MedicalDirector Training For Advanced Practice Managers

This is a great opportunity for new Practice Managers and current Practice Managers to update or refresh your skills

> Grant Smith Kylie Goodwin Barb Repcen



Health Primary, Aged & Community Care



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Acknowledgement of Country

Eastern Melbourne PHN acknowledges the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Recognition of lived experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them and celebrate their strength and resilience in facing the challenges associated with recovery. We acknowledge the important contribution that they make to the development and delivery of health and community services in our catchment.







Housekeeping

All attendees are muted

Q&A will be at the conclusion of this session



This session is being recorded



Listen via your computer's speakers Telephone Number – within the audio section or access details supplied in registration email



Post your questions in the 'Questions' section in the webinar panel or email hello@medicaldirector.com

digitalhealth@emphn.org.au







Agenda

SPEAKERS:



Grant Smith,

Practice Consultant

MedicalDirector | Telstra Health



Kylie Goodwin, Practice Consultant MedicalDirector | Telstra Health



Barb Repcen, Program Specialist- Digital Health EMPHN

AGENDA:

Data Quality and Data Cleansing

4.3 Enhancements

Template Management

Sending Emails

My Health Record – NASH – Setup requirements

Patient Search Utility

MD Utilities

Setting up permissions and configuring users Managing the appointment types



Sample Check List

•Implementation of data cleansing processes to support demographic data, medical history, My Health Record and chronic disease management

•Accurate recording of clinical information within clinical software

- •Using <u>POLAR GP</u> clinical audit tool to improve data quality
- •Establish accurate diabetes registers
- •Develop policies that support data cleansing
- •Inactive or merge where needed
- Create recall/reminder workflows
- •Have a written procedure check list, policy & approvals required manual
- •Training Staff on recall/reminder workflows
- •Create an accurate recall and reminder list

•Review recall/reminder protocol after 6 months to improve income generation and patient care

•Identify patients who due/overdue and remove patients who have already been screened





Storing, Retaining and Disposing of Medical Records Guidelines

Ownership

Patients own the information in their medical record but do not own the medical record itself. Ownership might vary as follows:

•Sole practitioners retain full ownership over their medical records.

•Contract and employee GPs are likely to be creating medical records for their principal or employer and unlikely to own these themselves. •GPs operating in a partnership might have a claim to a shared partnership interest over some, or all, of the medical records.

•GPs who own an incorporated practice own its assets and this usually includes the medical records. In the absence of any agreement specifying otherwise, multiple owners own the medical records jointly.

It is recommended the ownership of medical records is clarified and documented before GPs commence at a new practice. This will assist in preventing future disagreements when a departing GP intends to take records with them. It is recommended that advice is sought before entering into an agreement.

Despite the above, GPs are required under the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia to promptly facilitate the transfer of

health information when requested by a patient.⁵



How long do I ordinarily have to retain medical records?

Avant recommends that all doctors retain the complete medical record of an adult patient for at least seven years from "the date of last entry" in the record. This usually means the patient's last consultation with you but could also include entries such as the date you last telephoned the patient or received test results and updated the file.

If the patient was aged under 18 years at the date of the last entry in the medical record, you must wait until that patient would have turned 25 years old before you can dispose of the record.

New South Wales, Victoria and the Australian Capital Territory have specific legislation relating to medical records and health information. In these jurisdictions the legislation requires doctors to retain records for the times specified above. For doctors practising in states and territories without specific legislation, Avant recommends using the NSW, Victoria and ACT requirements as a guide and keeping records for the same minimum period.

Obstetric records, which often contain information about the baby and the mother, should be retained for 25 years from the birth of the child.



Managing health records - Self-reflective tool

This self-reflective tool helps practitioners reflect on whether their records and record management processes meet the relevant standards set out in the shared Code of conduct. Use the tool to reflect on your records and record management processes. Download the self-reflective tool to help assess the adequacy of your record management

Managing health records - Summary of obligations

Maintaining clear and accurate health records is essential for the continuing good care of patients.

National Boards expectations about maintaining health records are set out in your profession's code of conduct. This is a summary of those expectations.

Download the of PDF health record management obligations



My Health Record Digital Handbook

My Health Record (MHR) is a secure online summary of key patient health information, available to patients and healthcare providers anytime, including in an emergency. AAPM and the ADHA have collaborated to develop the Digital Handbook for Practice Management. This handbook is designed to assist Practice Managers and their teams to navigate the process of registration of their practice (or organisation) to the My Health Record system and provides an understanding of how to use digital tools effectively and efficiently.

Download the Digital Handbook for Practice Management.



Patient age at date of last entry	Keep record at least
Infant (obstetric records)	For 25 years from child's birth
Under 18	Until child turns / would have turned 25
18 or over	7 years from date of last entry





Data Quality and Data Cleansing - Backup

All Backups must be performed on the Server computer.

MedicalDirector only supports backups made using the MedicalDirector Backup utility. If you wish to use a backup program supplied by another provider, the restoration and subsequent correct functioning of your data is solely your responsibility.

The MedicalDirector Backup and Restore utilities backup and restore Clinical and Pracsoft. Bluechip also uses these utilities, but the instructions are slightly different.

These modules provide options for backing up your data to any device which can be referenced by a logical drive letter (e.g. C:\), including hard drives, floppy drives, ZIP, JAZ, USB drives and additionally CD-R/CD-RW/DVD-R/DVD-RW if the drive manufacturers direct-write software (e.g. Nero, InCD, Roxio, DirectCD) is installed and the device is mapped to a logical drive letter. The utility also offers the convenience of industry standard ZIP format.

There are a range of options available for customising the backup to suit your requirements and feedback on the process of applications is provided to the user during the backup process.

To delete existing configurations:

- Open Window Explorer and browse 1. to C:\Hcn\Configurations (this is the default configuration location).
- Delete all files in this folder.

Backup Location Tab (Backup Options)

Use the Backup Location tab of MedicalDirector Backup Options to change the default settings for the location of your backups and backup configuration files.

o **Temporary Location:** Where the backup file is processed and generated before being moved to the Backups Location. The space required to generate the backup file is greater than the resulting file itself. Therefore, if space on your Backups drive is limited, it may be necessary to choose different locations for both the temporary file, and the backup file.

o Configuration Location: The configuration file saves all your settings for a given backup. Loading it restores all your settings into the wizard.

Backups Location: Where the resulting backup file is saved. 0



Configurations (Backup) for Clinical/Pracsoft

The settings you select for each of the tabs within the MedicalDirector Backup utility can be saved as a configuration, giving you the opportunity to load and initiate different backup configurations when necessary. Configurations are managed via the New, Open, and Save buttons at the top of the MedicalDirector Backup utility window, as shown in the following image. Upon opening the MedicalDirector Backup utility, the settings for the last configuration used will selected automatically.

Create a new configuration by clicking **New**. This action clears the settings from each tab.

Load a saved configuration by clicking Open 0

Save a configuration by clicking Save. It is advisable that 0 you give the configuration file a name that represents the settings you have selected.

Click the Detect button at the top of the MedicalDirector Backup utility window to have the utility attempt to automatically determine and configure many of the settings available, including such things as your Server Name and available Databases.

A backup can be sent direct to removable media, such as a CD-RW/CD-R, a USB device or DVD-R/DVD-RW if 'directwrite' software such as Nero InCD or Roxio DirectCD is installed on your Server. A backup cannot be performed from a Workstation and must be performed on the Practice Server.





Data Quality and Data Cleansing – Backup for Clinical & Pracsoft

- Locate and double-click the MedicalDirector Maintenance icon *O* on your desktop. The MedicalDirector Maintenance window appears.
- Locate and double-click within the Common (Maintenance Tasks) section of MedicalDirector Maintenance. The MedicalDirector Backup window is displayed.
- 3. (Optional) If necessary, load a saved Backup configuration file.
- 4. (optional) Click **Detect** Tab at the top of the Backup utility window to have the utility attempt to automatically determine and configure many of the settings available, including such things as your Server Name and available Databases.
- 5. Select/Enter settings as necessary from the following tabs: (please click the links below for relevant information)
- o Backup Location
- o <u>Database</u>
- o <u>Documents</u>
- o <u>Notification</u>
- o <u>MDPlus</u>
- 6. Initiate the backup. This can be done either;

• Immediately, by ensuring the Run Now checkbox is enabled and then clicking **OK** button(continue to Step 7), or

≼ H.C.N. Backup[Backup - Untitled]	_	0 X
New 📂 Open	Save Detect of Options	r Noti <u>f</u> ication	n Schedule
Backup	ocation		
Eolder:	C: \Hon\Backups		
Name of <u>B</u> a	ckup: MD Live Data		
Settings Summ	nary		
Server: Database:	VM-WIN10-AT\HCNSQL07 HCN		
Documents?: MDPlus:	Yes		
To:	C:\Hcn\Backups		
E-Mail:	No, No SMTP service.		
Run Now	OK Cl	ose	<u>H</u> elp
Ready			Cancel

If SMTP (Simple Mail Transfer Protocol - the standard for e-mail transmissions across the Internet) is not <u>installed</u> when the Backup application is opened, a prompt is displayed. The prompt will notify you that the SMTP Service cannot be found, and <u>Notification</u> will not work until it is installed.

This protocol is required to have the Backup utility send an email informing you of the completion, and success or failure of a backup. \circ Later, by ensuring the Run Now checkbox is disabled and you have $\underline{scheduled}$ the backup to commence later.

7. You will be offered the opportunity to password-protect the backup. Such backups require the password to restore them.

• If you choose to enforce password protection, ensure that you can be contacted if the situation arises where the backup needs to be restored. Alternatively you might consider sharing the password with another person of authority from your practice.

8. Click Yes button to perform the backup.

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9. Once the backup has been successfully performed you will be prompted accordingly.



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Data Quality and Data Cleansing - Backup & Recovery Plans

Maintenance & Recovery for your system

Your surgery is responsible for protecting its own data files. If this process fails, your financial and clinical records will be lost.

