

Technology for the time poor

South Western Sydney PHN Future of General Practice Conference

Presented by:
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Acknowledgement of Country

Train IT Medical acknowledge the traditional owners and custodians of land and waterways this project covers.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past and present.



Learning Objectives:

1. Learn tips & shortcuts to save time, reduce medico-legal risk and improve clinical documentation.
2. Understand the importance of a systematic, high quality approach to clinical software use.
3. Develop a plan to improve coded data to drive your practice improvements.
4. View new and emerging technology available for your practice for the digital future.



“Once improved, the database becomes a jewel in your crown resulting in better health and financial outcomes for the practice.

I believe once in the right frame of mind, improving database quality and completeness easily integrates into the daily use of your medical software.”

Dr Indran Rajendra, Bundanoon



*"You can use any
software badly.
Whichever one you
choose, use it well".*

KATRINA OTTO
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Timesaving Shortcuts








Example of shortcut with carets:





















.PCH

Punch biopsy to ^.
Cleansed with Betadine.
Local xylocaine ^ given.
Cleansed again with Betadine.
^ mm punch biopsy performed.
^ sutures with ^.
For review and removal of sutures on ^.

Top 5 tips for Templates

1. Label well & keep control
2. Import fields & results
3. Modify others, don't reinvent
4. Use shortcuts
5. Backup

-  Referral
-  Referral - Allied Health
-  Referral - Emergency Dept
-  Referral - Obstetric & Gynae
-  Referral - with today's notes & results

-  GPMP - * generic plan with review columns
-  GPMP - CVC
-  GPMP - Diabetes
-  GPMP - Heart Disease
-  GPMP - Osteoporosis
-  GPMP - review columns (generic)
-  Health Assessment - 45-49 years
-  Health Assessment - 75 years
-  Health Assessment - ADF
-  Health Assessment - Aged Care
-  Health Assessment - ATSI
-  Health Assessment - Heart check (699)
-  Health Assessment - Intellectual Disability
-  Health Assessment - Refugees
-  Health Assessment - Type 2 Diabetes Risk
-  Referral
-  Referral - Allied Health
-  Referral - Emergency Dept
-  Referral - Obstetric & Gynae
-  Referral - with today's notes & results

Letterwriting: Use Shortcuts & Secure Messaging

eg. We prefer to communicate electronically.

We use [insert secure messaging provider & details]



Environmentally responsible, private AND a huge time-saver.

Standard 1.3 “Expect to Share”

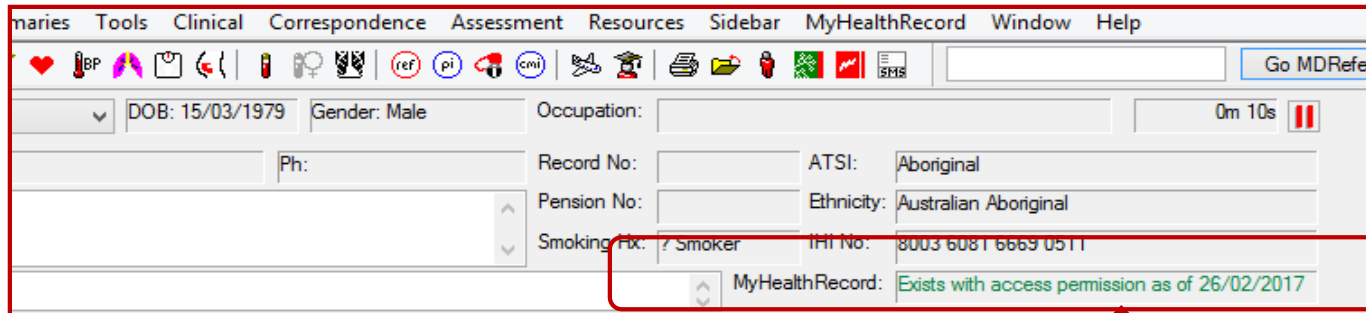
“Health Professionals should
expect to share their health information
with colleagues and with patients to
facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare



It might just save time to look on My Health Record!

Approx 90% of your patients now have a My Health Record



The screenshot shows a patient record form with the following fields:

DOB: 15/03/1979	Gender: Male	Occupation:	0m 10s
Ph:	Record No:	ATSI: Aboriginal	
	Pension No:	Ethnicity: Australian Aboriginal	
	Smoking Hx: / Smoker	IHI No: 8003 6081 6669 0511	
	MyHealthRecord:	Exists with access permission as of 26/02/2017	



The screenshot shows a patient record for Mrs Gert Fourie with the following details:

Name: Gert Fourie	D.O.B.: 10/10/1979	Age: 36 yrs	Sex: Male	1h 1m 32s	Finalise visit	My Health Record
Address: 1 Xanthorhoea Trk Chemsid West 4032	Phone:	Mobile: 0425 583 333	Work:			
Medicare No: 2950143711 - 1	Record No.:	Pension No.:	Comment: 5 patients with same name			
Occupation:	Tobacco: Smokes 10 cigarettes/day	Alcohol:	Elite sports:	Ethnicity: Australian		
Blood Group:			Advance Health Directive:			

[Learn more](#)



“I no longer fax our patient’s health summaries, when the hospital calls I just tell them it will be on the patient’s **My Health Record** and to have a look”.

