

# Softwords

A&L Computer Software Limited

February 1998



A&L's Head Office: (905) 886-8066  
 Oak/Miss/Bramp/Ajax: (416) 520-3238  
 Ottawa Office: (613) 737-0677  
 Sudbury Office: (705) 522-7577  
 Timmins Office: (705) 268-4922  
 Windsor Office: (519) 977-6050  
 California Office: (760)-723-8121  
 Web Link Address: www.anl.com

## ...Contents...



**The Future Is Now**  
*Digital X-rays.*

...Page 1



**Smart Systems For Health**  
*Progress Being Made*

...Page 2



**\*NEW\* Classifieds**  
*Our Readers Advertise*

...Page 2



**The User's Corner**

*How To Run A Complete  
Remittance Advice*

...Page 3



**The Internet And You**

*Your On-line Medical Community*

...Page 4



**Classified Ad Form**

*Submit Your Advertisement Here*

...Insert

Softwords is a bimonthly newsletter published by A&L Computer Software Ltd., 9030 Leslie St., #6, Richmond Hill, ON, Canada, L4B 1G2.

Reproduction of Softwords without written permission is strictly prohibited. For information, questions or suggestions concerning the publication please contact the editor, David Haisell, at the above address, or e-mail at dhaisell@anl.com. Web site: www.anl.com

♦ *The Future Is Now...*

## Digital X-rays

The potential for improving the effectiveness of X-ray examinations will soon be tested in the Asia-Pacific region. Plans are underway to involve several hospitals in various countries in the region, including Japan, during the first three months of this year.

Among the developers of this new technology, also being evaluated at several leading U.S. medical facilities, is General Electric Medical Systems.

Tests so far have proved encouraging and once implemented, the technology will replace the conventional X-ray film process with digital computer images which can be stored electronically with no data loss.

Another developer of the technology, Sterling Diagnostic Imaging Inc., is having the Cleveland Clinic in Ohio perform an evaluation. The advantage of the technology is that it directly captures and converts X-ray energy into a digital image, whereas standard x-rays require intermediate steps that can effect the quality of the image.

In addition, the digital image is immediately displayed on a screen, allowing the technician to inspect the quality before the patient leaves the examination room.

"Immediate access to the images spares the technician from performing repeat procedures, which allows for more efficient use of the X-ray room and saves the patient's time," says Dr. Piraino, M. D., of the Cleveland Clinic Department of Radiology. "Then there's the issue of storage. Instead of rooms full of X-ray films, you can store the digital X-rays on a computer. That way, a physician can access the X-ray immediately, instead of waiting for it to be retrieved from the records room."

As a result, X-ray examinations will not only be much faster but will produce better images that, because of their digital format, can be quickly and

easily transmitted to the prescribing physician equipped to receive such digitized information.

Physicians currently using document imaging technology as a tool in their offices and clinics can easily save these digital X-rays within their patients' files. Once saved, they are then available for speedy reference or transmission to anywhere in the world.

The digital images can be easily printed on a wide range of output devices including laser printers, film printers, and other high resolution devices. This allows them to be viewed from the computer monitor and for inclusion with reports and other records.

Added benefits of this new technology are the savings in space for hospitals, laboratories, physicians' offices and clinics along with the reduction in labour costs needed for archiving and retrieval of X-ray film.

Other companies involved in developing this technology include Imaging Dynamics Corporation and Toshiba America Medical Systems. During the next year we will probably see many medical centres implementing this new system.

This new tool joins the ever increasing collection of technological advances we have described in the past few issues of *Softwords* which will impact the way the health care professional operates in the coming years.

It is also another reason for physicians to give serious consideration to the acquisition and implementation of document imaging software within their office or clinic. The digital X-ray image can be transmitted directly to the physician's computer where it can immediately be attached and stored with the other electronic documents in the patient's file.