The risk of data loss is always present. However data loss is not necessarily a disastrous experience if this is planned for. The strategy used to prevent data loss should given careful consideration to protect this occurrence.

Maintain Your Computers & Network

To maintain your computers and network, ensure you consider the following recommendations:

o Your Computer Equipment must meet the minimum recommended level to operate satisfactory. Refer to System Requirements for MedicalDirector SQL-Based Products. Remove computers that have experienced errors from your network until they have been fixed. If the problem computer is required then have it fixed immediately as problem computers compromise the correct functioning of the network and the integrity of your data files.

o Network equipment such as routers, especially wireless devices, must be setup and configured by a trained technician. Test and keep network cabling and switches in good order. Poor connections can cause errors in your system and are very difficult to trace. It is critical that your computers are connected using properly installed and certified cabling. If you are unsure of your wiring or are planning a replacement, including a wireless network, consult a specialist in this field. MedicalDirector highly recommends the installation of a UPS (Uninterruptible Power Supply) to prevent damage to your hardware and data files from power fluctuations.
 MedicalDirector also suggests power points to be installed or are available for the exclusive use of the compute rand peripheral equipment.

o Install a virus checker and keep signature files current. Setup to auto upgrade if your software offers this facility.

o For Internet connection, MedicalDirector recommends you install an Internet Firewall to protect your system unless this service is provided by your ISP (Internet Service Provider).

o Only use operating systems designed for business environments. These operating systems have greater internal security for networks and users.

o Keep up to date with operating system service packs and security fixes.

As your system is a business environment,
MedicalDirector recommends you limit the installation and use of unnecessary software and use reputable hardware.
'Freeware' is software that may cause disruption to your business environment and MedicalDirector recommends limiting the use of such software as much as possible.

o Ensure all users have sufficient permissions to perform required tasks.

o Use reputable and appropriately qualified professional technicians; particularly if you plan to use Terminal Server or Citrix Metaframe. This cost is small compared to fixing incorrectly configured systems and networks.

Backup & Disaster Recovery Strategy

Backing up the data for your practice management and clinical software is one of the most important tasks that should be performed in a daily basis.

Most practices are aware of the need to secure their data but seldom check the integrity of the process by restoring the data to confirm that a successful backup has taken place. Computer systems are generally reliable but for most users the need to recover from a system failure will occur at some time. It is also important that you know how to retrieve data should the need arise.

Recommendations for Backup

• Take a daily backup of all files that are important to the running of your practice. For example Clinical data, practice management data, document files, and financial records.

- Keep separate backup media for each day of the week.
- \circ $\hfill Take some backups off-site but keep them readily accessible should the need arise.$

• Periodically restore a backup to a temporary location to check the integrity of the backup process and to test the ability of your staff to perform this task.

 \circ $\,$ Keep a permanent weekly, fortnightly, or monthly backup. This provides an historical record that could be used to restore your data.

• A good backup strategy is business critical, therefore consult with your IT specialist to ensure that your strategy is correct for your situation.



Data Quality and Data Cleansing – Restore a Backup

To Restore a Backup:

- Double-click the MedicalDirector Maintenance icon on your desktop.
- Locate and double-click the **Restore** icon within the Common (Maintenance Tasks) section of MedicalDirector Maintenance. The **MedicalDirector Restore** window is displayed.
- 3. Select the **Backup Location** tab. When you first open the Restore Utility, you are presented with a blank configuration, awaiting your input. Until you specify which backup file to restore, both the Server and Database fields are blank, waiting on input. These fields are populated automatically when you select a backup file to restore.

Until you specify the backup file to restore, both the Database and Documents tabs are disabled. These tabs become active on selection of a backup file to restore.

4. Click to locate and select the MedicalDirector Backup file you wish to restore.

If the backup was created on a different machine the following prompt is displayed.

If you wish to restore this backup to your machine, the documents and letters configuration will need to be modified. For more information, refer to Configuring Documents Settings After Restoring.

📢 H.C.N. Restore [Restor	e\MD Live Data.BCF]	-		\times
Backup Location Databas	e MDPlus Documents			
DatabaseDetai	ils			
	✓ Use D <u>e</u> fault Database	Login		
Server Name:	VM-WIN10-AT HCNSQL07		\sim	
Database Name:	HCN		\sim	
Settings Summary				
Server: VM-W Database: HCN Backup File: C:\Hc	IN10-AT\HCNSQL07			
Data_	FULL_20161116_10	51.21P		
	ОК С	lose	E	elp
Ready			<u>C</u> ar	ncel .:

- 5. Double-click on the Backup file to be restored, or select the Backup file and click Open button You may be prompted to enter a password for the backup if one was originally created for it.
- 6. Select the **Database** tab to check or change the Database Details.
- The Database Tab allows you to restore the backup file to its original location. It also allows you to restore the backup file to a different existing server and any database name if required.
- To restore to your local machine, click --- beside the Server Name field and select local from the list displayed.
- Enter a new database name or click --- beside the Database Name field and select an existing database from the list displayed.
- 7. Select the **Plugins** tab to select which Plugins you wish to restore.
- 8. Select the **Documents** tab to check documents or folders.

To restore documents to a new location, refer to <u>Restoring</u> <u>Documents</u>.

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Click **OK** button to begin the restore process.

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Data Quality and Data Cleansing – Backup Cycle Example

Organise your backup strategy on weekly and monthly cycles. The weekly cycle will ensure you can call on your information as far back as three weeks and your monthly backup will allow you to call back you data as far back as 12 months. The cost of backup media can be insignificant compared to the cost of data loss or an extended recovery.

o Daily - Backup every day Monday to Thursday (this should include Friday is the practice is open six days per week or Friday and Saturday if the practice is open seven days). Each day's media will be overwritten on the same day next week.

o Weekly -Take a full backup at the end of the working week. This backup is executed on Friday, Saturday, or Sunday depending on the days worked per week.

Ensure you have media for weeks two and three (and week four for five week months) as explained above. Each weekly medial will be overwritten on the same week next month.

The Last week of the month (week four or five) perform a monthly backup.

Monthly - Take a full backup of the last working day of the last week of the month. This may be a Friday, Saturday, or Sunday depending on the days worked.
 This end-of-month media should be labelled with the same of the month and securely store (preferably off-site).

The following backup cycle is for a five day working week and caters for a five day month. One extra media would be required for a six day week, an extra two for a seven day week.

Mon. Backup	Tues. Backup	Wed. Backup	Thurs. Backup	Fri. Backup	1st Week Backup	
Mon. Backup	Tues. Backup	Wed. Backup	Thurs. Backup	Fri. Backup	2nd Week Backup	
Mon. Backup	Tues. Backup	Wed. Backup	Thurs. Backup	Fri. Backup	3rd Week Backup	
Mon. Backup	Tues. Backup	Wed. Backup	Thurs. Backup	Fri. Backup	4th Week Backup	
Mon. Backup	Tues. Backup	Wed. Backup	Thurs. Backup	Fri. Backup	5th Week Backup becomes the	Month 1 Backup

Month 2 - 12 Backup

o Rotate backup media on Monday to Thursday (four media required).

o Have four weekly media available (to accommodate five week months).

o Have 12 monthly media.

20 media required for five day working week, 21 for a six day week,22 for a seven day week.





Data Quality and Data Cleansing – Ethnicity Codes

The following hierarchical list of ethnicity codes is a subset of data provided by the <u>Australia Bureau of</u> <u>Statistics</u> (ABS), and used in Clinical when you record a patient's country of birth and ethnicity.

The 'Ethnicity' data in Clinical was obtained from the Australia Bureau of Statistics (ABS): *1249.0 - Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG), 2011

Notes:

- o Instances of 'nec' refer to "Not Elsewhere Classified".
- o Instances of 'nfd' refer to "Not Further Defined".
- o You can *import* and *export* the ethnicity field of a patient's demographics. When doing so, note that;
- It is not imported/exported within one of the default format file types offered in the **File Format** window, and must be added as part of a *custom* file format.
- The custom file format must be anything other than 'Fixed Length'. This is specified via the **Field Format** window. The ethnicity field cannot be exported using a fixed length format, and will not be available for selection in this window until you have selected a different format.
- You can import/export multiple ethnicity codes per patient (as each patient can have multiple ethnicities). If you choose to use multiple codes, they must be separated by a comma. For example, if the file format is CSV, the "ETHNICITY IDS" field will be: "1100, 2102, 2306"
- o See also: Country-of-Birth Codes.

Country of Birth and Ethnicity in PracSoft Country of Birth and Ethnicity in Clinical

African (North)

African (Sub-Saharan)

Americas (People of the)

Asian (North-East)

Asian (South-East)

Asian (Southern and Central)

European (North-West)

European (Southern and Eastern)

Middle Eastern

<u>Oceanian</u>

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Supplementary



When Recalls (for example) are recorded, you can enter a customised term or description of the Recall reason, as opposed to using the terms/descriptions supplied with Clinical. In Clinical there are numerous lists like this that you can add customised terms to. A caveat of using customised terms is that records associated with them might not appear in the results of searches you conduct. For example, if you had entered a customised Recall reason of URGENT RESULT, and you conduct a Recall search using the supplied criteria of 'URGENTTEST RESULT', any record that use your customised reason will not appear in the search results. To account for this, the Merge Clinical Lists utility allows you to easily search for and replace customised entries with those supplied with Clinical.

To use the Merge Clinical Lists utility:

Locate and double-click the MedicalDirector Maintenance 1. icon

from your desktop. The MedicalDirector Maintenance window appears.

- Select the **Database Tasks > Clinical** menu item. 2.
- 3. Double-click Merge Clinical Lists

(Optional) If this is the first time you have tried to run the Merge Clinical Lists utility during this session of working in MedicalDirector Maintenance, you will be prompted to select a Configuration, and enter your Username and Password.







4. The Merge Clinical Lists window appears

5. Via the **Show Clinical List for** drop-down menu, select the list you wish to manage.

Once you have selected a list to manage, its two associated lists of category terms becomes populated with data.

