



Softwords

A&L Computer Software Limited

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The SMC Barricade

Networking can be a pesky task if you don't have the right tools. Usually you'll have that blue cable that connects you to the network, that thick white cable that connects to your printer and that gray wire that hooks up to who knows where. By the time you are finished you'll probably notice the mess of wires running all around your office. But with rapidly changing technology, there comes newer solutions. In this case it comes in the form of a little box called the SMC Barricade.

The SMC Barricade is a router that allows devices such as printers, modems and broadband connections (Cable Modems, DSL) to connect directly to it. To top it off, the box is incredibly small, measuring about 4 by 6 inches. This means that you can put it just about anywhere from a drawer to a desktop.

If you aren't familiar with routers, hubs or anything having to do with networking, think of these boxes as the "central stations" where all computers connect in a network. From this box it can pass information from computer to computer or even to specific devices like a modem where you can then talk to the Internet.

The Barricade is perfect for any small network with 4 RJ-45 10/100 Mbps ports (cables that look like thicker telephone wires that can communicate at 10 to 100 Megabits per second), one serial port (for the modem), one parallel port (for the printer) and another port for WAN connections (broadband).

Setting up the Barricade can be really easy. All you have to do is plug the cables into the right ports, install the right drivers and everything from there is smooth sailing. Putting all the peripherals on a single device allows easier access and setup to all the computers in the network. The Barricade is very flexible as well. It allows the user to setup a computer on the network to be port specific, allowing people on the Internet to access your computer. If you are

looking for just the opposite, it can also act as a firewall, restricting access to only those computers within your local network.

You are probably saying to yourself, well I don't need one of those things. I have a Print Server, and a Router already up. Well the truth is, this device wouldn't make a big difference to you if you already had these devices setup. But to have both a Print Server and a Router, you are spending more time and energy to maintain the two. Let's bring up a typical scenario. A storm passes by overnight and has shorted out most of the electrical devices in your office. Of course you could go checking every single device, but wouldn't it be nice if you could make that one trip to the Barricade? Setting up a Print Server and a Router also require much more work and time. The truth is, you don't need the Barricade but it would simplify your life.

Recently at the office we received a call about a typical problem with the Internet - viruses. A family clinic had setup a network with a cable modem without considering the proper precautions and as a result had their main office computer corrupted. A simple way to protect yourself from a similar fate is through a firewall, a device or program that prevents users on foreign networks (such as the Internet) from accessing your computer. Of course, the Barricade comes well equipped to do such a task without lifting a finger. It acts as a front door, leaving it closed to any outside users who might want to fidget with your important files.

All in all, you could say that this little device could just about fill all your networking needs. If you need more information on this product visit www.smc.com. They have lots of graphs and detailed descriptions on the Barricade. Have fun networking.



The Importance Of Good Decision Making

By Don Price, B.Sc., M.B.A.

This is one of a series of articles by Don Price on Practice Management which have been appearing in recent issues of Softwords. Don Price, B.Sc., M.B.A., is a Practice Management Consultant based in Ottawa, Ontario. He travels extensively throughout Canada helping physicians and their staff tune up and revitalize their offices through consultations and seminars. In addition, Mr. Price publishes workbooks and two bi-monthly newsletters for physicians and medical office staff. He can be reached at 1-800-458-1900 or fax (613) 247-8706.



Several years ago, the office manager in a medium sized clinic complained to the managing doctor that the staff were having a hard time completing all their work.

"Hire someone else," the managing doctor said, after very brief discussions with the manager. A full-time secretary was hired, but at \$25,000 this was an expensive decision. A less costly decision could have been made had the doctors in the clinic met with the office manager to discuss why the staff were unable to complete their work and to look for other means to solve the problem first, before hiring another person. A redistribution of staff tasks, an hour or two of overtime or even lowering the doctors' expectations - in other words, a general efficiency overhaul of the clinic - could have resulted in a much more economical and sound decision.

Hiring new staff may not be so common these days, but the decision made by another mid-sized clinic to cut staff members in an effort to reduce costs was made just as hurriedly - and with even more expensive results. The two most productive staff quit as a result of increased and unrealistic workloads, which meant advertising for, hiring and training new staff, with the consequent reduction in efficiency until the new staff were up to speed some months later. In fact, they had to hire 2.5 staff to make up for the two who left. The poor decision was costly in time, resulting in reduced patient flow, reduced income and increased costs, quite the opposite of what the doctors had thought they would achieve when cutting staff hours.

Thinking On Your Feet

In this increasingly fast-paced world, the ability to 'think on one's feet' is prized as a hugely worthwhile trait. Doctors have to do it all the time when treating patients, and for most, it has become second nature. Doctors usually don't have time to discuss a diagnosis or a method of treatment before making a decision. This makes it all the harder when they have to change their decision-making habits regarding the business side of their practices, where thinking on their feet can be costly.

