

PracSavvy

Clinical Systems Support and Training

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Edition 108 - August 2025

Welcome to the August newsletter. The new [Chronic Condition management](#) item numbers and the related [My Medicare](#) registration restrictions seem to have caused at least a little fuss over the last month or so as practices grapple with another essentially good idea implemented shall we say sub-optimally.

A generally unintuitive system (Proda/HPOS) certainly doesn't help of course, but practices may be adding to the confusion. The overarching goal behind My Medicare was to try and establish the patient's usual or *home base* practice. This goes hand in hand with the idea that care plans should only be done by the patient's usual practice. Nationally at least there does seem to be a fair incidence of practices signing patients up just so they can bill a 965 say.

Adding to this is the fact that many patients don't understand why they should sign up for MyMedicare (MM) and that the two parties who can inform them about this have completely different motivations. Medicare wants you to have a consistent home practice. Practices want access to all the billing possibilities as easily as possible and many will deactivate your record if you have managed to stay healthy for two years (a protocol I totally disagree with)

All that said, a couple of things to remember:

- ◆ Your first care plan related billing after 1/7 has to be a 965/392 Non VR
- ◆ You can't bill a care plan if the patient is MM registered with another practice.
- ◆ You can't bill a care plan on the same date you register a patient for MM
- ◆ The [HPOS Item eligibility checker](#) does not factor in MM status
- ◆ A Complete [MM registration](#) is one where they have signed a consent form for you to process
- ◆ A Pending [Registration](#) is one where you have invited them via their [Medicare Online](#) account or they have initiated the registration the same way
- ◆ Ensure your Registrar GPs have a future end date on your [Organisation Site](#) record if you want them to be a preferred GP under MM
- ◆ Ensure your practice Accreditation end date is in the future on your [Organisation Site](#)
- ◆ The MyHR remains the most efficient way to [check someone's MM status](#), especially if they have registered with another practice.
- ◆ There is really good MM information and learning [here](#).
- ◆ There is a good collection of MM and GPCCMP [here](#).

Changing pace, I learned this month that the wonderful folk at Mattel have released a [Barbie doll with Type 1 Diabetes](#). Because I always figured that toys were a gateway to fun and escapism, I obviously missed the memo that said that giving a child a toy with the same illness would make them feel more included. I've also learned that trying to joke about these things in an online healthcare related forum is not wise. Personally I felt "Can't wait for Tourette's Barbie" was a pretty good call, but there were those that **strongly** disapproved.

There is always a tension between providing quality healthcare and earning a living, but if the story in the [Examiner Newspaper](#) (paywalled) and the hundreds of supportive comments posted are anything to go by, the team at [Health Nexus Launceston](#) are doing this really well. Very pleasant reading all around, and a reminder that people do notice.

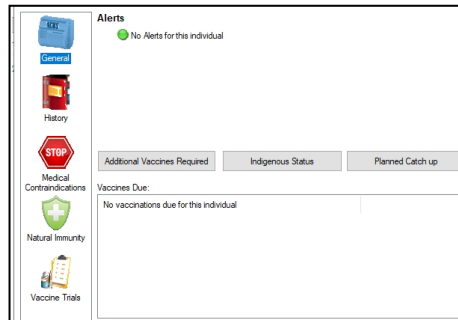
In further good news, especially for the locals, there is a [new practice](#) opening at Richmond. In a move that is both symbolic of the Australian Health system and economically shrewd, the practice is located in the dead centre of the [Richmond maze](#). One implication of this is that some elderly patients will be due for their care plan review before they get back to their car! (Note: The practice opens on 4/8 and is actually situated on Bridge St. But I have a newsletter to write and attention spans to maintain)

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There was a rather [sad story](#) in the media this week regarding an unvaccinated 2 year old child that died of influenza. In an online forum a GP was bemoaning the fact that Best Practice (BP) does not prompt doctors about this. The thing is though, that the Australian Immunisation Register (AIR) interface doesn't flag it as being overdue either. Whilst AIR recommends it and funds it for kids between 6 months and 5 years, because it is a seasonal vaccine it does not show it as overdue.



I don't have any real opinion on this or draw any conclusion, but it feels like it's worth mentioning.