A) The right-hand side of this window displays the total of all supplied and customised categories associated with the clinical list selected

B) The left-hand side of this window displays the total of all supplied and customised categories, that have actually been used in your database.

6. Within the right-hand list of items, locate and select the entry you wish to replace the customised entry with **Cervical Screening Test**

7. Click **Change** button You will be prompted to confirm this action. A search of your database is conducted, and wherever there is an instance of the category term '**Pap Smear**' used, it is replaced with the category term '**Cervical Screening Test'**. Confirmation and details of the successful replacement will appear in the Status text box, as shown following.

Although you may add numerous customised categories to Clinical, they will not appear in this left-hand list until you actually associate them with a record in Clinical.

Merge Clinical Lists			
Recall List	~		
N			
Items	^	Items	^
BLOOD PRESSURE REVIEW		BLOOD PRESSURE REVIEW	
BLOOD TEST		BLOOD TEST	
DIABETES REVIEW		DIABETES REVIEW	
GENERAL CHECK-UP		GENERAL CHECK-UP	
GENERAL CHECKUP		GENERAL CHECKUP	
IMMUNISATION		IMMUNISATION	
IMMUNISATION - 10 YEAR		IMMUNISATION - 10 YEAR	
IMMUNISATION - 12 MONTH		IMMUNISATION - 12 MONTH	
IMMUNISATION - 18 MONTH		IMMUNISATION - 18 MONTH	
IMMUNISATION - 2 YEAR		IMMUNISATION - 2 YEAR	
IMMUNISATION - 4 MONTH		IMMUNISATION - 4 MONTH	
IMMUNISATION - 4 YEAR		IMMUNISATION - 4 YEAR	
IMMUNISATION - 6 MONTH		IMMUNISATION - 6 MONTH	
INFLUENZA VACCINATION		INFLUENZA VACCINATION	
INR REVIEW		INR REVIEW	
PAP SMEAR		PAP SMEAR	
POST NATAL REVIEW		POST NATAL REVIEW	
REVIEW AFTER ABNORMAL RESULT	~	REVIEW AFTER ABNORMAL RESULT	~
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Notice in the example above that the original term 'Pap Smear' is still listed on the right-hand side of the window. Although the Merge Clinical Lists utility conducts a search of the records in your database for the term 'Pap Smear' and replaces it with the term 'Cervical Screening Test', it does not remove 'Pap Smear' from the list of terms available for you to select from in future, unless you manually delete it from the list via Tools > Options > Lists (in MedicalDirector Clinical).

8. Click **OK** to exit the Merge Clinical Lists utility.

Note that although you may have used this utility to replace your customised category terms with those supplied with Clinical, the replacement happens at a database-level only. In other words (using the example above), although records in your database that previously used the category term 'Pap Smear' now use the category term 'Cervical Screening Test', the term 'Pap Smear' has not been removed from your list of customsied category terms. Subsequently, users can continue to use the term. If your intention is to remove a term such that it cannot be used in future, this must be performed from within Clinical itself;

- A) Address Book categories are managed from within Clinical via Tools > Options > Lists
- B) Recall categories are managed via Tools > Options > Recalls.

Merge Clinical Lists			
Hecali List	J ~		
Items	^	Items	^
BLOOD PRESSURE REVIEW		BLOOD PRESSURE REVIEW	
BLOOD TEST		BLOOD TEST	
DIABETES REVIEW		DIABETES REVIEW	
GENERAL CHECK-UP		GENERAL CHECK-UP	
GENERAL CHECKUP		GENERAL CHECKUP	
IMMUNISATION		IMMUNISATION	
IMMUNISATION - 10 YEAR		IMMUNISATION - 10 YEAR	
IMMUNISATION - 12 MONTH		IMMUNISATION - 12 MONTH	
IMMUNISATION - 18 MONTH		IMMUNISATION - 18 MONTH	
IMMUNISATION - 2 YEAR		IMMUNISATION - 2 YEAR	
IMMUNISATION - 4 MONTH		IMMUNISATION - 4 MONTH	
IMMUNISATION - 4 YEAR		IMMUNISATION - 4 YEAR	
IMMUNISATION - 6 MONTH		IMMUNISATION - 6 MONTH	
INFLUENZA VACCINATION		INFLUENZA VACCINATION	
INR REVIEW		INR REVIEW	
PAP SMEAR		PAP SMEAR	
POST NATAL REVIEW		POST NATAL REVIEW	
REVIEW AFTER ABNORMAL RESULT	×	REVIEW AFTER ABNORMAL RESULT	×
Replace:		With	
		YVILI.	
tatua			
Change			ОК





Data Quality and Data Cleansing – <u>Using the Diagnosis Coder</u>

1. Locate and double-click the **MedicalDirector Maintenance** icon **from your desktop**. The **MedicalDirector Maintenance** window appears.

2. Select the **Database Tasks > Clinical** menu item.

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- 3. Double-click Diagnosis Coder
- If this is the first time you have tried to run the Diagnosis Coder during this session of working in MedicalDirector Maintenance, you will be prompted to select a <u>Configuration</u>, and enter your Username and Password.
- 4. The **Diagnosis Coder** appears.
- 5. Select an uncoded diagnosis entry from the list on the left side of the window.
- In the upper-right text box to the right of the window, begin to type a corresponding (or closest matching) diagnosis code. The lower-right window will begin to populate with DOCLE entries that match your text.
- 7. Upon finding a match, select the matching coded diagnosis in the lower-right window.
- Click **Link** button to link the uncoded diagnosis to the coded diagnosis.
- \circ Click Correct button to change the uncoded diagnosis to the coded diagnosis to fix a spelling mistake or a common typing error.
- 8. Click **OK** button to save the details.

🛄 Diagnosis Coder

The box on the left contains all the uncoded diagnoses in the past history database.

To code a diagnosis, highlight it in the list on the left, then use the list on the right to find the closest matching diagnosis.

Use the 'Link' button to attach the code for that diagnosis to the coded entry on the right, or use the 'Correct' button to change the diagnosis on the left to that on the right, e.g. if there is a simple misspelling.

N.B. The diagnosis matching performed here only affects entries that are already in the Past Medical History database, and is not automatically applied to future entries into this database!

Ear Infection	ear	
	Ear - bat ear deformity repair Ear - Bleeding Ear - buzzing Ear - Discharge Ear - foreign body removal Ear - graft Ear - grommet insertion Ear - grommet removal Ear - laceration repair Ear - Pain Ear - Polyp removal Ear - Tophus Ear - wedge excision Ear abscess drainage Ear blockage Ear blockage Ear blockage Ear drum perforation Ear effusion	
Link <u>C</u> orrect	<u>о</u> к	





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Exporting Demographic Data

- 1. Locate and double-click the Medical Director Maintenance icon 💋 on your desktop. The Medical Director Maintenance window appears.
- Select the Database Tasks > Common menu item.



- (Optional) If this is the first time you have tried to access Import/Export during this session of working in MedicalDirector Maintenance, you will be prompted to select a Configuration, Then enter your Username and Password.
- The Import/Export Wizard appears. 4.
- Click Next button to continue. 5.
- Select the Export option and click Next button to continue. 6.
- 7. The Data Type window is displayed. Select the **Demographic** option and click Next button to continue.
- 8. The Format window is displayed. To add or edit the file format, select the file to edit and click Add button or Modify button To delete the file format, select the file to delete and click **Delete** button.
- (Optional) You can add your own file formats or edit existing ones. When adding or modifying the file format, the 9. Format window is displayed.
- o Enter a name for the file format.
- o Select a format style from the Format drop-down menu. Such styles include 'Comma Separated' and 'Tab Delimited'.
- o Enter a name for the file. Notice that you must include a three-character file extension.
- o Select which fields you want to include from the Fields menu.
- Click the up arrow or down arrow to control the file format as appropriate. 0
- o Click the Length of Fields button to manually configure the length of each field to be exported.
- o By clicking and dragging each of the blue *field divider lines*, each field width can be resized to suit your needs.

you can select a file that you already have access to and use it as a template for the format o By clicking you are creating, as indicated following. The area marked in red (following) indicates a the amount that particular field has been resized.

- 10. Click OK button when you are satisfied with the results.
- 11. Click OK button on the Format window to save the format.
- 12. The Select Patients window is displayed. Enter a Search criteria for the file format. Click Select all button to select all available names and categories. The Export File window is displayed.

OR

Click Select None button to clear names and categories. Click Next button to continue. The Export File window is displayed.

- 13. Accept or change the file name using Click Next button to continue.
- 14. The Exporting Data process begins. You will be notified upon completion.
- Click Finish button to exit the export wizard. 15.







Health

Note also that you cannot add/edit/delete customised categories from this window; Recalls list categories are managed from within MedicalDirector Clinical via **Tools** > **Options** > **Lists**, and **Recall categories** are managed via **Tools** > **Options** > **Recalls**.

	Prescrit	bing	Practice	Lists	Investig	ations	Network
inks	Prompts	Drug	/Patient Support	Devices	PKI	RSD	Recall
Recall ANN AST BLOO CER CHO COLI DEP DIAE FULI GAR GAR GEN GLU IMPI INFL INFL INFL NAM PAP PNE PRO SKII TET WEI	I Reasons	H ASSE W IRE RE REVIEV A EW CHECK- E 3 K-UP LACEM CONATIO Y CCINATIO V INATIO N	ESSMENT VIEW W UP ENT ION FION				
	Add		Edit	Delete			





4.3 Enhancements

4.3

- Email
- Email attachments are now in PDF format.
- Email attachments can now be password protected.
- Send email directly from the patient's record.
- The email configuration menu has been moved to Correspondence > Email for ease of access.
- Create and configure custom email templates for quick reuse.

Immunisations

- A new funding model option has been added for users to record whether or not a vaccine has been given as part of the National Immunisation Program
- A new Route of Administration field has been added for vaccines that have multiple options.
- The AIR Immunisation screen now displays the patient's AIR demographic details to assist with patient identification.

