

*"It is natural with a manual system people will do things slightly differently, but with everybody working within the same electronic structure it follows that it makes everybody's life easier."* Practice Manager.

#### Practice Profile

- Based in a rural town with a population of 4,500
- Three full-time GPs and three part-time GPs, practice manager, two nursing staff, four receptionists and one part-time account manager
- 15 computers, with one on each doctors' desk
- Sees between 350-450 patients a week
- Has access to e-mail and the Internet

With the process of scanning each patient's notes into the electronic information management system underway, this practice is finding an unexpected benefit from storing their records electronically.

With a large elderly population to service, the practice often has elderly patients express concern when their regular doctor is away, and they are given an appointment with another doctor. "They [elderly patients] sometimes get a bit funny about seeing another doctor, but with electronic records we are able to reassure them that nothing will be missed by the temporary doctor, and it seems to give them peace of mind," says the practice manager.

On top of this benefit the practice manager says electronic records have definitely improved patient care with the accurate filing of consultation notes, pathology reports and medication requirements, nothing is lost or misplaced, as could sometimes happen with a paper-based system.

#### Computer System Used For

- Scripts
- Referrals
- Receiving pathology and radiology results
- Completing Health Assessments and Care Plans
- Medication Records
- Patient Recalls and Reminders
- Clinical Audits
- Practice Management

The practice manager continues: "Pathology and x-ray forms are easier to fill out, legibility is improved, and records of tests ordered are kept with the patient record which makes it easier to follow-up results with patients."

The practice manager acknowledges that putting paper records into electronic form takes time, but the practice has decided to enter each record as the patient comes in, and has planned the process to ensure the electronic records conform to AMA standards.

As an extra precaution the practice is retaining the paper records for a period after they have been entered, in case there are any teething problems with the information management system.

Because of frequent power cuts, the practice has one computer running on an uninterruptible power supply in the nurses' station, which allows the doctors to access a patient's file if the power is down.

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The practice moved to integrating IM/IT into its clinical management in 1995 when it relocated into a new surgery. Prior to 1995, computers were used only for the administration side of the practice. Leasing the computers costs the practice \$845 a month. Funding for the system came initially from a loan, although the cost of paying for the system is now met through cost savings and grants such as the IT component of the Practice Incentives Program.

An example of where the Information Management system saves the practice money is in monitoring Medicare cheques that have expired. "In the past when we presented an expired cheque the bank would charge us \$9, now we can monitor which patients have not presented us with a cheque because the computer system automatically tells us when the 90-day limit is coming," says the practice manager.

Training the staff to use the system is an ongoing exercise as new software and technology is introduced to the practice, says the practice manager. For example, with the move to storing patient information electronically, staff have been having training in how to use a scanner to copy paper notes into an electronic form. Staff training is carried out, in the practice, by either staff from the local Division of General Practice or by trainers supplied by the software suppliers.

On the clinical side of the practice, doctors have access to computers on their desks, and as patient records are being put into electronic form the practice manager says the doctors find having a patient's notes at their fingertips a great help, and use the available clinical support software and prescribing software when consulting.

The practice manager says the clinical database is used to generate patient recalls for things such as Pap Smears and immunisations, and has proved particularly useful for managing patients as part of the Enhanced Primary Care program, and ensuring patients complete all the necessary requirements. "We just had a meeting to talk about getting the doctor's rosters put out more in advance, that way we can let those patients who have been recalled for an EPC item, or a follow-up consultation, know at what times their doctor is available for an appointment.

"It's [the database] a great system to have, I don't know how you would get around managing recalls without it," the practice manager says. The clinical database will shortly be used for research purposes after the practice agreed to take part in a bone density survey, as well as a prescribing audit.

The practice manager gives the following advice to Practices considering investing in an information management system. "Think very carefully about what you want out of the system and software. [For instance] if you want to use it just for financial reports then look closely at just what kind of reports you want to produce, the main thing is to plan exactly what you want it for. "Then you can ensure that you get the best out of the system, and everybody is working to the same standards."