



Softwords

A&L Computer Software Limited

February 1997

◆ Doctors face a technological...

State of Change

When Alex Yuan talks about document imaging technology with his friends, employees (that's us) and the many doctors, secretaries and nurses he knows, he always tries to put things into perspective by saying, "every computer on every desk is a filing cabinet."

Of course being President of A&L Computer Software Limited it may seem as if he is a little ahead of himself because medical offices across Canada have been cautious embracing computer and imaging technology.

"It's only a matter of time," responds, Mr. Yuan. "Every medical office in Ontario has a computer. It is true that the medical industry is in a tremendous state of change, but A&L believes strongly that technological changes are here to stay. These changes are closely tied to the computer. For doctors and medical offices the computer creates two related issues. How does an office handle its tasks using the computer as far as billing, demographics, reconciliation, patient data and records, office management, etc., and how does an office best record all of those various activities?"

"Doctors will embrace on-line technology like the A&L HERO program because it will make their office life better in every respect, especially financially. It is simply the least expensive way for them to do business. And then there is the nagging issue that confronts every office no matter what the nature of the business; what is to be done with the records and files that are primarily paper-based. Offices around the world are being buried in paper. And every day more and more paper is added to each office. And that's where the A&L Document Console comes into the picture.

"Doctors will have to learn to put their money where their mouse is," he says with a smile. "The technology is available now. Our latest release, the A&L Document Console Version 3.0, is a 32-



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bit system that is better, faster, stronger and easier to use. It looks great on the screen and now saves 8 times more in the same disk space. Frankly, it is really neat."

Document imaging is the electronic process of turning human-readable documents (text, pictures, graphics, images) into a computer-readable collection of data. Imaging programs allow you to scan your records (documents) into your computer to become a part of your computer files. Computer files are versatile. The computer is able to selectively Search them in detail as with any computer file. As well there are space concerns. Filing cabinets take up a lot of space and time, and are often cumbersome to use and keep up to date. With document imaging,

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◆ This year, Count Me in...

Teach & Train '97

Are you a little interested in electronic submissions via modem? A little unsure of where to start or how to do it? A whole lot sure you would like to know more? Why not learn all about it in detail at this year's Teach & Train. From MOH Registration Applications to setting up your modem, we will be going through the entire process, step-by-step.

As well, you have probably heard that A&L has just released a feature enabling doctors to help generate more income. It is the A&L Block Fee Feature. It is included in the latest A&L Medical System Version 8.0, and we will be going through it step-by-step too.

We are also dedicating the entire afternoon to participation in software demonstrations, questions and answers and How-to tips on the A&L Medical System. So come prepared to learn and participate.

There's a buffet lunch, give-aways and much more, including other changes and enhancements, a look at A&L HERO and the A&L Document Console Version 3.0.

So why not join us. It's all happening on **Saturday May 24th, 1997** at Stage West, Mississauga, Ontario. We've enclosed a registration form in this issue. It has all the details, times and numbers so that you can count yourself in.

(See, The Count-Yourself-In form ...Insert)

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Teach & Train '97

Doing more for you. Count

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A Constant State of Change

...Cont. from Page 1 your computer becomes your filing cabinet and all records are easily accessible and permanently saved. Records and files are scanned into your computer and/or stored on CD ROM, making your computer the filing cabinet... a filing cabinet accessed from your keyboard.

Doctors have reported excellent results and significant time savings using the A&L Document Console. Dr. Rose Kung has been using the Document Console for over two years. Basically she scans all of her gynaecological patients' charts, reports, consultation letters and follow-up notes into her computer database. She finds the program to be user friendly and reports that it has saved her a lot of space that otherwise would have been needed to store the records of her many patients. Dr. Kung who practices in Toronto at Women's College Hospital has had so much success with the system that she no longer saves her hard copy records and runs her office nearly paperless.

"The Document Console is ideal for a consultation practice where the patient is usually seen only once," she reports. "I don't need to rely on my secretary for locating patient information, nor do I need to worry about lost files anymore. Everything is stored securely on the network where I can quickly and easily assess it."