Cara Young (RN) Practice Manager, Surf Beach Surgery, Batemans Bay

Medicines Preview

Available medicines in this My Health Record - sorted by Date
22 Nov 2017
Caleb **DERRINGTON** DoB 15 Jun 1933 (84y) SEX Male IHI 8003 6080 0004 5922

[Allergies and Adverse Reactions](#)
Penicillin, Penicillins

Medicines Preview
22-Nov-2017 (now)

[Shared Health Summary](#)
22-Nov-2017 (now)
Author: Dr Terrance Walker
[Own Organisation](#)
tel:0455555555

No Discharge Summary found

[\[Back to top\]](#) [\[<<\] First](#) [\[<<\] Previous](#) [\[Help\]](#)

Medicines Preview - Latest Documents - sorted by descending event date.
22-Nov-2017 (now)


Source/Author	Date	Medicine - Active Ingredient(s)	Medicine - Brand	Directions
Event Summary by Own Organisation	22-Nov-2017 (now) changed		Monodur 120mg Tablet	1 Tablet Daily for 0
Shared Health Summary by Own Organisation	22-Nov-2017 (now)		Actonel EC 35mg Tablet	1 Tablet Once a week for 0
			Avanza 30mg Tablet	1 Tablet Before bed for 0
			Avapro HCT 300/12.5 300mg;12.5mg Tablet	1 Tablet Daily for 0
			Crestor 20mg Tablet	1 Tablet Daily for 0
			Madopar 200mg;50mg Tablet	1 Tablet Three times a day for 0
			Monodur 120mg Tablet	1 Tablet Daily for 0

Navigation panel
Provides access to each section within the view and also to the most recent Shared Health Summary and Discharge Summary (if available).
The blue underlined hyperlinks can be used to navigate between the sections



Fast, integrated access to information eg MBS & AIR

Medicare Services - MBS and DVA Items



Date	Number	Description	Service Provider	In Hospital?
26 Oct 2018 11:00+1100	0069333	Urine Examination	IAN CHAMBERS	No
26 Oct 2018 11:00+1100	0000023	CONSULTATION AT CONSULTING ROOMS - LEVEL 'B'.	CAROLINE ROGERS	No
19 Oct 2018 11:00+1100	0055113	M-MODE and 2 DIMENSIONAL real time Echocardiographic examination of the Heart from	GEORGE RUDAN	No
19 Oct 2018 11:00+1100	0010910	COMPREHENSIVE INITIAL CONSULTATION - PATIENT IS LESS THAN 65 YEARS OF AGE	COLLEEN SKIFFINGTON	No
18 Oct 2018 11:00+1100	0000036	CONSULTATION AT CONSULTING ROOMS - LEVEL 'C'.	CAROLINE ROGERS	No
18 Oct 2018 11:00+1100	0073070	HPV test for Cervical Screening - liquid based specimen.	IAN CHAMBERS	No

Save time chasing Pathology & Radiology Results

My Health Record Document List - Mr Caleb Derrington

DocumentType: All Show last 3 months only

Exclude Medicare documents Exclude prescription and dispense records Exclude superseded or removed documents

Current filter: Excluding Medicare documents; Excluding prescription and dispense records; Excluding superseded or removed records

Document Date	Service Date	Document	Organisation	Organisation Type
22/11/2017		Medicines View		Local Government Healthcare Administration
22/11/2017		Event Summary	Medical Center	Local Government Healthcare Administration
22/11/2017		Shared Health Summary	Medical Center	Local Government Healthcare Administration
03/04/2017		Shared Health Summary	Medical Center	General Practice
03/04/2017		e-Referral	Medical Center	General Practice
03/04/2017		Specialist Letter	Medical Center	General Practice
03/04/2017		Discharge Summary	Medical Center	General Practice
27/03/2017		Pathology Report	Sullivan Nicolaides Pathology	Pathology and Diagnostic Imaging Services
27/03/2017		Diagnostic Imaging Report	Imaging Queensland	Pathology and Diagnostic Imaging Services
17/03/2017		Diagnostic Imaging Report	Wesley Medical Imaging	Pathology and Diagnostic Imaging Services
17/03/2017		Pathology Report	Mater Pathology	Pathology and Diagnostic Imaging Services
10/03/2017		Pathology Report	Pathology Queensland	Pathology and Diagnostic Imaging Services
10/03/2017		Diagnostic Imaging Report	Brisbane Diagnostics	Pathology and Diagnostic Imaging Services
01/03/2017		Diagnostic Imaging Report	Queensland Diagnostic Imaging	Pathology and Diagnostic Imaging Services
01/03/2017		Pathology Report	QML Pathology	Pathology and Diagnostic Imaging Services



Patients will see their own results. Save time by having the conversation now!

Now might be a good time to start to explain to your patients:

- doctors will still receive results first. Detail your practice process for follow-up.
- just because a result is marked red/'abnormal'/outside the value range doesn't mean the result is not normal for them.
- just because a result is marked 'normal' doesn't mean further discussion or investigations are not necessary.
- patients can let the doctor know if they do not want a specific result uploaded to their My Health Record.

▶ D. Our practice team can describe how patients are advised of the process for the follow up of results.

▶ E. Our practice team can describe how we follow up and recall patients with clinically significant tests and results.

