

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

Edition 105 - May 2025

Welcome to this month's newsletter. I'm generally not in the habit of looking to the AMA for inspiration, but I read about the [GROSS](#) initiative on their Victorian website, and I like every bit of it. If you are reading the paper version of this publication (So 20th century) and therefore can't click on the link, know that GROSS stands for **Getting Rid of Stupid Stuff**.

The Vic AMA are calling upon the Victorian Health Service to implement this across the entire public health service, and they even have the audacity to detail some of the stupid stuff. Things like:

- ◆ ineffective, duplicate mandatory annual training modules that doctors must repeatedly complete, often across multiple health services.
- ◆ Delays and inefficiencies due to essential patient information (results, discharge summaries) not being readily available within or between health services and general practice.
- ◆ Poor information flow, such as pathology/radiology results arriving without headers, making it unclear where tests were conducted.

I'd love to see something similar asked of the THS. Sadly, the bigger organisations become, the stupider they get and the harder it is to turn things around. Even with this excellent idea, I can imagine upper management types employing a bunch of clearly overpaid consultant types to "look under the hood" at what's going on, rather than directly ask the people who are in the system every day of their working lives.

It scales upwards too. For example, with 98% of General Practices being computerised and I would say 85% of them using the same software, why are there any forms at all that GPs are required to complete, not provided in a software compatible format? Admittedly there are some that are, but there really shouldn't be any that aren't. What a genuinely productive role at [Services Australia](#) that would be, ensuring every document has a software compatible version. And whilst we are saving the world, given that your customers are 98% likely to be running secure messaging technology, how about providing that option for receipt of forms. Around the country state health referral has adopted this, how about commonwealth form lodgement too?

Before y'all start enjoying this article too much, let's not forget that this is absolutely applicable to Primary Health as well, an environment that is actually far easier to change given it's much smaller size and lack of bureaucracy. Consider the following changeable habits and behaviours that absolutely impact on the efficiency of practice teams specifically and the sector in general.

Specialists not offering a secure electronic referral pathway, some of whom may compound their error by refusing to educate themselves or admit that **what constitutes a signature is different in the world of electronic documents**.

Clinicians that have access to electronic referral but would rather give someone a fax to send.

Clinicians that send a PIN protected email to a specialist, ignoring the fact that the specialist would have no clue as to the PIN number.

Clinicians that are still so philosophically opposed to the MyHR (thankfully less and less) that they would rather give a task to someone instead of clicking a button.

The old chestnut of not being fussed about marking off reminders and flagging discussed results as *Given/Notified* resulting in unnecessary extra work for team members.

Practice teams that don't fully realise and adopt the idea that email functionality is available to the GP in their clinical software. There are still practices that forward documents to admin for emailing, or worse still, print documents to be later scanned in and emailed. Sharing documents between clinician and front desk has often been done clumsily and inefficiently anyway, but with the advent of electronic signing and clinical software emailing, it's now almost completely unnecessary.

Practice owners (often Drs) who are aware of and acknowledge the above behaviours but don't give strong backing to their admin team who are impacted and are trying to improve things.

The last one gets to me quite a bit actually. Obviously the owner experiences most of the economic impact that can result from inefficient behaviours, but there still sometimes seems to be a lack of desire to have "the conversation" with clinical colleagues. It is a sad fact that pretty much all the power resides with the clinician these days, but I really can't believe that people will walk out the door rather than mark off their reminders or send referrals. I do also wonder whether being direct is becoming a bit of an undesirable characteristic, a bit too patriarchal perhaps? Is that really where we are? *Continued..*

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

Continued...

I am cautious however to note that whilst it's fine to identify sub-optimal practices we should be wary of attributing motivation. There may be many reasons why a particular behaviour is happening, ranging from stubbornness, to a reluctantly acknowledged lack of understanding, to a lack of confidence in the process, for example referrals. So it's the role of the "change agent" to identify the barrier and allay fears or provide education or support.

