

# HEALTHTRACKER™ INTEGRATION USER GUIDE

V21.2 & later

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# HealthTracker

Communicare can be integrated with The George Institute HealthTracker™, a decision support system developed by the researchers at The George Institute for Global Health to assist primary care health staff in best practice management and prevention of cardiovascular disease, diabetes and chronic kidney disease.

Clinicians can use the Communicare HealthTracker to generate an interactive health risk assessment which shows recommendations based on guidelines. They can demonstrate to patients how reducing a risk factor such as smoking can affect that patient's risk and provide tailored advice to patients to assist with the management and prevention of cardiovascular disease, diabetes and chronic kidney disease.

The interactive report uses the qualifiers and measurements recorded in the **George Institute HealthTracker** clinical item.

There is no cost to Communicare sites for the implementation, training and use of the HealthTracker™ tool.

## Healthtracker details

Cardiovascular Risk is calculated using the Framingham Risk Equation and Diabetes Risk is calculated using the AUSDRISK™ tool.

Recommendations from current Australian guidelines are incorporated into a single algorithm to provide tailored management support. The following guidelines have been used in the development of the HealthTracker™ algorithm:

- National Vascular Disease Prevention Alliance Guidelines for the management of absolute cardiovascular risk (2012)
- National Heart Foundation Guide to the management of hypertension in Adults (2016)
- National Heart Foundation Reducing risk in heart disease: an expert guide to clinical practice for secondary prevention of coronary heart disease (2012)
- National Heart Foundation/Cardiac Society of Australia and New Zealand Guidelines for Atrial Fibrillation (2018)
- Royal Australian College of General Practitioners Management of type 2 diabetes: A handbook for general practice (2020)
- Royal Australian College of General Practitioners Guidelines for preventive activities in general practice 9th edition (2018)

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- Kidney Health Australia Chronic Kidney Disease Management in Primary Care 4th edition (2020)
  - Australian Stroke Foundation Clinical Guidelines for Stroke Management (2020)
  - 2018 NACCHO/ RACGP National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people

HealthTracker™ has been extensively evaluated in a large cluster randomised controlled trial involving 40 General Practices and 20 Aboriginal Community Controlled Health Services in NSW and Queensland. It was associated with improvements in guideline-recommended screening for CVD risk and improved prescribing, particularly for people at high CVD risk who were not receiving guideline-recommended medications, see <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.114.001235>. The intervention was also found to be highly cost effective, see <https://www.mja.com.au/journal/2020/213/2/computer-guided-quality-improvement-tool-primary-health-care-cost-effectiveness>.

### **HealthTracker data privacy and security**

The George Institute has strict privacy requirements for handling data and fully complies with the Australian Privacy Principles and laws. Deidentified data is securely sent to The George Institute's servers, which are located within an ISO 27001 certified data centre in Sydney. The servers process the data through the HealthTracker™ rules engine to generate the results. No data is retained by The George Institute at the completion of this process.

### **HealthTracker training**

Training in how to use the George Institute HealthTracker™ will be conducted by The George Institute remotely, ideally in small group sessions. Training must be completed before the **George Institute HealthTracker** clinical item is enabled for your site.

Information describing the HealthTracker™ included by Communicare is an overview only. More in-depth information about the functionality and use of the HealthTracker™ will be covered in the training provided by The George Institute.

For an overview of the George Institute HealthTracker™ in Communicare, see <https://youtu.be/FSumkO2lF4c>.

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# Enable HealthTracker


After your site has completed training in how to use the George Institute HealthTracker™ tool, configure HealthTracker integration in Communicare.

## About this task

Configuration must be completed by a Communicare Administrator.

## Procedure

To enable the HealthTracker dataset in Communicare:

1. Enable the George Institute HealthTracker dataset:
  - a. Select **File > System Parameters > System** tab.
  - b. In the **Datasets** section, set **The George Institute**.
  - c. Click  **Save** and enter the daily authority code provided to you by Communicare Support.
2. Enable the George Institute HealthTracker Dataset in Communicare:
  - a. Ensure that no-one is using the Communicare server or clients.
  - b. From the Communicare installation folder, run `CCCentralDataUpdate.exe`.



