PracSavvy

Clinical Systems Support and Training

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Edition 104 - April 2025

Welcome to this month's newsletter.

As we all know, privacy and security are always big topics as far as the health industry is concerned. We agonise whether de-identified data is stored offshore, even if it's only for a day. We debate what constitutes an actual signature in the world of electronic documents. (Page 3 of my Oct 2022 newsletter if you want to be reminded of my take on that) Some us actually withhold patient information contained in the medical record from the *actual patient themselves*, under some completely misguided understanding of what constitutes privacy or intellectual property. Actually it's a sad fact that some people wrongly mention the Privacy Act in the hope that the person asking won't have the knowledge to challenge them. There are plenty of places on the internet to brush up on this stuff including at the OAIC or one of the various MDOs. Some specialists endorse their reports as "not to be released to the patient". With a couple of limited exceptions this is every bit as false as the shops that put up "Strictly No Refunds" signs.

So security and privacy are often contentious issues. It's worth mentioning though, that whilst we are often heavily influenced by trends in the US, RACGP has advised against communicating pathology results via group chat.

In other news Best Practice continues to play the Hokey Pokey (dated cultural reference) with it's Spectra release, by quietly making it available again on March 25th via it's website. The lack of an announcement probably makes it a "soft launch" which is corporate speak for "we're still not 100% sure it's working properly". To be fair the issues, whilst highly dramatic did seem to be experienced by a very small number of practices. If you want a recap on the new features check my January and March newsletters.

The latest AIR Tips bulletin conveys that practices will receive a warning in the software if they report certain flu vaccines given below the recommended age. If this occurs, apparently the course of action is to edit the vaccination and report the correct one in BP or MD, or if the vaccine has been given to advise of a Vaccine Administration Error (VAE). Speaking of immunisations, there seems to have been a slight drop in the level of vaccinations for children. There is region specific data here if you want to assess rates in comparison with other Tasmanian locations. Actually if you want to give in to the urge to click that mysterious snowflake icon on your desktop, the *Primary Sense Childhood Immunisation* report gives pretty good information. There is also an informative (if not enthralling) video here.

I have to give a nod to the folks at Cubiko for their continuing, what I call *Business Agility*, which is namely bringing things quickly to market for their customers in response to changes in the sector. So with more than a few people wondering about the effect of the announced Bulk Billing Incentive changes, they have released a free to download spreadsheet which should give you the capacity to run some modelling for your practice. Note that you don't have to be an existing customer.

Still at Cubiko, they have released an addon called Care Prompts which purports to inform you in Best Practice of billing opportunities. There is no publicly available information on this yet, but they invite you to book a demo a the provided link.

Finally, I wanted to remind people that if the world seems a bit of a dark and uncertain place at the moment, cast your way back to just 5 years ago, April 2020 when we were in the midst of a global pandemic. A time when, briefly at least, touching your face was more dangerous to your health than smoking a pack a day. Happily Tassie dodged the worst of it, but other places were in long lockdown. At the time I was trying to lighten the mood by doing things like scouring Youtube for pandemic related songs. Check page 7 of my April 2020 newsletter if you fancy a frivolous trip down memory lane.

e-referral

These ereferral tips lifted directly from the General Practice Liaison Officer (GPLO) newsletter.

1) *To refer a patient for cardiology or neurology investigations eg an echo or nerve conduction studies, you can send a referral via eReferral using the 'Other non-SRC' category under cardiology or neurology as appropriate. A proposed triage category score will not be allocated but you will receive notification once your referral has been accepted.*

2) *When referring a patient to an Outpatient clinic and you deem they need an urgent review: please tick the Urgent tick box on the eReferral form and discuss with the appropriate unit consultant or registrar.*

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E-referral

For your address books:

Dr Richard Hannan Centre for Neurosurgery Orthopaedic Spine Surgeon EDI: *tasspine*

Dr Alex Elford Calvary Consulting Suites Gastroenterologist & Hepatologist EDI: *chctlvcs*

Templates

The following templates can be downloaded from my website here.

Adverse Event following Immunisation (AEFI) THS Notification Form

Future reminders/recalls list (patient)

PHT have updated the Quitline Referral template with a new fax number, grab it here.