[Factsheet: Pathology Reports for Clinicians](#)

www.racgp.org.au



Manage technology change well for positive change

Create a sample dialogue to fit your own practice system.

Example of GP dialogue (relevant to one specific practice system):



“I receive your results directly. You may also see those results. If I am worried I will contact you. If you are worried please make an appointment and I will be happy to discuss them in detail with you”.

Save phone calls (& stress) by providing quality patient information



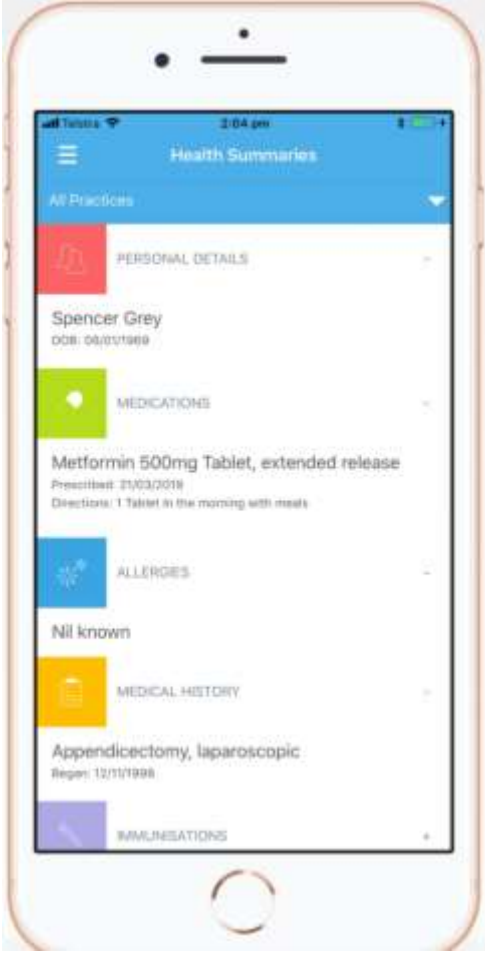
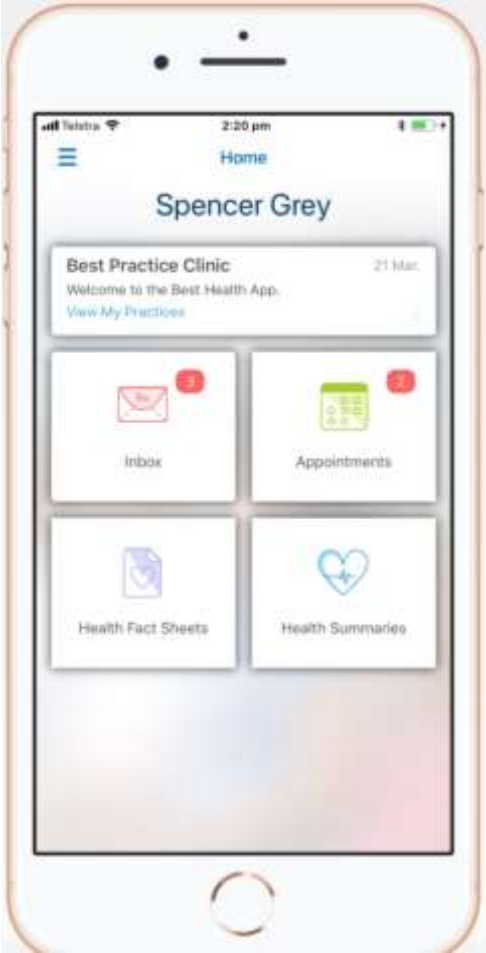
Lab Tests Online^{AU}
EXPLAINING PATHOLOGY

<https://www.labtestsonline.org.au>



<https://www.insideradiology.com.au/>

Sharing, timesaving NEW technology – BEST HEALTH APP



Learn the difference between Actions, Reminders & Recalls

- **RECALLS** (ie clinically significant/medico-legal) eg previous melanoma,
- **REMINDERS** eg. immunisation, skin check, **routine** CST