### Tip:

The central database can be found at `C:\Data\CENTRAL.fdb`.

3. The HealthTracker report references a number of family history clinical items. Add the following clinical items to **File > Reference Tables > Clinical Item Types** if they do not already exist, using the following values:

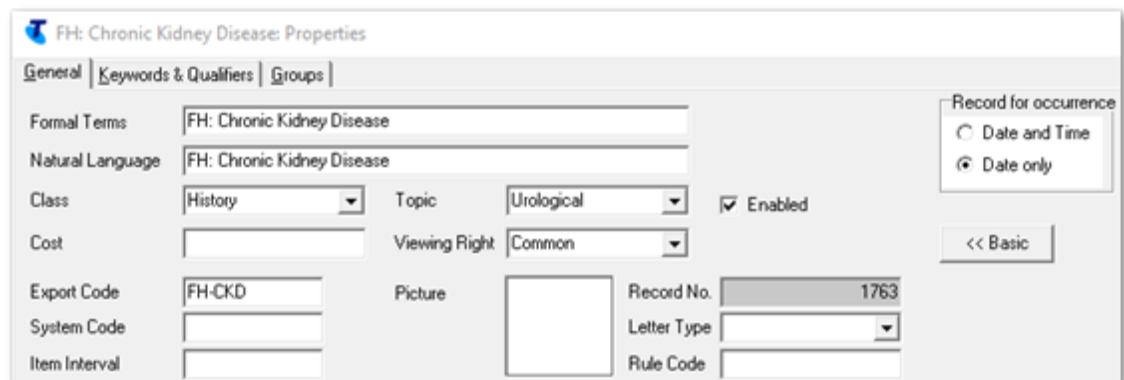


Table 1. Family history clinical items referenced by HealthTracker

Formal Terms	Topic	Export Code
<b>FH: Chronic Kidney Disease</b>	Urological	FH-CKD
<b>FH: Diabetes Mellitus</b>	Endocrine, Metabolic and Nutritional	FH-DIAB
<b>FH: Cardiovascular Disease &lt;60</b>	Cardiovascular	FH-CVD
<b>FH: Myocardial Infarction 45-60</b>	Cardiovascular	FH-MI45+
<b>FH: Myocardial Infarction &lt;45</b>	Cardiovascular	FH-MI45-
<b>FH: Myocardial Infarction &gt;60</b>	Cardiovascular	FH-MI60+

For all clinical items, ensure the following fields are also set:

- **Natural Language** - use the value used in **Formal Terms**
- **Class** - set to `History`
- **Viewing Right** - set to `Common`
- Set **Summary, Date only, Enabled**

## Results

The HealthTracker dataset is enabled.

Communicare Support configure the integration settings. To view the settings, select **File > System Parameters > HealthTracker** tab. Do not change these settings unless instructed to by Communicare Support or our technical teams.

## What to do next



### Note:

Add the Risk Dial Web Service URL as a Trusted Site to each user's internet browser settings.

George Institute has assigned rulesets to Communicare on the HealthTracker Service Platform which is available for integration and consumption. It has input and output requirements, all accessible using the same Service API. The health assessment result is available to Communicare for users to interpret and can also be saved as part of a patient clinical record.



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## Use HealthTracker

When HealthTracker™ configuration is complete, clinicians can add the **George Institute HealthTracker** clinical item to a patient clinical record and generate a HealthTracker™ report.

### About this task



#### Note:

By using George Institute HealthTracker clinical item, the user is bound by the George Institute terms and conditions of use. To read the full terms and conditions, in the **George Institute HealthTracker** clinical item, double-click the red disclaimer text at the top of the window.

In Communicare, the **George Institute HealthTracker** clinical item can be used in the same way as any other clinical item.

### Procedure

To add the **George Institute HealthTracker** clinical item:

1. In Communicare, in a patient's clinical record, click **☰Clinical Item**.
2. In the **Clinical Terms Browser**, in the **Search-words** field, enter **George** and select **George Institute HealthTracker**.
3. In the George Institute HealthTracker clinical item, double-click the red disclaimer text at the top of the window and read the terms and conditions of use.
4. Complete the information on the **HealthTracker** tab or section.



