PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

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Welcome to the October newsletter. Sadly the past few weeks have seen the announcement of another local practice closure. I continue to worry about the patient that has become quite ill and needs to see a doctor TODAY, wherever they live. Will they miss out whilst people who aren't sick today are attending their preventative care appointments. I really wonder whether the emphasis on funding preventative care items in practices has actually kept people out of hospital. The news doesn't seem to be full of "empty hospital" stories.

This month sees the start of the practice and patient registration phase for My Medicare. From all accounts the practice setup part is horribly unwieldy with even experienced practice managers with multiple Medicare "tours of duty" expressing incredible frustration. I guess for some practice managers, this may be one of those times when they are glad they are part of a corporate group. I've put some useful bits and pieces on my website to try and assist, but the gap between theory and actuality is where the pain will occur.

The 60 day scripts thing hit GP software this past month and by now people will have realised that all it really meant was some extra medication choices in your prescribing routine. These choices were delivered by the September data update for the different software programs, so if you are not seeing them yet, double check that you have the September or later update. There is a list here of the first tranche of these medications, but what I didn't anticipate, not being a doctor n'all , was that many of the medications would be existing scripts for the patient rather than new scripts. See page 2 for a couple of tips to make this more efficient than deleting a script and starting afresh.

There is a consultation going on currently with regard to modernising the MyHR. There seem to be 2 key changes coming out of the ongoing discussions. One that is very welcome is the   proposed situation that by December 2024 all pathology and imaging labs will be required to upload investigations to the MyHR unless non-upload is requested on the form. We are already pretty well off in that respect in Tasmania especially when it comes to pathology, but the situation is far more fragmented on the mainland, so this will be a good step forward.

More contentiously there seems to be a strong move for patients to be able to read their results immediately they are on the MyHR, removing the 7 day locked status that applies to most tests. If this goes ahead I guess there will need to be some patient education around not jumping to conclusions and self-interpreting their results. Always something new to do….

Templates

Templates updated or created last month at my website here:

Iron Infusion Referral (RHH)

Ozempic Consent

Specialist Palliative care Referral THS Statewide (Updated)

National Diabetes Service Scheme (NDSS) Patient Registration* #

* MD users set narrow margins (10mm L&R 6mm top, 3mm bottom no footer/header)
\# The NDSS would prefer clinicians (Doctors and Nurses) to use their web portal for registering patients. It can be found at hp-portal.ndss.com.au/SignIn, and there is an FAQ here.

According to the NDSS, the Portal provides a time saving and more efficient process to register people with diabetes and complete other NDSS forms online. The patient's NDSS registration number is automatically issued to the patient via text within minutes. The other advantage to the portal is that if a GP starts a patient on insulin they can update their registration in the portal giving the patient almost instant access to free needles and syringes from pharmacies

Politics

Trigger Warning - If you only come to this newsletter for health IT tips and feeble attempts at humour, turn to page 2 now, else…………

I could say an awful lot about the upcoming referendum, but I know people don't come here for this. Suffice to say, I have found my decision quite easy because I absolutely reject the idea of **undermining our democracy by formally allocating in our constitution, extra power and influence to one group based on their race** or indeed any other characteristic. That's why for me, a NO vote is a very easy choice.

60 Days

As mentioned on page one, here are a couple of ways to turn an existing script into a 60 day version.

In BP.   Right-Click on existing medication and Change Brand Strength to pick 60 day quantity.

In MD.   Right-Click on existing medication and Alternate Strength to pick 2*30 day drug quantity.

Tasmanian Spine Service is now trading as
Centre for Neurosurgery.

Our services include:

♦ Comprehensive surgical management of brain, spine and peripheral nerve pathologies
♦ Interventional neuroradiology
♦ Interventional pain management
♦ Chronic pain management
♦ Physiotherapy

Our team is comprised of:

Neurosurgeons -	Mr Nova Thani, Dr Imogen Ibbett
Interventional Neuroradiologist -	Dr Hayden Bell
Interventional Pain Specialists -	Dr Cameron Gourlay, Dr Andrew Muir

Referrals can be made to individual specialists or to the practice:

Calvary Hospital – 'Marian House'	Phone:	03 6228 3777
49 Augusta Road	Fax:	03 6278 2494
Lenah Valley	Healthlink:	tasspine
Tasmania 7008	Email:	info@cnstas.com.au
	Website:	www.cnstas.com.au

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BP
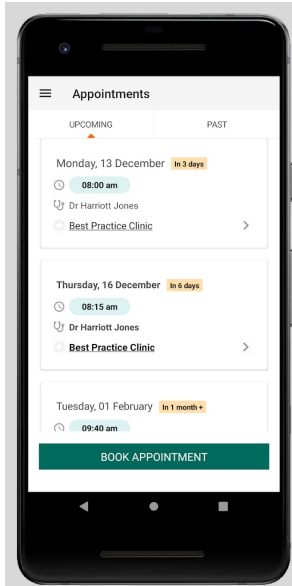
Best Practice have just announced an update to their Best Health app, the first update in almost 18 months.

