

# Paperless Practice - Is it possible?

*How to use your digital health solutions to go paperless  
Workshop for CESP HN September 2017*

Presented by Katrina Otto  
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# Our Learning Objectives:

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1. Identify ways to save time and money by improving available technology use.
2. Evaluate practice systems to minimise risk.
3. Evaluate practice scanning/correspondence management processes.
4. Improve efficiency of patient education with (paperless) online tools.
5. Digital Health Update.

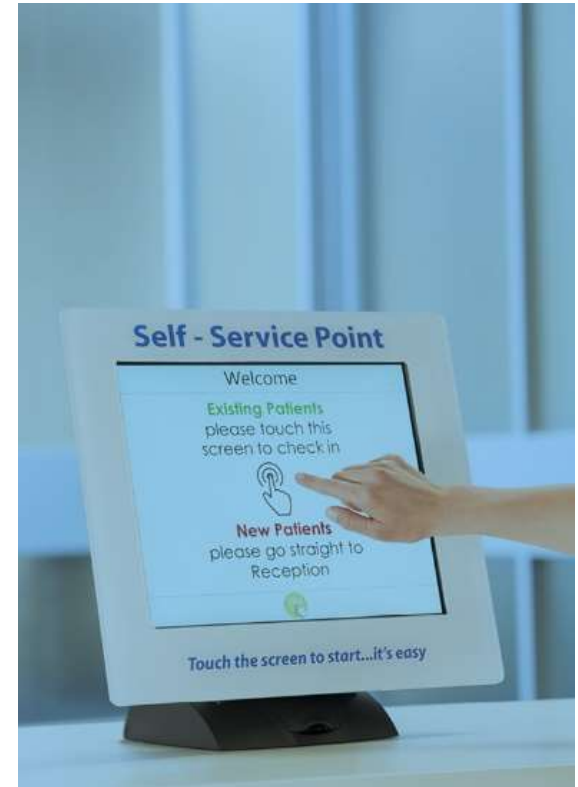
# Our Learning Objective 1:

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Identify ways to save time and money by improving available technology use.

# Paperless Processes

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Let's implement some improvements

# Self check-in kiosks – lots of options

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- ✓ Jayex
- ✓ Healthsite
- ✓ HotDoc
- ✓ Auto-med
- ✓ Medi-Records

# Patient kiosks: self-check in, check out & pay



## Automated



**Today's total comes to**

**\$135.00**

\$118.40 gap-fee + \$16.60 medicare rebate

**Pay now**

Swipe, tap or insert your bank card on the payment terminal

Then follow prompts on the keypad

**If paying with cash please go to the reception**

Disclaimer: By using this terminal to settle your account you authorize the clinic to submit your medicare claim

Pay at Reception

# Data has never been more important!

## Accreditation Changes:

- linked to data



AGPAL - Accreditation for Practices

## Practice Incentive Payment (PIP) changes:

- linked to data



Australian Government  
Department of Human Services







# PIP payment changes:

Q: “How will the new PIP Incentive Payment work?”

**A: Practices will be paid for focusing on quality.**

The quality will be determined by the information (i.e. data) about the care that has been provided.

With time, practices will be paid for demonstrating data driven quality improvement.”

[PIP Redesign FAQs](#)

[Webinar recording](#)

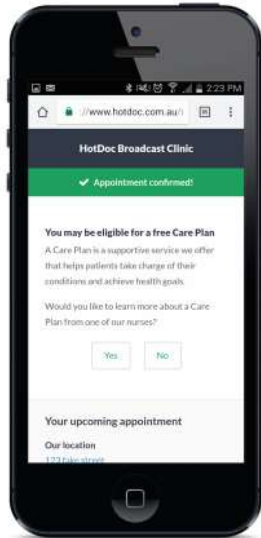
# Apps

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- ✓ Education
- ✓ Appointments
- ✓ Self-check-in
- ✓ Recalls
- ✓ Reminders
- ✓ Results



# HotDoc – Marketing Tool



Get more patients booking high value services

Inform Leads is your clinic's marketing tool, allowing patients to easily identify themselves, and register their interest, for high value items such as Care Plans and Home Medication Reviews.

How it works:

- 1 Patient receives an **SMS** appointment confirmation.
- 2 Patient is prompted to answer 1 or 2 **questions**.
- 3 Select patients are asked if they want to **learn more** about a relevant service.
- 4 Patients who answer Yes are told a **nurse will call** them. Your practice is notified of the lead via email.

Campaigns to choose from:



**Health Assessments**

75+ years old



**Care Plans**

Over 40 years old



**Diabetes Risk Checks**

40 - 49 years old



**Flu Clinics**

Under 75 years old

- ✓ Smart recalls
- ✓ Online appointments

# Integration, connectivity, mobility!

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## Online Appointments

[Read my blog: Online  
Appointments:  
'Do you want a Practice-centric  
or Patient-centric option,  
or both?'](#)

