PracSavvy

Clinical Systems Support and Training

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Edition 111 - November 2025

Welcome to November's newsletter. This month will see the expansion of the Bulk Billing Incentive (BBI) to include everyone with a Medicare card. Additionally (and separately) this month also sees the introduction of the Bulk Billing Practice Incentive Program (BBPIP). Judging by a couple of the national social media forums, there is a fair bit of confusion around these two initiatives and how they relate to each other (or not). To help with the various "b"s in various bonnets, I've tried to collate the most useful resources and information sources at my Medicare web page here. The usual disclaimer that I have no actual first-hand knowledge of billing and claims absolutely applies, but you absolutely will find useful stuff here, including patient information resources for non participating practices.

As the world spins faster and faster, AI continues to feature heavily in healthcare discussions. A sure sign of this is that it now has it's own page at my website. One thing I have come to realise is that while practices swoon over the benefits of AI-Scribing as such, they also have to grapple with the tedious bits. What this means is that you really do need to ensure your policies and consent forms reflect your AI usage. Not only that, given the speed of AI evolution, these really are policies that should be reviewed every six months or so. Practice managers may want to take a look at a nice "starter" video here, courtesy of the folks at You_Legal.

I reflect on the fact that I have talked about policies for 2 issues in a row, given last month's feature on the privacy act. I must say historically, policies and procedures are things that I have avoided like the plague for pretty much all of my working life. Generally because I never wanted to be a bureaucrat, or even know one! Sadly, one of the consequences of being part of the developed west is that we drown ourselves in rules and regulations, and yeah, I have a newsletter to fill.

Speaking of bureaucracies, readers may remember from last month that I mentioned the 2024 Privacy Act amendment featured a mention of a *whitelist* of countries with similar privacy rules to Australia where data could be happily stored on their servers (Think Google drives etc) I had emailed the OAIC on 30/9 to ask them where the whitelist was. Twenty three days later I got a response saying that as it was apparently a "Ministerial White List" I should ask the office of the Attorney General. What odds they tell me to ask the OAIC?

A local Practice Manager alerted me this month that THS *Referral Acknowledgements* were arriving at practices with no reference to the referring Doctor, thus having to be manually allocated each time. I am unaware whether this has always been the case with **these specific** messages, but it has now been brought to the attention to the THS systems group who have flagged it as a high priority to fix.

In *breaking* news, apparently some GPs are struggling with ereferral to the THS Fracture Clinics. The trick is to refer to the Orthopaedic clinic and select the damaged body part, whereupon you will be prompted by fracture and other related options. This tidbit lifted from the regular GPLO newsletter. If you aren't getting a copy, you should be, so get in touch here.

October saw the commencement of the *designated registered nurse prescriber* endorsement. The next step will come when there are training units available that are approved by the Nursing and Midwifery Board Ahpra (NMBA). You can read the latest here. Finally, the RACGP has also released the 2025 edition of the *General Practice Health of the Nation Report*. Grab a copy of it here.

Finally finally on a cautiously optimistic note, against all odds, it seems like the Hobart Clinic will only be closed temporarily, thanks to a 2 million dollar lifeline from the State Government. At this stage it's a possible 6 month stay of execution, but here's hoping the clinic will "find a way".

Templates

New templates at my web site here include:

Royal Flying Doctor Service Primary Health Care Referral

Cardiac Calvary Centre Referral (Update)*

**** The update here is a change to their phone number which is now: 6279 5700***

And at the PHN website, an updated PTAS Application form.

