

Softwords

A&L Computer Software Limited

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◆ Predictions for the future...

Non-technical Seminar

Because technology has and will have a profound effect on the medical community, it's important for everyone to keep up with the latest news and trends.

Some predictions for '97 - '98.

- 1 Electronic submissions will become the standard if not the imposed.
- 2 Cash cows are dead. But an extra cash calf is possible with Block Billing.
- 3 Block Billing if properly utilized could add to the bottom line in these fiscally trying times.
- 4 Internet Vs Intranet: A&L HERO will gain market share. As electronic submissions become the standard, Windows-based on-line services will gain a solid foothold as the least expensive office automation alternative.
- 5 A&L Document Console: It's obvious that something has to be done with medical documents and files. Personnel will have to be trained to use the full power of the computer with emphasis on non-paper documentation.

Electronic Submissions

Electronic submissions are here. As MOH capacity grows to handle *all* claims in this format, pressure will grow to handle all claims *only* in this format. As we have been stating for years, it becomes a matter of basic economics. There is simply no cheaper way for the MOH to do business. Electronic submissions are the least labour intensive and most cost effective way for the MOH to pay for medical services. However, setting up and perfecting electronic submissions in your office could be another story. For some it will simply mean a few changes to procedures. But for others it will mean a system over-haul, especially if an office has held onto technology such as '286s or other such techno-dinosaurs.

Cash Cows

If there ever were any cash cows for doctors they have been shot long ago. Still alive, however, is one "cash calf" —



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one that is becoming more important as the MOH is forced to stream-line and discontinue offered services. Unless the Government is out-right ready to declare that doctors are paid slaves, then uninsured services can provide a helpful cash infusion, depending on the nature of your practice.

Block Billing Feature

To bill annually for uninsured services, you require the integrated Block Billing Feature. A&L Medical System Version 8.0 has it (as well as other enhancements). A&L can help you to use it to its fullest. It is helpful to understand the changes made to the program as a whole in order to best utilize this feature. As your office commits itself to Block Billing, be sure to refer to the College of Physicians and Surgeons to see which services do and don't apply.

Internet Vs Intranet

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◆ Drug Reaction problems...

The Future is On-line

You may have read about Phyllis De Sort. This former nurse had no clue how ill she really was. She felt lightheaded and nauseous, with severe stomach cramps, for almost a week. She had caught the flu that was going around the office, she thought. But it did seem to be hanging on longer than it should. Her husband kept telling her to go see her doctor, but like so many of us, she was just too busy... in her case, running a TV-commercial production company. It was a particularly hellish month at work. She thought because she was working so hard she was simply run-down and just not recovering from the flu-bug. One morning, she collapsed on the washroom floor in her home. Her husband found her, unconscious. He rushed her to the hospital. It was quickly determined that she had a bleeding ulcer. The doctors staunched the bleeding and pumped over three pints of blood into her tiny body. It was a close call. Had her husband not found her as soon as he did, she may have bled to death.

The culprit? Ibuprofen.

It is the active ingredient in Advil, Nuprin, Motrin IB and others. As you probably know, it is a non-steroidal anti-inflammatory class of drugs. (NSAIDs). It is an analgesic drug available over-the-counter and relieves inflammation and

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A Non-technical Computer Seminar



...Cont. from Page 1 Well, making sense out of the changing ways in which we can offer services in the medical marketplace is a big part of what Teach&Train is about. With Internet growth and networking standards set, A&L HERO is best understood as an Intranet. First lets explain this. The *Internet* is a global, publicly held and used network based on the TCP/IP protocol. People access the Internet to obtain available information on the World Wide Web, or elsewhere, and send and receive e-mail messages. An *Intranet* may provide the same services, as well as an on-ramp to the Internet, but the services are provided to a limited set of authorized users by using firewalls (security systems) to prevent unauthorized use. You could therefore look at the A&L HERO transactional Network as an Intranet. Members of A&L HERO are able to use collaborative computing, staff training, electronic commerce, continuing-education seminars, e-mail, billing and much more. HERO information, functions and benefits are limited to members and a few selected outsiders.

A&L Document Console

The growth of documentation is a factor that is hitting us where it hurts: in the pocket book. There are so many issues involved with the creation of paper at any office that some offices have simply tried to eliminate paper. Doesn't totally work, but we sure can sympathize with that. A&L Document Console is the only way to control files and documents. Electronic imaging is not the wave of the future, it is a fact of the present. Some offices still try to do their billing using the telephone as a keypad. Most offices are in the same boat with filing. How do you answer your child when they ask; What did you *actually* do for most of the day, Mom\Dad?

Understanding Computer Software for Non-Engineers

When you are around computer geeks or even normal people who use/like/love their computer, do you feel left in the dark? Does it sound like they are speaking a foreign language?

