

PracSavvy

Clinical Systems Support and Training

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Welcome to the April newsletter. The last month or so has either been a quiet month general practice technology wise or I have been deficient in noticing. As a result of this, I've decided to fill the empty spaces with my current thinking on AI and how it applies to the health sector and society generally.

IT Resources required to enable widespread use of AI-Scribing continues to be the elephant in the room. I've mentioned previously hearing of IT groups turning off AI (especially the integrated version) because of system slowdown or crashes. GPs will certainly not want to be giving this technology back, and nor should they, so AI vendors have to come up with IT specifications that scale to clinic size and allow for the use of this technology without generating a system impost that mitigates most of the gains. Suffice to say, if your system has become inexplicably slower, I would be looking for any correlation to increased AI scribing usage.

I've worried for a while, that whilst AI-Scribing is super easy to implement, the tool does require at least some thought to *use well*. So I was happy to see BP release a [short e-learning course](#) on Lyrebird use. Other AI providers have tended to pay scant attention to this and what they have put out tends to be targeted at their own technical level rather than that of the humanoid end user. More of this stuff please. On another note, I sat through an AI webinar recently where my favourite takeaway (apart from pizza) was from a medico-legal type that said, "treat AI-Scribing like a med student". In other words, make sure the patient is happy with their presence and check the finished notes very carefully. Should put it on a mouse-mat.

I should mention that Heidi Health introduced their [Evidence](#) product in the last month. Apparently Heidi users got a complimentary 14 day free trial when last logged in with access to the full Heidi product including this decision making add-on. Practices should be aware that if they move from *AI-Scribing* to *AI-Assisted decision making* their consent documents and policies should reflect this.

Efficiency gains and workforce reduction are going to be an inevitable consequence of AI adoption. Whilst it's been historically true that technology adoption has meant jobs lost, it has often also meant creation of different kinds of jobs. I think that is going to be less true with AI, although still a small factor.

AI is brilliant at document/resource creation, data analysis, image processing and analysis (with the odd [cautionary tale](#)) and all sorts of tasks that don't require actual personal interaction. It is my strong hope that as Health departments reap savings from their non patient-facing departments they find themselves able to invest further in the messy part of health, the bit that deals with interacting with unwell, anxious humans. Whilst we are getting better and better with medical tech, the same cannot be said about front-line hospital patient interactions. It would be great to see AI savings resulting in better resourcing of emergency rooms or hospital wards. How about we work towards cancer patients not having to wait for hours in public DEM when they are struggling with their treatments.

I'm far less convinced about AI being a satisfactory replacement in areas where humans have to interact with other humans. I'm not in any way sure that that is a worthy aspiration at all. So if you have managed to cut costs by engaging an AI receptionist, you may be disappointed if you are expecting a high-5 from me. Sure the technology is improving constantly, and there are some pretty [unbelievable agents](#) that can mimic human vocal behaviours (for example the way you sound when you are on the phone, but checking something on the screen at your end), but I still think this falls into the decision making sphere we may have been failing at in recent years, namely, *We can, but should we?*

Too often, actually decision makers in health don't put themselves in the patients shoes, (podiatrists being the exception). How often in recent years have we all enjoyed interacting with automated voice systems. I've just loved being asked by say Telstra if I'd checked their web site. Of course not, I'd rather

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Continued.

.. sit here for hours going round in circles whilst I pray to encounter a member of the human race who may be able to help me. I don't think a fake human voice is going to make this situation any better. I've spent a bit of money over the last year or so getting electrical work done at my home, and whilst the sparkies are all good guys, interacting with AI every time I try to call them and getting the same rote response makes me want to not use them any more.

The question around AI receptionists came up in a national practice managers facebook forum recently, and the response was both prolific and overwhelmingly negative. Of course there were those worried about job loss, but there were also plenty of personal anecdotes from the other side of the phone line, in the same vein as mine. I would also mention that answering phones isn't the only thing that reception do by far, so practices should ask themselves who will be doing those less visible tasks. We can be clever, but we can also be too clever, *there is a place for AI but that place isn't everywhere.*

On a broader societal level AI is causing ructions as well. Social media and sites like youtube are flooded with AI generated content. A technical term I have heard lately is the *enshittification of the internet*. The content falls into two broad types, that which seeks to mislead and that which seeks to entertain. The first category is by far the most destructive, compromising people's ability to discern what is true and what is not. A society contending with fake news and biased reporting, and as a consequence openly mistrustful of it's leaders and institutions now has to navigate this.

Declining immunisation rates would be a direct consequence of this in my opinion. Whilst I'm absolutely a free speech guy, our legal systems and frameworks need to evolve in a big hurry to deal with people who knowingly propagate false information. As for using people's identity or appearance without their consent, that needs to attract a jail sentence. All this has materialised in the last 20 years or so, but AI has only enhanced the ability to deceive and malign and to a potential audience of millions.

