selected. But if you responded with YES, well that's where the magic truly begins. If by magic we mean a singularly unhelpful almost blank template.

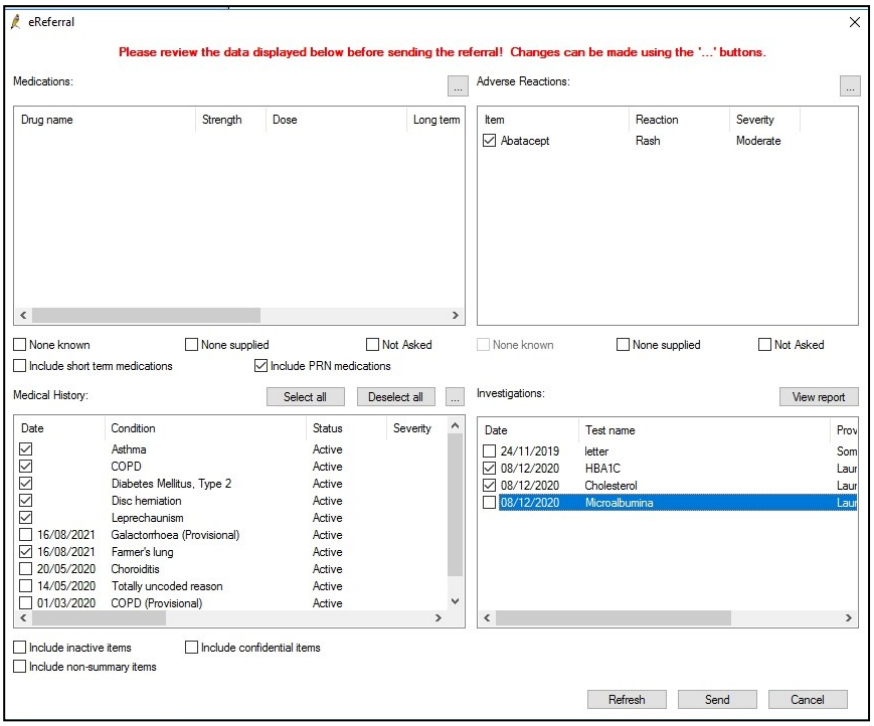
Dear Fred,

Thank you for seeing Ian McKnight for an opinion and management.

All the stuff I normally want to type goes here
All the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereS

So the first two lines are what you see, and there is apparently a tacit invitation to then write the free text stuff you would usually type into a referral, as I have done above. Now what? Well, now you need to click on the *Send* icon as you do with standard ereferrals.

When you have done this, you will then initially at least be surprised by the following screen that appears.