#### Tip:

Information on the other tabs is provided by The George Institute after a patient's information is sent to them.

Add Clinical Item - HEALTHTRACKER, JIM 47yrs Current Patient Male

### George Institute HealthTracker

Powered by George Health. By using HealthTracker, you acknowledge, confirm and agree that you have read these Terms of Use and that you agree to be bound by and comply with them on each occasion that you use HealthTracker. Double-click to read the Terms of Use.

Christine Elison, Millennium Health Service (Aboriginal Health Service) 13/01/2021 01:35 pm

Cogment  Display on Main Summary

Performed date: 13/01/2021  
Actual duration (minutes):

HealthTracker | HealthTracker: Risk | HealthTracker: Diabetes | HealthTracker: Lifestyle | HealthTracker: Tests | HealthTracker: Medications

#### HealthTracker

Weight	<input type="text"/> kg	(18/01/2016 114.3 kg)	
Height	<input type="text"/> cm	(18/01/2016 170 cm)	
Waist circumference	<input type="text"/> cm	(18/01/2016 125.8 cm)	
Click in the BMI box to automatically calculate from last recorded weight and height.			
BMI	<input type="text"/> kg/m <sup>2</sup>	(18/01/2016 39.6 kg/m <sup>2</sup> )	
BP - Systolic blood pressure	<input type="text"/> mm Hg	(01/01/2017 145.1 mm Hg)	
BP - Diastolic blood pressure	<input type="text"/> mm Hg	(01/01/2017 75.9 mm Hg)	
Total cholesterol level	<input type="text"/> mmol/L	(No previous values)	
HDL level	<input type="text"/> mmol/L	(04/02/2017 0.7 mmol/L)	
LDL level	<input type="text"/> mmol/L	(No previous values)	
Triglyceride level	<input type="text"/> mmol/L	(04/02/2017 3.1 mmol/L)	
Creatinine is used to record both Serum and Plasma Creatinine without differentiation.			
Creatinine	<input type="text"/> umol/L	(01/01/2017 30 umol/L)	
ACR (Alb/Creat Ratio)	<input type="text"/> mg/mmol	(16/11/2015 0 mg/mmol)	
This qualifier captures HbA1c values recorded in mmol/mol. If the value you have recorded is in % then either record this in the qualifier 'HbA1c (%)' or convert using this formula: SI HbA1c unit (mmol/mol) = 10.93 x NGSP unit (%) - 23.50			
HbA1c	<input type="text"/> mmol/mol	(No previous values)	
HbA1c (%)	<input type="text"/> %	(01/01/2017 4 %)	
Blood glucose level - fasting	<input type="text"/> mmol/L	(04/02/2017 5.5 mmol/L)	
Blood glucose level - random	<input type="text"/> mmol/L	(04/02/2017 7.8 mmol/L)	
Smoking status	<input type="text"/>	(09/10/2020 Non-smoker (never smoked))	

Viewing sight: Common Print & Save Save Cancel Help

To provide the most accurate report the following qualifiers and data elements are required:

- Items required for the CVD risk calculation:
  - Age
  - Sex
  - Total cholesterol
  - HDL
  - Blood pressure
  - Smoking status
- For other HealthTracker™ recommendations, also include:
  - Aboriginal or Torres Strait Islander status/ethnicity
  - Weight, height

- 
- Diabetes-related risk factors, such as, Albuminuria (ACR), Fasting blood glucose, HbA1c
  - CKD-related risk factors, such as, Creatinine
  - CVD-related risk factors, such as, LDL, Triglycerides
  - Other relevant history:
    - Past medical history
    - Medications
    - Family history recorded in the following Family History clinical items:
      - **FH: Chronic Kidney Disease**
      - **FH: Diabetes Mellitus**
      - **FH: Cardiovascular Disease <60**
      - **FH: Myocardial Infarction 45-60**
      - **FH: Myocardial Infarction <45**
      - **FH: Myocardial Infarction >60**

When adding information:

- The latest recorded qualifier measurements are displayed in red text next to the data entry field. Enter new measurements in the input fields during a service.
  - If a new qualifier measurement is not added, Communicare sends the latest existing qualifier measurement to the HealthTracker system for inclusion in the report.
5. When you have provided sufficient information, at the bottom of the clinical item, click **Send to George Institute**.

