

PracSavvy

Clinical Systems Support and Training

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Edition 115 - March 2026

Welcome to this month's newsletter. I know the lateness of this edition has caused certain people a little anxiety (by certain people I mean me) but here we are with the latest good stuff.

During February there was a [change in prescribing restrictions](#) for interstate based clinicians who wish to prescribe for Tasmanian patients. I'm actually unsure of how much this interests Tasmanian Doctors, but it did raise a question in my mind that was happily answered in the FAQ at the above link. The quoted text from the link is, "The national RTPM system does not yet share information across borders on all prescribing and dispensing transactions." So it's called TasScript in Tassie and QScript in Queensland and SafeScript in some other states, but despite dealing with the same information, these systems do not talk to each other. Let's hope this can be addressed in the near future.

Services Australia released a new resource detailing MyMedicare error codes with further information on what which error means. If you are a MM practice, its worth downloading the [pdf](#).

So, this is a bit of a "warning to others" type story. I'm probably one of the world's less frequent users of emojis or emoticons or hieroglyphics as they were called 3000 years ago before someone invented, you know, words! I'm not above the occasional 👍 and certainly would use the universal 😊 as a way to convey friendliness or take any potential perceived sting out of my words. But that's about it really.

In February I received a request for some remote registrar training from an interstate customer. The request was for "tomorrow". Now this had been an uber busy time for me, juggling literally 55 training instances onsite or remote across Jan and Feb. My initial response was a bit reflexively exasperated so I replied:

So with Registrars all around the country starting this week, you want to know if I'm free tomorrow? 😊

Note the emoji used to adjust the tone. I do dimly remember some sort of message along the lines of "converting to plain text" as I sent the email. The response I got back was shall we say unusually blunt from someone who is usually an extremely friendly customer. Puzzling over her response I looked at the email trail and saw that my email had had the emoji converted to 2 question marks which conveyed the message as:

So with Registrars all around the country starting this week, you want to know if I'm free tomorrow? ??

My attempts at friendliness had failed, with my email now having a clear WTF vibe to it. Two busy people firing quick requests and responses to each other had been undone by technology. I sent a follow-up email with some sort of convoluted unconvincing explanation but didn't receive a response. Such is life!

The moral of the story is that if your emails are replies to someone generating plain text emails via their phone app, you are risking that your well intentioned yellow smilies are at risk of being changed to question marks or possibly swastikas!! I should mention that you are at less risk if you use ansi character type emoticons like :-) rather than graphic emojis.

AJ

Moving on to technology that will never let you down (insert raised eyebrow emoji) there are a couple of new AI offerings this month. The [BP Lyrebird Integrated](#) plan is now free and has unlimited consult notes as part of the package. If you want to access unlimited Lyrebird care plan and templates then you need to be on one of the paid [plans](#).

[HeidiHealth](#) have added a decision making function called *Evidence* to their AI Scribing product and users are being given a free 14 day trial. It looks like answers come complete with information on the medical journals they were drawn from. Read the details of Heidi plan offerings [here](#).

I am hearing anecdotally that some of the Integrated AI is generating excessive processing loads on servers and some IT types around the country are disabling it. I feel we need to see some honest documentation on what hardware resources are needed for this not to be an issue.

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BP

If you have been having issues with the vaccine list being unpopulated in the Travel Medicine module, this has now been fixed via the March data update. There remains a growing list of things that are “broken” in BP, including the Prevenar 20 valent issue which is now months old. As mentioned earlier in this issue, integrated Lyrebird is now free and without limit on number of consults. Access to unlimited templates and care plans etc requires subscription to a [paid plan](#).

Couple of quick bites around the *Reason for Visit* dialogue and some functionality you may have missed.

The top screenshot shows the 'Reason for visit - Mr. Darren Fred Anderson' dialog box. The search field contains 'heart'. The 'Keyword search' button is highlighted with a red dashed box, and the 'Synonyms' button is highlighted with a blue dashed box. The results list includes: Heart attack, Heart attack fear, Heart biopsy, Heart block, Heart block, congenital, Heart block, first degree, Heart block, second degree, Heart block, third degree, Heart catheterisation, Heart check, Heart disease, Heart disease, valvular. The 'Reason:' field is empty. The 'Fracture:' field has options: Displaced, Undisplaced, Compound, Comminuted, Spiral, Greenstick. The 'Add to Past History' checkbox is unchecked.