Integration | Connectivity | Convenience | Mobility

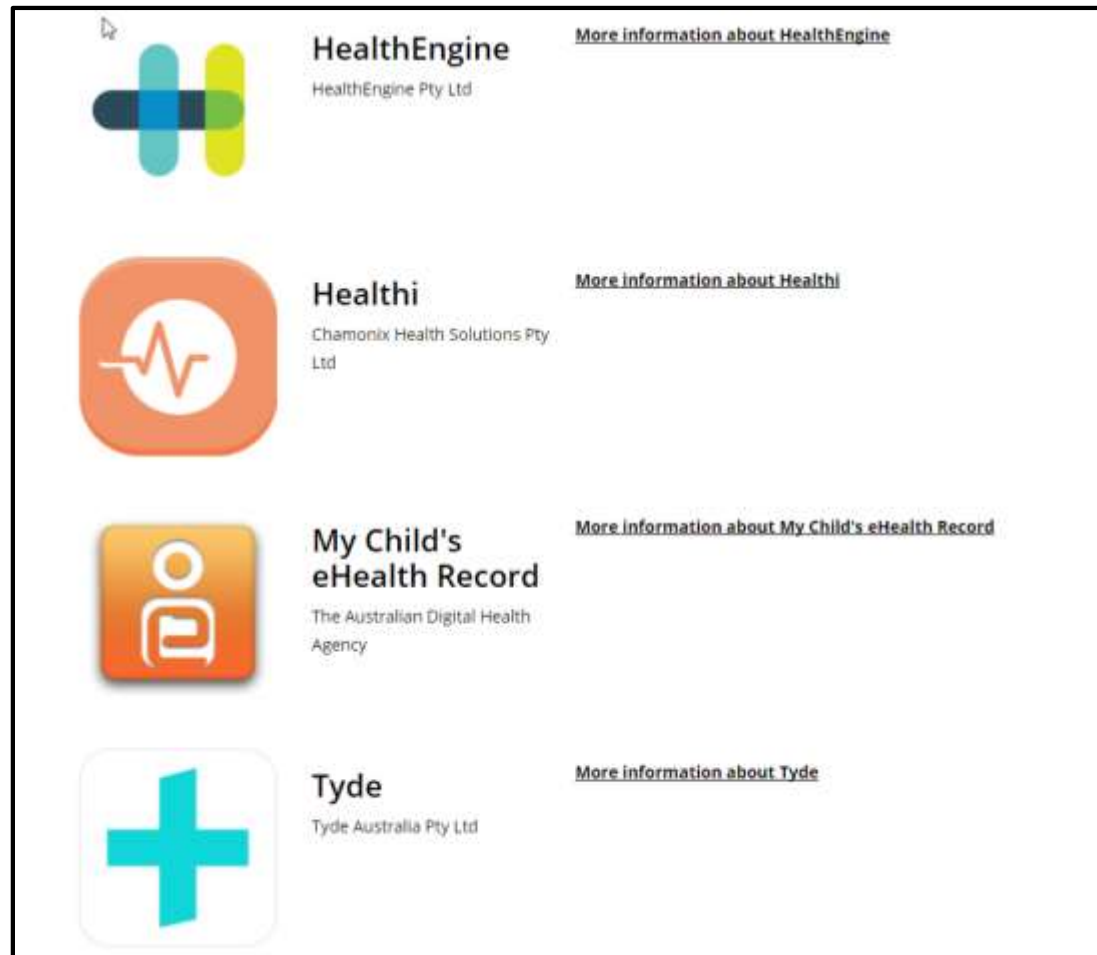
## Learning Objective 2:

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Evaluate practice systems to minimise risk.

# Apps that are authorised to connect to My Health Record:

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Learn more: <https://myhealthrecord.gov.au/internet/mhr/publishing.nsf/Content/appconnect>

# Best Health App – coming soon from Best Practice




## Consenting Processes:





Patients choose if they would like to receive notifications and if so how eg:

- ✓ App
- ✓ SMS
- ✓ email

Signed patient consent form.

 Patient Consent for BpComms ✕

Set the Patient's Consent options for Electronic Communications (BpComms):

<input type="checkbox"/> Consents to receive Appointment Reminders electronically (enrolment not required for SMS)	Send Via 
<input type="checkbox"/> Consents to receive Clinical Reminders electronically	
<input type="checkbox"/> Consents to receive Clinical Awareness electronically (Results and Messages)	
<input type="checkbox"/> Consents to receive Health Awareness electronically (Database search, App Dashboard)	


Select All

Deselect All

Attach signed patient consent: 

Open Bulk Document Import

Link to signed consent

 Linked

Enrolment for BpComms (only required where Practice requires enrolment):

SMS via Mobile:	<input type="text"/>	<div>Enrol</div>	<div>Disable</div>
Patient App ID:	<input type="text"/>	<div>Enrol</div>	<div>Disable</div>

Consent for email (only required where Practice requires consent):

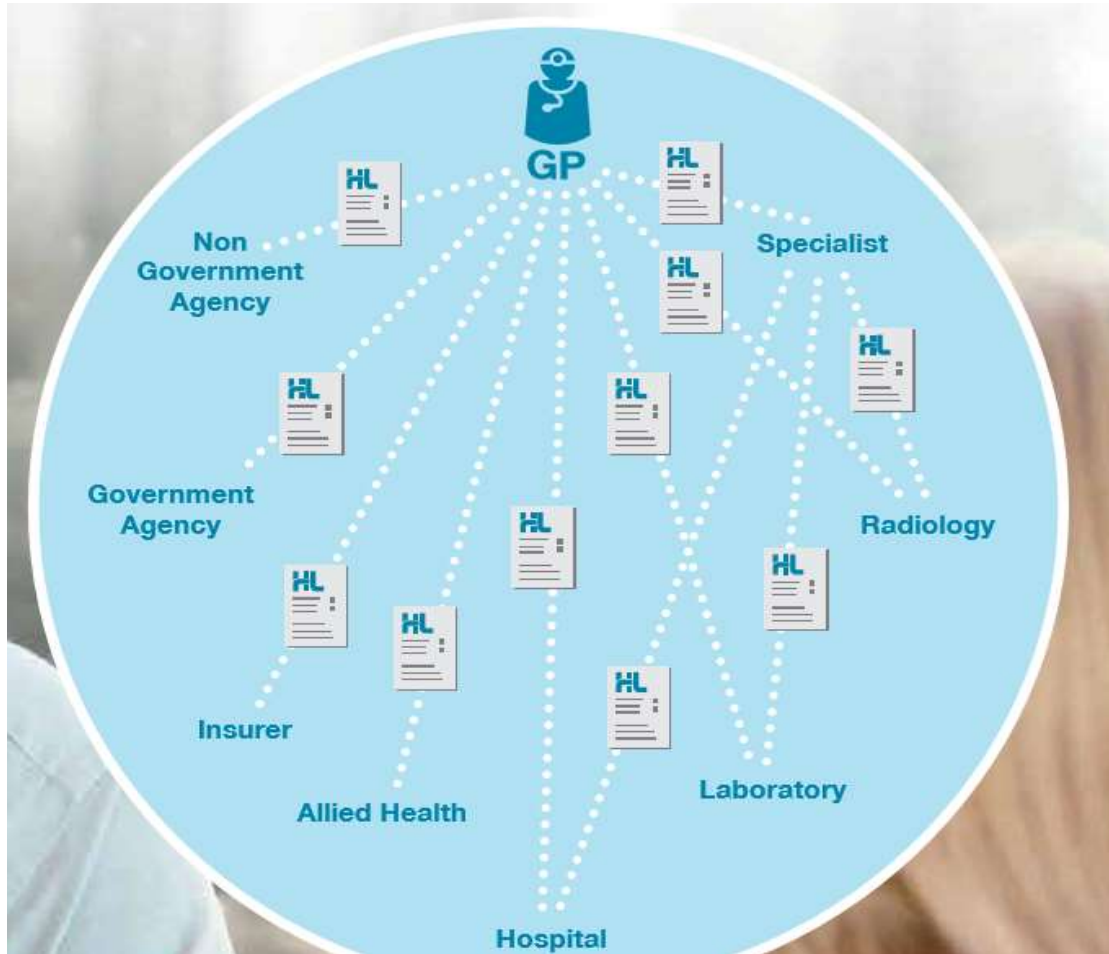
E-mail:	<input type="text" value="alan.abbott@bpsoftware.com.au"/>	<div>Consents</div>	<div>No consent</div>
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Save

