PracSavvy

Clinical Systems Support and Training

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Happy July everyone. The big news this month is the biggest change in care planning since it's inception some 18 odd years ago. But, as they say on the news, more on that in a moment.

I don't know about others, but I'm more than a little over the fact that every time I use an application or web browser, I seem to be asked if I want to use their particular built in "AI component". I don't want to be distracted by AI prompts all the time. When I do want to use AI, I'm totally content to go to one of the dedicated programs and get what I need. In the meantime, I don't want my train of thought interrupted.

So when I heard this month that Cubiko and Lyrebird had launched an integration to be used with Best Practice, a part of me did wonder "what now?". As far as I can determine, Cubiko determines MBS eligibility via it's Care Prompt facility and if you are using the integrated Lyrebird functionality, these prompts are passed to the Lyrebird consult window enabling easy linkage to an appropriate Lyrebird template like a Mental Health Care Plan for instance. If this feels like a pretty brief take, you can read the equally brief takes at the Cubiko and Lyrebird sites or catch a one minute Youtube video here.

Off the back of this, ruminating in my mind was an article on the impact of AI scribing on GP learning. Does not having to physically make notes detract from the on-the-job learning that GPs undergo on a daily basis? Yes AI-scribing makes us quicker, but is it retarding experienced based learning? The wind was taken out of my creative sails here when I realised that most of the damage had already been done, not by AI but by the computer keyboard. There is overwhelming evidence to suggest that physically writing stuff down is way more beneficial when it comes to memorising and learning. AI-Scribing might take this a small step further, but I suspect that it would just be an incremental regression, more than offset by increased speed of documentation. And we aren't going to be giving up the keyboard.

It's clear of course that modernisation and technology have diminished our personal skills over the decades. I can work out basic maths in my head, although not as easily as when I was younger. I've met plenty of people who cannot do that at all. Blame the calculator and then the phone. I doubt that hardly any woman would claim to be a better cook than their grandmother, and I have no doubt that the percentage of men who could build a shed or repair a car is anywhere near the number it was say 70 years ago. Of course there is an argument that says as technology can do more for us, we have less need of those skills.

It's not just physical skills that have diminished with the progress of time. There is also the thought that decision making has become increasingly impaired. I imagine that say 100 years ago if you were to suggest encouraging people to get naked and jump into the Derwent in the middle of winter, you would have been afforded a non-voluntary stay at the nearest ~~funny farm~~ ~~nuthouse~~ wellness retreat.

All this may seem like an existential crisis coming from someone who has spent over 20 years promoting and supporting the use of technology in the General Practice environment. I have to say that the things that have excited me the most have been the things that free the clinician up to be the Doctor they always wanted to be. That is largely delivered by helping them be comfortable and proficient with their clinical software. My other big focus has been ensuring that a clinician is optimally informed when dealing with a patient and that clinical information moves as swiftly as possible between clinicians. Hence I have never had any doubts promoting MyHR and electronic referral.

AI-scribing certainly gives something back to the clinician in terms of speed of documentation and document creation, and if that means improvements in patient access, well that's a benefit too big to ignore. But I've never been that keen on speed for speeds sake, as delivered by streamdeck type products or those who type at lightning speed. I tend to believe that you can be *very fast* or *very thorough*, but not both. I'm pretty sure which one the patient would prefer. *It may not surprise the reader to know that I could watch test cricket all day and not care if I never saw another 20/20 game in my life.*

I must say, I think the advice from the college to first year registrars about staying away from AI in their first couple of years was absolutely spot on. Thinking of the upcoming government ban on social media* for children, there is a part of me that wonders whether *No AI-Scribing for GPs under 35* might be an idea. I can hear the protests already, but I'm sure there's benefit to be had in young GPs doing the whole job and honing their own skills in the early days before handing stuff over to something else. In both technology and certain applications of medicine, I believe we ask the *can we?* question, but increasingly forget to ask the *should we?* question.

Conversely for older GPs who have just heard the 3/4 time siren go and are worried about the prospect of fatigue induced errors, AI-Scribing may well be all up-side. This is the group that I think stands to gain the most from these tools.

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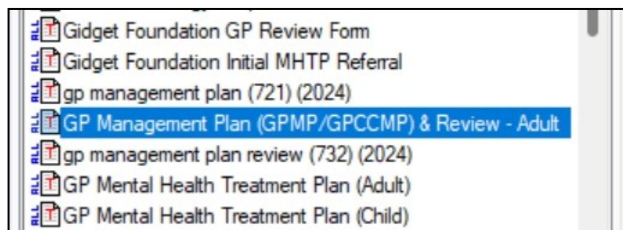
Continued..

* I'm fully in favour of the social media ban for children. I think that being able to carry the internet and especially social media around in your pocket has been both good and in many cases catastrophic for children. Whilst the current generation may probably find ways to circumvent the restriction, the true beneficiaries may be future generations of children who may not miss what they have never had. Social media may just be something that their boring parents use. That would be a good thing.