Business decisions, especially those that impact on the efficiency of you or your staff or on your income or revenue, should never be made on the spur-of-the-moment. Spur-of-the-moment business decisions are nearly always based on emotion - "If I don't buy this software at the low, low price advertised, I'll have to pay twice as much," for example, or "My staff costs are way out of line, I'll have to cut staff hours immediately" - and rarely on fact - "I need to find out why this

software is going so cheaply. Let me do some research before making a decision," or "My staff costs are high, but there must be reasons for this. Before doing anything about it we should find out what's happening."

The reason why physicians make so many bad business decisions is not just because they have little training in business management. Few physicians take the time to meet with their partners or associates to discuss the business and make good decisions. It is imperative that each doctor in a practice has a commitment not only to their patients but to the practice as a whole. This commitment does take time, but the time involved to ensure good decisions are made is a lot less than the time it takes to clean up the often disastrous results of bad decisions.

Whether there are two doctors in the group, or 30, business meetings should be an important scheduled part of every month, if not even more regularly. Getting all the facts, researching, providing opinions and taking part in informed discussion will ensure that the chances of making a decision that will have a negative impact on the practice are small.

For solo practitioners, it's not so much finding the time to make well thought out decisions, but rather finding the incentive to do so. Solo doctors should set aside fifteen minutes to half an hour each week to go over the business management of the practice. They can meet with their spouse or a staff member, or even with themselves. If something requiring a business decision comes up, write it down and set it aside for your scheduled business 'meeting'. It is much harder to make an emotional decision if a period of time has passed and the emotion has subsided. With the emotion out of the way you will be able to look at each situation more realistically and make fact-based decisions that you won't regret later.

The Importance Of Implementation

But making the decision is not enough. Many practices flounder even when they use good decision making strategies. Implementation and follow-through are every bit as important as making the decisions in the first place. One three-doctor group we know meets for half an hour every week. Not only are they able to anticipate and prevent crises, but every decision they make is properly discussed, with the pros and cons clarified. Following the meeting, one of the doctors spends the next 30 to 60 minutes implementing the decision or setting down the groundwork for his staff to implement. They rotate this position every two months. This office is highly efficient, costs are controlled, staff morale is high - and most importantly, the doctors have confidence in the decisions they do reach.

Don Price*(Continued from previous page)*

There will, of course, be times when a business decision (or any decision, for that matter) has to be made quickly and without the opportunity to meet, discuss and research fully. When this happens, ask yourself the following three questions before making the decision:

1. What is the best thing that could happen if I make this decision?
2. What is the worst thing that could happen if I make this decision?
3. If I make the decision and the worst happens, will I be able to live with the consequences?

If your answer to the last question is 'no', you know that the time isn't ripe to make any decision and that much more research is needed before settling the matter. No business decision is worth making if you are going to regret having made it.

*(This article first appeared in an issue of **The Practice Manager**, a monthly newsletter for physicians published by Don Price & Associates. For information on Don Price & Associates' publications and workbooks please call 1-800-458-1900 or check out the website at www.worksmartdoc.com.)*



For all A&L HERO* and A&L DOS EDT Users in the 416 and 905 Area Codes.



Car 54, Where are You?

Did you know that starting March 5, 2001, for those within the 416 area 10-digit dialing begins for Ontario? That means you will have to dial the area code *and* the telephone number to make a local call, otherwise your call will not go through. For those of you within the 905 area, 10-digit dialing commences June 9, 2001.

What does that mean for you? Your fingers will have to a little more walking and your modem may have to be changed to reflect the area code. The telephone system can and will accept 10 digits if you key them in. In fact, it was accepting 10 digits months ago.

If you have good ears, you might be able to hear the dialing of those digits. If you or your dog's hearing isn't that good, give us a call. We'll check it for you!

Schedule Of Benefits News

You may have noticed an increase in payment for this month. Were you busier and did you see more patients last month? Did MOH make a mistake? Is this free cash? Unlike the Internet junk messages, cash is never free! Yes, you've worked for it and you earned it. MOH may have made retroactive estimate payments for the 1.95% fee increase retroactive from April 1, 2000 to June 30, 2000 for OHIP, WCB, and RMB payments just in time for the holiday season.

Even better news...there will be another Schedule of Benefit fee increase for the next fiscal year as well, (according to MOH bulletins, a 2% increase!). A&L was able to produce an update AND issue the new fee schedule file (to all current subscribers on maintenance) even before MOH was able to release the Schedule of Benefits electronic file. For next year, we will continue to provide the best possible service and endeavor to get you updated as quickly as humanly possible.