Cancel



# New HealthLink SmartForms



## RTA Fitness to Drive form

<http://www.rms.nsw.gov.au/about/news-events/news/ministerial/2016/160404medical-assessments-for-nsw-drivers-licences-to-go-digital.html>

## Australian Hearing Form

[https://www.healthlink.net/en\\_AU/support/knowledge-base/australian-hearing/](https://www.healthlink.net/en_AU/support/knowledge-base/australian-hearing/)

## Learning Objective 3:

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Evaluate practice scanning/correspondence management processes.

The key to a **successful paperless practice** is.....



*“Systems provide  
clarity,  
predictability;*

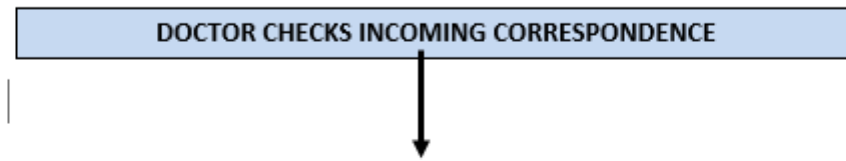
*good systems  
also provide  
efficiency.”*

A systematic, **TEAM** approach

# *Exercise:*

## Your current system

### SAMPLE CORRESPONDENCE MANAGEMENT PROTOCOL YOUR CURRENT PRACTICE SYSTEM

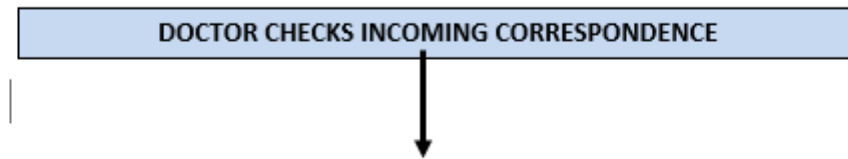


*Exercise:*

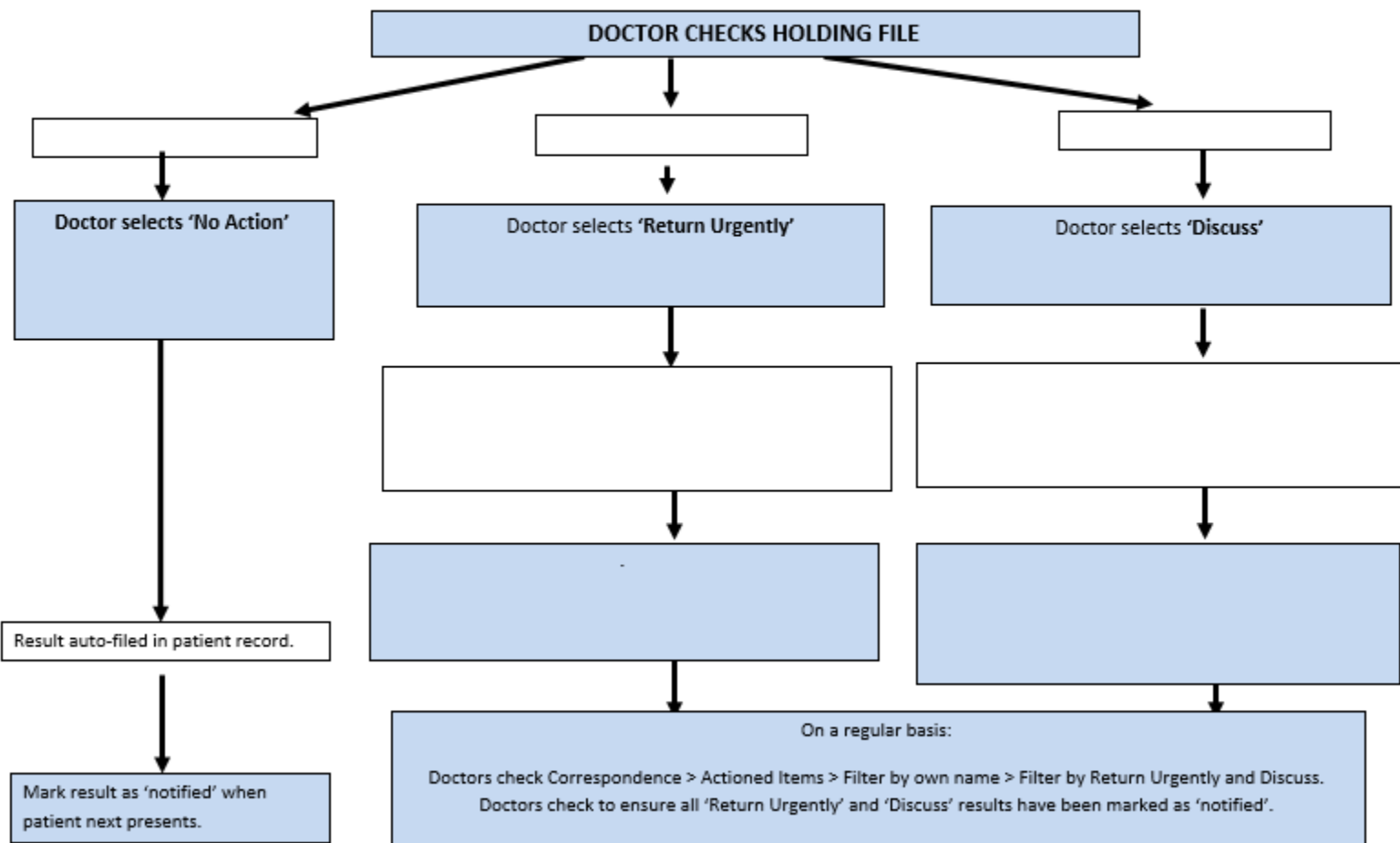
# Draw your current system

**SAMPLE CORRESPONDENCE MANAGEMENT PROTOCOL**

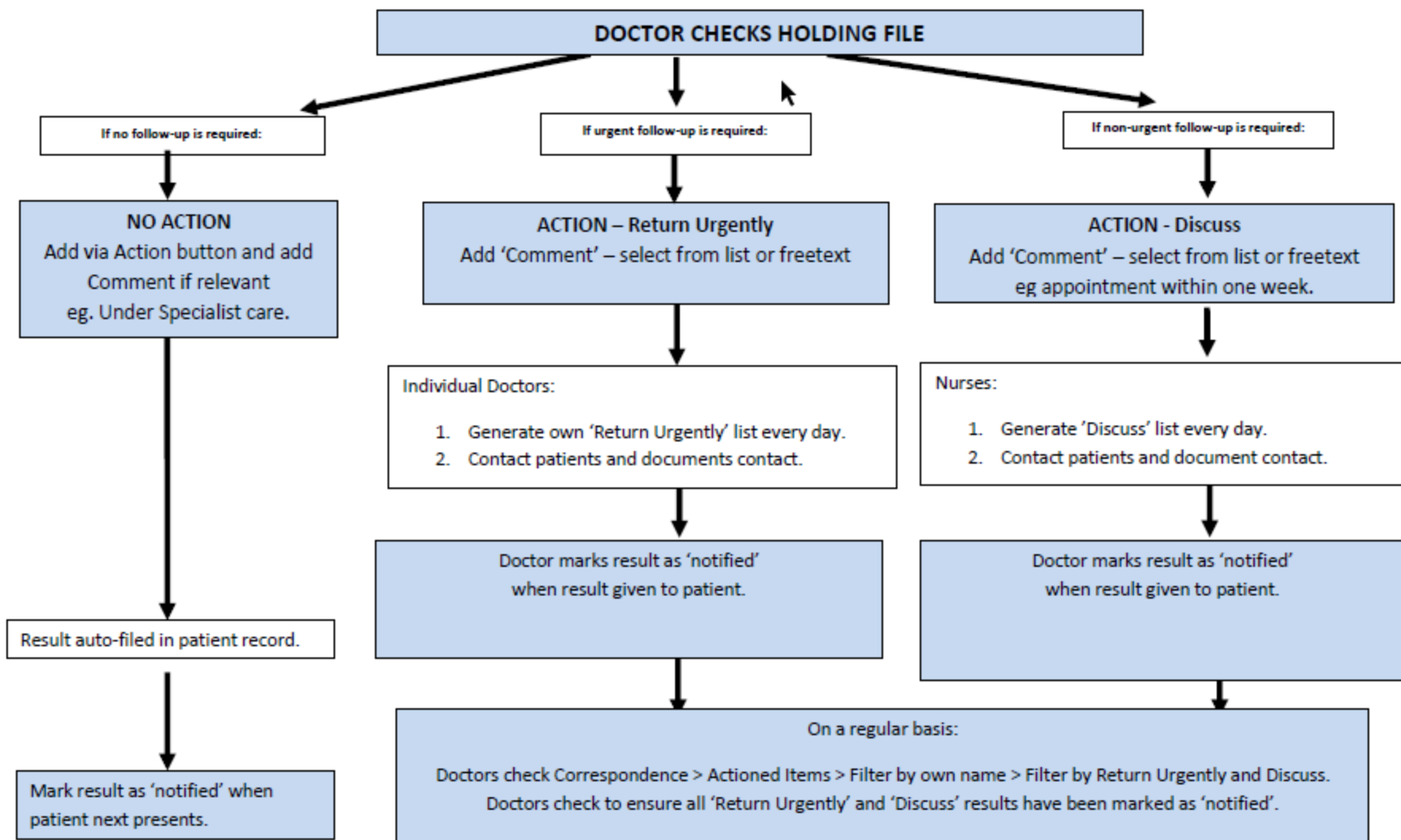
**YOUR CURRENT PRACTICE SYSTEM**



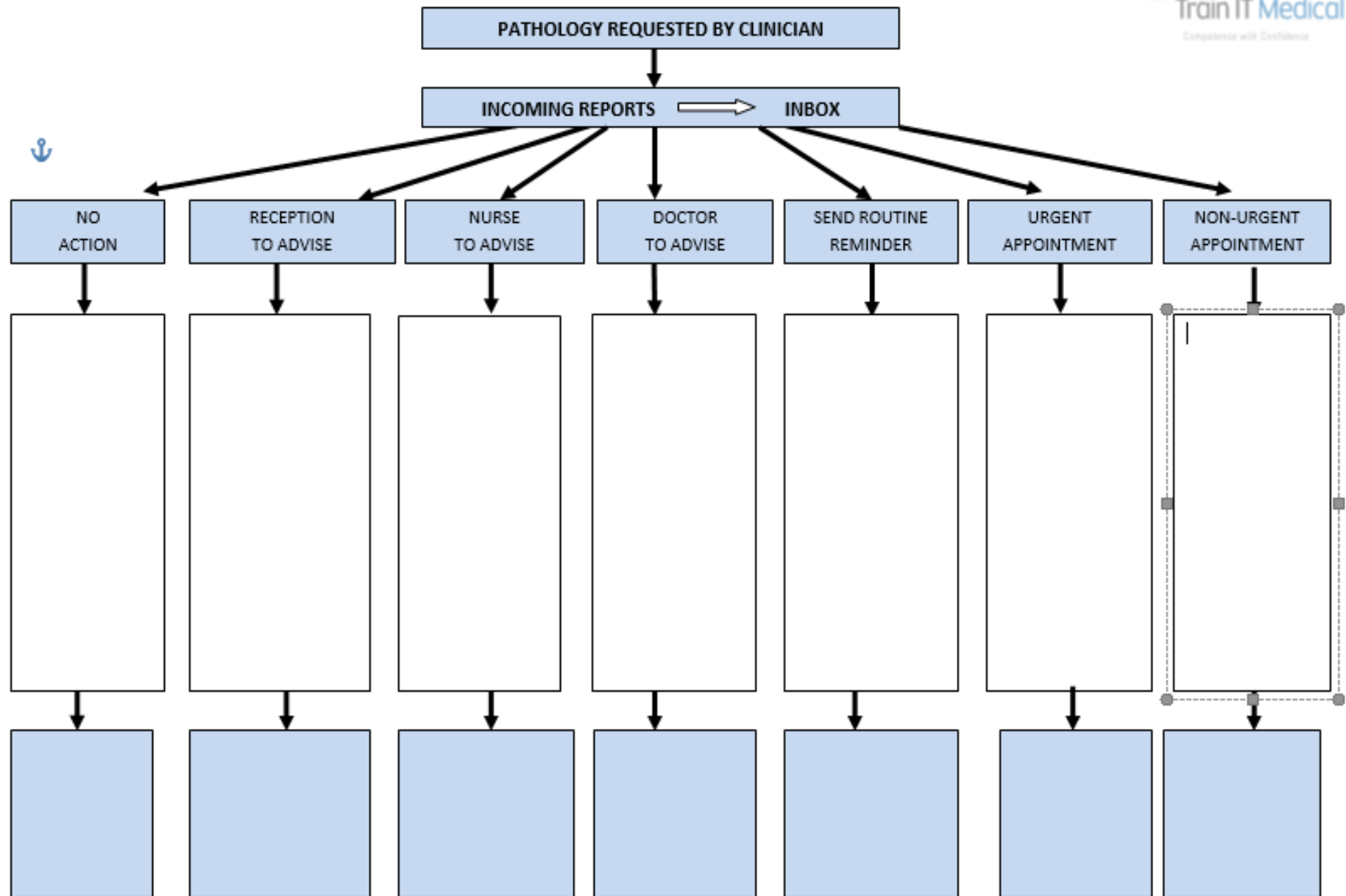
## MEDICALDIRECTOR - SAMPLE CORRESPONDENCE MANAGEMENT PROTOCOL



## MEDICALDIRECTOR - SAMPLE CORRESPONDENCE MANAGEMENT PROTOCOL



## DESIGN YOUR PATHOLOGY PROTOCOL FOR BEST PRACTICE





*Exercise:*

# Evaluate & Improve your current system

**YOUR CURRENT PRACTICE SYSTEM**

DOCTOR CHECKS INCOMING CORRESPONDENCE