GPCCMP

July sees the start of the new care planning arrangements. Personally I think that these changes bring some welcome simplifications for practices. I've put some resources on my website in the *Medicare and More* area, but if that's too many clicks away you can read the Medicare fact sheets here and browse a really good collection of resources here at the Cubiko site. Note, you in no way have to be a Cubiko user to benefit from much of the information gathered here. But wait there's more, there is a really good 20 minute audio breakdown to be found here, although you will need a google account log-in. Spoiler alert, it's was created by an intrepid practice manager on the mainland using an AI program called Notebooklm and it's head shakingly good. You won't be disappointed.

The practical changes are being delivered as I write this by the July data updates for BP and MD respectively. The MD update gives you the new item numbers as well as a new letter writer template.



The BP Update gives you the new Item Numbers as well as new templates, reasons for visit and reminder reasons.

GPCCM Plan
GPCCM Plan Allied Health Referral

Reason for visit
GP Chronic Condition Management Plan
GP Chronic Condition Management Plan Review

GPCCM Plan	1 year
GPCCM Plan Review	3 months

There is also talk about the next release of BP, namely Spectra SP2, providing the ability to check people's MyMedicare status from the BP *Patient Details* screen as well as being able to register them!!

NLCSP

You may have noticed that July seems to have been awarded National Acronym month. The National Lung Cancer Screening program (NLCSP) kicks off this month, and If you haven't already integrated your clinical software with the registry, well seriously, what are you waiting for?

Entry to the program comes by way of a Low Dose Computed Tomography (LDCT) scan for eligible patients and both BP and MD have a template available.

NLCSP Low-Dose CT Scan request

There is also a request with me for an I-Med specific one. The candidates for a medicare funded scan (57410,57413) must meet the following criteria.

- 50-70 years old AND
- No symptoms or signs of lung cancer AND
- Smokes Tobacco Cigarettes or has quit in the last 10 years AND
- Has a smoking history of at least 30 pack years

Plenty of information at the above link, and Primary Sense report over the page.

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Primary Sense

June saw the timely introduction of a Lung Cancer Screening Report to help identify patients who may be eligible for screening. This report will certainly rely on quality recording of a patient's smoking history.

ACG Complexity	Patient Name	Patient Phone	Last Visit	Existing Appt	Age	Smoking Status	History of Cessation Medications	Smoking Start Date	Smoking Quit Date	Respiratory Diagnosis	Low Dose CT Scan Date	Smokes Per Day	Pack Years
3			2025-03-12		56	Smoker		1990-01-01		COPD		50	89
2			2025-03-21		55	Smoker	varenicline	1986-01-01				40	79
3			2025-04-02		64	Smoker		1970-01-01				30	83
3			2024-05-16		70	Smoker		1973-01-01		chronic obstructive pulmonary disease		30	79

Like all primary Sense reports, the data can be exported into spreadsheet format for further sorting and filtering.

Primary sense have also released a pretty comprehensive Chronic Kidney Disease report, grouping patients in 4 categories:

Patients At Risk Of CKD
Patients for CKD Yellow Clinical Action Plan
Patients for CKD Orange Clinical Action Plan
Patients for CKD Red Clinical Action Plan

The 4 tables are much too wide to be depicted on this page without the use of an electron microscope, but the sample columns below should convey that these reports bring together a lot of information.

BMI	Diabetic Years	Hypertension Dx	Smoking Status Date	Smoking Status Desc	Systolic Date	Systolic Result	Last ACR Date	Last ACR Result	Previous ACR Date	Previous ACR Result	LastE GFR Date	Last EGFR Result	Previous EGFR Date	Previous EGF RResult
25	12	Yes	2021-01-15	Ex-smoker	2025-05-27	130	2025-03-21	3.50	2024-10-30	4.60	2025-03-21	52	2024-10-30	52
		Yes	2021-01-15	Smoker	2023-01-04	171					2023-03-26	35	2023-02-28	37
23	3		2021-01-15	Nonsmoker	2025-06-24	118	2024-04-02	0.70	2023-03-30	1.00	2025-05-25	43	2024-05-03	38
24		Yes	2021-01-15	Nonsmoker	2025-04-29	120					2025-02-11	38	2025-01-13	34
			2021-01-15	Ex-smoker	2024-06-07	130					2024-07-03	53	2023-08-22	58
35		Yes	2021-01-15	Ex-smoker	2025-03-19	130					2025-06-12	34	2025-03-12	38

It's really good to see Primary Sense adding some really meaty information. As always with Primary Sense, click on the teal boxes to give more information about the patient selection criteria and potential ways to use the data.

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

I'm very pleased to say that there are user guides for both the CKD report and the Lung Cancer Screening report. Sadly, no demonstration added to their youtube channel at this point, but nevertheless good offerings from Primary sense here.