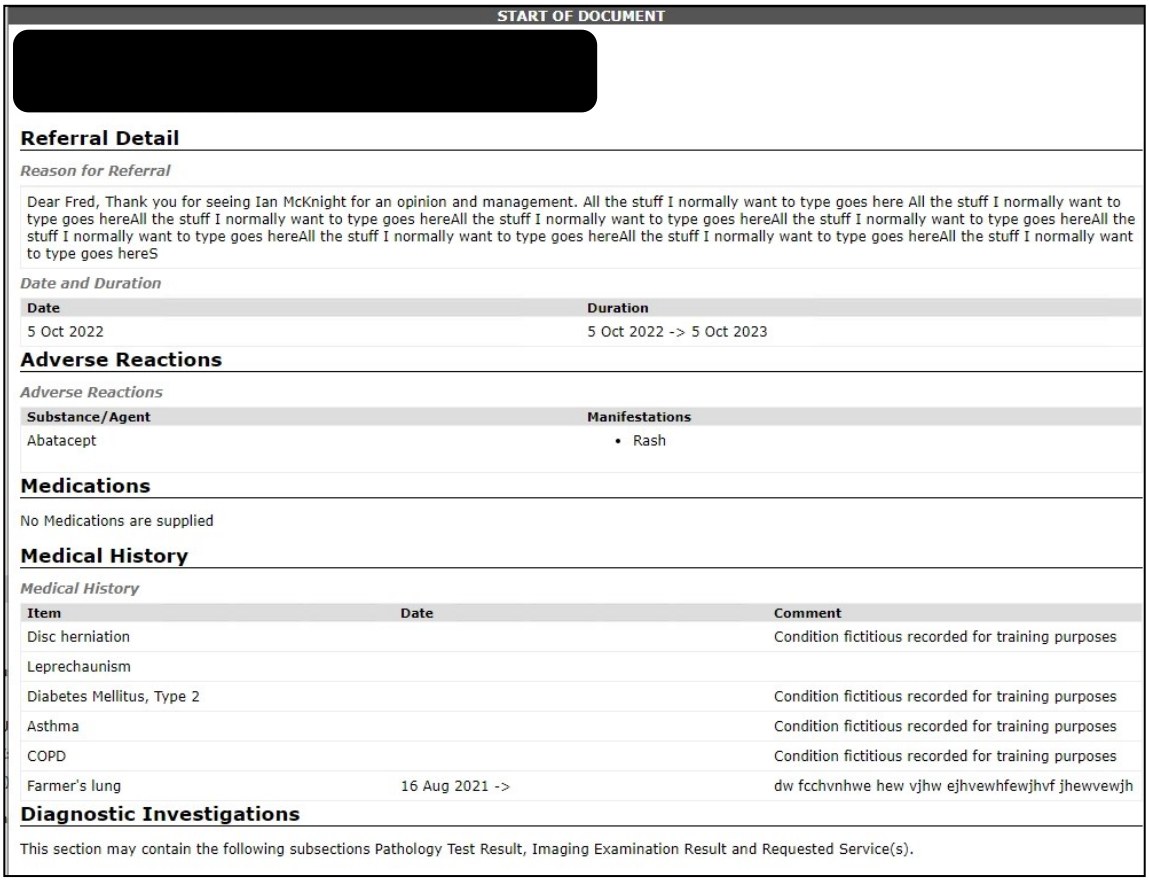


This screen is very similar to the Shared Health Summary selection dialogue that GPs will be very familiar with, (slight pause for irony). The only difference is that rather than being able to include immunisations, you can select *Investigations*. In a rare positive note for this article I should mention that most documents from your investigations area including pdf files can be attached to this type of referral, which is certainly an advantage over traditional ereferrals.

Once you have made the selections you want, click on the *Send* button.

……..Continued

The following preview screen will appear:



START OF DOCUMENT

[redacted]

Referral Detail

Reason for Referral

Dear Fred, Thank you for seeing Ian McKnight for an opinion and management. All the stuff I normally want to type goes here All the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereAll the stuff I normally want to type goes hereS

Date and Duration

Date	Duration
5 Oct 2022	5 Oct 2022 -> 5 Oct 2023

Adverse Reactions

Adverse Reactions

Substance/Agent	Manifestations
Abatacept	• Rash

Medications

No Medications are supplied

Medical History

Medical History

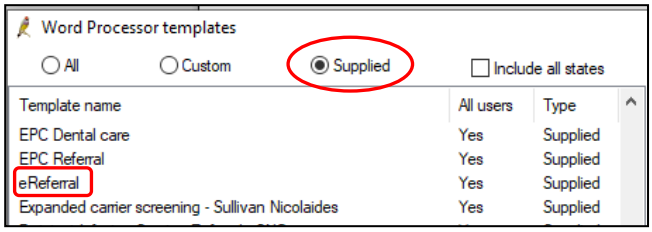
Item	Date	Comment
Disc herniation		Condition fictitious recorded for training purposes
Leprechaunism		
Diabetes Mellitus, Type 2		Condition fictitious recorded for training purposes
Asthma		Condition fictitious recorded for training purposes
COPD		Condition fictitious recorded for training purposes
Farmer's lung	16 Aug 2021 ->	dw fcchvnhwe hew vjhw ejhvewhfewjhvf jhewvewjh

Diagnostic Investigations

This section may contain the following subsections Pathology Test Result, Imaging Examination Result and Requested Service(s).

If you are happy with the document, click the *Send* button at bottom right of screen, (not depicted). There you have it, you have created a document in *Clinical Document Architecture* or CDA format, which is the same format as the MyHR uses. The document will be reflected in *Correspondence Out* like any other created document.

Now we got here via being prompted when we tried to use a template with *referral* in the title. If you want to go straight to BPs ereferral template you can, by selecting it from the supplied collection.



So there we are, not BPs best work in my opinion in terms of intuitiveness at least. This is borne out by the fact that they don't get the explanation for how this works correct in their own Knowledge Base article.

Lastly this highlights something that will confuse practices I'm sure. I know practices love ticking the *Accepts CDA referrals* box in the specialist contact details, because it makes the green star light up to remind GPs that this specialist is using Healthlink. For years this was exactly what it meant. A couple of years ago after a BP upgrade it now means exactly what it says, that the specialist is on Healthlink and *can receive referrals in the above CDA format.* And, not all specialist software can, however as we've seen, it does require a few different parameters for a GP to even create one of these documents. Bottom line is though, you don't need the green star for normal ereferrals, you just need the Healthlink information in the Specialist contact details.