## Results

The data you provided is sent in an encrypted form for analysis by the HealthTracker™ algorithm.

Based on the patient's qualifier measurements, history, biographics, medications and conditions, the HealthTracker™ produces an interactive report and displays it in the default browser. The report may take several seconds to generate, and the **Communicating with George Institute** window is displayed until the results are returned.



### Note:

To interact with the HealthTracker tool, the patient sex must be set to either male or female. If sex is set to anything else in the patient biographics, a warning is displayed when you attempt to generate the report from the clinical item.

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Error and warning messages may be encountered when submitting the clinical item to George Institute HealthTracker service. Below are the types of messages a user can receive as part of the submission:

- Error 101 - shown when the service encounters an error while accessing the database
- Error 102 - shown when the service encounters an error while accessing the George Institute HealthTracker Service
- Error 103 - shown when the service encounters an error related to data validity and when the service response status code is non-200
- Error 104 - shown when the required settings for George Institute HealthTracker Service are not set
- Warning - shown when the value of an input qualifier falls outside the valid range

### What to do next

Review the report. The report can be used interactively: demonstrate to patients how reducing a risk factor such as smoking can affect the patient's risk and provide tailored advice to assist with the management and prevention of cardiovascular disease, diabetes and chronic kidney disease.

If required, based on your review, edit the output qualifier fields and add notes or additional information before saving the clinical item. The returned results become part of the clinical item record for the patient. Details are also saved as a progress note.



#### Note:

The progress note is the only record of what was displayed in the HealthTracker™ reports. No data is kept by The George Institute after the report is closed.

## Review HealthTracker report

The George Institute HealthTracker™ displays results for a patient in the default browser.

Use the interactive graphical display to explain to patients their cardiovascular, diabetes and kidney disease risks. This allows the patient and health professional to assess current and projected risk and to perform "what if" scenarios. For example, the effects on future risk if the patient can stop smoking, and so on.

On all tabs, the recommendation status is displayed using traffic light colours:

- Green - the measurement or findings are in the normal acceptable range
- Orange - the measurement or findings are above the normal acceptable range. This serves as a warning and should prompt recommendations.
- Red - the measurement or findings are on high and should be acted on
- Blue - the measurement or findings are unknown or an assessment or recommendation can't be provided

## Summary

**HEALTHTRACKER, JIM - Male, 47 years**

Summary Risk Diabetes Lifestyle Tests Medicines

**ESTIMATED 5 YEAR CVD RISK**

Estimated CVD Risk: 15% (Low: 0-10%, High: 15%+)

5 year risk of heart attack or stroke

**VASCULAR RELATED MEDICAL CONDITIONS**

Past Medical History	Date
Impaired fasting glucose	04 Feb 2017
Peripheral arterial disease	04 Feb 2017

**Family History**

Premature cardiovascular disease	X
Premature coronary heart disease	X
Chronic kidney disease	X
Diabetes mellitus	✓

**SMOKING** (Green) [✓]      **WEIGHT** (Orange) [⚠]

Smoking Status	Weight	Height	Waist	BMI
Non Smoker	114.3 kg	170 cm	125.6 cm	40 kg/m <sup>2</sup>

**CURRENT CV MEDICATION** (Red) [i]

BP	No
Statin	No
Antiplatelet	No
Fibrate	No
Oral anticoagulant	No
Other Lipid Meds	No

**BLOOD PRESSURE** (Orange) [⚠]

Average BP	Date
145.1/75.9 mmHg	01 Jan 2017

Stage 1 CKD criteria are currently met (eGFR<90 + proteinuria/microalbuminuria). 3-6 monthly clinical review recommended

**CHOLESTEROL** (Red) [i]

Total Cholesterol	Not Recorded
HDL	0.7 mmol/L
LDL	Not Recorded
TG	3.1 mmol/L

**KIDNEY** (Green) [Recommended action] [✓]      **HBA1C** (Orange) [⚠]

ACR	0 mg/mmol	16 Nov 2015	4 %
eGFR	151.12 mL/min/1.73m <sup>2</sup>		

Go to Recommendations

Powered by George Health

The **Summary** tab displays the following information for the patient:

- An estimated 5-year CVD risk percentage and recommendation.
- Current CV medications.