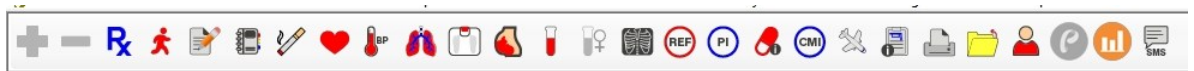
I know that many will see these comments as "playing at the fringes", with the only real factor in business viability and efficiency being the value of the Medicare Item. Even if you don't believe that correcting these issues will have a significant benefit economically, the hope is that there may be small gains to be had in staff efficiency and timeliness of patient care. There is absolutely something to be gained by having staff that feel they are part of an effective and worthwhile organisation and that they are a professional, rather than someone who spends too much time doing "stupid stuff".

Cultural Question: On a random note, could people taking selfies with the pope's coffin in the background be the defining image of our times?

MD

This past month MD quietly released a patch/update to their software, [4.3a](#) being the latest release. I must admit I have mixed feelings writing about this given that the number of my customers that still use MD can be counted on one hand AND ironically, there are a few things that I really like about this release. You can read the release notes for Clinical [here](#) and for [Pracsoft](#) here. What follows are the highlights according to me.

1) Icon Bar



Well I'm a fan. Icons that are much more vivid and larger, giving the user a far quicker way of finding specific functions. You can even arrange the order or shrink them to smaller via *Tools..Options..Clinical*, from the main screen (but why would you!). Sure they look a little retro, but as someone who thinks music has slid downhill since the 80's, I'm not about to complain.

2) Holding file via the patient record.



This one absolutely gets the chocolates for mine. Now you can view the patient's unchecked documents in the Holding File, right next to their results and letters etc. If you happen to check a result via this interface the screen will refresh with the checked document now showing in *Results* or *Documents*. A real improvement in intuitive functionality I feel and will be especially helpful for the new or inexperienced user.

3) Alternate email address

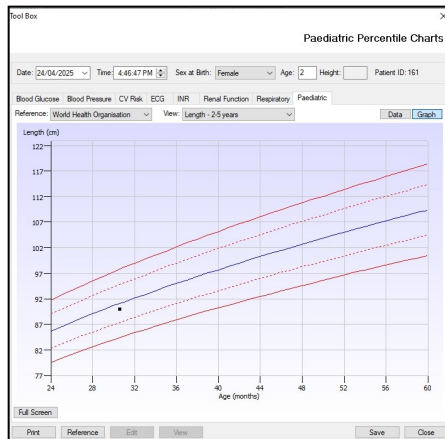
Default:	<input checked="" type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Mobile
Phone:	<input type="text" value="6244 1300"/>	<input type="text" value="9123 3456"/>	<input type="text" value="0418336804"/>
E-mail:	<input type="text" value="mack63u@gmail.com"/>		
Alternate E-mail:	<input type="text" value="somewhereelse@gmail.com"/>		
Preferred Contact:	<input type="text" value=""/>	<input type="checkbox"/>	Do not send SMS

The patient demographics now has a spot for an alternative email address. This might be a nice place to store the email address of their usual pharmacy, which can then be selected during the script process. Nice change.

Continued..

...MD 4.3a continued

4) WHO cares...



..especially about the growth trajectories of children. This release adds the **World Health Organisation** percentile charts to the *ToolBox*.

5) Customised email Passwords.

When sending Letter Writer documents via email, you can now opt for a customised password. So, a little more flexibility.

It'll take this opportunity to remind people to communicate to the recipient what the PIN/PW is or at least leave a hint in the email body.

Nag number two, please use the communication tool that is most specific for purpose. i.e. If a specialist offers a [Healthlink](#) pathway, use that.

Note that *Users..Setup Users..Manage Permissions* now offers settings for email usage.

6) Holding File - Additional Functionality.