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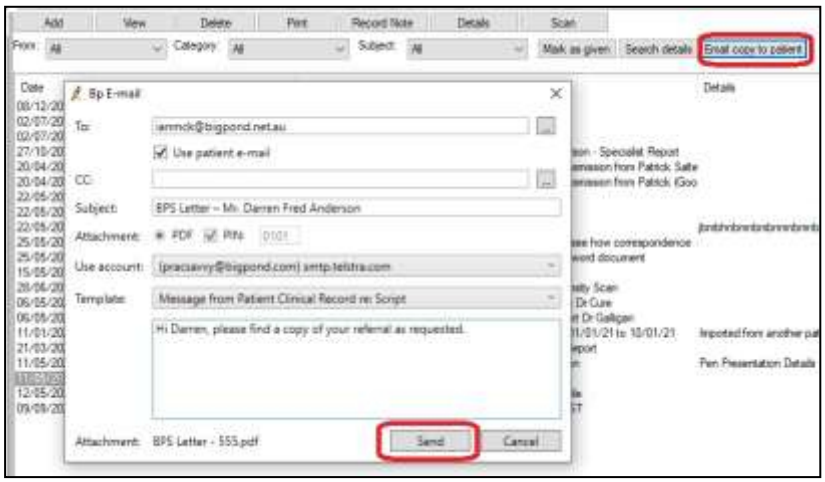
BP

So Best Practice (BP) released Spectra SP1 R3 this month and they are saying that because of the BB changes and also AIR uploads, **you really should install this if you haven't already**.

1) Email of Correspondence In documents. Back in March with Spectra SP1, BP introduced the ability to email documents straight from *Investigation Reports*. You can now do the same thing from *Correspondence In*.



Whether you are emailing a result or a document, the protocol is very similar, namely:

a) You can only email one document at a time

b) The PIN number is mandatory and can't be tuned off

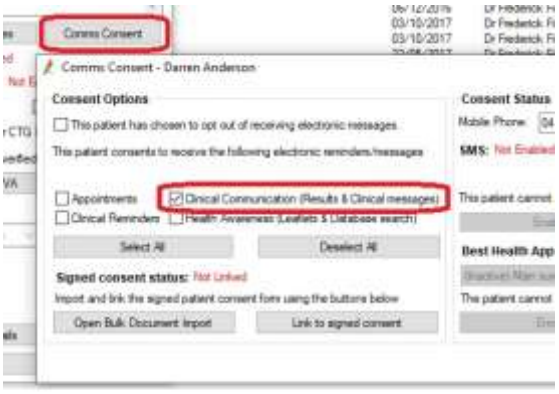
c) They use a template created under *Setup.configuration.Templates*

d) They generate a fully descriptive *contact note* and *consult/daily* note.

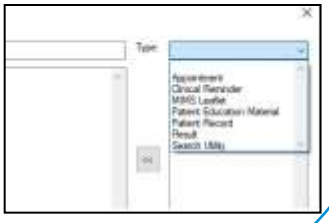
e) They both (now) rely on the *Consent for Clinical Communications* to be set in the *Comms consent* section of the *Demographic* details of the patient.

I don't mind the compulsory PIN thing, and I also don't mind at all bringing Email and SMS under the same BP Comms consent arrangements and also utilising the same templates.

It is consent for clinical communications though, practices may specify whether it's a one off tick/untick for this consent or a permanent one. I do know some Drs like the ability to SMS the patient from the InBox, something this consent level would enable.



There is a slight clanger (BP does seem incapable lately of not getting any enhancement 100% right).
If you email a result, the template choice given is just for any template created as the *Result* type. Whereas the Corro In template to be used has to be a *Patient Record* one.



TIP. When you create a new Comms template, check the box that says *Template Text can be edited before sending.*