I first wrote about the app back in my Nov 2019 issue, expressing some doubt in it's ability to replace sms messaging as a reliable form of communication between practice and patient, even if it does have a few more bells and whistles.

Granted, there is a generation that has moved from SMS to messaging apps, but these particular programs are used by literally millions of users and as such are resourced, supported and developed in a much bigger way.

I actually struggled to find out what was notable about this update, finally learning that self-check in **removal**, was the big thing that had changed. Previously the app could be configured to communicate with BP *beacons* that the practice has installed at strategic points near the counter. It seems that BP have now abandoned that strategy.

BP continues to be the stand-out choice for GP practices, certainly by direct comparison with it's nearest competitor. This companion app though, is currently being rated at 2.8/5 at the Google/Android play store and 3.3/5 at the Apple one. The "downloaded" figure is very low and there were no reviews done in 2023. These last two facts aren't necessarily a negative, I have long believed that most people only think about their practice when they are sick, whereas most practices want most of their patients to be BFFs!

If you want to read what BP say about their app, this is the place.

Apps

While we are on the subject of mobile applications, there was a bit of publicity around RACGP's Healthy Habits app this month. First off, kudo's to the RACGP for breaking with recent tradition and not calling it MyHealthy Habits.

So I guess this may be a fit for the doctor/nurse practitioner/nurse who wants to play a bit more of a hands-on role with some of their patient's efforts to adopt a healthier exercise and diet routine.

What is envisaged is that someone at the practice applies for a Health Habits account. This enables them to then set up a practice dash-board, and patients who are invited to join are sent an invitation (QR code) to a) download the app and b) join the practice program.

The patient will then appear on the practice dashboard, with the staff member and patient agreeing on certain Health Habits and entering them in the app. The app sends activity information back to the practice dashboard and the clinician can monitor and even send supportive / sledging messages through to the app. The practice registration and app download are both completely free.

I have been super brief here, but I feel there is some potential for the right patients and clinicians. Heaps of further information available here.
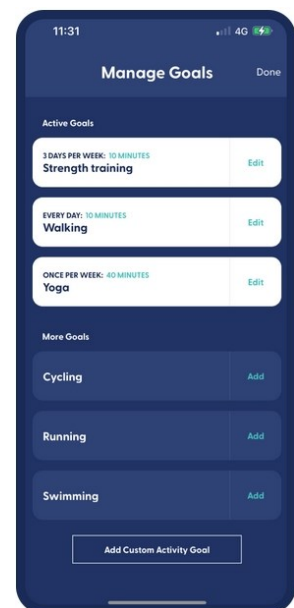
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Primary Sense

With funded PenCat now in the rear-view mirror (sob), I guess it's time to bite the bullet when it comes to Primary Sense. I thought I'd have a crack at my/the first Primary Sense *recipe*. I must admit I found it less interesting than I had hoped, primarily because Primary Sense (PS) is fairly prescriptive about the patient's that it includes, and also because the number of reports is quite limited. I always knew this, but I guess I hadn't visited for a while.

The other thing to say is that as far as complex searches go, any instruction sets will have to focus on using Excel, rather than using PS as that's where most of the detailed work will have to be done.

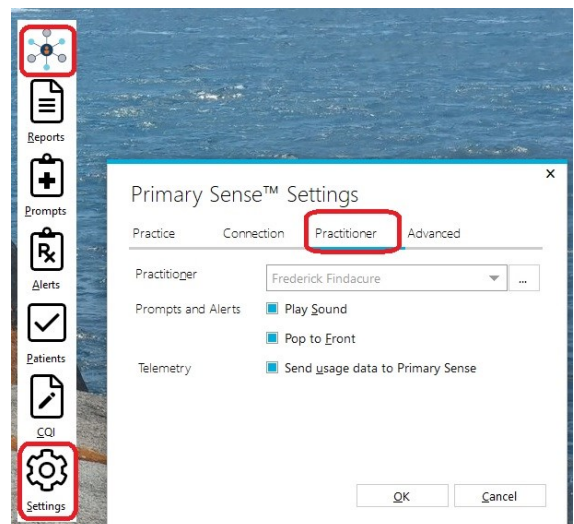The task….**Identify patients eligible for a 75yrs and over Health Assessment**.