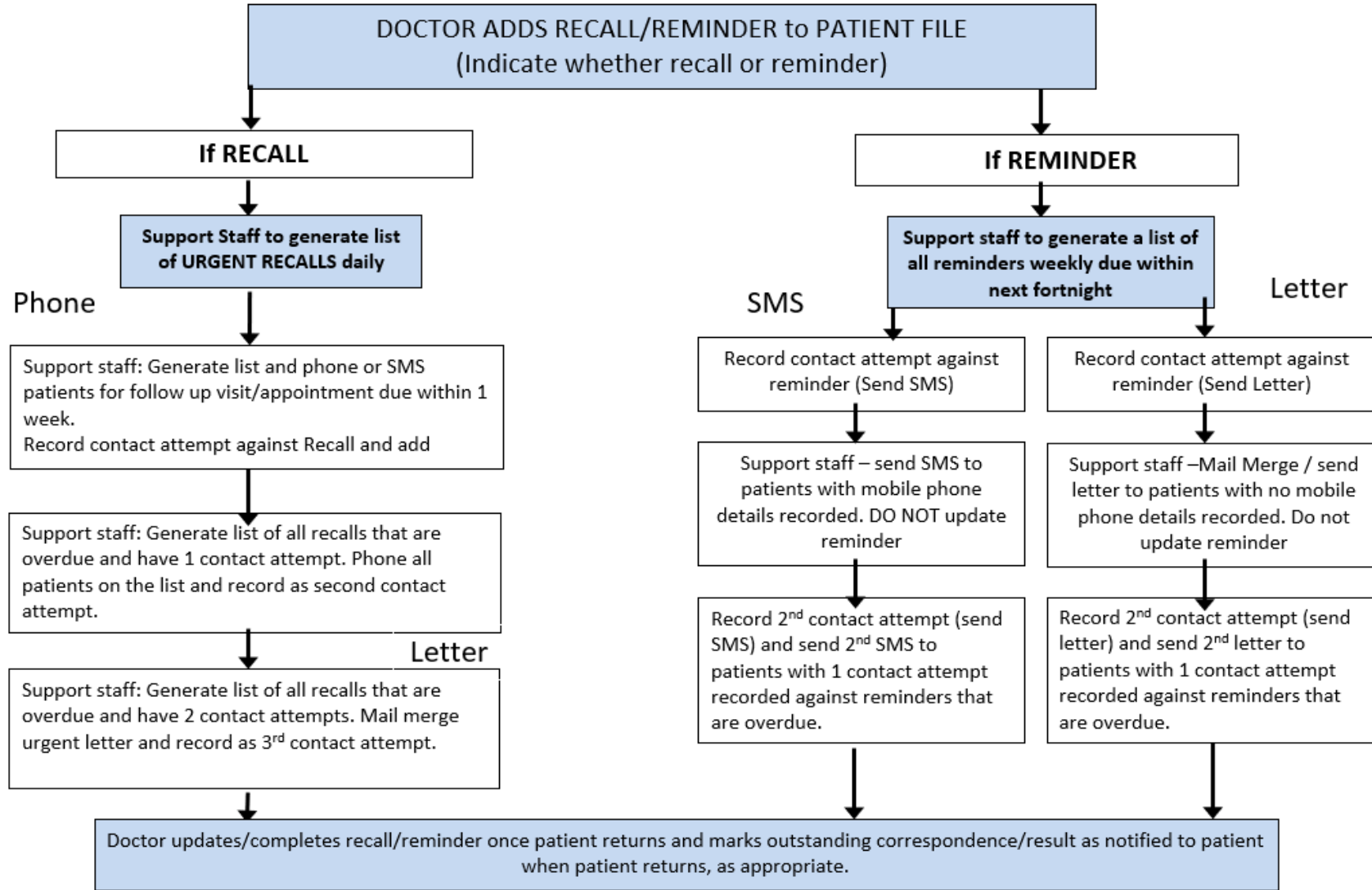
For 'reminders' that are only for the clinician, consider

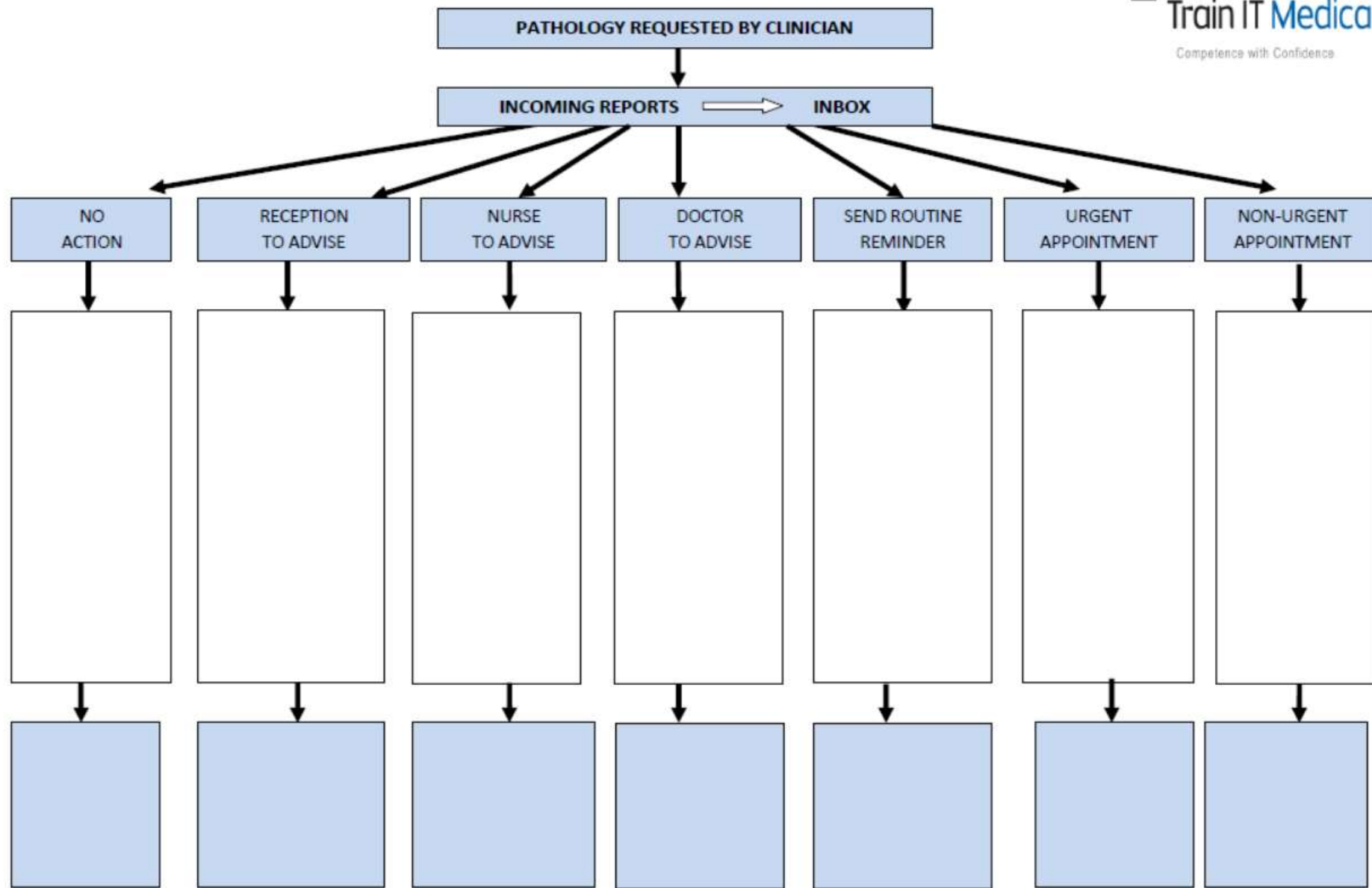
ACTIONS eg. Discuss screening, discuss smoking, check BP