A quick word about templates. I'm generally happy to create them especially if they are common use documents that multiple practices will want to use. The AEFI one this month is certainly one of those. But there is no magic in creating them, sometimes they can be several hours work. This is especially true with multiple page form type documents. There is no conversion utility, there is creating the form from scratch in the clinical software, something I've actually done for probably 20 years. What I'm getting to is, if the form is several pages with lots of form fields etc, please contemplate the frequency of GP usage and whether it is really worth the hours that will go into it. What is a tick and flick request for a practice manager is sometimes several hours work at this end. In a perfect world of course, all federal and state health forms would be made available via the GP clinical software in template form. It's also noteworthy that it was only in the last fortnight that the May 2024 pdf version of this form replaced the 2022 version on the THS website, almost certainly as a result of my mentioning it.

Conversely some templates are very little work, and the other template on offer this month was literally less than 5 minutes work. The endeavour was so brief, I didn't even credit PracSavvy in the footer. I mention this because, despite it being the simplest of documents, it created a flurry of demand when I mentioned it in the Practice Managers group on Facebook. This was actually where the request originated and it was so little work, I thought, "why not?" All the template is, is a way of creating a quick reminder slip of a patient's future reminders or recalls (not actual appointments).

In a perfect world, a receptionist could say right-click on the patient name in the appointment book and select the template to run. We can't do this, so I thought about the quickest way for front desk staff to run this template. Hence..

1) In BP open the word processor from the front screen and leave it open
2) Add the template as a favourite so it will always be available at bottom left of screen
3) When needed, select the Word Processor window, double click the template and enter the patients name
4) Press Print (or the email icon)

Voila! Or as the French would say, Voila! You can do essentially the same thing in MD.

Bits

As was mentioned last month and also in less esteemed publications, Primary Health Tasmania is encouraging you to create your own account for access to the local Community Health Pathways site. I went through the brief process and was given immediate temporary access whilst my application is being reviewed. **Update**: My application for access has been denied on the grounds of not being a health professional, which is true of course. Possibly a nice illustration of the difference between intelligence and wisdom. I may be biased.

It's always been a good resource though and especially if you employ an interstate or international doctor, you should be promoting it to them. I always try and remember to promote it when training someone new to Tasmania. I must admit though, I can't see any real advantage to having a personalised account currently, although signing in under the old generic login (Spoiler Alert, you can still do this) does mention that there are goodies for individual users coming soon!

And it had better be soon, because according to Bill Gates there won't really be any need for doctors in 10 years or so thanks to the rapid advancements being made in AI. On the bright side at least I won't have to worry about any *Succession Planning* for PracSavvy.

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Centre for Neurosurgery at Calvary, Lenah Valley is pleased to welcome **Dr Richard Hannan** to the team.

Dr. Hannan is an Australian-trained orthopaedic spine surgeon with subspecialty interest in both adult and paediatric spinal deformity. As a native Tasmanian, Dr. Hannan is a proud graduate of the University of Tasmania. He has recently returned to his home state after completing his orthopaedic and spine surgery training in Victoria. During his training, Dr Hannan was honoured with the Australian Orthopaedic Association Registrar Training Prize and the prestigious Gordon Gordon-Taylor Medal for achieving the highest mark in the surgical sciences exam.

Dr. Hannan has pursued advanced specialty training in spinal surgery, enabling him to treat a wide range of spinal conditions across all areas of the spine, including fractures, tumours, disc herniations, degenerative spinal diseases, and spinal deformities. His fellowship training includes a paediatric spine and scoliosis fellowship at the Royal Children's Hospital, as well as an Australian Orthopaedic Association and Neurosurgical Society of Australasia-accredited fellowship in adult spine surgery at The Austin Hospital, Melbourne. Additionally, Dr. Hannan has gained international experience in paediatric spine surgery by being selected to spend part of his orthopaedic training in the United States, at Shriners Children's Hospital in Portland, Oregon.