```
graph TD; A[DOCTOR CHECKS INCOMING CORRESPONDENCE] --> B[ ]
```

The diagram illustrates a current practice system. It begins with a light blue rectangular box containing the text "DOCTOR CHECKS INCOMING CORRESPONDENCE". A vertical arrow points downwards from the bottom center of this box to a small vertical line segment, indicating a continuation or next step in the process.

# To decrease dependence on paper:

*Make things clear and easy in your software:*

*Clean up:*

- Address Book/Contacts
- Categories
- Past History List (clinicians only)
- Templates (work towards a set of quality practice templates not individual doctor templates)

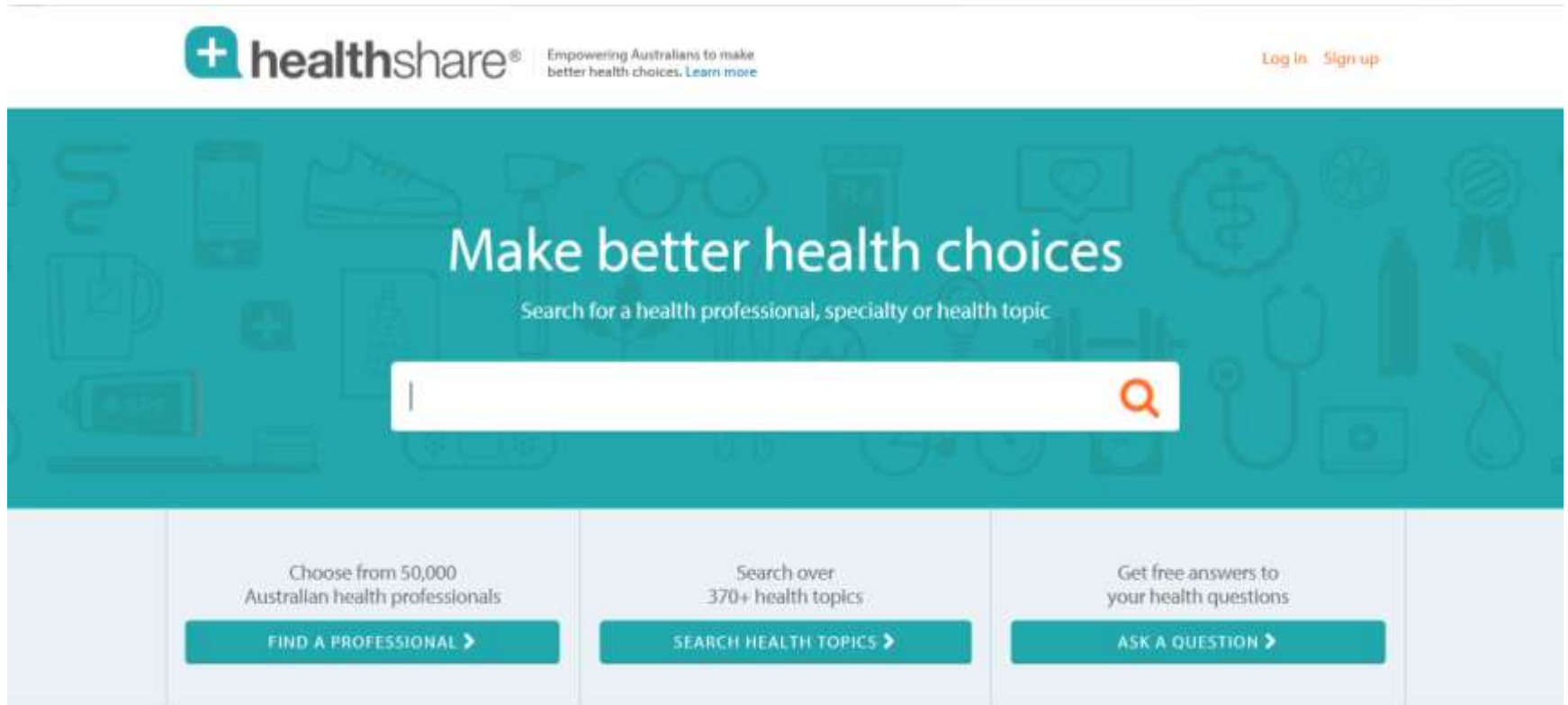
## Our Learning Objective 4:

