

Sullivan Nicolaides now 'seamlessly' uploading pathology reports to MyHR

Written by Kate McDonald on 11 July 2019.



GPs and medical specialists in Queensland and northern NSW ordering diagnostic tests from Sullivan Nicolaides Pathology (SNP) will now see the resulting reports uploaded to their patients' My Health Record on a routine basis, as the Sonic Healthcare subsidiary becomes the first to offer the capability to the private sector on a large scale.

Requesting doctors must send their orders electronically from compliant practice management systems such as Best Practice and MedicalDirector to ensure the patient's Individual Healthcare Identifier (IHI) accompanies the request, which SNP says 80 per cent of GPs in the region already do.

While public hospitals and pathology providers have been uploading pathology reports for some years, the vast bulk of testing is carried out in the private sector. Recently, SA Pathology announced it was uploading reports for tests ordered from it by private doctors, but SNP's offering is on a much larger scale, covering several million patients.

SNP has been running a trial in Northern Queensland, one of the My Health Record opt-out trial sites, for well over a year and is now seeing the workflow from pathology request to report upload working seamlessly, SNP CEO Michael Harrison (pictured above) said.

"We've had no negative feedback and there have been several hundred thousand pathology reports that have been uploaded to the My Health Record," Dr Harrison said. "All of the elements that we wanted in the system appear to be functioning properly.

"This week where we are going out and telling doctors that their patients can have their results uploaded and I don't think we'll get many people saying no."

Brisbane GP Steve Hambleton (pictured main page), a former AMA president and deputy chairman of the My Health Record expansion program steering committee, said the workflow for a GP was exactly the same as doing an eOrder.

“I know that my system does the electronic requesting and after that I don't have to worry about it,” Dr Hambleton said. “It's exactly the same workflow. You open up the icon, open up your pathology requesting and if you select Sullivan Nicolaides, with the version [of Best Practice] I'm using it will be an electronic request. It looks the same, feels the same, everything is the same from the point of view of the requester.”

Dr Harrison said the key to ensuring the system worked seamlessly was the IHI and a consensus that only an electronic order would result in an upload. This is to ensure patient safety and reduce any risk of human error in re-entering information.

“The orders have to contain the IHI so we can identify who the order is about,” he said. “We have all of the accurate information that we need, particularly who was the requesting doctor, accurate information about the patient and their demographics, but also that we've got the correct tests.

“If you've got proper eOrder, and that is one where someone hasn't gone in and free formed a test or written on the printed copy after it's been printed, you virtually can't get anything wrong. That process is totally reliable and then, when it comes to the My Health Record uploads, you can't get that wrong either.”

eOrders also ensure that a request not to upload a specific report, or that the patient has opted out of the My Health Record, is carried in the message. SNP has worked on its systems to enable it to opt out whole clinics or individual doctors if they are not using the My Health Record, he said.

Dr Harrison said that so far, only about one per cent of orders from the Northern Queensland trial sites have asked that a report not be uploaded.

While there will be some efficiencies for SNP through more electronic ordering, Dr Harrison said the main reason for offering the capability is a reduction in potential errors and the resulting benefits for patient safety.

“The main issue is error,” he said. “It does make us more efficient because we have taken our patient interface out to the collection centres and our collectors do the data entry. If they've got an eOrder it makes it easier. They still have to check that what's in there is correct, like the patient demographics, but really it does simplify things.

“If it was going to be done any other way than electronically, it would be subject to human error and we didn't want that to happen. That's the condition that we do this. It is a big patient safety issue; that's the way we look at it.”

Dr Harrison said he would now hope to see more medical specialists, who tend to order more complex tests but are less likely than GPs to use electronic ordering, to do so.

Dr Hambleton said he hoped that the expanded capability for private sector pathology tests will help build the critical mass of clinical data that he has long argued the system needs to be successful.

“There are active uploads and there are passive uploads to the My Health Record,” he said. “The active uploads are things like the shared health summary, advance care directive, event summary and dis
summary. They're going to add clinical value.”



“The passive uploads like pathology and radiology results and like PBS and MBS prescriptions are going to enrich everybody. You are going to be able to look at a record and say ok, I can see the prescriptions that were dispensed in the last six months and I've got a fair idea of what's going on.”

Dr Harrison said the other Sonic Healthcare subsidiaries in the other states were all in various states of preparedness for offering similar services. The next steps are to inform requesting doctors that the capability is now available so they can discuss it with their patients.

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