## Smart Systems For Health - Progress Being Made

**A**s reported in the last issue of *Softwords* the development of the Ontario Smart System for Health (SSH) is well under way. The committee developing the comprehensive business plan is on schedule for the March 31, 1998 target date to submit the plan to the MOH for approval.

The components of the plan address such areas as vision, governance, market assessment, products and services, production, delivery and distribution, marketing, financial assessment, risk management, implementation, evaluation and outcomes. This initiative will provide a set of systems that collectively will result in a major advancement in how information technology is used to support and improve the health care delivery system and health status of Ontario's population.

Several products and services are currently under review by the project team. One of these is the creation of an electronic health record (EHR) for all recipients of health care in Ontario. This is envisioned as a multimedia record of a patient's health status and a historical record of their uses of the health care system.

Access to the EHR is to be controlled through a centralized registration system that would contain information and identifiers for all individuals and organizations authorized to create and input, maintain, read or use the consumer's health data. Health care data would be input into the EHR by attending health care providers or their organization, and by law must be kept confidential.

Servicing the Ontario health care community will be a high speed, wide area network linking all health care system users. It will be province wide, able to transport multimedia information (data, voice and video transmissions) and enable the efficient retrieval of health data and information wherever and whenever required.

Another product of the SSH would provide the means to access information about the providers of health care services. This directory of services could be used to show where the consumer or their providers can obtain specific types of health care specialty services. Information about health practitioners, health facilities and agencies would be provided. This component would also be able to manage the waiting lists for selected types of health care services or facilities.

The delivery of professional health services over distances and to remote areas will be made possible by another product, the Telemedicine/Telehealth component. Diagnostic and consultative services for patients, consultative services for health care providers, patient health care education and specialized health education for health care providers would be deliverable over the proposed provincial health wide area network (WAN) and other telecommunication systems.

Two types of health education and training products

are also proposed for the SSH network. One is to be education and training in the use of the systems themselves for providers

and consumers, while the other will be education through distribution of MOH and the Public Health Departments' education materials. It is proposed that this will utilize a web site on the SSH provincial network.

Security and confidentiality of data and information for both the health care provider and the user is paramount, and various measures are being proposed to ensure that all parties are protected from unauthorized access.

Among the steps being formulated is to be the ability to determine and validate an individual's identity whether they be a user or a health care provider.

Encryption or scrambling of file information to protect its contents is another security measure being undertaken. In addition, digital signatures for both users and health care providers will be required to provide a further safeguard against unauthorized access.

Other fairly standard security considerations proposed include audit controls and backup/recovery procedures.

Once the comprehensive business plan receives MOH approval it is anticipated that detailed development on selected pilot projects will begin. This will present an opportunity for some of the SSH's stakeholders to see first hand examples of what the system will be able to provide, and

### New! — Classifieds — New!



*Do you have anything you would like to sell? Are you in the market for a bargain? Are you looking for employment? Or to hire someone? Is there something you are looking to rent? To trade?*

*Perhaps one of our many readers is looking for what you have for sale. Or is selling what you are looking for.*

Starting with our April issue, *Softwords* is offering a classified advertising service to our readers. We do not assume responsibility for any claims or offers made in classified ads and we urge our readers to investigate thoroughly any opportunities advertised.

Our advertising rates are 50 cents/word and we ask you to use the enclosed classified ad submission form to compose your message if possible. Deadline for April '98 issue insertions is March 15. Cheques must accompany ad and should be made payable to A&L Computer Software Limited. Send to 9030 Leslie St., #6, Richmond Hill, ON. L4B 1G2. Ad copy may also be faxed to 905-886-6617. Please include a phone number where you can be reached.

## The User's Corner: How To Run A Complete A&L HERO\* Remittance Advice

**L**ately we have fielded many questions regarding the R.A. All our users have had the opportunity to run through the program once with us, but sometimes once is not enough. Please insert this page into your manual for future reference.