This is not a system! This is chaos.

COIL REMOVAL
COLON
COLONO
COLONOSC
COLONOSCO
COLONOSCO
COLONOSCOPE
COLONOSCOPE
COLONOSCOPY
COLONOSCOPY AND ENDOSCOPY
COLONOSCOPY REPORT AND REVIEW
COLONOSCOPY
COLPOSCOPY

SAMPLE RECALL/REMINDER MANAGEMENT PROTOCOL





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Sample flowchart to be used as a team worksheet to assist in the design of suitable individual practice protocols

RECALLS

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

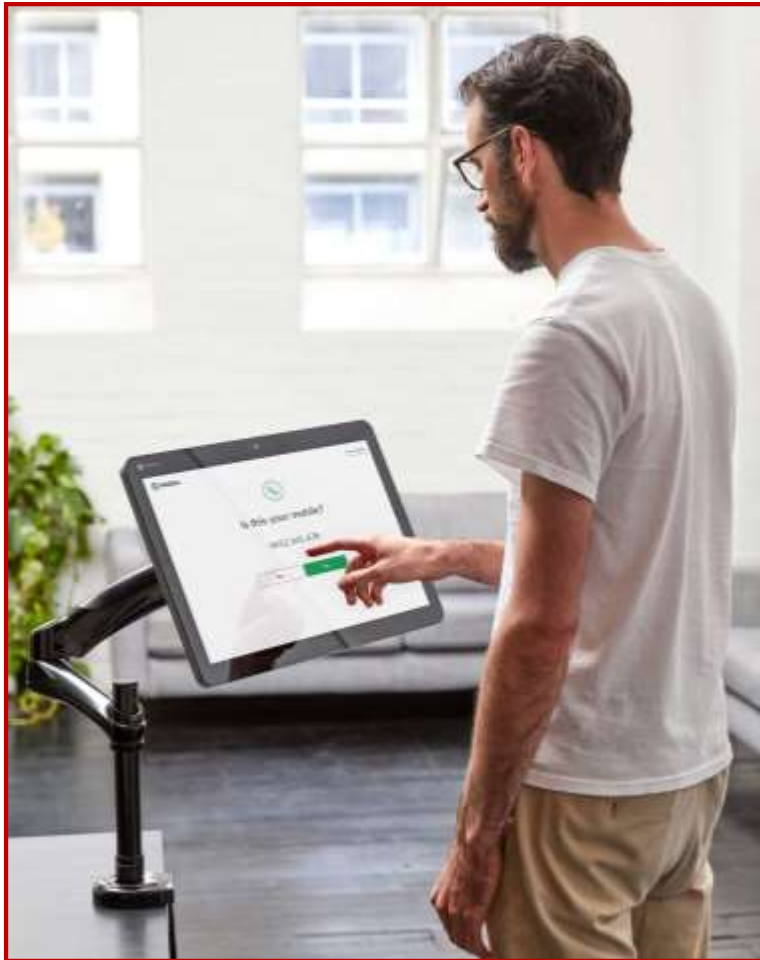
I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.

I will remember to remove the recall. I will remember to remove the recall.



Kiosks can save time for reception staff, help with recalls AND improve data quality



