

Softwords







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◆ The Future Is Now...

Electronic Scripts

Prescriptions may soon be electronically conveyable to your patient's pharmacy of choice. This will add another dimension to the use of your office or clinic's computer system.

The technology enabling this has been around for a few years but there have been several reasons delaying its use. One of the major ones was the opposition to electronic transmission of prescriptions to pharmacies by the Health Protection Branch (HPB) of Health Canada. Also, the provincial medical and pharmacy bodies regulating such issues were not supportive either.

However, the concept has now been endorsed by the National Association of Pharmacy Regulatory Bodies (NAPRA) and the College of Physicians and Surgeons of Ontario (CPSO).

Another stumbling block has been an outdated section of the Food and Drug Act which requires a prescription to be transferred to a pharmacy only verbally or in writing. A task force working on developing recommendations for safe and effective transfer of prescription information recently recommended to NAPRA that the Food and Drug Act be re-examined and changed to allow electronic transmission of prescriptions.

NAPRA's task force also recommended that security standards developed in 1994 by the American Society of Automation in Pharmacy be accepted and applied.

For this process to be implemented, the pharmacy's and physician's computers must be logged on to the same network and have the necessary software to enable the prescription information to be exchanged. Physicians hoping to use this new technology should ensure their software supplier provides this feature within their

◆ Doctor/Patient E-mail

Follow-Up

Two previous issues of *Softwords* contained articles dealing with the use of e-mail for doctor/patient communication. If you happened to have missed them you may access the details on page four of the April and June issues or, should you have Internet access, on our web site at www.anl.com.

All of the reference material of which we are aware on this topic is

from the United States, which may indicate that the use of this technology for doctor/patient communication is more prevalent there. In the April 25/94 issue of **American Medical News** there appeared an article by R. Gareiss (pp.23-7) entitled *Electronic Triage*. This addressed the important aspect of who will triage patient e-mail and how, and what should be the response time.

Those of you wondering about patient attitudes toward the use of e-mail communication with their physician might wish to refer to the results of a survey conducted by Fridsma, D.B., Ford, P., and Altman, R., reported in the **1994 Proceedings of the Eighteenth Annual Symposium On Computer Applications In Medical Care** (pp. 15-9), American Medical Informatics Association, Bethesda.

Another article you may wish to access is by Beverley Kane, MD, Health & Fitness Center, Apple Computer Inc., entitled *Guidelines For Using Electronic Mail With Patients*. Dr. Kane can be reached at Apple Computer Inc., at bkane@apple.com or by telephone at 408-974-6420, fax 408-974-7317.

Softwords is interested to discover if and how its readers are using e-mail for patient communication, and to what extent your patients are taking advantage of this service if you provide it. **Please complete and return the enclosed response form and we will publish the results in an upcoming issue.** Thank you.

DOCUMENT IMAGING - WHAT DOES IT PROVIDE?

The increased pressure on the HealthCare industry has launched a process to search for innovative ways to improve efficiency and reduce operating costs. A variety of software is now available to offer viable solutions to the problems faced by physicians, clinics and hospitals in the handling of patient records.

The traditional method for storing patient charts and records is, of course, the filing cabinet. A busy practice commonly has bulging file folders stored in racks of shelves or drawers, each containing a variety of forms, records and reports for each patient.

However, according to Dr. Edward Shortliffe, speaking recently to the American College of Obstetrics and Gynecology in Las Vegas, paper-based records should be a thing of the past.

"Paper records do not deserve our devotion; they are overrated and must evolve. Forces are underway to make computerized records inevitable," said Dr. Shortliffe, a professor of medicine and computer science at California's Stanford University.

HealthCare today depends upon information integrated from diverse sources. It needs to be both accurate and accessible, and the computer is the tool which allows this integration of information to be compiled onto one master file. From here it can be accessible for reference either locally or across the globe. In addition, the computer allows a patient's file to be a flexible, growing entity rather than a static object.

Currently, physicians who receive patient hardcopy information from various sources end up adding these documents to the patient's file folder which, for a long term patient, can grow quite thick. It can include reports from consultants, specialists, hospitals, insurance companies, laboratories and even legal documents.

These bulging patient files are themselves motivation to look for other ways to store this information. Other incentives might include easier access and retrieval of data, better communication with other HealthCare professionals who may need to refer to your patient information and increased efficiency in your document handling procedures to, for instance, reduce record loss and duplication.