"The A&L Document Console is excellent for storing records of inactive patients..." reports Dr. Billy Kwong, a General Practitioner in Scarborough, Ontario. He also finds it ideal for scanning and saving laboratory reports and doctors' letters. Dr. Kwong reports that "records are easy to retrieve from the database, and that the system as a whole is easy to use." He also says he is very happy with the physical space savings he realizes and like so many who have dealt with A&L, finds the support A&L offers to be tremendous.

"All medical software companies want to be there when medical offices need them," said Mr. Yuan. "The only problem is that most companies are not sure where that will be. At A&L we think we know. That is why we have the A&L HERO Network and a Document Imaging program. Being plugged into an on-line network is something that is happening in every industry, in every country, from banking and shopping, to the medical community as a whole.

"And beyond getting on-line, everyone has the same problem. What on earth am I going to do with the growing filing system I have? Computers and networks don't decrease the number of documents, they increase them. So, how am I going to manage them? How much does my present filing method cost me in space, time, staff, mistakes, mis-placed files and frustration, as well as in paper, files, cabinets and related on-going costs? Document Imaging technology is amazing. It's a definite solution. Just follow one piece of paper or one file around any office and you will see... something will have to be done."

A&L is betting that something will be done sooner rather than later with the release of the the 32-bit, A&L Document Console, Version 3.0.

THE USER'S CORNER

Block Fee Feature

Like it or not, every medical office is facing constant pressure to be more efficient. Confronted with fiscal restraint, any manner in which doctors can increase their office revenue should be given serious consideration. The cost of offering services is going up, yet payment is decreasing, therefore, many services not covered by OHIP that were offered free of charge have to be considered chargeable services. These uninsured services will be paid by the individuals requesting them. This should be done in accordance with the guidelines issued by the College of Physicians and Surgeons of Ontario.

Individuals have two methods of payment: a one-time annual fee, or a service-by-service fee. Be sure to refer to the Guidelines issued by the College of Physician and Surgeons to see which services apply.

The Block Fee Feature of the A&L Medical System has been developed and included as part of Version 8.0 which will be highlighted at our Teach & Train seminar this year, on **May 24th**. This new Block Fee Feature has necessitated changes to the Master Patient Maintenance part of the program and to the Transaction Entry Processor. The result is the addition of some new fields and changes to others.

- 1 In order to help determine who is responsible for paying the medical fee, a new field called "Insurer" has been added to the right of Field #8, Phone, in the Master Patient Maintenance. The permissible entries are S (Self) or D (Dependent/Spouse) with the default being "S".
- 2 In order to handle the year 2000 date requirements, the format used for the Reminder Date and the Adm. Date (Fields 24 & 25) has been changed to allow four digits for the year instead of the previous two digits.
- 3 In order to make room for two new fields (Block Fee & Block Fee Last Billing Date, Fields 31 & 32) the field previously used for Diagnostic Description has been eliminated. Both of these new fields will be automatically updated from the Transaction Processor.
- 4 The Block Fee (Field #31) is the fee amount billed for the Family/Couple/Individual. Service Fee Codes for the Block Fee must have a Special Code (9) registered in the Fee Code File.
- 5 The Transaction Entry Processor screen will display the Insurer status (S or D) immediately to the right of the patient's telephone number. (e.g. 123-4567 S)
- 6 When the Special Code (9) is used as a bill service code the transaction will be treated as a block fee. When a claim is created using a block fee code (for instance, I080A or I081A) the fee amount and service date will also be updated on printouts from the Patient Maintenance.

We will be going over the A&L Block Fee Feature in significant detail as well as other changes and enhancements at Teach & Train '97. Count yourself in, won't you?

And Our Survey Says..

Negotiations, Clawbacks, Thresholds

The Truth About Cats and Dogs

It is easy to know how we are doing with the programs we offer doctors because there is an immediate response to any problems. (Verbally, on the phone... from our experience.) As well we regularly get letters thanking us for making someone's computer life easy and enjoyable. However, it is not always easy to know how we are doing with some things, like *Softwords*. Finding out what our user's (readers) think about our newsletter is something much more fugitive.

So before we start on our report card, we would like to thank those who took the time to offer us their responses and input. We know that December is a busy time of year, yet we still received responses from 10% of you.