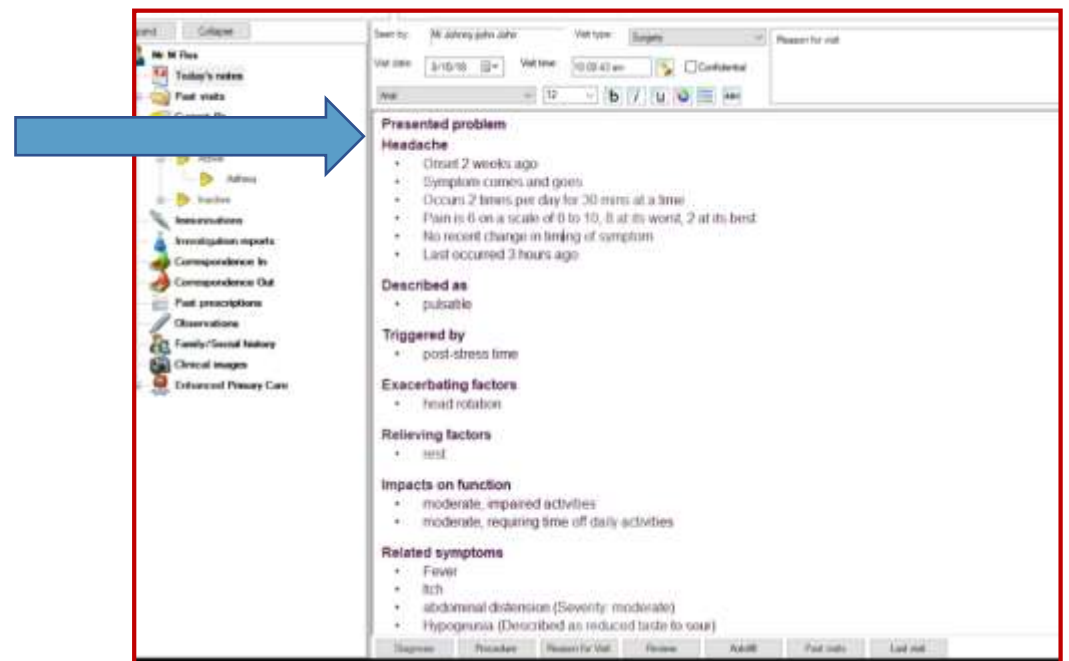
73%

of people self-checking in
identified **incorrect**
demographic information in their
patient record

As reported from Javex kiosks



Less time documenting, more time with your patient.





GP Consultation Checklist - Diabetes

WORKFLOW & MINIMUM CLINICIAN DATA ENTRY

- Reason for contact eg Diabetes Review
- Review previous consultation notes
- Review or collect history
- Review current medications
- Recent side effects/allergies
- Examination & Management
(enter all observations BP, pulse etc in correct fields)
- Clinical > Diabetes Record > Add Values & Review dates
- Document Patient Education
- Organise pathology – set up favourites
- Check Diabetes Register for outstanding items
- Add/Remove Recall or make next appointment
- MBS item/voucher

Final step – do I need to upload an Shared Health Summary or Event Summary and to My Health Record?

Time saving tips & shortcuts



Key	
F2	Open patient
F3	Inbox
F4	Word processor
F5	Refresh screen
F6	To Do List
F7	Log out current user
F8	Internal messages
F9	Print stored prescriptions
F10	Patient list
F11	Contacts
F12	Appointment book

Select other contact

From Address Book HealthShare

SEARCH FEEDBACK Powered by healthshare

Find a Health Professional

By Specialty By Name

Enter a specialty or special interest

Cardiologist

Enter suburb, hospital or post code

Sydney NSW 2000

Select health fund (optional) ⓘ

HCF (Hospitals Contribution Fund)

Search

Use Contact Cancel

PIP QI – 10 measures

Smoking status

Alcohol status

Weight

Cervical screening

Diabetes:

- with blood pressure recorded
- with current HbA1c result
- Immunised against influenza

COPD:

- Immunised against influenza

Patients over 65 immunised against influenza

CVD: Necessary risk factors recorded to enable CVD assessment eg.



Use your data for your own practice 'quality improvements'

Diabetes $n =$

Arthritis $n =$

Cardiovascular disease $n =$

Kidney disease $n =$

Gout $n =$

Osteoporosis $n =$

Asthma $n =$



'The data' [coding]

Past History

Date: [] / [] / 2013 [5/12/2017]

Condition: Total knee replacement

Condition list:
Total knee replacement
Total knee replacement revision

Filters:
 Left Right Bilateral
 Acute Chronic
 Mild Moderate Severe
 Active Inactive
 Provisional diagnosis

Fracture:
 Displaced Undisplaced
 Compound Comminuted
 Spiral Greenstick

Further detail:
Dr Mary Smith - St George Hospital

Send to My Health Record
 Confidential
 Include in summary

Save Cancel

BEST TIP!!

Add detail/comment
eg Care team involved

ONLY for Chronic conditions & significant active or inactive 'events' eg cabg

Edit History Item

Year: 2017 Date: 05/10/2017

Condition:
 Pick from list (coded)
CKD (Chronic Kidney Disease) Stage 2
CKD (Chronic Kidney Disease) Stage 2

Free text (uncoded)

Left Active problem
 Right Confidential Summary

Comment:
Under care of Dr Rayna Simpson, Renal Physician

OK Cancel

Your preferences



User preferences [Close]

User name:

Today's notes font:

Usual visit type:

Default temperature site:

Initial focus in Observations window: Pulse Sitting BP

Allow blank notes Show 'Non visits' in Past Visit list

Prompt if no notes recorded Display Outstanding requests in patient record

Enforce entry of Reason for Visit when closing patient record Use bold font for Allergies and On screen comment

Prompt for Reason for Visit when closing patient record Load PMH favourites on opening New PMH window

Don't start timer on opening record. Expand Current Rx and PMH in tree view

Don't record visit length. Separate PMH into Active and Inactive in tree view

Reason for visit at top of notes Expand Inactive PMH in tree view

Use SOAP headings for History and Examination Open the PMH window with the cursor in the date field