Patient's Record

- Add Progress Notes from anywhere in the patient workflow, via a new floating panel.
- Added 7 new Quick Template buttons which can be configured as website links or quick launch buttons.
- Keyboard shortcuts are now highlighted with an underscore, and new shortcuts have been added.
- Added the option to record "No Next of Kin or Emergency Contact Provided" in the patient's record.
- ✓ Updated ABS Ethnicity to the 2019 Australian Standard Classification of Cultural and Ethnic Groups.
- ✓ When opening the Holding File from within a patient's record, the data is filtered automatically to show results for the selected patient.
- The web url links in the CVD Risk Assessment screen have been updated to more modern resources.

Prescribing

- ✓ You can now search for a drug based on the characters in the search box existing anywhere in the drug name rather than just at the beginning.
- When an Electronic Paperless Prescription with repeats is cancelled after the original has been dispensed, the repeats are now also cancelled.

Roles and Permissions

- A new Manage Permissions module provides access to more granular permissions.
- ✓ Access to a patient's record can now be restricted by using either a tiered permissions model or on a user-to-user basis.
- You can now apply access restrictions to the following functions:
 - Adding/Deleting Address Book Entries.
 - Adding/Deleting Recall Reasons.
 - Adding/Deleting new Notations for Investigation Results.
 - Adding/Deleting/Editing Letter Writer Templates.

Demographics update for Gender Inclusivity

- The Gender field has been renamed to Sex at Birth.
- A new Gender Identity field is now available for recording patient's Gender Identity.
- A new Pronouns field has now been added for recording patient's preferred pronouns.
- The Marital Status field has been renamed to Relationship Status, where married is an option.

Multilocation Support

- ✓ The login UI has been updated to better assist users with selecting the correct location when they may need to login from multiple locations.
- The login screen has been cleansed of unnecessary content.
- A new printer setting has been added to Tools > Options to allow sites to inform the software of whether they are using locally connected printers or networked printers.

Technical Updates

- Improved the loading speed of the holding file when many results are present.
- It is no longer possible to set the user lockout interval to 0 minutes (no lockout). Any existing entries of 0 have been reset to 1440 minutes (1 day).
- Added new document audit logging for when documents have been printed.
- Updated the packaged version of Microsoft SQL to Microsoft SQL 2019 Express edition.
- Updated the ERX integration model to resolve previous outage issues.
- Added new ERX Transaction logging for better visibility.
- Updated Adobe to a newer version for improved functionality and security.
- Updated Adobe PDF viewer for improved functionality.
- Updated Atalasoft to provide better performance and functionality.
- Removed Xceed.
- Removed Syncfusion.





4.3 Enhancements



Web Services

- ✓ Transmit post-paid patient claims to Services Australia via the Patient Claim Interactive workflow after the billing has taken place.
- Send patient claims in bulk via a new workflow.
- Improved referral search behaviour in the Pracsoft Appointment Book.
- Perform Online Patient Verification, Online Concession Verification and Online Veteran Verification for all patients simultaneously via a new Bulk Online Verification check in the Pracsoft Appointment Book.
- Improved the Request Reports section within the online claiming workflow for better visibility of response information and further actions required.

Payments and Billing

- ✓ MBS and DVA fees are now automatically updated for all Pracsoft users on version 4.3 and later
- ✓ Your latest fee update now displays at the bottom of the fee table and in the fee columns window
- 15 new fee columns for displaying optional billing types.
- New default for fresh installs to "Pay Now" for Patient Claims.

Demographics Upload for Gender Inclusivity

- The Gender field has been renamed to "Sex at Birth".
- You can now record a patient's gender identity
- You can now record a patient's preferred pronoun.
- ✓ The Marital Status field has been renamed "Relationship Status", where married is an option.

Reports

- Filter reports to show only billings for specific practitioners.
- ✓ Filter reports to show only billings for specific locations.

Alerts and Reminders

- ✓ The Appointment Reminder field has been renamed "Patient Alerts" and now displays more information.
- ✓ Patient Alert prompts now also appear in the Waiting Room.

Patient's Record

- ✓ Added the ability to record "No Next of Kin or Emergency Contact Provided."
- ✓ Updated ABS Ethnicity to the 2019 Australian Standard Classification of Cultural and Ethnic Groups.

Technical Updates

- Removed Java, now redundant due to Medicare Web Services.
- ✓ Removed the Client Adaptor, now redundant due to Medicare Web Services.
- ✓ Updated Crystal Reports version to provide better performance and functionality
- Updated Devexpess to provide better performance.



Click Here to go to MedicalDirector Website to find out more

Ready to upgrade? Select the version your practice is currently running to download the file you need to upgrade. \odot I'm on version 4.0 or higher The installer can only be applied to versions 4.0 and above. It is all you require to upgrade to version 4.3. Download 4.3 → (3.5GB ISO) View system requirements -> View upgrade checklist -> View full release notes -> Important AIR update information -> (\mathcal{S}) I'm on a version below 4.0 ()I'm installing a new system Click here to see where to find your current version.



How to Upgrade



What's New In 4.3?







Template Management

It is possible to insert content other than text, <u>tables</u> and <u>fields</u> into a <u>letter</u>, including images, charts, sounds and other content; theoretically *any file recognised by Windows Operating System.* In the scope of Letter Writer, these other files are referred to as 'objects'.

It is important to note however, that whilst it may be possible to import any file type (that Windows recognises), Letter Writer may not be able to interpret the file correctly, and subsequently the file may not behave as expected. For example, ClipArt functions correctly but WordArt does not.

Note also that whilst an *image* is also a type of *object* (by definition), because these are the most common type of object inserted into letters, provision has been made for importing these by a more convenient method, as explained below.

Once inserted, an object can be manipulated as follows:

- Selecting Click anywhere on the object.
- Editing Double-click to edit. Click the page anywhere outside the object to close.

• **Moving** - Drag the object. The object can be positioned anywhere on the page. To move an object that has been inserted as a character use normal text editing techniques such as Tabs or Indents.

• **Resizing** - Click anywhere on the object. A border and eight sizing handles appears around the object (not applicable to images). To resize a selected object, drag the borders. Dragging a corner adjusts both adjacent sides.

- **Copying** A selected object can be copied using the same techniques as copying text.
- **Deleting** A selected object can be deleted using the same techniques as deleting text.



- 1. Position the insert point in the letter where the object is to be inserted.
- 2. Select either;

To Insert an Image

o Insert > Image. This option places the image on the page, at the insert point. Text you add will wrap around the image, or

o Insert > Image as Character. This option places the image on the page, at the insert point. The image will move with text you type before it.

3. The Windows Open File window appears. Browse to and select the image you wish to import.

o For convenience it is possible to set the Files of Type drop-down menu to the type of image you are searching for, from a variety of image file types recognised by Letter Writer, including bmp, tif, wmf, png and jpg (or jpeg).

4. Click Open button to insert the image into your letter.





<u>Auto Text</u> – Adding Signature

Auto Text functionality allows you to quickly insert bodies of text into a letter using a single keyword or phrase. For example, instead of having to repeatedly type your entire salutation every time you create a new letter, you can program Letter Writer to insert it automatically upon typing a single keyword or phrase, such as 'mysalutation'.

There is no limit to the number of Auto Text entries, or the length of each entry that can be stored in Letter Writer, and you can share the Auto Text entries you create with other users.

- o <u>Managing Auto Text</u>
- <u>Creating and Editing Auto Text</u>



- 1. From within Letter Writer, either;
- o Select Edit > Auto Text
- o Press Ctrl+T

A MedicalDirector

- 2. The **Auto Text** window appears.
- 3. From here you can;

o Add a new Auto Text entry (eg \SIGN)

o Change an existing Auto Text entry (see below for detailed information)

o Delete an existing Auto Text entry, by selecting it in the Shortcut window and clicking **Delete** button.

o Insert an existing Auto Text entry, by selecting it in the Shortcut window and clicking Insert button or a Picture of your signature by pasting and edit size. The following example shows how you can also insert Auto Text into your document by typing the keyword shortcut associated with that Auto text entry.

This example uses a keyword shortcut of **\SIGN**. Upon typing this keyword, Letter Writer would detect that the text you typed may relate to one of the Auto Text entries you have created, and display a pop-up window containing the associated Auto Text. If you wanted to add the Auto Text to your document, you would simply press the Enter key on your keyboard, and the Auto Text would be added to the page automatically, as shown below.







Sending Emails – PracSoft Reminders

You can email patients to remind them of upcoming <u>appointments</u>. Pracsoft sends email via your default email program on your computer, so you must ensure this application is functional and that you have an active connection to the Internet.

o You can only send email to patients you have <u>recorded</u> an email address for.

o If you use SMTP for sending email on your computer, you can easily configure SMTP from within Pracsoft, via **Setup > Email Settings**. Select the **SMTP** option, and click Open SMTP Settings button to access SMTP settings. Further information on configuring this window is available by clicking the ? icon.

E	mail Rem	ninders					×
	Select	Appointment Date	Appointment Time	Practitioner	Patient Name	Appointment Details	Email Address
	~	Friday, 14 December 2012	9:00:00 AM	IF	MISS ANNA [ANNA] AN	ANDREWS, ANNA [00000],	anna.andrews@
	~	Friday, 14 December 2012	9:30:00 AM	IF	CAROLINA K SCHEIN	SCHEIN, CAROLINA K	scheinster@blit
	~	Friday, 14 December 2012	9:45:00 AM	IF	FRED [FRED] SMITH	SMITH, FRED, 9123 4567	fredsmith55@h
		Friday, 14 December 2012	10:00:00 AM	IF	GREG J DURANT	DURANT, GREG J	durantg@vespi
	Email header text: You have an Appointment Due Fields: Practitioner Name Email text: Dear Patient < <date>> At <<time>> for the patient <<ptntname>> Can you please bring your medicare card as we do not have these details. Regards,</ptntname></time></date>						
					Select All	Clear All Email	<u>C</u> ancel

To send Appointment Reminders via Email:

- 1. Open the Appointment module by either;
- o Clicking
- o Selecting Waiting Room > Appointment Book.
- 2. Select Appointment > Email Reminders. The Email Reminders window appears.
- 3. From within the upper section of this window, select the patients you wish to send an email reminder to, by ticking their associated check box in the Select column. You can also click **Select All** button or **Clear All** Button at the bottom of the window.

o Note that in order for you to send an email to a patient, they must have an email address <u>recorded</u> for them. If they do not, you will be notified of this when you attempt to tick their associated email check box in this window. Similarly, the **Select All** button will only select those patients that have recorded email addresses.