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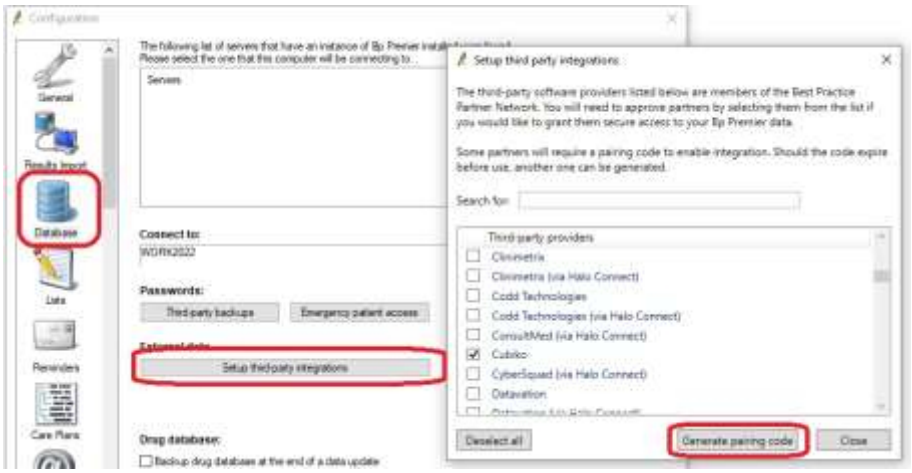
2) Third Party Pairing codes. One for your IT team really, but BP are phasing in another level of security for 3rd party programs that access your clinical database. Think Cubiko, HotDoc, Automed etc. By early next year all 3rd party programs will need to configure a pairing code that is unique to the relationship between you and them. As I said, more for your IT, but when one of them asks you for a code, this is where you go.



3) Co-Claiming Prompts. Under the old care plan numbers, BP used to tell you if you were billing two things that you weren't allow to bill together. This has now been enabled for the new GPCCMP items in the *finalise visit* and invoicing stages along with the prompting that occurs when a NON-VR GP attempts to bill the VR equivalent and vice-versa.

4) MBS Changes. Whilst they won't be effective until the November data update is installed, this release enables the changed functionality around Bulk-Billing eligibility and the BBPIP incentive. I've tried to collate some useful resources around both of these things (because they are separate things!) on the Medicare page at my website here.

The November data update will also reflect the removal of Mental Health Treatment Plan *Review* and *Consultation* items in favour or normal timed attendances. There is a comprehensive guide on these changes recently released by PHN. There are also changes to fees and Item numbers relating to *Long-Acting Reversible Contraceptives*, (Larcs) which you can read about here.

On a related note BP have updated their Reporting tool to give you some financials to assist your decision making around whether to sign up for the BBPIP program.

Sadly this release doesn't fix a couple of the Healthlink smartform issues that I have flagged in previous issues. Click here if you want to read the full release notes and there is a webinar video here.

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There are a couple of *gremlins* with the latest BP release, or more specifically with the Healthlink smartforms and their interaction with the clinical record. The Social History section does not now contain smoking information that caused the "too many characters" error message. Unfortunately for patients that smoke it reports cigarette smokers as pipe smokers and vice-versa. It also transposes "cigarettes per day" as "Tobacco packets per week" and vice-versa.

For years I have been saying that the Medical History section of these forms should contain the date of the item instead of the unused medical coding number.
Out of the blue, it seems an attempt to fix this has been made, which is great, but sadly not neatly displayed.

I have mentioned these issue to BP, who point the finger at Healthlink. I subsequently lodged them as a support issue with Healthlink.
Hopefully both issues can be cleaned up.

MD

MD have released their 2nd hotfix in as many months with their 4.3a Release 2, which can be downloaded here. I wouldn't bother with this unless you have been experiencing crashes and instability. If you are experiencing this then you probably don't have much to lose. Apparently you have to have installed the first hotfix at least to enable the extended bulk-billing incentive eligibility that comes in to play on Nov 1st.

The MD November drug data update came with a warning of an incorrect drug interaction message which will be **fixed in the December update**. May be something to mention to your Drs.

An incorrect drug interaction is being flagged when lurasidone is prescribed with abiraterone. When the two drugs are prescribed, the following interaction attributable to lurasidone and aprepitant is displayed:

Concurrent use of LURASIDONE and APREPITANT may increase LURASIDONE plasma concentrations; LURASIDONE dosage reduction is recommended during concurrent use, and the LURASIDONE *dose should not exceed 80 mg once a day*

MyHR

For better or worse, this last month saw the removal of the 7 day wait for patient viewing of most pathology results on the MyHR. I was pretty much in favour of the status quo on this, but when the doctor who is CEO of the Consumer Health Advocacy group, stated the magic words that this will provide "equity and transparency", the cognitive surrender was complete. Effected tests are listed here.

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