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Improve efficiency of patient education with (paperless) online tools.

# Patient education

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[www.healthshare.com.au](http://www.healthshare.com.au)

# Healthshare – for practices:

## Specialist Referrals Database

### The Quickest and Easiest Way to Make Referrals

The Healthshare Referrals tool gives you free access to a comprehensive, up-to-date list of specialist medical practitioners within your clinical software.



MedicalDirector®  
CLINICAL

Bp Premier



Select from 30/37 Health Funds to see which specialists don't have high fees for surgery  
Try it on your phones  
[www.healthshare.com.au](http://www.healthshare.com.au)

## ConnectMe- Secure SMS/ Email Practice to Patient

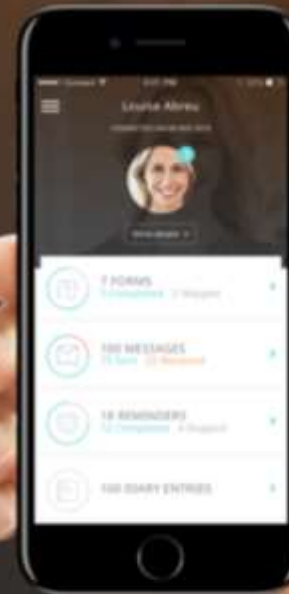
Empower your patients to  
take a more active role in  
their care.

A secure practice to patient communication platform.

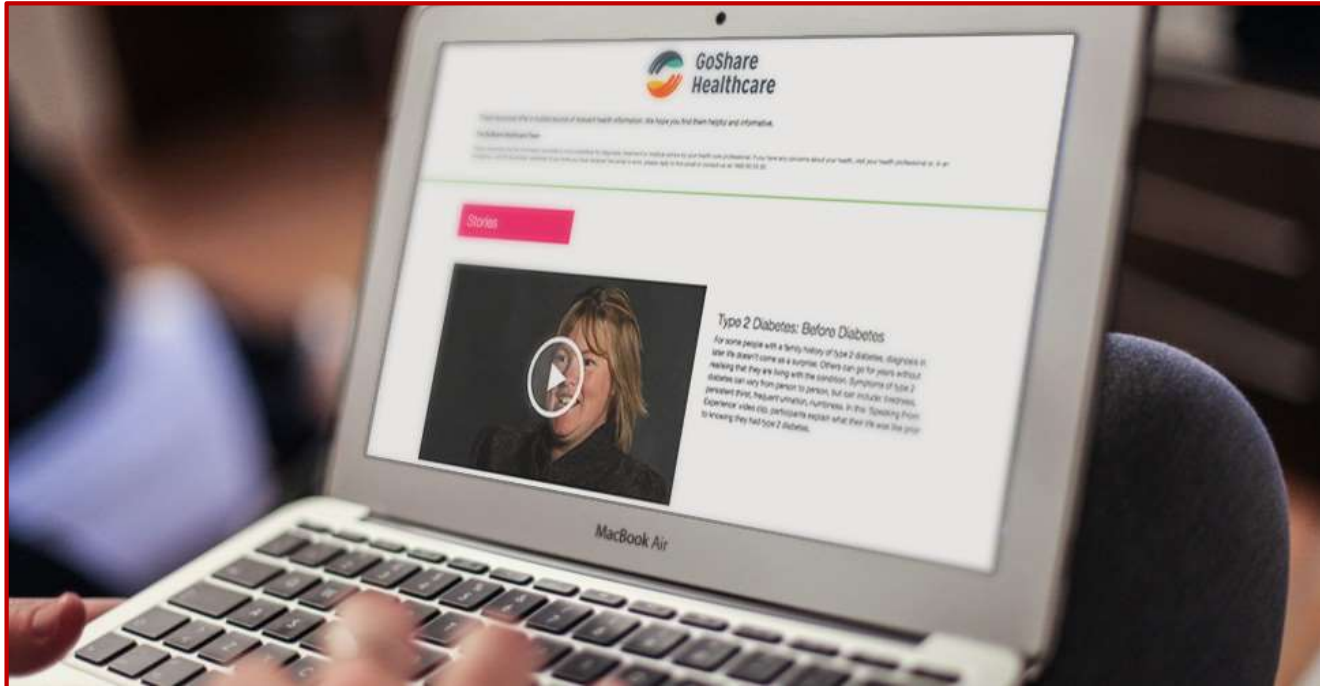
Free 30 day trial. Mention “Katrina Otto”

92% of patients found their treatment  
compliance more effective since using  
ConnectMe.

