

# PracSavvy

Clinical Systems Support and Training

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Edition 106 - June 2025

Welcome to this month's newsletter where the two big(ish) stories of the month were the announcement of Care Planning changes from July 1st and the announcement of BP taking some baby steps towards their [cloud based product for GPs](#).

The first issue is not really in my lane, but I thought it might be helpful if I included this [link](#) as well as adding it to my collection of Medicare related information [here](#).

The BP cloud story has only just emerged, so I'll leave it to next month when more details are available, and my newsletter has more space. On a further BP related note, if calculating practice and practitioner fees represents a nightmare for your practice, you may want to check out [Calculate by Cubiko](#). This isn't a free add-on to the main Cubiko product, and it can be purchased entirely separately. Given that their core product is extremely popular with the admin teams of larger practices, it should at least be worth a [look](#).

Actually as I complete this newsletter BP have released Revision 1 of their Spectra SP1 release. Whilst this facilitates some changes around scripts written in the ACT, if you have been having issues sending SMS directly from BP, you should [get this update](#) installed.

Lastly I just want to *squeeze* in this [Co-administration of vaccines for adults](#) guide for your nurses.

## e-referral

The ever expanding range of state health services that are referable via Healthlink Smartforms has increased in the last month. Highlights are Neurology and Urology in the south as well as Community Nursing options in the north and north-west. Click [here](#) for all the updates, and [here](#) for the updated full directory.

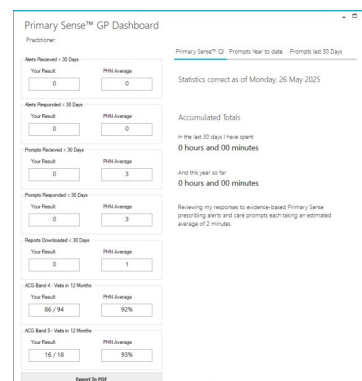
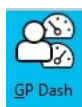
I've actually started to notice that as GPs are becoming more comfortable with state health smartform referral, they are starting to use the same method for private specialist referral. This seems like appropriate evolution, especially since in Tasmania in particular, we can leverage the fact that almost everybody uses the same secure messaging program, namely Healthlink.

## Primary Sense

A small but useful update to the *Health Assessment* report in the last month. They have added a field for *Last Assessed*, which shows the actual date of the last Health Assessment, if indeed there was one. Should have been there from the start really, extremely helpful to know whether a patient had their last assessment two years ago, or has never had one. Similarly the available patient complexity reports should also show the date of the last Care Plan, rather than just flagging that they are "Due".

Additionally the criteria for an annual smoking status check for 15 to 30 year olds has been added to the various PIPQI reports.

In late-breaking news, Primary Sense have added a new feature to the menu bar called the GP Dashboard.



This feature basically compares the logged in practitioners usage of the program (awkward silence!) against a national PHN average. Before anyone get's too sheepish about their numbers, the generated PHN average tells us that this program has been used less than a liberal party "How to Vote" card at the last election.

My initial thinking was that this feature was a waste of programming resources that could have been utilised on adding further report options. However, I can see now that they are highlighting that every interaction with a PS prompt or alert is logged and can be utilised as "2 minutes towards CPD time under Reviewing Performance (RP) and Measuring Outcomes (MO) categories." If you find yourself pondering this intriguing carrot, you can read the release notes [here](#).

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BP

As has been mentioned in previous newsletters, there were some problems with BP's initial release of *Spectra* and its SP1 update, causing them both to be temporarily withdrawn. It seems these issues have been resolved with the re-released versions. The main issue for a small number of practices was that they appeared to lose some data. This was seen especially in practices with "flaky" network or internet connections.

BP has now released a utility that enables practices to search for any missing data from the date they installed *Spectra*. The utility is actually part of BP's increasingly useful *BP Premier Reporting Tool*, which you can find under your Start menu in the Best Practice Software folder if you have downloaded it previously, or install via this [link](#) if you haven't.



Once you have provided your user name and password, you can choose between missing clinical data and missing incoming reports. The illustration below shows the user activity in records where no corresponding notes were generated.