In addition, some of your patients may be inactive, yet their records are still occupying physical space. Microfilming is an option, but a costly one. A physician must weigh this additional expense against the cost savings resulting from a reduction in storage before deciding if this is a viable alternative. But microfilming still doesn't address the need for ease of access or communication of the data when needed.

One simple way to convert hardcopy patient documents into electronic records is to scan them into a computer where they can be stored on a database in a manner which suits your filing and retrieval needs.

Advantages of Document Imaging

The advantages of document imaging are many. Document retrieval is as simple as a few clicks of your mouse. No more rummaging through filing cabinets and folders to find the document you need for reference. Reduced document loss is another benefit. How many times have you asked yourself "Now where did I file that report?"

Another major advantage of document imaging is inherent in the way you structure your computer's databases. Most databases will allow you the flexibility to integrate your documents in such a way as to recall them in a variety of sequences, groups or associations. This is just not possible with archived paper records.

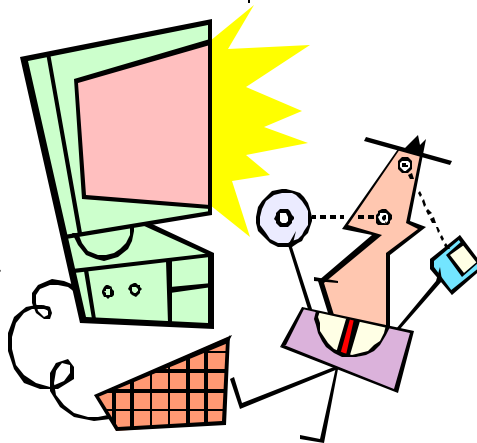
A further obvious advantage of document imaging is its contribution to a reduction in physical storage space. For example, up to 39,000 pages of data can be stored on one compact disc when using an efficient document imaging software package, depending upon the parameters of your scanner. Imagine the resulting cost saving in filing cabinets this will generate!

An additional major benefit of document imaging is improved record security. Hardcopy patient charts, if left lying around, can be read by virtually anybody. A well designed document imaging system will have several layers of security built into it in order to maintain the confidentiality of the records stored within its databases. This will allow the physician to establish various levels of password protection to suit the kind of access he or she wishes to assign to office staff.

Update and edit capability can be given to some, whereas others may be limited to the ability to reference only specific kinds of information. The printing and transmitting of documents should also be controllable. Also, the ability to assign, reference and change passwords can be reserved for one person if necessary.

Receiving and transmitting records and documents in electronic form is also made possible with this kind of software system by the use of e-mail and other such communication networks. Once again, a well designed system will provide encryption to protect the confidentiality of information over communication links.

(See *Imaging*, page 3)



The User's Corner

Show Me The Money!

How to get yours in our Windows based software

Want to know exactly what you've been paid and what is still outstanding? Most of you know that when you run your RA, the reports generated will list exactly what claims OHIP has paid you for and what has not yet been paid. This information is shown on the **Detail Payment Listing** and on the **Partial Payments/Exceptions reports**.

However, as most of you also know, what has been stated above is based on the assumption that OHIP has processed **all** of the claims you have submitted since the previous cutoff date. All you experienced billers across Ontario will realize that this is rarely the case. This listing represents only one portion of your accounts receivable, and you will need to search further to find more details.

For example, some of your submitted claims will be returned to you through the **Claims Error Report**. This report will list those claims which have been rejected because of invalid field formats or because other such invalid information was transmitted. Naturally, you should make any necessary corrections and resubmit these claims as soon as possible.

But there may also be other claims which may not have been processed for reasons as yet unknown to you. These may include claims which are under independent consideration, claims that are being internally audited or claims which for some unknown reason have simply been overlooked.

So, just how can you become aware of and keep track of such claims? The following process will serve as a guide.

Go to your A&L Windows-based medical software Printer icon (Print Reports/Queries (Context Sensitive/General)) and select the report **Claims in Period (Status=)**. The fields that must be selected are "Input" (enter "T"), "From" and "To" dates (enter "19th" for day, five months back from the current month to last service date of claim on the RA). Finally, you need to highlight the physician's name and then click on Start.

The **Claims in Period (Status=)** report is the other significant portion of your accounts receivable. You should be aware that some of the claims listed on this report will be duplicates of those recorded on your **Claims Error Report** from the Ministry of Health. The remainder will consist of those that have either been resubmitted or simply have not yet been

been processed by the Ministry of Health.