The middle screenshot shows the results of a keyword search for 'heart'. The results list includes: Acute heart failure, Biventricular heart failure, Broken heart syndrome, Care plan, chronic heart disease, Check heart, Chronic heart disease care plan, Chronic heart disease care plan review, Complete heart block, Congenital heart block, Congenital heart defect, Congenital heart disease, Congestive heart failure.

The right screenshot shows the results of a synonyms search for 'heart'. The results list includes: Acute cardiac failure, Acute heart failure, Cardiac failure, acute, Heart failure, acute.

The Synonyms search can be handy if you don't want to offend *Germans* (Measels) or *Chickens* (Pox). Feel free to pass this on (whilst avoiding *Chinese* whispers)

Not all doctors may be aware of the fact that you don't have to nominate a value from the first column when checking things in your Inbox.

This is especially true for non-pathology items.

This result is:	Action to be taken:
<input type="radio"/> Normal	<input checked="" type="radio"/> No action
<input type="radio"/> Abnormal	<input type="radio"/> Reception to advise
<input type="radio"/> Stable	<input type="radio"/> Nurse to advise
<input type="radio"/> Acceptable	<input type="radio"/> Doctor to advise
<input type="radio"/> Unacceptable	<input type="radio"/> Send routine reminder
<input type="radio"/> Being treated	<input type="radio"/> Non-urgent appointment
<input type="radio"/> Under specialist care	<input type="radio"/> Urgent appointment

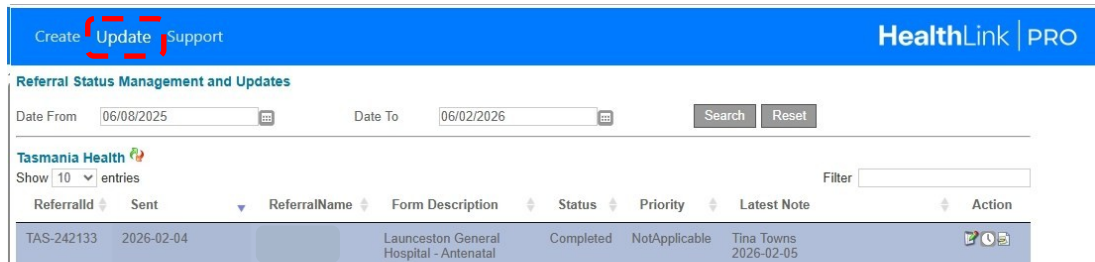
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E-referral

GPs would be aware that at the start of the year Healthlink debuted a more colourful (and arguably less practical) landing page for their smartforms. What I had missed until it was pointed out recently was that this affected the method for updating a THS Referral that has been submitted but not fully triaged. The instructions posted [here](#) covered the previous scenario, but now as far as I can see, the only way to update the pre-triage referral is via the menu item at the top of the landing page.



Note that this menu option is always available, even if there is no referral to update. You can read page 4 of an [earlier issue](#) for further detail on updating these referrals.

One thing that is completely and happily apparent to me is that as GPs have become comfortable with THS smartform referral, they have gravitated to the private specialist equivalent method, namely:

SR Specialists+Referrals Refer to Private Specialist

The obvious advantage to this method of course is that you can attach various supporting documents to your electronic referral and you don't have to rely on your local address book containing all the Healthlink addresses (although it should!). Overall usage of these referrals is apparently doubling every year, almost certainly buoyed by the fact that 5 states or territory public health services are utilising this mechanism.

I've always thought that Tassie is possibly the best connected state when it comes to clinical communications and the 2 graphs below seem to support this. The first is state population percentages and the second is the percentage of [SR referrals](#) generated in the last 12 months.

Australian Population by State/Territory (June 2025)



As you can (hopefully see), Tasmania whilst comprising 2.1% of the population, generated no less than 10.2% of the SR electronic specialist referrals in the last 12 months. In fact, on a per-capita basis Tasmania is the second only to the ACT in generating these referrals. I have to say that whilst I don't want to go all Trumpian, I'm a little suspicious as to how the ACT managed to comfortably outpoint us in this area. I'm not saying we should storm the capital,but people have been known to take things into their own hands :-)

I've seen the individual practice figures and there are a couple of oddball practices in the North of the state that don't seem to have cottoned on to this. Reading a couple of bonus tips on the next page may well lead them to have another look.....