• You can record a temporary email address for a patient now, by double-clicking in the **Email** Address field associated with the appointment you wish to send a message about. Note that this email address is specific to the selected appointment only, and will not be saved in the patient's record.

- 4. (Optional) Edit the email Header Text. A default statement is provided for you. The same statement will be sent to all selected recipients.
- 5. (Optional) Edit the email message using the Email Text text box. A default message is provided for you. This message can contain free-typed text, or field codes (for example, <<DATE>>) which are populated with real data, when you send the email.

MedicalDirecto

o To add fields to the email text, click in the message body where you want the field to appear, and then select the required field from the Fields drop-down list on the right-hand side of this window.

6. To send the email message(s), click **Email** Button.



My Health Record – NASH – Setup requirements

My Health Record (previously known as 'Personally Controlled Electronic Health Record') is an Australian Government initiative to allow patient information to be accessed securely online, making it easier to share information between healthcare professionals. Further information is available at https://www.digitalhealth.gov.au/.

Clinical is compatible with the My Health Record system, allowing you to view <u>CDA</u> documentation that was created for the patient at another Practice (for example), as well as giving you the means to add your own patient documentation to the System, which can then be accessed by other clinicians. You can also upload prescriptions to a patient's My Health Record.

Documents managed via My Health Record are done so securely, and your Practice will require HI Signing and HI Encryption Certificates, as well as the My Health Record Certificate itself to access the System. These can be obtained via <u>publiclearning.ehealth.gov.au</u> after registering. Furthermore, patients who register can elect to secure their medical records with a password. Clinicians will then require this password in order to access their patient's records from the My Health Record System.



In order to access the My Health Record system, and transfer patient documentation between Clinical and My Health Record, you must ensure you have configured the following:

- Indicated your participation in My Health Record via the <u>User Database</u>.
- Recorded your HPI-I number via the User Database.
- Via the User Database, you can also edit your record to include the My Health Record details as you wish them to appear within the My Health Record system.
- Recorded the Practice's HPI-O number via Tools > Options > <u>Practice tab</u>.
- Recorded the Practice's Organisation type via Tools > Options > <u>Practice tab</u>.
- Recorded the Practice's Service type via Tools > Options > <u>Practice tab</u>.
- Imported the My Health Record Certificate via Tools > Options > PKI tab.
- Imported the HI Signing Certificate via Tools > Options > PKI tab.
- Imported the HI Encryption Certificate via Tools > Options > PKI tab.

If you have not configured one of the required fields, you will be prompted accordingly when you attempt to access a patient's My Health Record documents.

My Health Record requires an active Internet connection. If necessary, you can record you proxy server's settings via the Network Settings utility within MedicalDirector Maintenance. Please consult your System Administrator if you require assistance with this configuration.



My Health Record – NASH – Setup requirements

Getting NASH PKI organisation certificates



 < Register as an IT supporting organisation</td>
 Home > Health professionals > Practice administration > Software and systems > Register for Healthcare Identifiers (HI) Service > Register as an IT supporting organisation > Getting NASH PKI organisation certificates

 Getting NASH PKI organisation certificates
 Getting NASH PKI organisation certificates

 Use HI with your organisation
 Certificates

Get National Authentication Services for Health (NASH) Public Key Infrastructure (PKI) organisation certificates to access the Healthcare

Identifier (HI) Service and My Health Record.

Before you get a National Authentication Services for Health (NASH) Public Key Infrastructure (PKI) certificate for your organisation, you need to read the \underline{PKI} policy documents.

MedicalDirector



Patient Search Utility

From the Clinical Front Screen, select **Search > Patient**. 1. The **Patient Search** window appears.

Enter your search criteria (see below for more information). As 2. you select (or define) your search criteria, a literal representation of the query is displayed in the lower panel of this window.

When no specific search criteria has been selected, the words 'All \bigcirc Patients' is displayed.

Click Search button to conduct the search. The **Search** 3. **Results** window appears.

🥩 Search I	Results				
All patients	who have not	been seen since 2/02/2000	*	Numi	ber of patients: 15
			*		Setup search criteria
Sumame	First name	Address	Preferred Address	D.O.B.	Phone ^
Andrews	Julie	5 Jefferson St. Bundaberg QLD 4670	Residential	03/03/1936 F	07 4234 6789
Anderson	David	61 Wallace Street, Bundaberg QLD 4670	Residential	04/01/1955 M	07 4952 5555 😑
Anderson	Penny	61 Wallace Street, Bundaberg QLD 4670	Residential	04/07/1993 F	07 4952 5555
Andrews	Maureen	314 Hope Street, Bundaberg QLD 4670	Residential	23/06/1923 F	07 4882 5634
Andrews	Jennifer	2 Kennedy Road, Bundaberg QLD 4670	Residential	20/04/1970 F	07 4923 4567
Andrews	Anna	2 Kennedy Road, Bundaberg QLD 4670	Residential	04/08/1998 F	07 4923 4567 🚽
<					- F
	Inacti	vate Patients Open Add Recall	Save Print	Labels	Mail merge Qose





Patient Search Utility

Inactivate Patients	Marks all patients in the search results as <u>inactive</u> . This button is only available if you have used the 'Not Seen Since' search criteria. you will be prompted to confirm this action.
<u>O</u> pen	Opens the <u>Clinical Window</u> of a selected patient.
Add <u>R</u> ecall	Records a <u>Recall</u> notification for each patient in the search results. See <u>Adding, Editing, and</u> <u>Deleting Recalls</u> for instructions on how to generate recalls.
Save	Saves a database file of the search results.
Print	Prints a copy of the search results.
<u>L</u> abels	Prints a set of labels for patients in the search results.
<u>M</u> ail merge	Prints a letter for each patient in the search results.





Patient Search Utility

Search Criteria

Age Less Than or Equal to Sex at Birth Transgender Pregnant ATSI Smoker

Occupation

Other demographic criteria

Allows you to specify an upper age range. If both are left blank, patients of all ages are included. Note: If you wish to find only patients of one age (e.g. all 30-year-olds) enter the same age into each field.

Allows you to specify a lower age range. Specify a <u>sex at birth</u> in the search criteria. Specify <u>transgender</u> status (Y/N) Specify pregnancy status in the search criteria. Specify Aboriginal or Torres Strait Islander patients. Specify smoking status in the search criteria.

Allows you to specify an <u>occupation</u> using a drop-down list. The list contains all occupations for patients listed in your patient database.

Allows you to specify a search using the patient's <u>demographic information</u>. This allows the search to be conducted using the patient's name, addresses, city, medicare number or pension/DVA status and so forth.





MD Utilities

When adding search criteria, first click the desired option button to search by:

•Currently taking drug. Searches patient's <u>Current Medications</u> list.

•Currently taking drug from class. Searches patient's Current Medications list for drug class.

•Previous script for drug. Searches patient's Old Scripts list.

•Condition. Searches for information stored within the patient's Past Medical History.

•Symptom. Searches on symptom's recorded in the <u>Progress Notes</u> (using the History button).

•Sign. Searches on signs recorded in the Progress Notes (using the Examination button).

Then type the appropriate text into the text box and click the Add To Search Criteria button. In most cases if you start to type the first couple of letters, a list is generated (below the text box). Double-click a list item to add to the search criteria.

Multiple criteria may be added by repeating this procedure.

Note: If Progress Notes have been disabled for this computer (via <u>Progress Notes</u> <u>Options</u>), the Condition, Symptom, Sign, Seen By and Not Seen Since criteria are not available. These options are disabled and cannot be used until Progress Notes is reactivated. This effects only the computer(s) where Progress Notes are disabled.







MD Utilities

	To search for patients taking combinations of drugs select the OR check box.
OR	The facility to select multiple drugs in your search criteria is provided by holding down the CTRL or Shift key and selecting multiple drugs.
	Selecting the Add to search criteria button will add these drugs to the search criteria.
NOT	Allows you to specify drugs being taken by patients that will then be excluded from the search procedure.
	Adds information to the search criteria.
Add to search criteria As a Not Condition	If you wish to include patients who do not meet the criteria that you are adding, (e.g. all patients who do not have asthma), check the As a NOT condition box first, and then select the search criteria. Do not confuse the word 'Condition' with the patient's condition. In this context the word condition refers to the state of a logical expression (that is NOT, AND, OR, XOR).
	Allows you to specify a single practitioner by name or All practitioners. This enables the 'From' and 'To' edit boxes.
Seen By	From/To Date: A date range for the search can also be entered by selecting the start and finish date in the two edit boxes. Click the list arrow to display the current month in calendar form. Use the arrow buttons to change month and click the day to select a new date. To search for all dates, leave the first entry blank and ensure that the second entry contains the current date. To search for a specific date range, enter the start and finished date in the two sections. To search on a specific date, type the same date in both start and finish.
Not Seen Since	Click the list arrow to display the current month in calendar form. Use the arrow buttons to change month and click the day to select the date.
Custom Field 1	
Custom Field 2	Allows you to search the three custom fields which are provided in the Notes section of the Patient Details dialogue window when entering patient details.
Custom Field 3	
Search	Performs the search based on the specified criteria.
<u>C</u> lear	Clears the window.



T



MD Utilities

Search > Patient

Advanced Searches

1. From the Clinical Front Screen, select Search > Patient. The Patient Search window appears.

2. I ocate and select the Advanced Search tab at the lower section of the window.

You can save / restore a search \mathbf{O} query via the **Save Query** button or Load Query buttons.