① If the program isn't running, double-click the icon

② The program will run as a strip menu for a while. If it shrinks to just the PS symbol, click this to show the strip again.

If you haven't been using the tool, click the Settings icon and go to the Practitioner area where you can select your MD/BP login name.
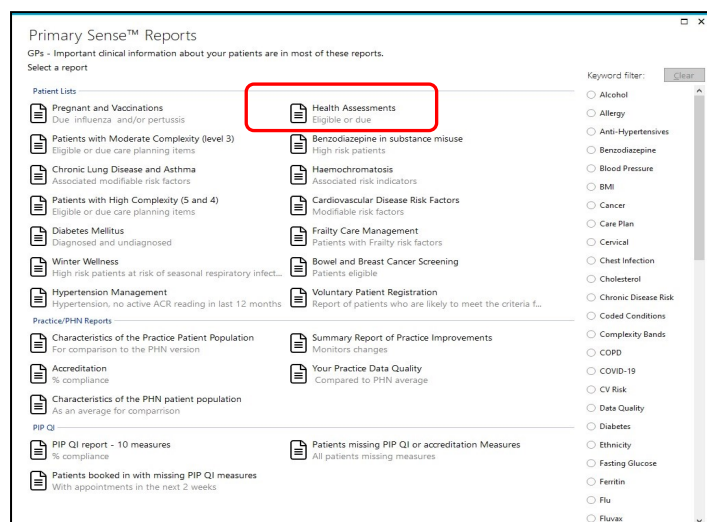
You won't be asked for a password

③ Click the Reports icon to generate the report list

④ Double-click the Health Assessments report.

Depending on the size of your practice, the report will display in a couple of minutes or less.

Primary Sense

Identify patients eligible for a 75yrs and over Health Assessment. *...continued*.

This particular report covers three types of Health Assessments, namely 45-49 years, ATSI and Over 75 years in that order.

⑤ Click the Teal button at the top of the report to confirm what patients will be included in the report

| Which patients are included in this report? | What data is in this report? | How do we use this report? | What are |

Which patients are included in this report?

• Patients who are eligible for a health assessment (40 to 49 year old patients; Aboriginal and Torres Strait Islander patients; or patients =>75 years); and
• Who have at least one recorded consultation or have been prescribed medication within 12 months of the date of this report

⑥ Scroll down to the =>75 years report. Click the teal button again to reveal further report parameters being used.

Health Assessments of patients =>75 years

Information about this table

• This Table lists patients who are => 75 years; and
• Who have not had a health assessment in the previous 12 months (as indicated by the presence of MBS items 703, 705 or 707).

Note: *Steps 5 and 6 are good habits to get into so that you become familiar with the data parameters being used for the report and what patients are included. They are not necessary to make the report run.*

⑦ The body of the report is opened in your web browser, laid out as a data table with just a few columns

Remove	ACG Score	Patient Name	Patient Phone	Last Visit	Existing Appt ▲	GP Name	Age
Remove	5	H	04	2023-09-11	2023-10-04		77
Remove	4	H	04	2023-08-17	2023-10-04		79
Remove	4	T	04	2023-08-31	2023-10-04		85
Remove	4	P	04	2023-08-22	2023-10-04		84
Remove	4	D	04	2023-07-28	2023-10-04		90+

All of the columns can be sorted by clicking on the column heading. In the example above, I have sorted the information to show patients with existing appointments first. This is denoted by the ▲ next to the heading in that column. Alternately you may want to sort by the *John's Hopkins Adjusted Clinical Group* (AGC) score of the patient in order to target more complex patients initially.

⑧ As well as being able to sort the columns one at a time, you can also use the Search box at the top right of the data to essentially do 1 level of filtering. For example if I typed one of the GP names in the Search Box, it would filter the list to just show patients of that GP.

Search:

GP Name	Age	ATSI

⑨ After you have finished any simple manipulation in PS, doing anything further with the data can be accomplished by exporting to Excel using the button at the top left of the data table.

Show
25
patients per page

| Export To Excel | Export To CSV | Export To CSV (SMS) |

Once in your spreadsheet program, you can use it's more complex filtering and sorting tools to do more with the data if required. You will also be able to fine-tune printing the information if needed.
If you want to read more on Primary Sense, see this years February and June newsletters.