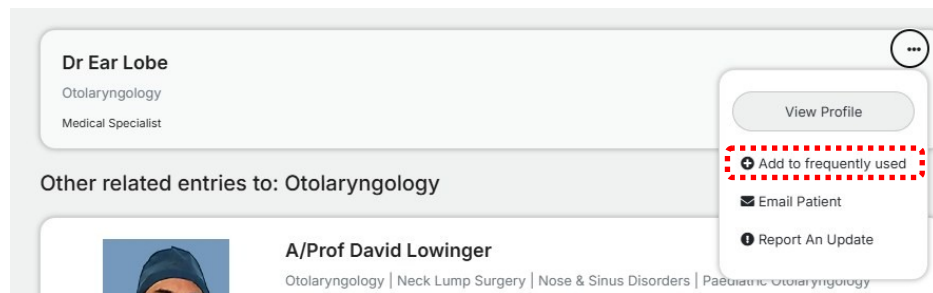
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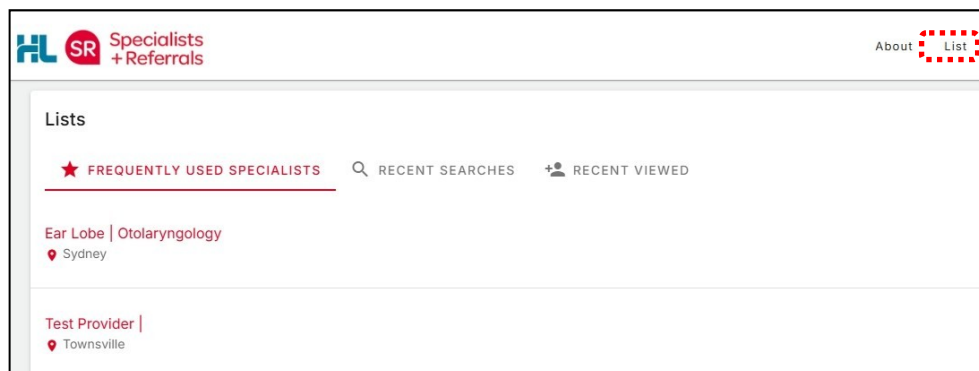
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E-referral

GPs can build their own favourites list of frequently used specialists so that they don't have to search each time they want to refer to a previously used specialist. In the specialist profile, simply click on the 3 black dots at top right of the profile.



Making the selection as above means that in the future the specialist can be quickly selected from the list menu at the top right of the SR screen.



Note also the View Profile button in the first graphic that conveys all the details for the specialist including contact details and physical location. The *Email Patient* button also depicted in the initial graphic enables these profile details to be sent to the patient via an email link to the profile listing, example [here](#). The email is sent from noreply@specialistreferrals.com.au. Unfortunately the patient email does not pre-populate from the patient record, but hey, nothings perfect.

It's not too difficult to see why this is being used as opposed to traditional word processor referrals. Obviously you get a generic form referral (Hint: Nobody has ever cared about your fancy letterhead) and also remember your easy access to interstate practitioners. There is also some advantage in using the directory of a commercial organisation whose longtime core business is maintaining a a specialist directory in (software/web based or hard copy format). Like it or not, a commercial organisation is likelier to have a sharper appetite for maintaining this information as opposed to a commonwealth driven effort like the [NHSD](#).

Actually you may be wondering what NHSD is? Well it's a commonwealth provider directory project being delivered by/via [HealthDirect](#). If you are also wondering how this fits with another phrase you may have heard, namely [Provider Connect Australia](#) (PCA), well, join the club. The ahem, good news is that according to this [link](#) *PCA reduces red tape for provider organisations and improves the quality of healthcare information throughout the healthcare ecosystem*. For me there are at least 1 too many names for what to the end user is actually the same thing.

I'm also aware that at least some cloud based health software is exclusively using the NHSD/PCA as its address book for secure electronic messaging. Which is great if all organisations are fully listed, only they most certainly aren't, so it's actually the opposite of great.

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Primary Sense

There are a couple of new [Primary Sense](#) (PS) offerings this month with a *CVD Risk Screening, Recall and Treatment Report* and some Gout related Medication prompts.