Patient Name	Patient Status	Internal Id	Incomplete Information	Date	Created	User	Location	Additional Information
Abbott, Jamie	Active	300	Visit Notes	13/02/2025	13/02/2025	Ms. Sally Nurse	Main surgery	
Anderson, David	Active	274	Visit Notes	05/05/2025	05/05/2025	Dr Frederick Findacure	Main surgery	Workstation: COMMAND-CENTRE Screen Accessed: Open Patient Record screen @16:40 Show Today's notes @16:40 Open Patient Billing History screen @16:40 Close Patient Billing History screen @16:40 Close Patient Record screen @16:40
				05/05/2025	05/05/2025	Dr Frederick Findacure	Main surgery	Workstation: COMMAND-CENTRE Screen Accessed: Open Patient Record screen @16:41 Show Today's notes @16:42 Close Patient Record screen @16:42

Report Parameters: Date Range: 15/10/2024 - 19/05/2025  
Include Active Patients: True  
Include Inactive Patients: False  
Include Deceased Patients: False

Report Version: 1.0.250428.2056  
19/05/25 05:06:11 PM  
Page: 1 / 1

This report will show some "false positives" as it will show instances where patient records were opened and notes were quite reasonably and deliberately not recorded. This is where the right hand column is really useful, in that if it shows the likelihood of for example script-writing activity. If there is no evidence in the record, this may indicate missing data. If you feel brave enough to do this type of audit, there is [comprehensive documentation here](#).

I also discovered another hidden gem in this reporting tool. It concerns the third tile on the top row, namely the *Custom SQL Query* one. I never really saw the point of this because you can run and load sql queries (including custom ones) from the main screen in BP, under *Utilities..Search*. However, there is a little bonus, but you are going to have to turn the page.

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BP

BP Reporting Utility continued,

What people often ask about when trying to extract data from BP, is not so much the query criteria, but what information about the patients shows on the generated report. If you run a search in BP, the screen report essentially gives you 10 pieces of information, as per below.

Name	Address	D.O.B.	Age	Medicare No.	Medicare expiry	File No.	Home phone	Work phone	Mobile
------	---------	--------	-----	--------------	-----------------	----------	------------	------------	--------

What people don't realise is that if you save the information to a CSV file you actually get 24 pieces of information. It's actually a bit misleading in that it splits the name and address fields into 8 individual components, but useful extra bits of information you get in the CSV file include Pension and DVA number and crucially, **Email address**. This has been a blessing for people who say wanted to do a bulk email communication.

Depicted below is the Custom SQL Report Screen

**Custom Report**  
Enter your SQL SELECT statement to return data rows from you BP Premier database

Open Sql... Save Sql...

```
FROM BPS_Patients  
WHERE StatusText = 'Active'  
AND DOB < DateAdd(Year, -51, GetDate())  
AND InternalID IN (SELECT InternalID FROM PastHistory WHERE ItemCode IN (281, 285, 283, 284, 282) AND  
ORDER BY surname, firstname
```

Show SQL Results Save SQL Results 16 rows

InternalID	ExternalID	StatusText	Title	Firstname
348		Active	Mr.	Alan
349	ABBOMAEDA	Active	Mrs.	Madeline
43		Active	Mr.	Ashley
172	ZZZZZZ226	Active	Mr.	Darren
274		Active	Mr.	David
157	ZZZZZZ215	Active		Fred Bob
338		Active	Ms.	Heather Jane
266	ZZZZZZ230	Active	Mr.	...

< Back Finish Cancel

One of the things you can do is to create your query in the usual way in BP, then paste it into the window above and click Show SQL Results. What benefit do you accrue from this? On this screen and the file you can save, there are, wait for it, 38 columns of information about the patients on the list. The other information on the report shows amongst others, Ethnicity, Pension type and Expiry, Health Fund name and number, IHI, Gender (as opposed to sex) and most usefully **Usual Doctor** (if this field has been set).

So if for instance you had a search where you wanted a Usual Doctor specific list of a patient cohort and you have 8 doctors at the practice, you could either run 8 separate queries, or one query using this method, save the file and then use your spreadsheet filters or sorting to generate the individual doctor lists.

The more complex your query is, the harder to get the syntax right. An ' or ) too many or out of place and your query will either not run or, harder to detect, give you erroneous results. I have seen BP supplied queries seem to work but actually deliver incorrect results. I have also personally created queries that, ahem, didn't generate correct lists because of a hard to detect syntax error. The more "AND" or "OR" in your query, the greater the chance of error. This tool enables you to run a simpler query and then use your spreadsheet program to extract the right information.

Actually, this is exactly the choice Primary Sense gives you. It offers filtering on just one field. If you want to go deeper, it's save the file and use your spreadsheet skills.