NLSP

Into the second month of the National Lung Cancer Screening Program rollout, and there is a good source of information here including instructions on [how to enrol patients](#) via GP clinical software programs. Admittedly momentum has been stalled a little with reports of registration issues and an occasionally unresponsive NCSR hub. At the very least if you are a BP practice you should make sure your IT have installed the latest version of the NCSR software, referenced half way down [this page](#). Hopefully any issues will be fixed before the whole thing runs out of puff!

On a related note, there is now an I-Med specific scan request template as mentioned below.

Templates

The new I-Med specific Lung Cancer Request forms can be found at my website [here](#):

Note: MD users after importing go to Page Setup and minimise the margins. (mm on the left and say 5 or 6mm the other sides.

AJ

It wouldn't be a health publication if we didn't mention AI, but this will be a brief mention. OpenAI have set up something called [Healthbench](#) which purports to measure the effectiveness of general AI being used in medical scenarios. It's actually quite technical and some people may not fully understand it. (By some people I mean me!)

There is a more user friendly [document](#) that has been released by the Australasian Institute of Digital Health. It gives quite good information on how you may integrate AI Scribing tools into your practice in a careful systematic way. You have to provide some details to download the document but it is a worthwhile read.

HPJ-J

It's taken too long for me to realise that in the font that I use for headings, uppercase I looks like J. That being said, this piece contains some useful information on resolving HPI-I and HI issues where the person in question has just one name. Without a HPI-I or patient HI we can't generate ecripts or access a MyHR. A possible solution may be:

- 1) Put the one name in the *Family Name* field
- 2) Put a space in the *First name* field
- 3) Alternately put "Onlyname" in the *First name* field (other implications may make this impractical for patients)
- 4) If nothing works call 1300 361 457 and select Option 1 (This is the Health Identifier Service and they **may** be able to create an **alias** for the individual that solves the problem.

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BP

Some bits and pieces to talk about regarding BP. The first thing to mention is that in limited circumstances some practices may have encountered an issue reading SMS appointment reminder replies. If you have a problem with this, [this document](#) contains the instructions to fix. I'm actually unsure whether this applies to BP generated Appointment Reminders and/or 3rd party ones. If you are not having an issue, you don't care.

Users who have upgraded to Spectra SP1 Revision 1 may be experiencing the following Healthlink Smartforms error.

 Please fix the following errors:

- Clinical Smoking Description must be no more than 180 characters long

So it's a glitch in how it is populating the smoking information under the *Medical, Social and Family History* tab. Currently the fix is to delete the superfluous information until it is below the 180 character limit.

Social History

Smoking status: Smoker; Pipe packets per week: 15; Year commenced: 2007; Cessation advise/support: No; Brief advice to stop smoking given: No; Prescribed cessation medication: No; Provide cessation behavioural support: No; Referred to cessation support: No

I brought this to Healthlink's attention a couple of weeks ago (although it is actually a BP error). Hopefully it will be fixed soon, although disappointingly these forms still display deleted Allergy information, something that was raised to them last year...and not late last year.

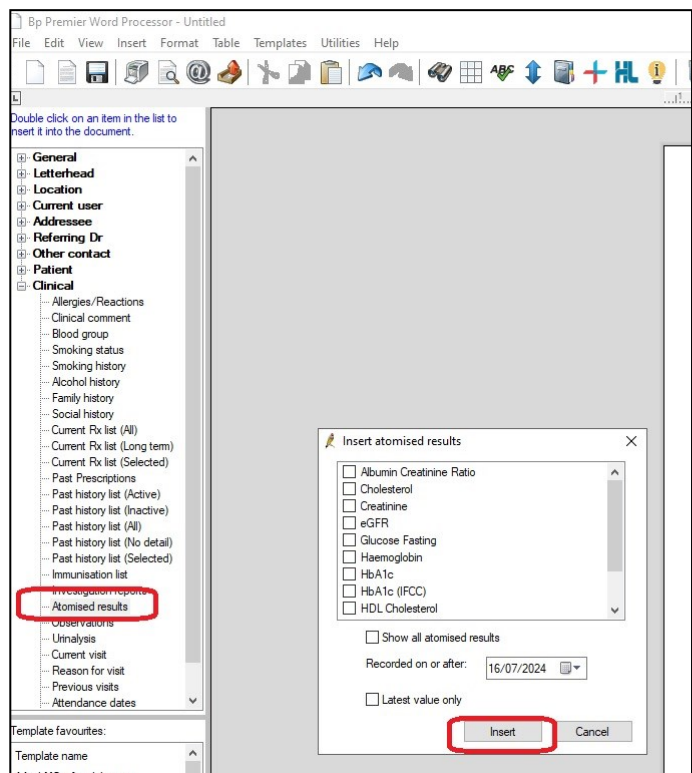
Occasionally I get asked if pathology results can be inserted into a referral say, without the various message headers and superfluous text that comes with these results. I have always said no. Well, and there is no easy way to say this, I was wrong! I don't know if I have always been the wr word or only since BP sneakily inserted the extra field into it's program without telling anyone. Anyway, instead of using the *Investigation Reports* field, Doctors may want to use the *Atomised Results* option.