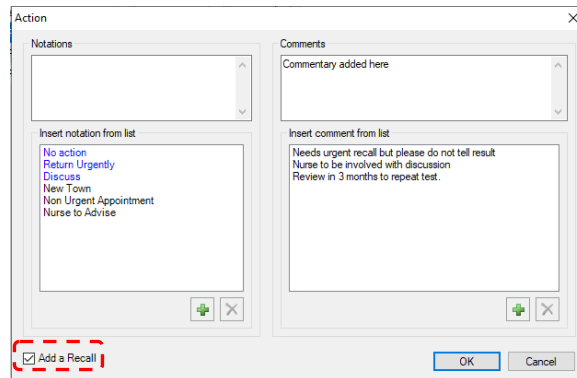
MD has added the ability to add a comment to an item in the *Holding File* without having decided on what the follow-up status is. This is provided via a new separate button. Whilst I like GPs to use this as information for admin staff doing follow-up, those who use it as a *note to self* will enjoy the functionality, particularly as the comment can be edited.

MD

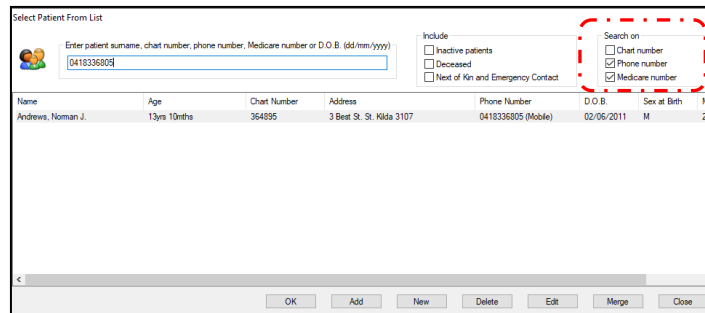
....MD 4.3a continued

6) Holding File - Additional Functionality....continued

There is also a button to add an Outstanding Action from the Holding File. This could be used as a reminder in the patient file that there are results to be discussed. There is also now an Add Recall checkbox via the Action dialogue.



7) Improved Patient Search



You can now search for a patient by mobile or Medicare number.

There is a bunch of useful looking stuff for Pracsoft as well, and admin staff would be well advised to read the information [here](#). I am unable to test this upgrade in a real world environment, so issues or improvements in speed and stability are unknown to me, and these have absolutely been traditional bugbears. I will say though, if it wasn't for the introduction of the AIR interface in 2022, in terms of feature upgrades I would be calling this the best MD update since the introduction of ecripts.

Templates

The following templates can be downloaded from my website [here](#).

Blood Pressure Diary (Updated)

Primary Sense

Reading the update [release notes](#) from Primary Sense, they have added some functionality over the last 2 months with regards to the RSV vaccine, along with some minor vaccination related changes, and let's be honest, bug-fixes.

The *Pregnant and Vaccinations* report now contains a column showing the gestation time and whether the patient has receives the RSV vaccine.

Fluvax Date	Pertussis Date	RSV Date	Weeks Pregnant
N	N	N	34
N	N	N	30

Also the Pertussis prompt now includes a reminder to check for RSV vaccine at 28-36 weeks.

As I write this, I wistfully think back to the days where a [PenCat](#) update would facilitate some page-filling colourful graphs for my newsletter. Those were the days, sigh!

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

BP

I wrote an article on setting GP preferences in BP as recently as March 2024, but with new features I'm finding myself making more and more changes to the default preferences when training a new GP. I think it's fair to say that when a new clinician is set up, the default preferences are sub-optimal and should be adjusted. Given that a bunch of practices have converted to BP in the last 18 months, I'm going to run this one again with 2025 updates.

I've highlighted ones to think about thus, and ones I would definitely change thus,



General

Enable HealthShare Factsheets

Resize Patient Photo if larger than: Width

Default to PIN protected patient Emails

Calculate the MBS Item in the Finalise window

Enable NCSR Functionality

If you have the Healthshare Factsheets installed, they won't work unless the clinician has the preference ticked. Similarly if you have enabled the National Cancer Screening Registry interface (and why wouldn't you?) the clinician won't have access under the *View* menu unless the preference is ticked. The email related preference confuses some people I think. It merely ensures that any document emailed has a PIN by default, as it should where practical. Lastly, you may want to enable the setting that calculates a timed consultation Item number by default in the billing items window.