Load SOAP headings on opening notes Popup Preventive Health list when opening patient record

Display a My Health Record prompt in the Reminders box Mark new PMH to be included in Shared Health Summaries

Send reminder for influenza vaccination

Diagnosis window: Always 'Add to Past history'

Always 'Save as Reason for Visit'

Procedure window: Always 'Add to Past history'

Always 'Save as Reason for Visit'

Reason for Visit window: Always 'Add to Past history'

Past History window: Always 'Save as Reason for Visit'

Navigation Panel:

- General
- Letters
- Prescribing
- Clinical
- Pathology
- Imaging

Options



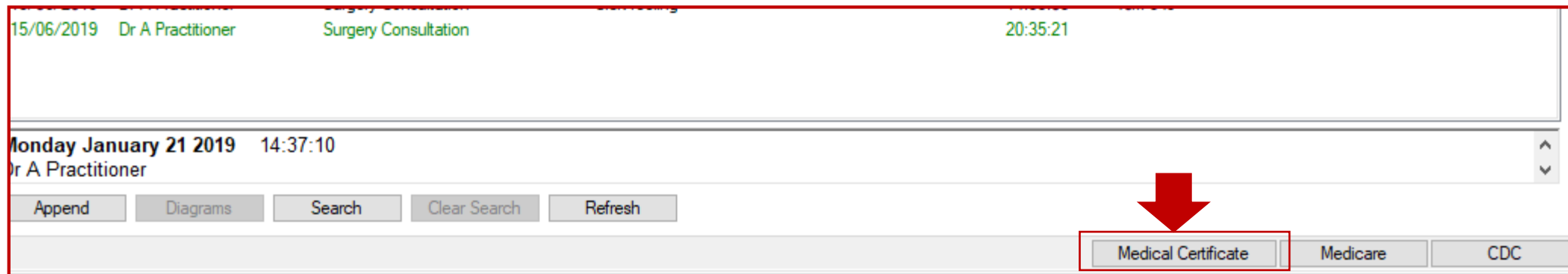
Main screen → Tools

Options → Progress notes tab

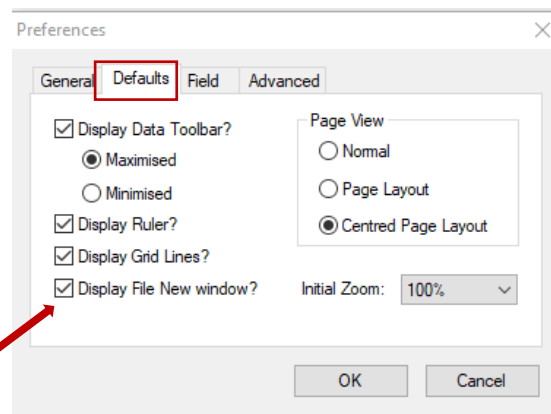
A screenshot of the "Options" dialog box in MedicalDirector, with the "Progress notes" tab selected. The dialog has a tabbed interface with the following tabs: Network, Links, Prompts, Clinical, History, Examination, Drug/Patient Support, Devices, PKI, RSD, Recall, General, Prescribing, Progress notes (selected), Practice, Lists, and Investigations. The "Progress notes" tab contains the following settings:
Default values:
Font Name: Arial (dropdown)
Size: 10 (dropdown)
Visit Type: Surgery Consultation (dropdown)
Checkboxes:
 Record progress notes → Save in Past Medical History
 Prompt to save progress notes
 Record consultation time
 Record progress notes prompt
 Hide consultation timer
 No generated notes
 Prompt for Medicare item no.
 Disable Visit Types
 Prompt to confirm Visit Type
 Autosave notes every 60 seconds
 Use Rich text when saving medication reviews in progress notes
 Auto-capitalise names
Buttons: Save, Cancel



More tips – 1 click medical certificates



In patient record >
 letters (F8) >
 File >
 Preferences >
 Defaults >
 Tick Display File New Window



Access templates = F4, Ctrl N

5-SECOND SELF-ARRIVAL WITH DATA VERIFICATION & DECREASED BAD DEBTS

- ✓ Accommodate **more patients with less staff** and less per patient cost
- ✓ Medicare swipe-in or enter details option
- ✓ Select 8 languages (from 100) to display in
- ✓ Supports multiple locations on one database
- ✓ Privacy film to protect patient privacy
- ✓ Caters for walk-in patients with 1st available and specific doctor options
- ✓ Late arrival and early check-in validations
- ✓ **Checks for outstanding debts**
- ✓ Checks for expired Medicare / Pension / HCC cards
- ✓ Update mobile number, next of kin and SMS consent options
- ✓ Waiting times in sync with doctor's waiting room
- ✓ Optional configurations to allow Medicare patient check-ins only
- ✓ Future appointments with printed or SMS confirmations
- ✓ Post-consult payment options with invoice creation, Medicare rebates via real-time PCI claims and payment receipts (Billing kiosk only)




[Learn more](#)



What's next?

Phone, online GP visits are minister's aim



 Greg Hunt is developing a 10-year plan to transform Australia's primary health care system.

Giving Australians the opportunity to speak with their doctor over the phone and online through Medicare is at the heart of a plan being created by Health Minister Greg Hunt.

[Read article](#)

What's next?