This really does give you, "just the facts maam"

You can select just the specific results you want, include a start date or just show the latest numbers.

Like all the other fields you can use it at time of document creation or edit your referral templates to use it instead of prompting for the entire result.

There is extra information shown using the traditional method but I imagine at least some GPs at least some of the time may really prefer this.



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BP

A while ago a GP in an online forum mentioned wanting some little mini scratchpad that he could update notes in. He didn't really want these notes to appear in his encounter notes, he was more after a quickly accessed dynamic method.

I always mention *Actions* as a way of leaving a 1 line note in the notification area of the patient record, flagging something to be done with a patient at some point in the future. But you can use this as an editable mini-document that is quickly accessed.

The screenshot shows a 'Notifications' window with a table of actions. A red arrow points to the action 'A whole bunch of short notes' on 11/03/2025. A red box highlights the 'Actions' sub-window, which shows a list of actions and a comment field containing three lines of placeholder text.

Type	Due	Reason
Unactioned reports		There are 4 unactioned reports for this patient!
Reminder due	20/09/2024	Cholesterol check
Reminder due	20/09/2024	Blood Pressure Check
Reminder due	30/01/2025	24 Hour Follow-UP
Action	11/03/2025	A whole bunch of short notes
Preventive health	11/03/2025	Influenza vaccination is due!
Preventive health	11/03/2025	Vaccination against pneumococcus should be considered!
Preventive health	11/03/2025	Smoking cessation should be considered!

Date due	Action	Entered by	Priority	Entry date
11/03/2025	A whole bunch of short notes	Dr F. Findacure	Medium	11/03/2025

Comment:

- 1) this particular topic ooooooooooooooohkuhkuhkuhkkhhua
- 2) this particular topic ooooooooooooooohkuhkuhkuhkkhhua
- 3) this particular topic ooooooooooooooohkuhkuhkuhkkhhua

I didn't think too much of this really but after the GP in question had used it for a while, he came back with "Best Idea ever" (It was pre the barbie doll to be fair). So in the spirit of the fact that 1 GP really liked it, I mention it here.

Primary Sense

I am beyond delighted to mention that for the second month in a row [Primary Sense](#) have given me some new functionality to be talking about. It comes in the shape of three new clinical audits and info on each is included in their updated [User Guide](#).

The screenshot shows a list of 'Clinical Audit Queries' on the left, with a red dashed box around 'Endometriosis and Pelvic Pa'. An arrow points to a table of audit results on the right.

Last Visit Date	Description	Internal ID	Name	Age	Clinic	Phone	GP
08-07-2025	ADHD	24	Prompt Vaccine	1			Doctor Doctor
08-07-2025	Eating Disorder	3	Daphne Davies	55	Main surgery		Doctor Doctor

Release notes for these new audits including disease mappings used can be found [here](#) at the Primary Sense site. I was a little disappointed at first as they are queries that you could probably generate using your clinical software, although to be fair, some people struggle with doing that. There are also a couple of useful informational fields there that your clinical software won't display, namely Usual GP and Date of last visit.

There is further cause for optimism that these reports will be upgraded to be more functional, in that the documentation mentions "coming soon" fields including *Date of Dementia diagnosis* and *Date of Last Mental Health Care Plan*. For my part I would like to be writing about useful added functionality here in the way that I used to about PenCat.