With a particular interest on paediatric scoliosis and spinal conditions, Dr. Hannan is skilled in both surgical and non-surgical management of these complex cases. He currently holds a position as an orthopaedic surgeon at Royal Hobart Hospital and collaborates with the Royal Children's Hospital to provide care for paediatric spine patients through their Tasmanian outreach clinics. Dr Hannan emphasises an individualised approach to the treatment of spinal conditions and works collaboratively with patients to choose the best management options for their specific circumstances.

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Calvary | St John's Hospital

Calvary | Lenah Valley Hospital

Dr Alex Elford Gastroenterologist & Hepatologist MBBS 2015, FRACP 2022

We are pleased to advise that Dr Alex Elford will commence private practice at Calvary Consulting Suites in April 2025. Dr. Alex Elford is a Tasmanian gastroenterologist dedicated to providing comprehensive and holistic care to patients at Calvary Lenah Valley Hospital.

Dr. Elford brings a wealth of experience and expertise to his practice, having trained at two of Australia's leading gastroenterology units, the Royal Melbourne Hospital and Monash Health. He further specialised in inflammatory bowel disease (IBD) by completing an advanced fellowship at the world-renowned Edinburgh IBD Unit in Scotland. Currently, he is completing a PhD focused on the therapeutics of IBD, demonstrating his commitment to advancing patient care through research.

Demonstrating his dedication to excellence, Dr. Elford has consistently achieved high academic and professional standards. He was inducted into the Golden Key International Honour Society, received the Dean's Roll of Excellence, and graduated with Clinical Distinction from the University of Tasmania. Further highlighting his commitment to research and innovation, he was awarded a prestigious scholarship for his PhD studies at the University of Melbourne.

Dr. Elford's clinical interests encompass a broad range of gastrointestinal conditions, having published in the areas of IBD, hepatology, pancreatology, endoscopy, gastrointestinal infections and cancer. He is committed to providing patient-centred care, emphasizing a holistic approach that addresses the physical, emotional, and social well-being of each individual.

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Primary Sense

The Primary Sense programe has recently added a couple of new reports, namely Palliative Care and Improvement Summary V2. I thought I'd take a quick look at these and provide a little information, because well nobody else is going to.

The Palliative Care report lists patients who (taken directly from the report) "*Patients 65 yrs and over who may be considered for palliative care. In the case of Aboriginal and Torres Strait Islander (ATSI) patients, the age range is 55 yrs and over.*

Considered for palliative care means the patient has certain diseases or conditions which are in advanced stage, with comorbidities or compounding factors that indicate a decline in their health.
These conditions include heart failure, CKD 4 and 5, COPD, liver disease, dementia, neurological conditions such as Parkinson's, stroke, cancer and/or IHD/MI who are showing significant decline and progression of their disease state. Conditions are only used where recorded in the past 18 months.
Signs of decline and progression include hospitalisations, marked shortness of breath, weight loss, dehydration, frailty indicators, falls, and other measures of decline specific to their disease states.

The aim is to highlight 1-2% of patients who may be considered for palliative care discussions at the practice and/or discussions around implementing an advanced care plan.

It feels a bit of a cop-out to copy this verbatim, but it's the most effective way to detail who's on the report and how you might like to use it. I also don't think people use PS much at all, so I guess I'm *bringing the mountain to Mohammed*. (Bringing the water to the horse for the infidels)

Show 25 patients per page | Export To Excel | Export To CSV | Export To CSV (SMS) | Search

Remove	ACG Score	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Clinic	Age	Indicated By DX - condition	Chronic Condition Count	Frailty and/or Decline Indicators	# Meds	GPMP	RACF	Veteran	Lives alone / Carer	Last EDS
Remove	4			2025-03-03				66	IHD/MI	9	Hypertension	22	Y	N	N	N	
Remove	4			2025-03-13				76	IHD/MI	7	Hypertension	12	N	N	N	N	
Remove	5			2025-03-27	2025-04-28			80	IHD/MI	9	SOB, CKD, Hypertension	17	Y	N	N	N	
Remove	4			2024-05-27				86	IHD/MI	10	Hypertension	21	Y	N	N	Y	
Remove	3			2025-01-31				83	Dementia	2	Nutritional, deficiencies	1	Y	N	N	N	
Remove	4			2025-03-31				86	Prostate cancer	8	Nutritional, deficiencies, CKD, Hypertension	10	Y	N	N	N	

The first column uses the ACG Johns Hopkins Complexity score, with 5 being the most complex score.