Search Criteria Advanced Search

select distinct patient.PATIENT_ID.patient.TITLE, UPPER(patient.SURNAME) as 'Sumame', UPPER(patient.FIRST_NAME) as 'First name', patient.STREET_LINE_1, patient.STREET_LINE_2, patient.STREET_LINE_2 as 'Address2', patient.STREET_LINE_3 as 'Address3', patient.CITY

left join MD_PATIENT_CLINICAL as clinical (nolock) on clinical.PATIENT_ID = patient.PATIENT_ID left join CM_OCCUPATION as occ (nolock) on occ.OCCUPATION ID = patient.OCCUPATION ID left join MD USER DEFINED FIELD as udf (nolock) on udf PATIENT ID = patient.PATIENT ID left join MD PROGRESS as progress (nolock) on progress PATIENT ID = patient PATIENT ID Where 1=1 and patient STAMP ACTION CODE I= 'D' and patient.STATUS_CODE = 'A'





Setting up permissions and configuring users – MD Clinical

Because of the potentially sensitive nature of the data recorded in Clinical's patient database, security is implemented using a <u>User Database</u> and access levels. Access levels determine what information a user has access to.

Every user of Clinical must be defined in the user database. Each user's record will include the user's name, password and access level. When a user <u>logs on</u>, their password is matched against the user database to determine who they are and what level of access they have.

Clinical defines two separate classes of user: practitioners and users (users other than clinical staff).

User Database		his version of Medica here are currently 2 p Include Inactive Use	version of MedicalDirector Clinical is licensed for 20 prescribers. re are currently 2 prescribers in the database. clude Inactive Users?			Change Licence Print Details Email Details			
Status User Location Category Address Phone Type Qualifications Prescriber No. Provider No.							Provider No.		
Inactive	Dr A Practitioner	Demotown Health	Doctor	12 Heidke Street AVOCA 4670 12 Heidke Street AVOCA 4670	1300 /88 802	Prescriber	M.B.,B.S., Dip R.A.C.O.G. MBBS FRACGP	21/3/11	2426621B 2874913X
	Practice Manager Raechel Receptionst Registered Nurse Sally Physio		Practice Manager Receptionist Registered Nurse Physiotherapist						
<u>A</u> dd Doo	Add Doctor Add Nurse Practitioner Add User Edit Delete Password Manage Permission Make Active Manage Aliases Close								



Practitioner Access

Practitioners automatically have access to all patient demographic and clinical data. Details of the practitioner currently logged-in will appear on scripts, in patient records and notes, and at the bottom of the Clinical window.

Practitioner/User permissions are configured via the User Database.

It is recommended you configure permissions when creating a new user profile. *See <u>Managing Practitioner and User Records</u>.*

Items of note:

• Indicate whether the user should have <u>Top-Level Access</u>. This is only available to Practitioners or Nurse Practitioners.

• Tick the **Options Editing** check box if you wish to give the user access to the Clinical <u>Options</u> and <u>Print Options</u> menus.

• Indicate whether the user has <u>Data Export</u> Privileges.

• Indicate whether the user can access Restricted Access Patients. A patient with Restricted Access is one who has specified that only practitioners with this permission can access their record. This is configured in the <u>patient's record</u>.

		_
User Permissions - Dr A Practitioner	>	<
Admin Add Address Book Entry Add Letter Writer Template Delete Address Book Entry Delete Letter Writer Template Edit Address Book Entry Edit Letter Writer Template Options Editing Top Level Access	Clinical ☑ Add Recall Reason ☑ Delete Recall Reason ☑ Edit Recall Reason	
Patient Data Export Priveledges Restricted Access Patients	Result Management Add Notation Delete Notation Save Cancel	

MedicalDirector

Password's

Password Security Policy

The setting or changing of your password is performed via the User Database.

To configure password requirements, see <u>Password Security Settings</u>.

Please also refer to the MedicalDirector <u>Data Security page</u> for more information.

Setting Your Password

To set your password, simply add yourself to the database as a <u>new</u> <u>Practitioner</u> or <u>new User</u>; you will be prompted automatically to create a password for them during the process.

Changing Your Password

- 1. Select User > Setup Users from the main menu to access the User Database.
- 2. Select the Practitioner or User for whom you wish the password changed.
- 3. Click **Password** The **Change Password** window is displayed.
- 4. Enter the old password.

Click Save

6.

5. Enter and confirm a new password. *Password complexity settings are managed via <u>Password Security Settings</u>.*

 Password Policy
 ×

 Password Composition
 ✓

 ✓
 Uppercase
 ✓

 Minimum Password Length:
 8
 Login Retry Limit:

 Reuse Past Password Restriction:
 5
 Expiry Days:
 90

 OK
 Cancel

Change Password	×
Old Password:	
New Password: Confirm New Password:	
Save	Cancel





Setting up permissions and configuring users - PracSoft

To configure appointment permissions for each user:

- 1. Select Admin > User List. The User List window appears.
- 2. Make changes as necessary.

Adding Practitioners and Users for information on the fields available.

• You cannot change the User ID for practitioners who have already recorded transactions.

• If the user is a Nurse Practitioner, ensure their <u>Security Level</u> is set to '9 - Full Access' and that they have a unique User ID.

Double-click the user you wish to edit. The User Details widow appears.

Appointment Permissions you wish to grant.

- 3. Click **Appt Permission** button. The **Appointment Permission** window appears.
- Indicate for Appointments in general, whether the user can;
- View only (disables all other functionality)
- Add/Edit and/or Delete appointments
- Indicate which **setup** and **sub-menu** access the user has.
- 4. Click **Save** button to confirm your changes.



User Details	×	Appointment Permi	ission 🔀
User ID: User type:	AP Practitioner	User Name	Dr A Practitioner
Full name:	Dr A Practitioner	Appointment Book	Undefined V
Security level:	9 - Full Access 🗸	Appointment	Appt Setup Sub-menus
Summary data view:	All practitioners billings 🗸 🗸	View Only	Practitioners Appt Type
Recall Attendance	Prompt	Add/Edit	💌 Availability 💌 Tools
Show recall atte	ndance prompt reason column	💌 Delete	Options Manage Appt Books
Mark inactive			
Appt Permission	Password Save Cancel		Save Close

MedicalDirector

ealth

Primary, Aged & Community Care

An Australian Government Initiativ



- 1. Open the Appointments module by either;
- Clicking 打
- Selecting Waiting Room > Appointment Book
- From within the Appointments module, select Setup > Appointment Types. The Edit Appointment Types window appears.
- You can edit the text for any of the pre-defined appointment types, except for the 'Standard' type.
- You can create up to 39 custom appointment types. Appointment Type 1 "Standard Appointment" cannot be edited. Continue to **Step 3** for instructions on how to customise appointment types.
- For each appointment type, indicate whether patients scheduled for such will be sent an <u>SMS Reminder</u> message.

stom appointment types		
Appointment Type 1 (RESERVED):	Standard	Send SMS reminder
⁷ Appointment Type 2:	Vaccination	Send SMS reminder
🖇 Appointment Type 3:	Procedure	Send SMS reminder
Appointment Type 4:	Home Visit	Send SMS reminder
Appointment Type 5:	Script	Send SMS reminder
Appointment Type 6:	Dressing	Send SMS reminder
Appointment Type 7:	Obstetrics	Send SMS reminder
Appointment Type 8:	Emergency	Send SMS reminder
Appointment Type 9:	Blood Test	Send SMS reminder
Appointment Type 10:	Blood Test Fasting	Send SMS reminder
# Appointment Type 11:	Acupuncture	Send SMS reminder
Appointment Type 12:	Pap Smear	Send SMS reminder
Appointment Type 13:	Blood Pressure	Send SMS reminder
Appointment Type 14:	Custom Type 'X'	Send SMS reminder
Y Appointment Type 15:	Custom Type 'Y'	Send SMS reminder
Z Appointment Type 16:	Custom Type 'Z'	Send SMS reminder
? Appointment Type 17:	Custom Type '1'	Send SMS reminder
? Appointment Type 18:	Custom Type '2'	Send SMS reminder
? Appointment Type 19:	Custom Type '3'	Send SMS reminder
? Appointment Type 20:	Custom Type '4'	Send SMS reminder
? Appointment Type 21:	Custom Type '5'	Send SMS reminder
? Appointment Type 22:	Custom Type '6'	Send SMS reminder





- To customise an appointment type, click the ? icon associated with the appointment you wish to edit.
 The Select Icon for Appointment Type window appears.
- 4. Select either an icon on your computer or a colour swatch to represent the appointment type. In our example, we have elected to use an icon.
- The icon format can be Icon (.ico), Bitmap (.bmp) or
 Portable Netowork Graphics (.png), but must be 16 x 16 pixels.
- 5. You will be returned to the Select window. Note our chosen icon is visible on the window.
- 6. Give your custom appointment type a name.
- 7. Click **Save** button to confirm your modifications.





A MedicalDirector

Health Primary, Aged & Community Care

Australian Government Initiativ



Managing the appointment types



Supplied Icon Sets

Icons by BanzaiTokyo

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Icons by Recep Kutuk

Icons by Sergei Kokota

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Appointment Type 6:	Dressing	Send SMS reminder
Appointment Type 7:	Obstetrics	Send SMS reminder
Appointment Type 8:	Emergency	Send SMS reminder
Appointment Type 9:	Blood Test	Send SMS reminder
Appointment Type 10:	Blood Test Fasting	Send SMS reminder
# Appointment Type 11:	Acupuncture	Send SMS reminder
Appointment Type 12:	Pap Smear	Send SMS reminder
Appointment Type 13:	Blood Pressure	Send SMS reminder
Appointment Type 14:	Custom Type 'X'	Send SMS reminder
Y Appointment Type 15:	Custom Type 'Y'	Send SMS reminder
7 Appointment Type 16:	Custom Type 'Z'	💌 Send SMS reminder
Appointment Type 17:	Long Appointment	Send SMS reminder
? Appointment Type 18:	Custom Type '2'	Send SMS reminder
? Appointment Type 19:	Custom Type '3'	Send SMS reminder
? Appointment Type 20:	Custom Type '4'	Send SMS reminder
? Appointment Type 21:	Custom Type '5'	Send SMS reminder
Appointment Type 22:	Custom Type '6'	Send SMS reminder





Health

Standards for general practices 5th Edition – Follow-up systems



Standards for general practices

5th edition



Standards for General Practices - Follow-up systems

GP2.2 A Pathology results, imaging reports, investigation reports, and clinical correspondence that our practice receives are: •reviewed

•electronically notated, or, if on paper, signed or initialled

acted on where required

•incorporated into the patient health record.