The News...

The good news is that of those who responded, 87.2% said they read *Softwords* ALWAYS, 12.8% said SOMETIMES. In trying to ascertain how many articles are read, 65.6% said ALL, and 34.4% said SOME. As far as informativeness goes, 58% said they found the articles INFORMATIVE, and 42% SOMETIMES. Articles of interest were definitely technical in nature (no surprise) with User's Corner and Computer Instructions far out-weighting other articles.

The lesson...

Just under 50% of the respondents said that at least some others in their office read *Softwords*. And no offices who responded make *Softwords* available in the waiting room. As well, 27.2% of those who responded said YES they would like to see fiction included. But a strong 70% stated NO thanks. (2.8% didn't answer this question.) As for comments made, most were in the direction of not having time nor wanting to take time to read non-technical articles or stories, and would prefer more technical stuff. Non-technical articles were generally not appreciated. (Live and learn.)

The ratings...

The ratings we received from respondents were generally good with room for improvement in areas. (All ratings were on a scale of 1 to 10, with 10 being the highest mark possible.) Read-ability was given an average mark of 8.6, Presentation and Layout 8.5, Graphics 6.3, Range of Articles covered 7.9, and Usefulness as Reference Material 7.8.

Final comments were general in nature. Some appreciated getting the newsletter as a source of information about A&L and computers, while others wished we could address in more detail issues that are particular to their office. (Many offices have different features.) Some mentioned that this led to confusion with some articles, while others said it helped them realize other things the system could do.

Well, that is a report card of sorts. So, over the next few months we will work to improve *Softwords* in areas and to carry-on in others, making it as informative and interesting as possible. Once again, thanks for your time and input.

The Clambake Continues...

The OMA and MOH negotiators have recently returned to the negotiation table (as of January 20th) to work on a comprehensive agreement. Meetings have been scheduled for the next few weeks. The focus is on economic issues, organizational issues and human resource management issues.

The economic agenda includes what we call, Clambakes (clawbacks), thresholds, a system of working out shared utilization, changes to the Schedule of Benefits, CMPA and APP conversions as well as a budget.

Early retirement packages and incentives, and retirement benefits are being discussed. So are issues of incorporation, primary care reform, return of service initiatives and various integrated delivery systems.

Organizational issues being discussed include data collection and management, and a system by which disputes may be resolved. As well, there are on-going discussions on cost-shifting policies, third-party payments and health-card fraud.

It should also be noted that as of January 11th, the measures contained in the December OMA-MOH Interim Agreement are now in effect. The primary area of confusion has been the Clambake (clawback) application. Of concern to many doctors is the application of the 2.9% clawback and of course, fear of how new thresholds will be applied.

To date the MOH has indicated that the clawback of 2.9% (reduced from 10%) will be applied to all claims processed from January 1st forward. This will appear on your February 14th payment. The reimbursement of the 7.1% is supposed to show up in your March 14th payment. According to the Interim Agreement, new thresholds will not be retroactive prior to January 1st, 1997. Hallelujah.

The dates have not been written in stone so we will do our best to keep you posted.

What a Team

A&L has teamed up with the Town of Richmond Hill in a campaign to attract corporate sponsors for junior sports teams and activities. Together, A&L and the Town of Richmond Hill have invited junior clubs, teams and associations from a variety of sports to participate in the development of an advisory panel to help the program succeed in its goal to broaden sponsoring of junior sports teams and participants.

On January 12th, at the Elgin Barrow East Arena, David Haisell of A&L presented the Mayor of Richmond Hill, Bill Bell, with an Atom Stars' team jacket. (Although it was a well played game, the Richmond Hill Atom Stars lost their final home game 4 to 3.) The ceremonial puck dropping was the official kick-off to the program to increase sponsor involvement for junior teams from major and minor corporations. Many were there to support efforts to increase sponsorships. A&L was glad to be a part of it.

The Canadian Internet and You



Ask a Question; Get An Answer

It used to be when you had a question you were stuck with a couple of options. Asking someone around you hoping they would know the answer, or going to the library. If your question was too obscure and your friend didn't know, or if it was too current and your library was not up to date with periodicals, you were out of luck. Today, you can still go to the library and look up the answer in books, on CD ROM, or use an on-line service—or you can simply ask the world without ever leaving home.

