MyPractice.NET Primary Options Install Instructions

Step 1 : Goto https://10.192.150.1/hlink

Enter https://10.192.150.1/hlink in the address bar of your browser then press the enter key. (NOTE: The address is a secure connection using https not http)

C HealthLink ~ OnLine - Windows Internet Explorer	
C 🔿 💭 🗸 🧑 https://10.192,150.1/hlink	✓ 4, ×
Eile <u>E</u> dit <u>V</u> iew F <u>a</u> vorites <u>T</u> ools <u>H</u> elp	
😭 🍄 🎯 HealthLink ~ OnLine	🐴 🔹 🔂 Page 🔹 🎯 T <u>o</u> ols 🔹 🎽
healthlink Better PRACTICE - BETTER CARE	Contact HealthLink
P	

Step 2 : Download the form xml

- Right Click the Appropriate Form
- Choose "Save Target As"
- Save the file "MP-PO....xml" to the Desktop



Step 3 : Load into MyPractice

- In MyPractice,
- Goto Tools
- System Setup
- Web Form Parameters



Step 4 : Import the form

- Choose Import
- Click on Desktop, then the "MP-PO....xml" file and choose Open
- Finally Click Finished

URL Editor:									
rch		Import	D Export	Finish					
ne	Versi V	7 Source	6	Base URI					V Save
Please locate	the xml file	e contai	ning the sugg	jestions			? ×		
Looki	n: 🔯 De	skton		-	0 A P			.html	V
à	My E	Computer	ts						
My Recent	My C	totmol-E	laces					ab.html	
Documents	MP-	POAC.xm							J.
(R)								ired	SortOrder
Deskton								1	
~								2	
								3	3
My Documents								Q	4
								-	5
6								d.	6
My Computer									7
671									8
			7 4			-		3	9
My Network	File nam	e:	MP-POAC.xr	nl	<u> </u>	C	Open		10
Tiddes.	Files of I	ype:	Xml files (*.xr	nl)	-	(Cancel		11
		+	18		15 - 31 		1		12
patient/quintile		1.32.1	or bi	Patient Quintile	V	alue			13
patient/care_plus	:	27.202	.1	Scheme Carep	lus V	alue			16
heia heiaht		27.101	.1	Height	V	alue			17

Step 5a : Test the Connection

- Goto Notes
- Select a patient (e.g. mouse m)
- Click the Forms tab
- Click the Web Forms link

Marcus Welby	
Help Message New Appoint Tasks Patient Notes count Autotext Mail F	Sesults Scan Healthlink NIR Query
Mr Mouse Mickey Consu Maori Entertainer 12/05/1980 03/12/ Regular Demo 1000.1 ABC1235 29y 6m User C/0 Auckland Budget Services, Manukau Heights Road, Manukau Marcus	Itation 2009 04:55 p. 🝷 Consultation 🝷 Authorized by Welby Marcus 🝷
Presenting Complaint Acti	ion
Diagnosis	agram <u>Attachment</u>
Notes Results Measurements Scripts Lab Badiol Cardiol Endo Audio I Certificates Clinical Forms Diabetes Click here to filter I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	Letters Forms Dimmunisations F9 Resources Click here to filter Abdominal examination ACC Treatment Profiles Anxiety and Panic Internet Resource Asthma allergy and Immunology Asthma and Respiratory Foundation Asthma Education Slide Show

Step 5b : Test – Goto Primary Options

• Click on Primary Options



Step 5c : Click Test Connection



Step 6a: Success

 You should see the success page, now click "Cancel"

 Notes
 Results
 Measurements
 Scripts
 Lab
 Radiol
 Cardiol
 Endo
 Audio
 Letters
 Forms
 Immunisations
 Web Form

 Address
 https://10.192.150.1/poac/pms/intro?PATIENT_SUBURB=Mt%20Eden&PATIE
 Immunisations
 Web Form

 Address
 https://10.192.150.1/poac/pms/intro?PATIENT_SUBURB=Mt%20Eden&PATIE
 Immunisations
 Web Form

 Primary Options for Acute Care - Counties (POAC)
 Phone 09 535 7218

 Communications Test: SUCCESS
 You have successfully communicated with "Murrays Primary Options"

 Practice Identification: SUCCESS
 Your organisation has been identified as "MILLSTONE FAMILY PRACTICE

 If you are not MILLSTONE FAMILY PRACTICE, please contact the service coordinator on 555 6932.