NOTICE: Re November RA. For A&L DOS and A&L HERO*

Physicians with RMB (reciprocal, or out of province patients) retro adjustments may encounter incorrect amounts in the Adjustments field when you print out your R.A. (MOH R.A. Messages from the A&L HERO* program).

Normally the accounting transaction amount for RMB claims is equal to the total dollar value of the itemized RMB claims. However, due to a system error with October month-end processing, this is not the case for physicians who submitted RMB claims for the month of October who were also eligible for RMB retro adjustments for claims processed in April. The dollar value in the accounting transaction record is incorrect.

If this sounds like your office, please contact your district office to inform them of the problem. The Ministry will of course need to know the information listed below:

Name:
Provider #:
Phone#:
Software Vendor:
RMB claims for November payment: Y/N
Error Messages received:

MOH must be notified of this specific problem



**A & L and all our
Dealers wish you
Seasons
Greetings!**



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User's Corner

Tips For A&L HERO* Users

RAS Communication Log

It is important that, after a transmission has executed and completed, one checks to verify that a session actually completed the process. During the process of batching and running a transmission, there is often a procedure that is missed or even forgotten by an A&L Hero* user. An important log that everyone should check is the "RAS Communication Log", and by checking this log on a regular basis, you will be able to verify that transmissions have been sent. From the icons, within A&L Hero*, when you click on the M.O.H. symbol, a list of four icons will be shown on the upper-left hand side of the screen. The fourth icon opens the "RAS Communication Log", which contains information about an actual communication sessions to our network site. **(Remember: using your mouse to hover over any icon displays details of it purpose or function at the bottom of the A&L Hero screen)**

The log is formatted in a simple column layout that is easy to read. The section of significant importance is the "STATUS" section and there will be only two types of responses for this particular area.

- Completed - A response of "COMPLETED" indicates that the entire process of connecting, transmitting and disconnecting was successful.
- Failed - A response of "FAILED" indicates that the entire process was not completed successfully.

It is imperative that when a "FAILED" response displays you take the appropriate steps to resolve the problem. It is recommended you transmit your claims on a regular basis, both to avoid a backlog in the A&L Hero* system and to allow you more time for correction and re-submission before the OHIP cut-off date. If you have any questions about "FAILED" responses that are appearing in your "RAS Communication LOG" or if you need training on A&L Hero*, please call our Customer Support Department.

What does TRANSMITTED and ACCEPTED mean anyway?

The M.O.H Batches section displays two different messages under the E.D.T section called "TRANSMITTED" or "ACCEPTED". The messages displayed under the E.D.T column will change from "TRANSMITTED" to "ACCEPTED" periodically, in accordance with the frequency of your E.D.T transmissions. The meanings of these two messages are as follows:

- Transmitted – Indicates that the file has been sent to the A&L Network for continuous delivery to the

Ministry of Health.

- Accepted - Indicates that the Ministry of Health has sent an acknowledgment of the receipt of the file you have transmitted.

The best way of explaining this function in practical terms would be to relate it to a Canada Post registered letter or package. When an unregistered letter or package is sent to someone via mail you have no physical way of confirming that a person has received the items sent, except to know that you sent it to the appropriate address. However, if the letter or package is sent registered there is an acknowledgment of what was received by the physical signing of the recipient. The same types of functions are available with Microsoft Outlook Internet mail and other software mail programs. Likewise, it is also the foundation of the way many of the today's prominent courier services operate.

Note: The delivery of batch files to the Ministry of Health does not mean you will be paid for all items sent before the monthly deadline. The Ministry of Health will make payments on your remittance based on their own criteria and what they deem to be payable for services billed. Subsequently all errors and rejections returned from the Ministry of Health must be corrected, reconciled or investigated.

If you are not seeing the term "ACCEPTED" in the M.O.H. Batch section it might be that you are not fully on E.D.T with the Ministry of Health or the application you sent is still being processed. If you have not signed up for full E.D.T please contact A&L to receive an application from us to complete and mail to the Ministry of Health.

How much is your time worth?

The growing popularity of the World Wide Web has caused numerous offices across Canada to require the functionality of Internet browsing and e-mail capabilities to communicate in the ever-shrinking world we live in. It is always important that you make sure that changes made to your hardware's operating system setup does not affect the primary functions of your office. Many Internet service providers may make changes to your systems settings which can inadvertently affect your communication transmissions to the Ministry of Health. You must ensure vital components to the operation of the A&L Hero* systems setup are not removed. If components are changed or removed, it may cause your E.D.T transmissions to the Ministry of Health to fail. It may cost you in time and dollars to have A&L setup our program again for E.D.T. transmissions.