GP2.2 B Our practice recalls patients who have clinically significant results.

GP2.2 C Our patients are advised of the practice's process for follow-up of tests and results.

GP2.2 D Our practice initiates and manages patient reminders.

GP2.2 E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice.

Recalling patients

You must have a process for recalling patients. A recall occurs when a GP decides that a patient needs to be reviewed within a specified period. For example, you might recall a patient:

•when you receive a clinically significant test result

•after significant referrals (eg after a mental health assessment by a psychologist or psychiatrist)

•after diagnosis of a significant condition, such as type 2 diabetes.

If you receive results that are adverse or unexpected, ask the patient to make an appointment with a practitioner or other appropriate health professional to discuss the results and their implications. You can also provide any necessary counselling during the consultation.

Your recall process could be explained in a written policy, including:

•a definition of clinically significant results

•a statement that the patient's GP is responsible for reviewing results and deciding whether they are clinically significant

•how to recall a patient, clearly outlining the roles and responsibilities of different members of the practice team, including what information different team members can convey and how to convey it. For example, if reception staff members are responsible for contacting patients with clinically significant results to make an appointment, explain the best type of language to use in such a conversation (eg 'Your doctor wants you to make an appointment this week to discuss the results of your recent tests')

•guidelines about what information needs to be recorded (eg clinical discussions and outcomes) in patient health records •standard forms and letters for recalling patients

•guidelines that ensure tests and results are reviewed and acted upon in a timely manner.

Your practice can also document your recall system, including who is responsible for monitoring and follow-up of recalls. Your induction process must cover the recall system.

Some software allows you to flag recall appointments so you are prompted to contact patients who do not return as expected.

If your practice uses one system for billing and appointments and another system to record patients' healthcare details, set them up so they exchange follow-up information where required.

Record all attempts to contact and recall patients about clinically significant tests and results in the patient's medical record.





Improving health record quality in general practice



Improving health record quality in general practice

How to create and maintain health records that are fit for purpose



Practice tips for improving health record quality Improving or maintaining the quality of health records does take effort, and it requires a continuous, practice-wide approach. Although there are no 'quick fixes', focusing on everyday areas of practice such as the following will help improve the quality of health records.

Practice culture

- Educate the practice team about the importance of high-quality health records and how to produce and maintain them.
- Designate a practice champion for high quality health records who leads by example. Allow them dedicated time to fulfil this role.
- Promote an 'expect to share' mindset among staff.

Increasing skills and knowledge

- Educate, train and support all team members responsible for managing patient information.
- Provide access to education and training about how to use the clinical information system and get the most out of it for maintaining health records.
- Make sure everyone in the practice knows where to obtain support for the clinical information system and software.
- Provide tip sheets and trouble-shooting guides for common problems with the practice's clinical information system.

Supporting the practice team

- Make the quality of health records a regular focus of practice team meetings. For example: acknowledge or reward GPs who keep highquality health records – in multidisciplinary practices, organise a meeting to agree on standardised terminology across disciplines – make the quality of the patient's health record one of the standard areas to focus on when the practice team conducts case reviews.
- Allow time for the practice team to update their patients' records. For example, if required, provide brief gaps in daily appointment schedules for GPs to complete consultation notes.
- Consider what tools would help staff keep high-quality health records: checklists, standardised forms, proper equipment, software add-ons such as clinical audit tools or data analysis software.
- Conduct regular audits of the quality of health records, measuring them against the attributes described above.

Improving systems

- Implement a feedback process regarding health records to address problems raised by other healthcare professionals, other services or patients.
- Keep track of near misses and mistakes in the incorporation of information from other sources to identify ways to prevent these "happening again.

How to create and maintain health records that are fit for purpose

MedicalDirecto









Smart Research

Smart Research makes it easy for you to access the latest medical research and clinical knowledge from anywhere, anytime.



Smart Shield

Smart Shield protects your practice from cyber security attacks with a comprehensive, all-in-one solution.



Smart Visual Dashboards

Smart Visual Dashboards provide intuitive practice insights, reducing wait times and improving patient experiences. Our revenue reporting tool forecasts income, cuts admin overheads, transforming healthcare practices.

View product

Key features

- An innovative suite of tools and resources designed to empower Healthcare Managers, Administrators and Owners.
- Run patient analytics and manage patients proactively.
- Access up-to-date industry information and training for practice staff with Smart Research.

View product

View product

A smarter approach to practice software

Introducing Telstra Health Smart Manager – a reimagined suite of healthcare management tools for Practice Managers.

Smart Manager is the ultimate suite of tools meticulously designed to empower Practice Managers and Owners with the resources they need to not just manage, but excel in their roles. It's not just a suite; it's a commitment to delivering an exceptional experience.

Welcome to the future of healthcare management. Upgrade your practice software today.







Accessing Smart

1.Open Pracsoft 2.Head over to the 'Reports' tab 3.Click on 'Smart Visual Dashboards' 4. Follow the prompts and select the option most appropriate to your practice

Manage your practice better

View open appointments, non-attendance, patient wait times, and more to help you proactively manage your practice and maximise patient consultations.

Improve patient care

View GP consult metrics including appointments per day and most commonly claimed MBS items. Use the immunisation eligibility tool to identify patients booked in to see their doctor in the future who may also be eligible for a vaccination.

Increase practice revenue

Track consult volumes, bulk vs private billings and other trends over time to improve operations and increase practice revenue.

Have a guestion?

P.

If you have any questions or enquiries about our Smart Visual Dashboards, please reach out to ecosystem.solutions@medicaldirector.com.









How to register your patients

You can help and encourage your patients to register for MyMedicare and nominate you as their preferred practice by providing them with the information, resources and instructions on how to self-register. You can help patient's register by:

•Initiating their registration within MyMedicare which will trigger a registration in their Medicare Online Account (myGov) or the Express Plus Medicare mobile app.

•Providing them with a paper registration form – MyMedicare Patient Registration Form (health.gov.au)

Patients can also join MyMedicare independently through their Medicare Online Account (myGov) or the Express Plus Medicare mobile app.

How to mark patients as registered in MedicalDirector Clinical and Pracsoft version 4.3

The Clinical and Pracsoft version 4.3 upgrade is now available for download and includes a new MyMedicare Enrollment Status field. See the full release notes here and start your upgrade here.

Importing MyMedicare patient enrollment status from HPOS into Clinical version 4.3

You can update the MyMedicare enrollment status of all your Clinical and Pracsoft patients simultaneously using the MyMedicare Import Wizard. To get started, you need to access and download a list of MyMedicare registered patients from HPOS (PRODA).

There are three key steps, shown below, which are excerpts from the Services Australia eLearning module MyMedicare - Managing patient registrations.

Step 1

Accessing the Patient List







manage practice registration settings.



Patient List

MedicalDirector



My Medicare

MyMedicare Import Wizard in Clinical

The <u>MyMedicare Import Wizard</u> is designed to import the .CSV file provided to you by Services Australia.

You can see which patients were successfully updated in your patient database and which were not, providing you with an opportunity to locate and update these patient records manually in your Clinical/Pracsoft database.

You can then run the import wizard again to update the remaining patients.

IMPORTANT: The MyMedicare Import Wizard works with Clinical and Pracsoft 4.3 and later.

How Telstra Health's Smart Visual Dashboards help you get the most from MyMedicare

Telstra Health's Smart Visual Dashboards, which is available to all Pracsoft users, equips you with valuable reports and graphs for your practice.

We're excited to announce that a new MyMedicare metric has been built within the Appointments tab of your Smart Visual Dashboards to assist your practice in identifying eligible patients for MyMedicare

You can identify eligible patients quickly, prioritise those who can benefit most, and monitor registrations effortlessly.

SMS is a great way to invite patients to register for MyMedicare with your practice, as well as keeping them across appointment confirmations and medication reminders. If you're new to SMS patient communications, you read how SMS can <u>deliver safe and efficient patient care here</u>.

How to get started on Smart Visual Dashboards

To request access to your Smart Visual Dashboard, go to the 'Reports' drop down menu in your Pracsoft software, then click on 'Smart Visual Dashboards' and follow the prompts to submit your expression of interest.

How to find the new MyMedicare metric in Smart Visual Dashboards

1.Login to Smart Visual Dashboards within Pracsoft (click on Reporting and select Smart Visual Dashboards from the drop-down menu)

2. Login with your username & password provided at setup

3.Once logged in, select 'Appointments' from the left-hand pane to access the new metric and navigate to 'Patients eligible for MyMedicare'

This will show you the number of patients eligible to register for MyMedicare. By clicking on the

Step 3

IMPORTANT: Select "Export Complete Registration List" (not "Export Pending Registration List") as the MyMedicare Import Wizard is designed to import the full list only.

Export Patient List

From the Patient List, you can export both the Complete and Pending patient registrations to a Microsoft Excel spreadsheet.

The Excel spreadsheet will download to your computer which you can use to cross reference with the practice records for registered and withdrawn patients.

Located under the **Complete** and **Pending Registration** tabs, you can export as per the following:

Located under the Complete Registrations tab, select the Export Complete Registrations List button.

Complete Registrations (8)	Pending Registrations
Export Complete Registrations	List

Located under the Pending Registrations tab, select the Export Pending Registrations List button.

Complete Registrations (21)	Panding Registrations (3)	
Accept Selected Registrations	Decline Selected Registrations	Export Pending Registrations L

When the **Export** button has been selected, it will prompt you to download the list to your computer.