The CVD report attempts to consolidate CV Risk scores, pathology results, medications, BP readings and MBS opportunities into an all round CV management tool. The report actually generates 4 separate reports which can be exported to spreadsheet format in the usual way. De-identified samples of each report are shown below. Note that the full reports will also show the date of the last patient appointment as well as the date of any future booked appointment. The dates pertaining to last care plan or Heart check will of course only be drawn from your practice billing data, so won't include "foreign billings".

Intermediate and high CVD risk patients without prior CVD not on guideline therapy

Age	Sex At Birth	ATSI	Familial Hyperchol	Moderate Severe CKD	CVD Score%	Total Cholesterol	Age Of TC Result	LDL	HDL	TC/HDL Ratio	SBP	Age Of SBP Result	Diabetes	Smoking Status	On Lipid Lowering	On Antihypertensive	On Lipid Antihypertensive Combo	Last Heart Health Check	Last Care Plan Date	Care Plan Review Date
77	M	N				3.4 mmol/L	42 months		1.1 mmol/L	3.1	136	6 months		Smoker	atorvastatin				2025-07-30	
64	M	N				4.5 mmol/L	9 months	2.8 mmol/L	1.1 mmol/L	4.1	158	3 months		Smoker					2025-07-07	2026-01-14
63	M	N				5.4 mmol/L	6 months	3.2 mmol/L	1.3 mmol/L	4.1	181	3 months		Ex						

Patients with prior CVD not on guideline-recommended therapy

Age	Sex At Birth	ATSI	CVD Visit Reason	Total Cholesterol	Age Of TC Result	LDL	HDL	TC/HDL Ratio	SBP	Age Of SBP Result	Diabetes	Smoking Status	On Lipid Lowering	On Antihypertensive	On Antithrombotics	All Combo Types	All Combo Medications	Last Heart Health Check	Last Care Plan Date	Care Plan Review Date
75	F	Y	Angina	3.5 mmol/L	24 months		1.0 mmol/L	3.6	108	6 months		Smoker	rosuvastatin		acetylsalicylic acid				2025-08-25	
75	F	Y	Coronary artery disease	3.7 mmol/L	this month	1.4 mmol/L	1.9 mmol/L	1.9	122	this month		Ex	ezetimibe	telmisartan						
62	F	Y	Stent, coronary artery	4.2 mmol/L	6 months	2.2 mmol/L	1.5 mmol/L	2.8	173	3 months		Non	rosuvastatin	perindopril					2025-07-15	2025-10-29

Patients at high CVD risk (including prior CVD) on guideline therapy but treatment targets not met

Age	Sex At Birth	ATSI	CVD Visit Reason	Total Cholesterol	Age Of TC Result	LDL	HDL	TC/HDL Ratio	SBP	Age Of SBP Result	Smoking Status	Last Heart Health Check	Last Care Plan Date	Last Care Plan Review Date
66	F	Y		5.5 mmol/L	3 months	3.3 mmol/L	1.6 mmol/L	3.4	174	this month	Ex		2026-02-03	2025-03-14
72	F	Y		4.3 mmol/L	12 months	1.8 mmol/L	1.2 mmol/L	3.6	118	6 months	Non			
71	F	Y	Angina	4.0 mmol/L	3 months	1.9 mmol/L	1.2 mmol/L	3.3	132	6 months	Non			2025-03-25

Patients likely to be at high CVD risk - incomplete/outdated risk factors (priority screening)

Age	Sex At Birth	ATSI	TC/HDL Ratio	Age Of TC/HDL Result	SBP	Age Of SBP Result	DBP	Age Of DBP Result	Diabetes	Smoking Status	Last Heart Health Check	Last Care Plan Date	Last Care Plan Review Date
57	F	Y			146	18 months	80	18 months		Smoker			
62	M	Y			129	12 months	84	12 months		Smoker			
79	M	N	3.30	this month	120	3 months	83	3 months	Y	Non		2025-11-12	2025-05-12

As always remember to click on the Teal *Information about this table* buttons as they will tell you exactly what data is being shown for which patient group. There is a complete guide to using this report, available at the link [here](#).

As mentioned earlier February also saw the release of new medication prompts around the treatment of patients with gout. Click [here](#) for the information sheet.