Like all the Primary Sense Reports you can sort on any of the columns and filter by any value. You can dump the list out to Excel and do more complex sorting and filtering there. As always, click on the Teal boxes (not depicted) as they will give you good information on which patients are included and how you might use the report. Contrarily, don't bother clicking the Teal boxes at the upcoming election, they're pretty much pointless.

The report depicted above is replicated by one for ATST patients only. At the bottom of the report is a separate table for people that have a Palliative diagnosis in their Medical History.

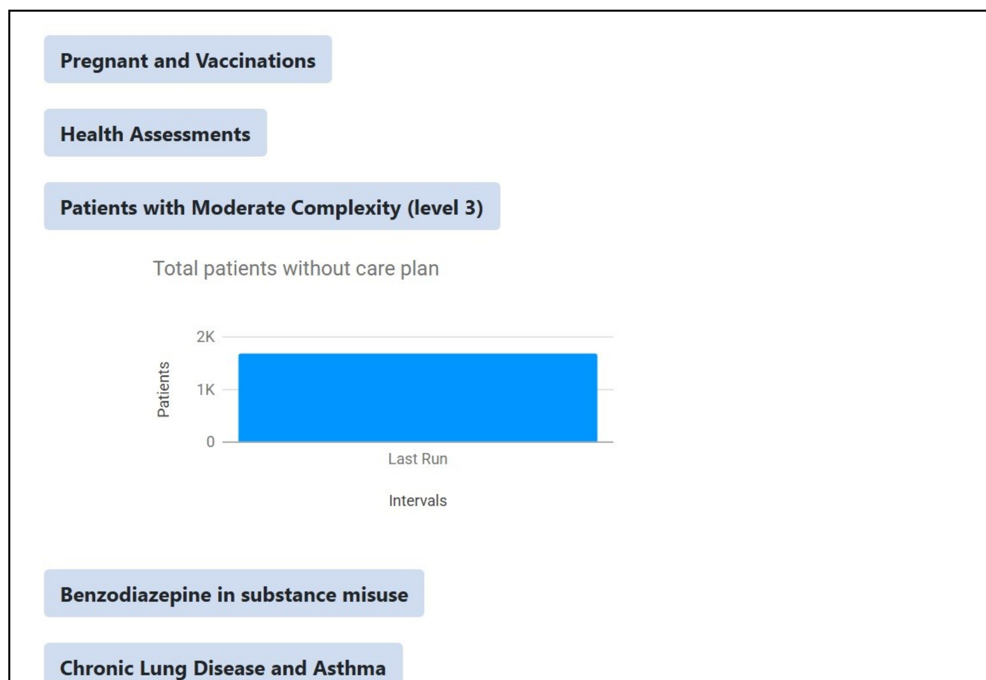
Show 25 patients per page | Export To Excel | Export To CSV | Export To CSV (SMS) | Search

Remove	ACG Score	Patient Name	Patient Phone	Last Visit	Existing Appt	GP Name	Clinic	Age	Indicated By DX - condition	Chronic Condition Count	Frailty and/or Decline Indicators	# Meds	GPMP	RACF	Veteran	Lives alone / Carer	Advanced Care Planning	Last EDS
Remove	3			2025-03-26				58		3		3	Y	N	N	N	N	
Remove	4			2025-01-13				78		7		20	Y	N	N	N	N	

Primary Sense

The other new report is the Practice Summay V2 report which pretty much gives you a total number from the provided patient list reports. In fact if you haven't run one of the linked patient list reports in the last 3 months, it won't report any data. So if you have a couple of serious QI activities going, these summary reports could show your progress. As I write this through gritted teeth remembering PenCat and how massively superior it is/was as a presentation and analysis tool.

Bit of an excerpt from the report shown below.



If your interest in Primary Sense has been miraculously reawakened by these reports, you can watch some videos here, although nothing new in the last year. You can also check out the PHT support hub here, apparently last updated in October 2023. I'm just going to say it, Covid isn't an excuse any more.

On a lighter, note,

Some AI silliness to fill the page.