### Step 1

Before you can process the R.A. you must download the file onto your hard drive. Your R.A. can usually be accessed sometime between the 8th and the 14th of the month depending on when the MOH makes them available. To receive your R.A. you do not necessarily have to batch before you send. Simply click on the transmit button. If the R.A. is available it will start to download. You can monitor the process taking place by referring to the bottom of the screen. You will see **Rec. MOH PL#####.001** flash by. **P** indicates Remittance Advice File while the second letter stands for the month (e.g. A for January, B for February, etc.). '.001' indicates 1 file for that month.

### Step 2

Click on + to the right of the trillium (**MOH Batch Claims/ Process Reconciliations**). Click on **Process R.A.**, and then on the physician's name. Click **Start**. You will be asked to **Enter Current Discount Percentage**. Leave the area blank and click on **OK**. The R.A. will commence if it has been downloaded. If not, **NO Records Batched** will be displayed. When it is finished you may be asked if you wish the file copied onto a disk drive. This means the R.A. contains claims from another software program. You may now copy the file onto a disk and run the disk on the other software program. You will then be asked if you wish to run an R.A. report. If so, you can select from *Detailed Payment Listing, MOH R.A. Reports, Partial Payments/Exceptions* and *Summary Payment Listing*. If you need to print the report later click on the trillium, (**List MOH Claims/Reconciliation**), then click on the third icon down the left hand side, **List Doctor's MOH Remittances/ Advices (By Type)**. Highlight the R.A. in question and click on the printer icon on the top row of the tool bar. This will give you the report options.

### Step 3

The **Partial Payments/Exceptions** report lists claims that have been rejected or partially paid. Instead of printing it the list can be viewed and retrieved by clicking on **List Doctor's Claims**. On the left-hand side click on the icon with the red X (**List Doctor's Rejected Claims**). Double click on the claim to retrieve the details. The column **Ex** is the explanatory code for the rejection. Double clicking on the code will display its meaning. Then be sure to click on **Cancel** to close the **Explanatory Code Listing** before continuing. You now have two options:

### Option 1)

You can choose to accept the claim as it is, and manually reconcile it by clicking on the **R** next to the rejection code. To save the claim, each service with an explanatory code must be reconciled before the claim can be moved to the Archived File.

### Option 2)

To dispute the claim or change something within the claim, simply make the change and click on **OK, SAVE, or ADD** (depending on the screen you want to end up in). A box will then appear asking **Is Claim Completed/Corrected?** Responding **Yes** will move the claim to the completed or corrected list. The claim will then be resubmitted next time you batch and transmit completed or corrected claims.

### Step 4

The other list you will want to check is the **List Doctor's Reconciled Claims** within the **List Doctor's Claim** icon. This list contains claims that were paid a lesser amount than you submitted, or those whose service codes have changed. Again your choice is to follow one of the two options presented above. Following these steps will help you reconcile the R.A. you receive from the MOH.

### Step 5

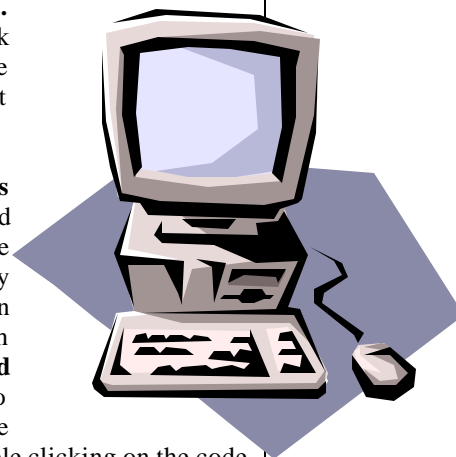
Care must be taken with those claims that the MOH has not yet processed. Claims transmitted to the MOH are not necessarily sent back on the following R.A. As a matter of fact, they may become stale dated if you are not diligent. By referring to the **List Doctor's Claims** and checking the **List Doctor's Batched Claims**, you will see all claims that have been sent. They are listed in reverse chronological order from most recent to oldest. Some will be from your *Claims Error Report* while others will be those which the MOH simply has not looked at yet. Again, you have two choices in dealing with these claims.