ConnectMe patient survey 2016



# Patient Communication: GoShare Healthily



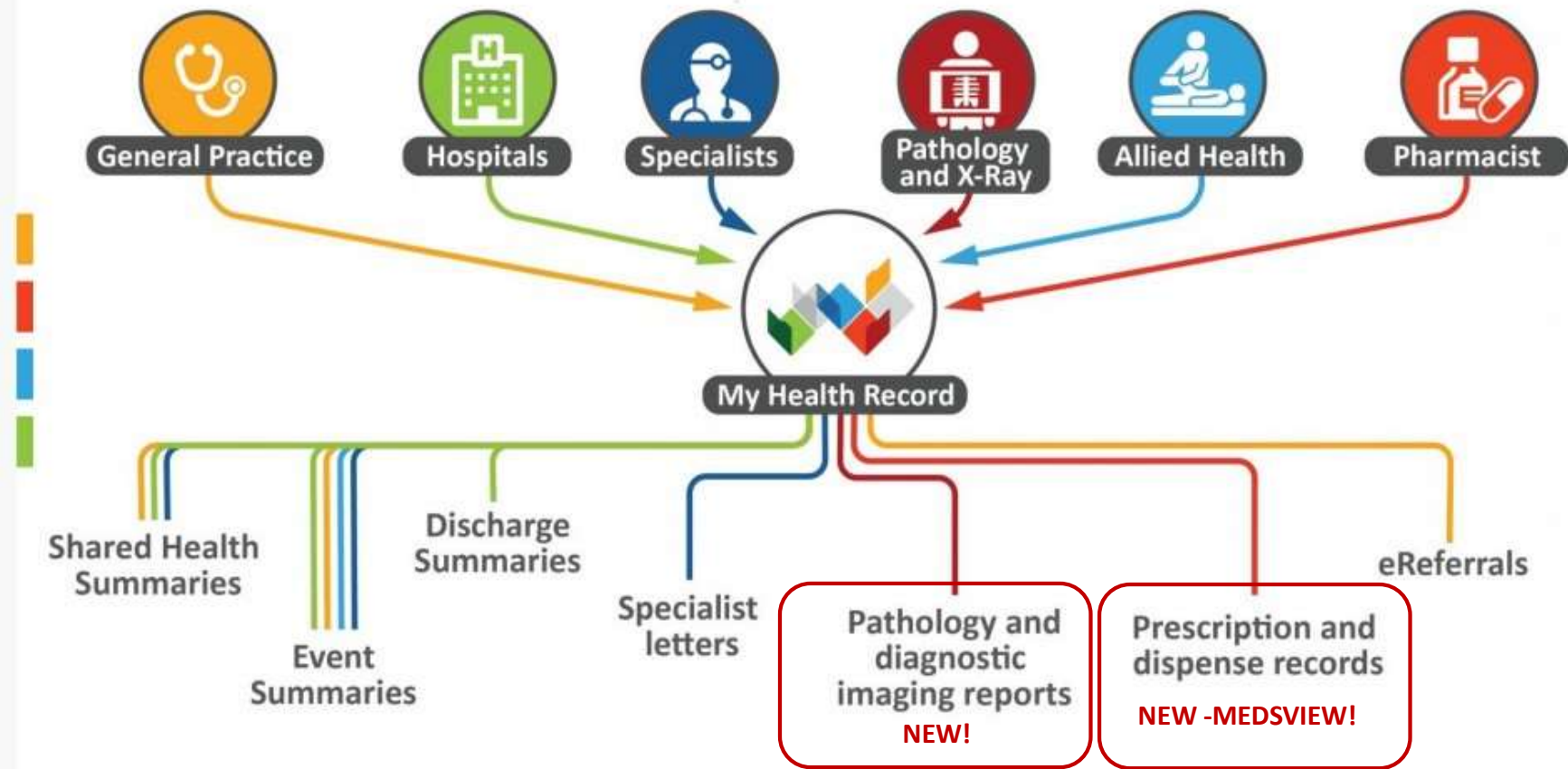
**GoShare** is a web app that enables clinicians to prescribe information for patients, tailored to individual needs. Patients receive an email or SMS message with a link to the content. No need to register or login.

# Our Learning Objective 5:

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Digital Health Update.





[www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)

[www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au)

Download 'My Health Record' detailed presentation: [www.trainitmedical.com.au/presentations](http://www.trainitmedical.com.au/presentations)

# Digital Health

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My Health Record

Secure Messaging

ePrescribing

Telehealth

Wearable Technologies etc



# Paperless Collaboration

## Clinician to Clinician Communication

(Secure Messaging Delivery – SMD)

- HealthLink
- Argus
- Medical Objects
- MDExchange
- ReferralNet

Sharing summary health data with both clinician and patient:

**My Health Record**

([www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au))

# Secure Messaging – worth the effort!

[Downloadable Cheatsheet here -](http://trainitmedical.com.au/4-steps-to-secure-messaging-success)

<http://trainitmedical.com.au/4-steps-to-secure-messaging-success>

*Exercise:*

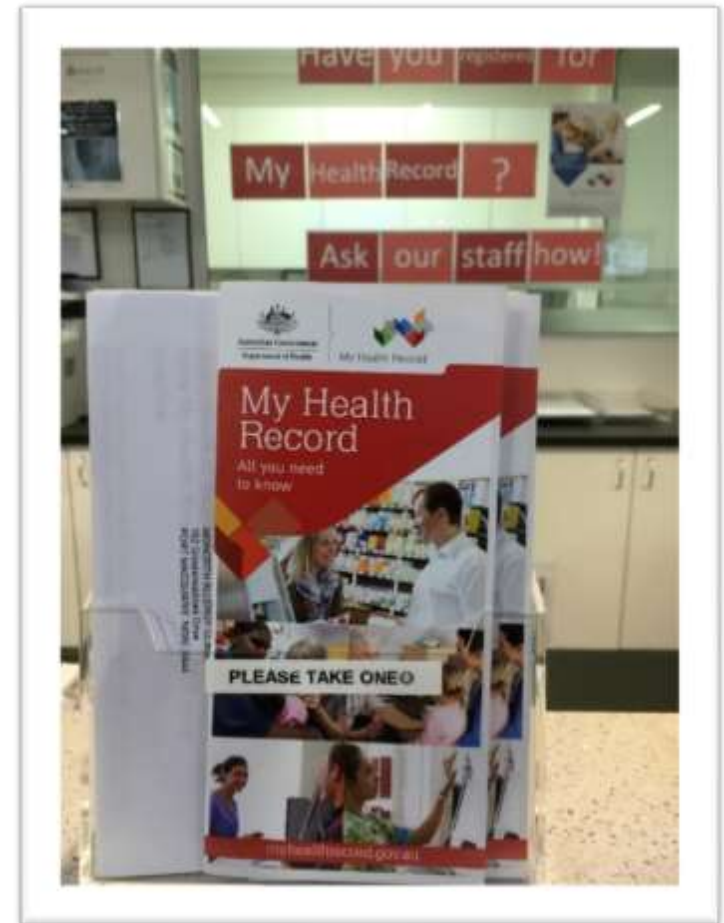
STEP 1 - List the health professionals who you regularly receive and send correspondence to