Step 6b: Failure

If Practice Identification Fails Note down your phone number, then phone Primary Options to ensure they have your practice and correct phone number recorded.



(your phone number is "3331111")

Primary Options Information ForMyPractice.NET Users

STEP 1: Goto Web Forms

Choose Forms Tab, then Click Web Forms



STEP 2: Select the appropriate Primary Options Service



STEP 2: NEW REFERRAL

Click "New Referral"

Notes Results Measurements Scripts Lab Radiol Cardiol Endo Audio Letters Forms Immun	isations Web Form
Address http://192.168.0.93:3001/pms/intro?PATIENT_SUBURB=Mt%20Eden&PATIEN 🔗 🔊 🚳	🔍 🌝 🛃 Show List 🛛 Cancel
Primary Options	Phone 555 1234
Please select your action :-	
New Referral Initiate a new referral	[View On-Line Guidelines]
Invoice only Add a Invoice to an existing case	
 Outcome + Invoice Complete the outcome for a case (optionally invoicing) 	
Hospital Discharge with Medication Review Add a post discharge review	[Contact Us]
Cellulitis Back Referral From ED Initiate a new referral for IV Therapy	
Update Information Add additional information to the case	
View Status Of Claims View the current status of claims	
View Open Cases View all open cases (or cases requiring more information)	
Test Connection Test connection is operational	

STEP 3: CONFIRM ELIGABILTY

Confirm Eligibility then click proceeded.

N <u>o</u> tes	Results Measurements Scripts Lab Radiol Cardiol Endo Audio Letters	Eorms Immunisations	Web Form	
1	Address http://192.168.0.93:3001/pms/intro?PATIENT_SUBURB=Mt%20Eden&PATIEN	🏘 🎅 🚳 🔍 ≽	🛃 Show List	Cancel
Pri	nary Options	Phone 555 1234	[HOME]	
Conf	Firmation of Eligibility (For a New Referral) Patient resides with the Your DHB Patient would normally be admitted / referred to hospital for this episode of Care or the hospital has referred the patient to you	[View C	On-Line Gui	delines]
	rafter hours A/M where necessary		[Contact Us]	
	he period of care under is anticipated to be 3 days or less			
	his is condition is NOT covered by Acc			
	The anticipated cost of care will be under \$300 (otherwise prior approval is required)			
V	The Patient has been informed and agrees to information on this form and other information relating to this illness will be made available to primary options and sub-contracted health care providers.	_		
	PROCEED WITH REFERRAL			

Step 4 COMPLETE THE REFERRAL

Enter the Diagnosis, Coding, add notes then submit

N <u>o</u> tes Res <u>u</u> lts <u>M</u> easurements <u>S</u> cripts <u>L</u> ab <u>R</u> adiol Cardiol Endo Audio L <u>e</u> tters <u>F</u> orms <u>Immunisations</u> Web Form
💋 Address http://192.168.0.93:3001/pms/intro?PATIENT_SUBURB=Mt%20Eden&PATIEN 🔊 🚳 🐼 🚳 🔍 🐲 📙 Show List 💦 Cancel
Case
Case Ref # Provideonal/Working Diagnosis Coding
Referral "New"
Date 26 - 8 - 2010 - Relevant Clinical Information (Expand)
2
Information
Please coordiate all Ultrsounds with PO
Organisation Millstone Family Practice Cbd p: 09 333 1111 f: 09 379 9188 pho: Harbour PHO
Provider Marcus Welby #REG123 provider not in the list, click [add]
SUBMIT REFERRAL TO PRIMARY OPTIONS

Step 5 Lodge/Save Form into MyPractice

Finally Click OK and the form will be saved in MyPractice.NET,