You work hard for your money. By taking the time to generate these reports you will provide yourself the necessary information to help you to stay on top of your claims and to make sure you earn **all** that is coming to you.

Imaging (continued from page 2)

Document imaging allows a medical office, clinic or hospital to increase the efficiency of patient record handling while at the same time it provides greatly improved integration of HealthCare information from numerous sources.

Getting Started

Once an office or clinic decides to pursue document imaging there are several considerations which need to be made. The first of these is to decide exactly what documents within your practice you will need to scan into your computer system. What volume of records will be involved? Will more than one physician be using the technology? Do they all wish to organize their patient files in the same way?

Another important consideration is whether your current computer system will be adequate for document imaging. You will obviously need to purchase a scanner, but it is also possible that your computer will need to be upgraded to handle the document imaging software, and to be able to store all of your records. Converting document images to electronic format requires a powerful computer and a lot of hard disk capacity.

A scanner becomes an integral part of your computer system and should be chosen carefully. Will you be scanning colour documents? Or will a less expensive black and white scanner suffice? You will probably also need an automatic document feeder (ADF) to avoid having to stand around scanning one document after another.

Your computer should be a Pentium to have the speed needed to run the type of sophisticated document imaging software package with the capabilities we have discussed. You will need plenty of Ram (probably at least 32 meg), and at least a one gig hard drive, although more is



"Don't sweat it - it's not rocket science!"

recommended.

If your office is currently operating on a computer network you will need to ensure that whatever software package you select will operate effectively in that environment. The security aspects previously discussed become even more significant on a network, and password access, along with other operating procedures will need to be carefully planned. Seek out others who have implemented document imaging for advice and suggestions, and learn from their experiences.

The Internet and You



Coming Soon... *To An Internet Site Near You!*

The previous issue of *Softwords* introduced you to what is available at A&L's web site. We hope that those of you with Internet access have visited and explored some or all of our pages.

However, those of you without Internet access may be inspired to **come on board** after reading this article which provides a preview of what is being planned for Canadians in the way of health related information over the Internet. The overview provided here is taken from the details published by **Canarie Incorporated** in a document entitled *Toward A Canadian Health Iway: Vision Opportunities and Future Steps* (yes, 'Iway' — short for 'Information Highway' we presume).

Canarie Incorporated is an industry led and managed consortium created in 1993 as an innovative way for the Federal Government and the private sector to collaborate in stimulating the development of the Information Highway in Canada.

The full text of the report can be found by following the **Canadian Health Network** hot link at our web site, which will lead you to the **Canarie Incorporated** link where you will find the report.

Inspired by the fact that Canada is broadening its health care approach to include health promotion and disease prevention, to include regional support of home and self-managed care, and by the realization that all citizens are recognizing the need to assume greater responsibility for their own health, the vision for the Canadian Health Iway was developed.



It is envisioned as a "network of networks," open and accessible yet confidential and secure. It will assist decision making by health professionals **and** patients, and respond to the health information needs of the public.

Although the applications and services offered through the Health Iway are still being determined, the range being considered includes the following:

- Individuals at home and in remote locations should be able to access health and treatment information interactively, and individuals with chronic diseases should be able to communicate with each other to share information about the management of their disease.
- Health professionals should be able to use evidence-based decision support tools and access current information on treatment options and patient management information, engage in professional development activities with their peers even in remote locations, and offer health services to patients using efficient communications tools and independent of location. Standards-based electronic medical records should be a key new technology underlying these applications.
- Administrators and policy makers should be able to assess the efficacy of treatment options and systems based on reliable and comprehensive data, monitor and promote economical use of facilities and improve the planning and management of health services generally.
- Researchers should be able to access health care databases and leading edge appraisal and screening tools.
- Hospitals and health facilities, within the boundaries of privacy regulations, should be able to access the patient and other data and decision tools to enable them to increase efficiencies and reduce costs.
- Community agencies should be able to become more involved in decisions related to health and health care at the grassroots level.

The Internet already provides a wealth of information for both the professional and the general public. But when such initiatives as these are implemented they may play a significant role in organizing and coordinating the effective use of such information to the betterment of health care in Canada.

If you haven't already done so get connected soon, and in the words of Captain Jean Luc Picard on being given command of the *USS Enterprise*, "Let's see what's out there."