- CV-related medical conditions both past and family history related conditions.
- Current smoking status and recommendation.
- Current weight related data and recommendation.
- Current blood pressure related data and recommendation.
- Current cholesterol related data and recommendation.
- Current kidney related data and recommendation.
- Current diabetes related data and recommendation.

## Risk



The **Risk** tab presents the estimated cardiovascular disease risk for the patient.

Adjust the risk factors such as Age, SBP, Cholesterol (LDL), HbA1c, Smoking status and Diabetes and observe the impact on a patient's risk percentage and any associated recommendations. The risk dial sliders for SBP, Cholesterol (LDL) and HbA1c qualifiers can only be lowered.

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Conditions are also implied to control the behaviour and value of each qualifier. The availability of the sliders for each qualifier depends on other qualifier values:

- Age
  - The range should be from 30 to 90 years
  - If patient has CVD or a clinically high-risk condition, slider should be disabled.
- Systolic BP
  - Only enable when SBP is above 110mmHg
  - Show current value as upper limit
- Cholesterol (LDL)
  - Only enable when LDL is above 1.5mmol/L
  - Show current value as upper limit
- Smoker
  - This is a simple on and off slider
  - Only enable when the patient is a current smoker
- Diabetes
  - This is a simple on and off slider
  - Only enable when the patient has diabetes
- HbA1c
  - Only enable when the patient has diabetes and HbA1c is above 6%
  - Show current value as the upper limit

## Diabetes

The screenshot displays the 'Diabetes' tab in the HealthTracker interface for a patient named Jim, a 47-year-old male. The interface is divided into several sections:

- DIABETES RISK:** A risk assessment section showing a bar chart with a red dot indicating a 'High' risk level. Text states: 'Your risk of developing diabetes in the next 5 years is: High'. Below the chart, it says 'For every 100 people like you, 33 will develop diabetes over the next 5 years.' A summary box notes: 'Diabetes risk is high. Around 33 in 100 people with this risk score could develop diabetes in the next 5 years.'
- DIABETES SCREENING:** A section with an orange header and a warning icon. It states: 'Patient is at high risk of diabetes. High risk conditions include: • AUSDRISK score 12 or greater • Past history of CVD • Past history of Gestational Diabetes • Impaired Glucose Tolerance • BMI ≥ 30 • Current use of antipsychotic medication'. It also recommends: 'Recommend annual screening with either a fasting plasma glucose or HbA1C.'
- SCREENING RESULTS:** A table with an orange header showing the following data:

Test	Result	Date
Fasting Blood Glucose	5.5 mmol/L	04 Feb 2017
Random Blood Glucose	7.8 mmol/L	04 Feb 2017
HbA1c	4 %	01 Jan 2017
- AUSDRISK:** A section with a green header showing a table of risk factors and their corresponding points:

Factor	POINTS
Age 45 - 55 years	4
Male	3
Not Aboriginal	0
Birthplace: San Marino	2
Family history of diabetes	3
History of high blood glucose (e.g. during a health examination, illness, pregnancy)	6
Is not currently taking medication for high blood pressure	0
Eats fruit and vegetables every day	0
Non-smoker	0
Does at least 2.5 hours of physical activity/week on average	0
Waist circumference is over 110cm	7

At the bottom left, it says 'Powered by George Health'.

The contents of the **Diabetes** tab depends on whether the patient has Diabetes or not.