Letters

Save all new letters as draft

Show confirmation on export of HL7

No blank line after tables are inserted into template fields

Display Online Directory on contact selection screen

Default address book:

I don't think I like the default setting for all letters being *draft*. If you remember to change it at the time of document creation, all well and good. Most people don't however, which means that documents can remain in a draft state for years and are therefore changeable. In Tasmania especially virtually every medical/specialist practice has a *Healthlink* account, so I like to ensure the online Healthlink directory shows underneath the local address book window. This facilitates referral to people whose details aren't in your local address book. As a bonus, anyone selected from the online window will be added to your address book. Note that as a precursor to this, you should select your online directory under *Setup..Configuration..General*.



Prescribing

Reason for prescription:

Always 'Add to Past History'

Always 'Save as Reason for Visit'

Always 'Add to Diagnosis'

Enable real-time prescription monitoring

Much the same as the *Clinical* tab on the next page, we don't want every condition to default to saving in the Active Medical History. We want this area to be a concise summary of the patient's major health issues. The setting depicted on the right will ensure that after the Dr is set up for ecripts, they will get a clickable alert when it is appropriate to check the TasScript website.

PracSavvy

Clinical Systems Support and Training

www.pracsavvy.com.au

BP

Continued..



Clinical

Diagnosis window: <input type="checkbox"/> Always 'Add to Past history' <input checked="" type="checkbox"/> Always 'Save as Reason for Visit'	Procedure window: <input type="checkbox"/> Always 'Add to Past history' <input checked="" type="checkbox"/> Always 'Save as Reason for Visit'
Reason for Visit window: <input type="checkbox"/> Always 'Add to Past history'	Past History window: <input type="checkbox"/> Always 'Save as Reason for Visit'

These are the main settings that I routinely change from the default. We are basically saying that we don't want to default every *Reason for Visit* to also be included in the *Past History*. This results in lengthy and messy histories. We want the Past History to be a **concise non-repetitive list** of the patient's major health issues. We always want a Reason for Visit entry, and we want the clinician to assess each time whether a corresponding entry into the Past History is required. e.g NO for a cold, YES for Ebola.

<input type="checkbox"/> Enforce entry of Reason for Visit when closing patient record
<input checked="" type="checkbox"/> Prompt for Reason for Visit when closing patient record

Personally I don't like the mandating of a *Reason for Visit*, because sometimes you have just opened the record to check something. However I like the prompt in case you have forgotten to enter this when it is appropriate.

<input checked="" type="checkbox"/> Display Unactioned report list in patient record
<input type="checkbox"/> Popup Unactioned report list when closing the patient record

This relates to enhancements in the recent Spectra release that [I describe](#) as well intentioned but poorly executed. So my selection of these two settings is a compromise measure. The top setting means that there will be an alert in the notifications area of the patient record, that there are a number of results that haven't been *Given* to the patient. Which is really great, but the number quoted includes results that have been marked as *No Action*. Admittedly if you double click the alert, No Action items are hidden by default and you may well find yourself looking at an empty dialogue. If it wasn't for this error in logic, I would enable the 2nd preference too as a handy reminder when you are closing out of the record. However I don't think GPs are going to like an empty dialogue popping up when they close the record purely because No Action results exist.



Pathology

Default billing: <input type="radio"/> Private <input type="radio"/> Concession <input checked="" type="radio"/> Direct Bill <input type="radio"/> No default
--

Patient's expect pathology tests to be bulk-billed I'm told, so you can set the default for this here. It may be helpful to select the default lab for the new GP (Bottom right of section, not depicted) not forgetting to check the *Paper has specimen labels* box.

Don't forget if there is a GP at the practice who has their preferences well set up, you can copy or Clone their setup using the button at the top of the screen. You do this from the preferences area of the new GP.

User name: Dr Frederick Findacure

Clone