As the saying goes, ask a stupid question, get a stupid answer. But as with everything involving the Internet, whether the question is stupid or not, the nature of the answer is changing. In this issue on the Canadian Internet we hope to deal with some issues regarding asking the world a question.

In Canada, USENET is the place to ask. It is a newsgroup and electronic mailing list that you can use to send or Post a question on just about any subject to people with common areas of interests. With USENET you may participate in electronic conversations over a period of days, weeks and sometimes even months. Literally, there are thousands of topic areas available. You simply choose your area of interest by sending a question to a particular group. Believe us, you will see the answers show up in your electronic mail box rather quickly and abundantly.

It is as if the world is your library and you are plugged into a network of those who share your interests. Knowledge from around the world pours in, answering your question or directing you in many ways as to provide a richness not otherwise possible. How do you do it? Quite simply; Post a message to a USENET group.

USENET is often described as the world's largest bulletin board even though it is not a bulletin board. USENET is made up of several thousand topic areas that are called *Newsgroups*. These topics cover everything imaginable... and we mean everything. And as a user of the Internet you can choose to subscribe to any newsgroup that your Internet provider offers. (Not all providers offer all newsgroups, but most provide most newsgroups.) Some newsgroups are moderated like mailing lists, but most are not. So, you can send (called Posting) to any newsgroup you care to. You simply have to know something about USENET to find the appropriate area for your question.

Newsgroups within USENET belong to various categories and sub-categories that narrow down topics areas. Major categories usually include: **biz.** (business related topics), **comp.** (for computer stuff), **misc.** (for stuff no one knows what to do with), **news.** (for info on USENET and the Internet), **rec.** (for recreational activities, chess, tennis, etc.), **sci.** (for science), **soc.** (for sociological issues), **talk.** (for debate slanted topics) and the wildest of them all, **alt.** (for everything else, usually of a controversial nature). Of course there are sub-categories; **rec.arts**, or **rec.music** and even sub-categories of the sub-categories: **rec.arts.poems**, **rec.arts.bonsai**. For very popular topics, there may be further break-downs, **rec.arts.sf.movies** (sf=science fiction). You could choose to subscribe to all the **rec.arts.sf** groups, or more or just the **rec.arts.sf.movies**.

So, say you are a budding sports buff and want to know who wore #33 for the Toronto Argonauts 25 years ago?

Well, it is best to know how groups are started. So, consider the **rec.sport.football.canadian**. It was created a number of years ago by applying to certain guidelines for the Big Seven Hierarchy of USENET: **.comp**, **.rec**, **.sci**, **.news**, **.soc**, **.talk**, and **.misc** (**alt** is not part of the hierarchy and is open ended because of that). In a charter, the individuals who wanted to start this group stated why and what it would be used for (discussion of Canadian football) by posting a notice to the moderator of **news.announce.newsgroups**. A period of discussion followed (for a month or so) that anyone could participate in. Once this period was complete, a call for votes was announced as to whether or not this newsgroup should be created. Anyone is permitted to vote and a vote-taker tallied the votes after a 30 day voting period. It was found that this newsgroup met the standards of acceptance; 2/3 of the votes must be yes.

A message followed to announce this new group to all USENET sites that **rec.sport.canadian.football** was now considered an official USENET list. (Had it not made the requirement, it would mean that most sites would refuse to carry it. This would result in this list not having an official status as a newsgroup.) And of course, any USENET site has the choice as to whether to carry this new group or not.

Once approved, anyone can subscribe to the newsgroup and post a message or question. Posted messages are transmitted throughout the USENET system, world wide. Those with an interest could belong and would receive the message with your e-mail address. In this case, the question was about who was #33 for the Toronto Argos. The length and detail of the answers, and the amount that some people know is quite incredible. Suffice to say that Bill Simmons was #33. You will find out more about him than if you played along side of him or lived next door. His stats, his history... and just about everything else.

Through the Internet the world truly becomes your library.

Next Time: Electronic Interactions with

patients.