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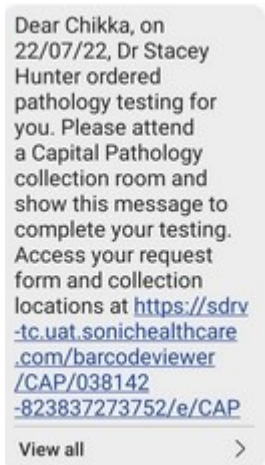
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## e-orders

Electronic ordering (e-ordering) is now commonly offered by labs and imaging providers, although it's a battle sometimes to identify who offers what. Communicating with the lab from the desktop is great, but so is the ability for the lab in question to reach back to the patient in order to facilitate the appointment process. The state of play may be common knowledge to the bigger corporates, but some of the smaller practices may be missing out on some great functionality, or at least not know what the patient sees. This article is an attempt to identify who offers what in this space. (Note some of the graphics were sourced elsewhere, as my system is of course, not a live one)

### Hobart/Lton/NW Pathology. (Parent org Sonic)

If you are set up for e-ordering, the button on your request form will say "Print and Send". An electronic copy of your order will be sent to the lab and this is accessed via the barcode on the request form. If you write "Telehealth" in the clinical details and the patient has a recorded mobile number, the lab will reach out to the patient via sms and a link to the electronic barcode, thus:

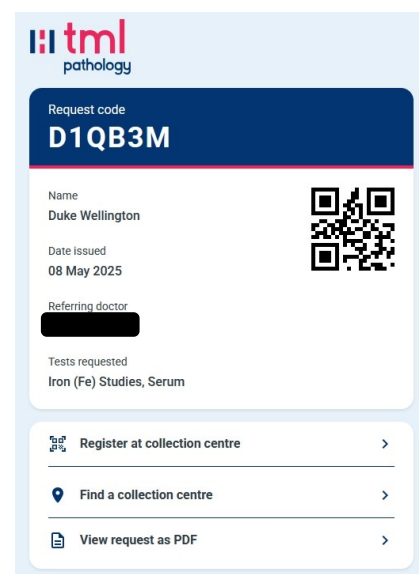


Note the link in the 2nd graphic to access a pdf copy of the request. If you want to make the process even smoother you could setup "Telehealth" as a choice in your pathology preferences. Instructions [here](#) for BP and MD users. If you are doing all telehealth, you MAY be able to save a bit of paper and the odd polar bear by changing your print setup to PDF. When the dialogue asks you where to save the pdf, you could just click cancel. I THINK the electronic part is sent anyway, although I am unable to test this. At the very least you could just save the pdf and then delete it.

### Tasmanian Medical Laboratories (TML) (parent Healius)

Once you have [e-ordering set up for TML](#), the patient automatically receives a nice clean looking SMS with links to all the things they need including a pdf version of the request.

Note that the sms needs a Date of Birth verification to be read.



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## e-orders

Continued..

### I-MED Radiology

To ensure you are set up for e-ordering for I-Med there are separate specific instructions for [BP](#) and [MD](#). There are also specific guides for [sending your request](#), although there is nothing new to be learned here, other than ensuring that the patient has a mobile number recorded. Within a few minutes of sending the order, the patient will receive a DOB verified sms message with a very clear form giving them access to a pdf version of the request as well as the ability to select appointment locations and times.

**Select a location, date and time**

7018 MORNINGTON

X-Ray - Chest Select Appointment

View referral

**Clinics**

Rosny  
3 Ross Avenue 2.8km

Fri, 9 May 8:30am 8:40am 8:50am 9:10am 9:20am 9:30am 9:40am 9:50am 10:10am + more

Hobart Private Hospital  
Corner Collins and Argyle Street 6.5km

Request a call from this clinic

Much like their website, the message is well laid out and easy to understand. The only thing I would mention is that on the day I tested this, along with a helpful local doctor, this screen was “loading” for at least a couple of minutes.

### Radiology Tasmania (Parent IDX, previously Capitol Health)

You can contact Radiology Tasmania [here](#), so set up e-ordering if you aren’t already set up. In what seems to be a basic system, an sms is generated, advising the patient of the referral and letting them know that radiology Tasmania will be in touch.

Your Doctor has sent your referral directly to us at Radiology Tasmania. We will respond by next business day to offer you an appointment. If urgent call us on 63231100

Radiology Tasmania also provide a [web based referral form](#), which is easy enough to fill out, but doesn’t pre-populate.

### Tasmania Imaging

This group offers e-ordering via server configuration if you are a BP using practice, or a custom letter writer template and some Healthlink utilisation if you are using MD. The specifics can be arranged via the e-ordering broker, [BookMI](#).

Tasmania Imaging contacts the patient via SMS with a a confirmatory message along the lines of the Radiology Tasmania message shown above.

Again all this may be common knowledge to practices, or you may be unaware of one of the opportunities mentioned above. It’s a good idea to let your IT support have this conversation with the imaging/pathology providers in question as there may be software installation involved. If you are a BP using practice, your IT need to be across this [information](#) for pathology and [this information](#) for imaging.