### Choice 1)

Rebill within the chosen date range. Note the date range of your unpaid claims (oldest to most recent). Click the + sign to the right of the trillium (**MOH Batch Claims/ Process Reconciliations**). Click on **Bill Claims**, then on **Rebill**, and enter starting and ending dates for **Rebill Batch Claims From** and **To**. When this is finished, the next time you transmit, these claims will be sent.

### Choice 2)

Bring up the claim individually, make a change (even if you don't have to, you can delete something and re-enter it) and then save the claim. By doing this you are putting the claim back into completed or corrected status. When you batch, make sure you click on the **Corrected Claims** (it goes without saying you will click on the **Completed Claims** regularly). Transmit. And that's all there is to it. Enjoy!



# The Internet And You



## Your On-line Medical Community

As we continue to report in this column, the Internet is rapidly becoming the source of a wealth of information about anything under the sun, and the medical field is very well represented. In this issue we would like to draw your attention to a web site created for the Canadian HealthCare community by Maclean Hunter Medical Publishing & Communications Group. Called **MDLink**, it is referred to by the Maclean Hunter Group as "*your on-line medical community*" and is tailored to the needs of the Canadian physician.

Currently available at this site are news articles, a variety of useful medical resources, discussion groups, conference listings and links to other sites of interest to the health care professional. The newest feature recently made available at the site is an on-line accredited Continuing Medical Education (CME) program. The first offering is a video learning tool entitled, "*Androgen Deficiency in the Aging Male*" brought to you by Organon Canada, Maclean Hunter Healthcare and AV Global Education. The Maclean Hunter Group plans to have other such CME tools available in the coming months including a medical refresher course from the University of Ottawa, a lecture series from the University of Montreal and a series of interactive case studies.

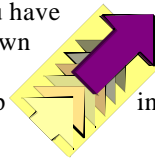


### The Medical Post Online

One example of the news articles available is the access provided to one of Canada's most read medical newspapers *The Medical Post*. As many of you are aware, this publication provides you with on-line weekly coverage of clinical, political and business news of vital interest to medical professionals.

### Search Engine For Medical Resources

If you need to find specific information on the Internet all you have to do is type in your topic of choice and MDLink's search engine will provide you, from its own database, with a relevant list of web sites that have been identified, categorized, ranked and described by their researchers. Having an on-line reference library available at the click of your mouse can be a great help in keeping up to date on what's happening in medical research in Canada and around the world.



### Medi-View Reports

One such web site to which you can link is called Medi-View Reports. This provides the physician with full text retrieval of a wide variety of reports from Canadian and international medical meetings in such disciplines as Cardiology, Dermatology, Gastroenterology, Gynecology, Infectious Diseases, Neurology, Psychiatry, Orthopedics and Urology. You may not be able to spare the time to attend the various conferences around the world pertaining to your specialty, but at least you will be able to keep up to date with what was presented.



### MDLink Forum

Your colleagues can be a great source of information, too. To facilitate networking with other medical professionals MDLink has developed a virtual forum where the audience is global and the scope is limitless. Using this forum you may start your own discussions, ask questions, offer advice or just post comments on any relevant topic. MDLink will provide an editor to monitor the forum and to reply to any messages directed toward the web site by its users.

### Registration

Want to find out more? To take a first hand look at what this site has to offer go to [www.MDLink.com](http://www.MDLink.com) on your browser and check out its features. If you like what you see you can easily become a registered user by completing an on-line registration form. You must be a HealthCare professional to register, or if not, offer a valid reason as to why you should be able to use all the available features of the site.

**Don't forget to keep up to date with what's happening at A&L by visiting our web site at [www.anl.com](http://www.anl.com)**