Electronic **shared care planning** tools

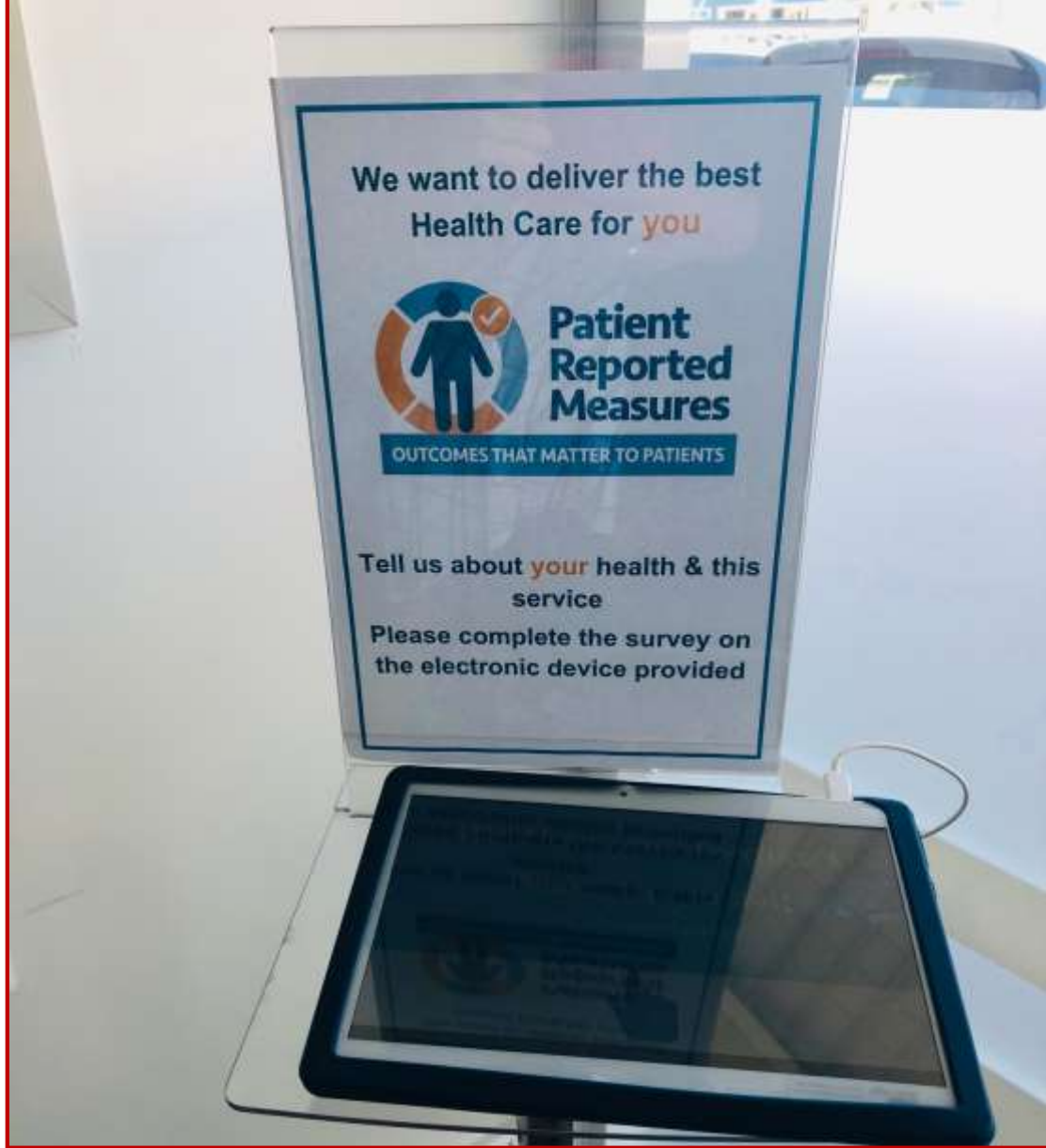
PROMS

- Patient Reported Outcome Measures

PREMS

- Patient Reported Experience Measures





Katrina's top 10 improvement tips

1. Re-evaluate (or implement use of) shortcuts for clinical notetaking.
2. Use a shortcut with letters to promote secure message use.
3. Review & improve your 'systems' ie. recalls and reminders
– delete recalls when patient returns, mark results as notified/given.
4. Use digital health eg secure messaging, ePrescribing etc.
5. Use My Health Record.
6. Clean up templates and improve labelling.
7. Update & improve your patient-centred communication & consent for contact processes – think devices!
8. Extract data regularly to provide visual evidence to inform improvement plans.
9. Use every new software release as an opportunity to raise awareness of new (and existing unused) features!
10. Consider new patient-centred technology like apps, electronic feedback and post high quality patient education for your patients.

Extra learning resources

Train IT Medical

[Practice Management Free Resources](#)

[Digital Health Free Resources](#)

[Learn more about new kiosks and apps](#)

RACGP

[Using Data for Better Health Outcomes](#)

Australian Digital Health Agency:

[Importance of Data Quality](#)

[Data Cleansing & Clinical Coding](#)

My Health Record:

[Data Quality Checklist](#)

[My Health Record pathology](#)

Technology

[Better Consult](#)

[Apps & Kiosks](#)

[Care Monitor](#)

[Prems and Proms](#)

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Thank you! With best wishes, Katrina Otto