- If a patient has diabetes, the **Diabetes management** page shows the diagnosis record and any recommendations including medicines that will help in managing the diabetes level. It also includes recommendations for:
  - Retinopathy
  - Foot Assessment
  - Foot Risk Calculator result
  - Neuropathy
- If a patient has not been diagnosed with Diabetes, the **Diabetes screening** page is displayed which describes the patient's diabetes risk, screening results and



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the relevant AUSDRISK points. It provides a 5-year diabetes risk calculation and recommendation. It also includes the following information:

- Diabetes Screening recommendation
- Diabetes screening results
- Diabetes risk points which are based on the following criteria:
  - Age
  - Sex
  - Aboriginal and Torres Strait Islander (Australia)
  - Birthplace
  - Family history of Diabetes
  - Family history of High blood glucose
  - High Blood pressure medication
  - Fruits and Vegetable consumption
  - Smoking status
  - Physical exercise
  - Waist measurement

## Lifestyle

HEALTHTRACKER, JIM - Male, 47 years

Summary Risk Diabetes Lifestyle Tests Medicines

### SMOKING

Not a smoker

The following resources may be helpful to assist with quit attempts:

- Outline 13 7848 (13 QUIT)
- MyQuitBuddy
- Information about cigarette smoking
- Cigarette smoking facts for Aboriginal communities
- Smoking cessation tips for Aboriginal communities

### NUTRITION

114.3 kg	40 kg/m <sup>2</sup>	125.8 cm
Weight	BMI	Waist

Recommend waist circumference measurement as the last recorded value is 60 months old.  
Recommend BMI measurement as the last recorded value is 60 months old.

The following resources may be helpful:

- How to lose weight the healthy way
- Healthy body weight facts for Aboriginal communities
- Obesity facts for Aboriginal communities

### PHYSICAL ACTIVITY

Recommend maintenance of moderate physical activity - 30mins/day on most days unless contraindicated

The following resources may be helpful:

- Information on the benefits of an active life
- Physical activity guidelines for older Australians
- Physical activity guidelines for Aboriginal communities

Powered by George Health

The **Lifestyle** tab describes the patient's lifestyle and provides recommendations about smoking status, diet, and physical activity.

## Tests

HEALTHTRACKER, JIM - Male, 47 years

Summary Risk Diabetes Lifestyle **Tests** Medicines

### BLOOD PRESSURE

MEASUREMENTS	TEST FREQUENCY	NEXT DUE	
Systolic	145.1 mmHg	6 monthly	12 Jan 2021
Diastolic	75.9 mmHg		

### KIDNEYS

MEASUREMENTS	TEST FREQUENCY	NEXT DUE	
eGFR	151.13 mL/min/1.73m <sup>2</sup>	-	-
Serum Creatinine	30 µmol/L	12 monthly	12 Jan 2021
ACR	0 mg/mmol	12 monthly	-

### CHOLESTEROL

MEASUREMENTS	TEST FREQUENCY	NEXT DUE	
Cholesterol			
HDL	0.7 mmol/L	0 monthly	12 Jan 2021
LDL	Not Recorded		
Triglycerides	3.1 mmol/L		

### HBA1C

4 %

Powered by George Health

The **Tests** tab describes the patient's latest blood pressure, kidney, cholesterol and HBA1C test results and the recommended follow up test date.

## Medicines

HEALTHTRACKER, JIM - Male, 47 years

Summary Risk Diabetes Lifestyle Tests Medicines

### BLOOD PRESSURE

**BP Lowering** ● BP lowering therapy is recommended. If clinically indicated then start treatment with any of the following agents: • ACE inhibitor • Angiotensin receptor blocker • Calcium channel blocker • Low-dose thiazide or thiazide-like diuretic

### CHOLESTEROL

**Statin** ● Statin therapy is recommended, and patient is eligible for PBS subsidy.

**Fibrate** ● There are no indications for fibrate therapy but some data are missing for complete lipid assessment.

Targets:

LDL < mmol/L	<span style="color: blue;">●</span> N/A
HDL >= mmol/L	<span style="color: blue;">●</span> N/A

### ANTITHROMBOTIC

**Anti platelet** ● Antiplatelet therapy is recommended if there are no contraindications.

**Oral anti-coagulant** ● Oral anticoagulant therapy is not indicated based on the available information.

Powered by George Health

The **Medicines** tab describes the recommended medications based on the patient's conditions and qualifiers, related to the following:

- Blood Pressure - assessment for BP lowering is done based on patient's current medication related to BP.
- Cholesterol - assessment for Statin, Fibrate, Target LDL and Target HDL are done based on patient's current medication related to Cholesterol.
- Antithrombotic - assessment for Anti-platelet and Oral anti-coagulant are done based on patient's current medication related to HbA1c.