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Note: The patient list limit is 2,000 and you may need to add multiple entries into the search criteria fields on the patient list search to refine the number of records returned.

number of patients, you will be able to further narrow down the patients:

- •By practitioner
- •Upcoming appointments
- Appointment type
- •Whether they have had a Chronic Disease diagnosis, which makes them eligible for longer telehealth consultations.

You can also mark a patient as 'Contacted' from within the metric in your Visual Dashboards.





MyMedicare General Practice in Aged Care Incentive (GPACI)

The General Practice in Aged Care Incentive (GPACI) is available from 1 July 2024.

Practices need to be registered in the Organisation Register, and providers need to be linked to their MyMedicare-registered practice.

Your practice needs to be eligible and registered in the Organisation Register.

To register for the General Practice in Aged Care Incentive you need to follow these steps:

1.Log in to PRODA to access your organisation's HPOS account. 2.Register for MyMedicare.

- 3.Add practice bank account details.
- 4.Add GPACI registration.
- 5.Add the Incentive indicator and link the Responsible Provider to your patient's MyMedicare profile.

If you're a provider, you'll need to add bank account details to the MyMedicare program in your individual HPOS account.

Add MyMedicare bank details and MyMedicare GPACI registration

In the Organisation Register Site Record:

1.Under the MyMedicare Program Registration tab, go to **Details**, then **Add Banking Details**.

2.Add **new** or **choose existing** bank account details, noting you may need to wait 24 hours before you can register for GPACI.

3.Under the Program Registration tab, go to **New Program**, then **MyMedicare GPACI**.

4.Add Program.

5.Review details on the view only screen.6.Check declaration and select Save.

Add the Incentive Indicator and link the Responsible Provider

In HPOS on behalf of the Organisation site:

Under the My programs tab, go to MyMedicare, then Patient List.

Identify your patient and select Details from Patient Registration Details.

From the New Incentive dropdown, select MyMedicare GPACI, then Add.

To set the incentive period:

Under the Incentive period section, select Set period. Enter incentive period dates. You don't have to choose an end date.

Select Confirm.

You cannot link a Responsible Provider until you set the incentive start date.

To link a Responsible Provider:

Under the Responsible Providers section, select Add.

Select Responsible Provider.

Enter Responsible Provider period. You don't have to choose an

end date.

Select Confirm.

Review details, check declaration, and select Save.

Servicing requirements

Eligible providers and practices are required to meet the servicing requirements to be eligible for incentive payments, including delivering:

•Two eligible care planning services over a 12-month period; and

•Two eligible regular visits per quarter, each in a separate calendar month, delivering at least eight regular services in a 12-month period.

Eligible services include a range of MBS and DVA items as outlined in the Program Guidelines.

Quarterly visits

Services must be delivered under the responsibility and direction of the responsible provider.

Providers and practices will be required to meet:

•all servicing requirements outlined in the Program Guidelines •individual servicing requirements for each assessment quarter to be eligible for payment.

At least one of the regular visits must be provided by the responsible provider.

A second visit can be delivered by the responsible provider or another member of the patient's care team. This includes: •an alternate provider within the same practice

an alternate provider within the same pra

•GP registrar

•nurse practitioner

•Aboriginal and Torres Strait Islander health practitioner or health worker.

Incentive payments

Each quarter, providers and practices registered with MyMedicare, meeting the General Practice in Aged Care Incentive eligibility and servicing requirements, will receive an incentive payment.

Eligible providers will receive payments for reviewing their patients in a Residential Aged Care Home, rather than at their practice.

Eligible practices will receive funding to manage the care for registered patients living in a Residential Aged Care Home. Payments are:

•\$300 per patient, per year, paid to the responsible provider, and

•\$130 per patient, per year, paid to the practice.

The payments will be quarterly, in addition to existing Medicare Benefits Scheme (MBS) and Department of Veterans' Affairs (DVA) rebates for services delivered. Rural loadings will apply to provider and practice incentive payments for <u>Modified Monash Model (MMM</u>) regions MMM 3 to MMM 7.

Care planning

The responsible provider must deliver at least two eligible care planning services within a 12-month period. Eligible care planning includes a range of Medicare Benefits Schedule (MBS) and Department of Veterans' Affairs (DVA) items in the following categories:

- comprehensive medical assessment
- contribution to, or review of,
- multidisciplinary care plan
- multidisciplinary care conference (GP arranged or participated)

• Residential Medication Management Review.

Telehealth

Practices located in Modified Monash Model (MMM) areas MMM 4 - 7 will be able to provide 4 four regular visits per 12- month period by eligible telehealth MBS items where they are unable to attend a face-to-face service.

Other Useful Links:

- About MyMedicare
- •Information for MyMedicare patients
- Information for MyMedicare
- practices and providers
- •MyMedicare Webinars
- MyMedicare Resources
- MedicalDirector <u>Resources</u>

Contact mymedicare@health.gov.au



Setting up for Paperless Electronic Prescribing

HPH No.

In order to use Paperless Electronic Prescribing and generate Paperless Prescribing tokens (scanned by your chemist / pharmacist to retrieve the full prescription details), please consider the following:

- Your site must be registered 1. for MDExchange.
- Your site has acquired and imported the 2. necessary Government-issued certificates in order to retrieve IHI numbers for patients.
- Any patient wishing to participate has 3. an IHI number recorded.
- Any practitioner wishing to participate 4. has specified the following in their use record:
 - Recorded their HPI-I number
 - Recorded their AHPRA number
 - Enabled ePrescribing (ensure the check box is un-ticked)
 - Enabled Paperless ePrescribing

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Health





FAQ'S - ePrescribing

What is ePrescribing?

ePrescribing in Clinical is currently facilitated by eRx Script Exchange, an Australia-wide Internet-based gateway allowing prescriptions to be sent electronically and securely between practitioners and pharmacies. It has been developed to improve patient safety by ensuring that the information on a patient's prescription arrives exactly as intended.

Why are e-scripts important?

Electronic prescriptions reduce the chance of keying errors during dispensing, which enhances patient safety and strengthens confidence that they are receiving the right medication at the right time. Patients will have a better health care experience overall, as a result of improving coordination and management of care between practitioners and pharmacies.

How does it work?

You prescribe in Clinical as you normally would, printing a paper prescription, which now includes an eRx barcode and a QR code. At the same time, the prescription information is sent securely to eRx Script Exchange via MDExchange (to use ePrescribing your practice must be registered with MDExchange). Your patient can then visit a pharmacy of their choice to have their medication dispensed. The pharmacist will scan your patient's prescription barcode and this will retrieve their script information. Your patient's prescription can only be accessed when they present the paper script.

Is your patient's information secure?

All of your patient's personal and medication information is fully encrypted, making it completely private and secure. Only the patient's practitioner and pharmacist can see the patient's information, as they can now. eRx is not able to decrypt or see a patient's information.

Can your patient get repeats at any pharmacy?

Yes, your patient can visit a pharmacy of their choice for repeats. They simply present the paper prescription with the eRx barcode to the pharmacy, and their electronic prescription is retrieved from eRx, and dispensed. If the patient's chosen pharmacy does not yet participate in the eRx Script Exchange, it will still be able to dispense the patient's medication.

Will your patient be charged for this service?

No, eRx is a free service for patients.

What information is sent?

The electronic prescription contains the same information as current paper prescriptions.

Who sees the information?

Only the patient's practitioner and pharmacy can see the patient's information. Nobody else, including MedicalDirector, eRx, Government or any third party, can see the patient's information.

Will your patient's data be provided to anybody else?

No.

Can your patient choose not to have their prescriptions sent to eRx?

Yes. If they prefer not to have their prescription information sent to eRx Script Exchange, you can indicate this in Clinical.





FAQ'S - Q1. I would like a better understanding of permissions and access levels. I create user logins for all members of the practice team, from Reception, Admin, Nurse & GPs – MedicalDirector PracSoft

Answer:

All users of Pracsoft fall into one of two basic categories; 'User' accounts and 'Practitioner' accounts.

o A **User** account refers to any user of Pracsoft *who does not intend to bill patients for services*. This is usually the Practice's administrative employees

o A **Practitioner** account refers to any user of Pracsoft *who intends to bill patients for services*, or who is otherwise a non-billing clinician. Active practitioners are further sub-divided into 'entities' and 'clinicians';

O An **entity** is generally a non-human, administrative account with which you bill patients for services. For example, your Practice may wish to bill patients for vitamins bought over the counter, *at your Practice*. Such sundries are 'administered' by the *Practice* as opposed to a specific practitioner. If you intend to bill patients in this manner, you need to create a user account for the Practice itself. An entity account does not need to have a Provider Number recorded against its record because it cannot conduct online claiming. However, it *does* need to have a location <u>recorded</u> for it.

o A **clinician** *must* record a Provider Number for any billing, and it is possible for one clinician to have multiple Provider Numbers – one for each location at which they practise. They must <u>record</u> each Location into Pracsoft.

Users are managed via Admin > User List. From this window you can:

- o Add new Users, Practitioners and Specialists to MedicalDirector Pracsoft.
- o <u>Edit</u> basic User and Practitioner settings and <u>Security Levels</u>.
- o Show Users and Practitioner records that have previously been made inactive.

To edit detailed Practitioner information, see Managing Registered Practitioners.





Answer :

Clinical is a multi-user system. When operating in a networked environment it allows multiple users to share data, using the system concurrently.

Whether Clinical is installed on a single PC or across a network of many workstations, each user must be defined in MedicalDirector Clinical's user database. This database provides basic front-end security and access rights, and before you can begin using Clinical you must <u>Log On</u> to identify yourself to the system.

The User Database is where practitioners and users can be <u>added</u>, <u>edited</u> and <u>deleted</u>, and <u>access levels and restrictions</u> can be defined as appropriate. For example, practitioners can be set up with or without full access to all functions of the program, and restricted access can be placed on other users (such as reception or nursing staff) who will generally require access to differing but limited areas. Practice Managers can be setup to have access to the User database.

To access the User Database select **Users > Setup Users** from the Clinical main screen.

Click a button on the image below to jump to a topic about its functionality.



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Thank you

A recording & slides of this session and feedback form will be delivered to your inbox shortly.



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