STEP 2 - Look up SMP portal for provider details or ring them and ask who they use

	Clinician/Organisation	Secure Messaging Provider
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

# My Health Record Homework:

1. [Complete the free eLearning module](#)
2. [Download the cheatsheets for your software](#)
3. Watch how My Health Record works in your software with these [software simulations](#)
4. [Practise registering, viewing & uploading to the My Health Record System in the 'On Demand Training Environment' aka 'The Sandpit'](#)
  - 1st password is TrainMe, 2nd password is P@ssw0rd (that's a zero not an O)
5. Design an 'Assisted Registration' workflow for your practice



# The 'Data Quality' Checklist

## [Download the 'Data Quality' Checklist](#)



## [Learn more about 'Standards for Digital Health Webinar'](#)

## Data Quality Checklist for all 'active' patients

1

### Demographics – are the contact details up-to-date?

- Double-click on the patient's telephone number to check and update details

☐

2

### Medication List – is the Current Meds list accurate?

- Right click to delete/cease medications no longer relevant [they can then be found in the Old/Past Scripts thereafter]
- If none, tick No medications

☐

3

### Past History List – does it contain only significant conditions that a hospital or specialist would need to know?

- Right click to edit, delete or add new
- If none, tick No significant past history (PMH) box

☐

4

### Allergies – have you also recorded adverse reactions?

- Double-click in allergies box and Add, Edit, Delete
- If none, tick No Known Allergies/Adverse Reactions/Nil Known

☐

5

### Immunisations – have immunisations been recorded?

☐

# My Health Record

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## **Australian Digital Health Agency:**

[www.digitalhealth.gov.au](http://www.digitalhealth.gov.au)

[Get Started](#)

[On Demand Training \(practise in the sandpit\)](#)

[Training Resources](#)

[www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au)

## **Pathology**

[‘NSW patients first to view their pathology results in My Health Record’](#)

## **Train IT Medical:**

[Digital Health Free Resources including Pen CAT4](#)

[Developing a ‘My Health Record’ Practice Workflow](#) (blog)

[My Health Record – your questions answered](#) (blog)

[Top 30 questions doctors ask about My Health Record with Katrina’s responses](#) (blog)

[Event Summaries](#) (blog)

[Katrina Otto’s ‘My Health Record’ detailed presentation](#)

# Practice Management:

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## **RACGP**

[5th Standards for Accreditation - RACGP Third Consultation phase – summary](#)

[5th Standards for Accreditation - RACGP Webinar Slides](#)

## **Practice Incentive Payment Re-design:**

[Webinar](#)

[Webinar slides](#)

## **Train IT Medical**

[Practice Management Free Resources](#)

[Online Appointments: Do you want practice-centric, patient-centric or both?](#) (blog)



# Data Quality & Improvements

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## **Pen Clinical Systems**

[CAT4 Recipes](#)

## **RACGP**

[Using Data for Better Health Outcomes](#)

## **Australian Digital Health Agency:**

[Importance of Data Quality](#)

[Data Cleansing & Clinical Coding](#)

[Data Quality Checklist](#)

## **Train IT Medical**

[Data Aggregation using Pen Clinical Audit Tools](#) (blog)

[Cancer Screening & Prevention – Free Resources](#) (blog)

[5 Steps to Data Quality Success](#) (blog)

[Pen CAT4 summary sheet](#)

## **Other**

['A quality improvement tool for primary health care' Crossland, Upham, Janamian and Jackson](#)

[Primary Care Practice Improvement Tool \(PC-PIT\)](#)

# Technology referred to in this presentation

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[Appointuit](#)

[Automed Systems](#)

[Best Practice Software](#)

[Doctors Control Panel](#)

[eRX Express](#)

[Health Engine](#)

[Healthily \(GoShare\)](#)

[Healthsite](#)

[HealthLink](#)

[HotDoc](#)

[Jayex Solutions](#)

[Medical Channel](#)

[MedicalDirector](#)

[MediRecords](#)

[Myhealth1st](#)

[My Online Clinic](#)

[Surgical Partners](#)

[Tonic Health Media](#)

[Tyro](#)

[Whitecoat](#)

*“That it will ever come into general use,  
notwithstanding its value,  
is extremely doubtful; because  
its beneficial application requires much time and  
gives a good bit of trouble both to the patient  
and the practitioner;  
because its hue and character are foreign and  
opposed to all our habits and associations.  
It is just not going to get used”.*

John Forbes M.D.  
‘The Times’ newspaper of London, 1834  
opinion about the stethoscope

# More tips from Katrina:

Electronically back-up your appointment list.

Keep a charged laptop handy at all times to restore back-up in case of emergency.

Use short-cuts (autofill/autotext etc) in progress notes & letters to minimise typing.

Keep address book /contacts up to date & clear

Maximise efficiency of your medical software – we don't know what we don't know!

It is when changing processes to minimise risk that we also often save both time and money.



# Thanks for inviting me

## Katrina Otto

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[www.trainitmedical.com.au/presentations](http://www.trainitmedical.com.au/presentations)

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free practice resources & blog posts