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# Support

If you run into problems using Communicare, you can always get help from us.

For help and support, go the [Communicare User Portal - Help and Support](#) tab for general information and further links.

If you still need help, create a [support request](#) and we'll get back to you.

Include as much information in the request as you can and follow these guidelines:

- If you include patient information, for patient confidentiality, use the Patient ID instead of the patient's name.
- If you include screenshots, ensure that you conceal both the patient's name and date-of-birth.



## Fastpath:

For urgent problems or issues with using the portal, call 1800 798 441 to speak to a support team member.

If reporting a problem, before contacting us, try to replicate the problem. It also helps to write down the problem and the circumstances under which it occurred.

## Release Notes

Release notes for all versions of Communicare are available on the Knowledge Centre.

To open the release notes for the latest version of Communicare:

1. On the [Communicare User Portal > Help and Support](#) <https://communicare-portal.telstrahealth.com/help-and-support/> tab, in the **Knowledge Centre** tile, click **Learn More**.
2. In the [Knowledge Centre](#) <https://communicare-portal.telstrahealth.com/knowledge/>, from the main menu, select **Support > Release Notes > required release notes version**.



## Tip:

Release notes for the latest version are listed first.

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If you are using an older version of Communicare and want to refer to release notes for that version, the release notes are included with the latest version. However, to display the Knowledge Centre for your version of Communicare, in the [Knowledge Centre](#), on the right side of the main menu, select your version of Communicare.



## Quick links to release notes

- Version 21.x:
  - [V21.3](#)
  - [V21.2](#)
  - [V21.1](#)
- Version 20.x
  - [V20.2](#)
- Version 19.x
  - [V19.2](#)
  - [V19.1](#)
- [Older versions](#)

## Training

If you want someone to teach you how to use Communicare, from beginners to advanced users, try our training.

We can [organise someone to come to you](#), or you can access our [eLearning](#).



### Tip:

Check our [eLearning](#) site regularly for our invaluable *Tips and Tricks*.

## Request Remote Assistance

Run Teamviewer for quick support or request remote assistance.

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Requesting Remote Assistance will allow [Communicare Support](#) to have a live view of your screen so we can help you better.

To run remote assistance, when instructed by [Communicare Support](#), in Communicare, select **Help > Request Remote Assistance**.

In order to invoke Request Remote Assistance, on your keyboard, press `CTRL+F2`.

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# Glossary

## Glossary

### Active medication

For prescribed regular medications, medications that are not expired, stopped or deleted.

### Administer

The act of applying a medication directly to a patient. For example, when a nurse gives a patient an injection.

### Administrative Encounter Place

A group of encounter places defined for administrative or reporting purposes.

### AIR Encounter

A visit to a vaccination provider where one or more episodes (vaccines) are administered to the patient.

### AIR Episode

The actual immunisation provided to the patient, by the vaccination provider. An AIR Encounter must have a minimum of one episode, and a maximum of five episodes.

### Biographics

General information about a patient, such as names, addresses, Medicare Number, and so on.

### Class

A group of clinical item types that have common properties and attributes or data values.



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## Clinical item

A record of any event on a patient record, either actual or a planned recall, such as a disease, immunisation, procedure, medication prescribed, and so on. Clinical Items in Communicare are coded according to ICPC-2 PLUS.

## Clinical item keywords

Specific words that can be used to locate Clinical Item types.

## Consolidated order

Groups of medication requests used to order medications from an external pharmacy and to manage patient-specific inventory.

## DAA

Dose Administration Aid (DAA) is the term used for packaging that organises doses of medication according to when they should be taken.

## Dataset

A collection of related clinical item types, qualifiers and recall types.

## Encounter

A meeting between a health provider and a patient.

## Encounter mode

Either the means of delivering a health service, for example *Telephone*; or the type of physical place at which a health service is delivered, for example, *School*.

## Encounter place

Either a Service Encounter Place, where patient contacts occur; or an Administrative Encounter Place, a concept that defines a group of encounter places for administrative or reporting purposes. The Service Encounter Place is the physical place at which a service is delivered, or the physical place from which a service is delivered, for example, Millennium Health Service Clinic. Each place is categorised into one or more Modes.