The other category contributing to enshittification is content created purely for entertainment. I'm certainly not impervious to the clever and often funny stuff, but it's largely novelty value and we risk drowning in it. When new technologies emerge, it's common for us to be enthralled by it for a little while until the novelty wears off. In my younger, nerdier days (hear me out!) I was titillated by software that would change my mouse cursor to novelty graphics. I would also play with my windows background and have windows play amusing sounds when a system message was displayed.

Back in the early 90's (Spoiler Alert: I'm not 35!) I configured a female colleagues computer to play the soundbyte from this [movie scene](#) when she logged onto windows. Suffice to say, the response to this prank was mixed, if only because some thought the audio was taken from a well, *less mainstream* movie. So I'm aware of the desire to be silly with fun technology, but we should be wary of drowning in it.

Human Intellectual capacity is absolutely being threatened by AI. I've had a couple of twenty some-things that have told me they use AI, all day every day. It makes me wonder a) what they are doing and b) how they functioned at all previously. I am a believer that if you can do something yourself, you should. There is a real peril in handing over all your thinking activities to AI.

The common software programs don't help either. Personally, I absolutely want to be able to call on an AI tool when I need one. What I don't want is it to be pushed at me every time I open a spreadsheet or document. It took me a while to figure out how to turn off Adobe Acrobat's AI prompt that asked me if I wanted a summary every time I opened a pdf file. It was slowing me not helping me. I get similar annoyance from Microsoft's AI Copilot. To be clear, I absolutely want to be able to access AI tools if I am stuck or have a time constraint I can't overcome. Other than that, I want to use what's left of my own grey matter or acquired skill set. The *Use it or Lose it* mantra certainly applies here.

On this note I recently had a newsletter subscriber (non-customer) let me know that he had received my newsletter and generated a bullet point AI summary of it so he could access the key points. I said very little (diplomacy being my middle name), but what I wanted to say was,.... "It was a four page newsletter containing one and a half pages of graphics. Just read the damn thing!"

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I thought I'd ended my AI musings neatly at the end of page 2, but a late breaking item caught my eye and let's me end on a positive note. I had actually thought to myself previously that a patient version of the AI-scribing app might find it's way to market, but a [Monash study](#) throws up something even better. Through the Healthshare telehealth app they trialled an extension to the AI-Scribing tool that allows generation of a *Patient Consultation Summary* or PCS. I think it was trialled across interactions with a couple of specialist groups, but the non-telehealth GP possibilities are clearly there.

In practice the GP would hit the button to generate his AI-Scribed notes and then, **when desired** hit the PCS button to generate a patient targeted version of the notes. After checking the output, the GP could print it off or ideally email to patient or even upload to MyHR as a Consultation Summary. So clinically technical notes for the patient record and handout for the patient.

To coin a phrase, I would be *so there* for this. The idea that the patient or carer leaves the consult with a lucid and patient legible summary of GP directions would be a big step forward. Think of it as a mini-care plan for the consultation (without having to wrestle with billing eligibility). I can't see how this wouldn't help with things like medication compliance etc. Nationwide benefits for mine with the side-bonus of reducing the number of phone calls coming in to the beleaguered AI receptionist!

Templates

There are some new templates available at my [website](#) this month, namely:

- ◆ Huon Domestic Violence Referral
- ◆ Calvary Rehabilitation Service (South)
- ◆ Tasmanian Student Immunisation Record

MD

This past month saw MD promote the availability of [SmartConnect](#) in the form of a sidebar widget that when installed and enabled facilitates electronic pathology and imaging ordering. There are at least some 3rd party tools that can do this in MD, but their more integrated offering comes in the shape of a sidebar widget, branded with the green look and feel of the Helix Platform. It's actually the 6th one of these [Smart addons](#), and looks to be an extension of the strategy where you add functionality, not by extra software coding, but rather via plug-in cloud based functionality. I don't mind this approach as long as it works well.

Unlike the other widgets, you apparently have to contact MD to turn this function on. You can read what little information is available here, and there is a [link](#) to request enabling of the functionality. Unfortunately that is about all of the information they have released, so there are no screenshots or instructions to share with you. There is a basic video at the above link which illustrates the basic e-ordering process. It seems like the initial Integrated partner is Healius Pathology labs which operate under the [TML](#) branding here in Tasmania.

The other way MD or more specifically Telstra Health earned their Easter eggs this month is by announcing a revamping of their Support Portal with a go-live date of April 16th. There is every chance that this will improve the customer support experience, if only because I'm not sure that it's possible for it to be any worse.

The process involves setting up an account (I struggle to know why this isn't done for you, being an existing customer) and from there you can request support in a variety of manners. There is a "handy" 36 page [presentation here](#) on how to set up and use the system. If you are reading this on April Fool's day, fear not, it really is 36 pages, although to be fair, it does lay out everything about the system pretty clearly. In addition there is a FAQ document [here](#) and a YouTube page full of [brief instructional videos](#) here (If you're under 16 you'll have to ask mum).

My hope from all this is that MD users will now get much quicker responses to their support queries. If that happens, there will be at least 2 happy practice managers in Tasmania.