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## Episode

When a condition is diagnosed it may be classified as a FIRST, NEW, or ONGOING episode.

## Health Centre Prescribing

Health Centre Prescribing (HCP) or Rural Prescribing is a workflow used in the NT, where instead of PBS scripts, a single consolidated script is printed for all regular medications for a patient.

## Immunisation Provider

The provider who administered a vaccine to an individual.

## Last consolidated order date

For the encounter place, the most recent date at which a consolidated order was ordered.

## LEMI

From Active Ingredient Prescribing legislation, a list of excluded medicinal items (LEMI) for which Communicare does not include the generic components. The LEMI includes non-medicinal items such as bandages, or medications with four or more active ingredients.

## LMBC

From Active Ingredient Prescribing legislation, a list of medicines for brand consideration (LMBC), for which providers should consider prescribing by brand. For example, medications that are not bioequivalent.

## Locality

A list of places used in patient addresses. Initial localities are taken from Australia Post localities, but additional localities may be defined, for example, for a local community.

## Locality group

Where several localities are combined for reporting purposes. For example, Northern Region, South of River, Inner City, and so on.

---

## Medication request

Medication requests combine a patient's medications into a bulk-order prescription for sending to a pharmacy for dispensing.

## Medication summary

A list of a patient's currently active medications.

## Mode

See [Encounter mode \(on page 25\)](#).

## National Cancer Screening Register

Communicare integrates with the National Cancer Screening Register (NCSR).

## Once off medication

A medication typically prescribed for acute clinical presentations, which the patient will take until the course is complete. Once off medications are removed from the Medication Summary after their duration has elapsed. Once off medications may also be described as Short Course medications.

## Place

See [Encounter place \(on page 25\)](#).

## Provider

Anyone who provides health care for a patient, such as a doctor, health worker, nurse, and so on.

## Qualifier

A measurement associated with a Clinical Item

## Query

An instruction to retrieve statistics from the database.

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## Regular medication

A medication typically prescribed for a chronic disease, which the patient would be expected to take continually. Regular medications are displayed on the Medication Summary until they are explicitly stopped.

## Report

The results of a query about data in the database.

## Service recording

A record of a patient's services, such as clinic visits, home visits or other.

## Supply

The act of providing medication to a patient or their carer.

## Topic

A grouping of Clinical Items into health or medical-related categories.

## Vaccine Provider

A medical practitioner or person who is recognised by Services Australia as being a provider of vaccinations to individuals, according to the Australian Immunisation Register Act 2015.

## Walk-in patient

Patients who arrive without an appointment.

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# Notices, acknowledgements and attributions

## Notices

If using the Australian Immunisation Register integration: *Participating health professionals may utilise the services and information provided including personal information only in accordance with National (Privacy Act 1988, Health Insurance Act 1973, Australian Immunisation Register Act 2015 and other relevant legislation), State or Territory legislation, Policy and Guidelines.*

In Communicare V21.3 and later, to support Services Australia interactions, your patients' relevant personal information is encrypted and sent from your Communicare server to Services Australia web services via Communicare Next Generation. The data is retained by Communicare Next Generation. Communicare Next Generation is hosted on Microsoft Azure cloud services, in highly secure data centres based in Australia (Sydney, Canberra, Melbourne) which meet the Australian Standards for Information Security. Microsoft has been awarded Certification for Protected data in Australia. For more information about how Telstra Health manages personal information, see our [privacy policy](#).

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In Communicare V22.1 and later, for printed PBS prescriptions, your patients' relevant personal information is encrypted and sent from your Communicare server to an ETP service, such as eRx, via Communicare Next Generation. The data is retained by Communicare Next Generation. Communicare Next Generation is hosted on Microsoft Azure cloud services, in highly secure data centres based in Australia (Sydney, Canberra, Melbourne) which meet the Australian Standards for Information Security. Microsoft has been awarded Certification for Protected data in Australia. For more information about how Telstra Health manages personal information, see our [privacy policy](#).

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## Acknowledgements

NPS MedicineWise, Specifications for national Key Performance Indicators and Online Services Reporting. Sydney: NPS MedicineWise, 2021

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