If you need to understand the technical language and get the most out of your office technology, as well as understand the details of how to best use your computer, or if you see your abilities limited by your lack of understanding of what your system can and cannot do, or if you are considering enhancing office procedures, then Teach & Train is for you.

Teach & Train is a non-technical seminar designed for the non-technical medical office professionals in the Office/Clinic end-user community: those who work with doctors and are required and expected to understand medical computer software. We will offer you a thorough understanding of our computer software all in one intensive day. It is a chance to meet others, learn, talk and count yourself in.

Call us at 905-886-8066 for a Registration Form and/or for Information. It all happens Saturday, May 24th, 1997 at Stage West in Mississauga.

The Query Language



Lunch, Late Harvest Wines, Mrs. Smith and the Reminder.Date

So little time, so many things to remember. Like making sure patients who should visit, do. It's difficult enough most days just to stay even with the comings and goings in the office place. Now you've been asked (delicately of course, although we won't mention by whom) why Mrs. Smith hasn't been in for *#@^%#* years or who knows how long???

Like you've got so much extra time, maybe you could just extend your 2 hour lunch engagement at the restaurant. After enjoying one of your favourite dessert wines, a Late Harvest Sauvignon Blanc, you could call Mrs. Smith, see if she isn't too busy and pick her up in the afternoon for an appointment. Of course you probably have little to do in the afternoon anyway, so why not drop her back home too.

Does this sound like your office situation? Not likely. But even if it does you may want to consider using the Query Language to help you out. Not only will you save on lunch money, you'll be able to do more than one Mrs. Smith at a time. As well, this encourages patients to find their own way into the office and helps you have a life of your own.

The Query Language is of course one of the most powerful features of the A&L Medical System database. It allows for flexible analysis of the computer records you keep. It produces ad hoc reports and lists in many different ways that help you manage your office.

To get a list of those who should have been in to see the doctor by now, access the Query Language by typing in the letter [T] at any main menu. A colon prompt will be displayed. Access the Patient files, which are contained in the MSF210 file name. As well, you want to LIST the files of those who are due or over-due for a visit or appointment. Maybe they should have been in for an annual physical or check-up, or perhaps they have a condition the doctor has been monitoring.

If you have not started to use the Reminder field for this purpose, there is no time like the present. It is in Field #24 on the Patient File Maintenance screen.


To get a list from this Date Reminder Field, at the colon prompt, on one line, in capital letters, type in the following:

LIST MSF210 IF REMINDER.DATE = '01JAN97'

(PE) added to the end of the line will send it to the printer. Make sure your printer is on and has paper. If you wish to view this list on the screen first, do not include the (PE). After you have finished generating and printing out your list, type in the word RETURN at the colon prompt and press the Enter key to return to the main menu.

You can call Mrs. Smith or use your list to generate labels and send out a mailing. Consult with you-know-who to find out which method is best for your office.

The Future is On-line...

 ...Cont. from Page 1 pain. The down-side of it is that if it is consumed over prolonged periods of time it can perforate the stomach wall and provoke serious bleeding. Such bleeding can be virtually undetectable until quite late in its development.

The number of similar reactions throughout North America is significant, staggering in fact. Medical people have known for years that ibuprofen, taken regularly by sufferers of chronic pain, has been connected with gastric disorders. According to the Food and Drug Administration in the U.S.A., NSAIDs is thought to be responsible for 10,000 to 20,000 severe bleeding deaths each year in the United States. WOW!!!!

Of course, ibuprofen is not alone. There are many other drugs with similar problems. We think that education plays a large role as does technology. Consumers seem to naively believe that because a drug is sold over-the-counter, it is harmless. But drugs warrant caution whether over-the-counter or prescribed. Especially when taking many, for prolonged periods of time in combination with other drugs or alcohol.

In the changing health-care environment there is continual pressure to reduce costs. The use of drugs and, in particular, over-the-counter drugs, has been seen as a way of lowering costs. This practise places a lot of responsibility on patients. Responsibility is good... when a patient has enough knowledge with which to make informed decisions. But situations can vary wildly in complexity. And there are issues of prolonged drug use and varying individual reactions. As well, over-the-counter drugs may well mask warning signs of a serious problem or disorder.

The Start of a Technological Solution


What if the medical community were plugged in? On-line using a Transactional Network that was connected to all aspects of the medical community? From doctors, clinics, and hospitals, to pharmacies, laboratories and the MOH...

Now, technology won't solve every problem, but it certainly will go a long way toward making the effects of drugs better known if pharmacies and medical facilities have access to who is taking what. Perhaps we dream too much, but how about a Network like HERO, simply allowing doctors and pharmacists to plug into what drugs customers are purchasing and therefore, what potential problems could occur if combined with other medication? Including over-the-counter drugs.

Many businesses, including grocery stores, are developing cards for consumers who want to write checks and use credit cards. What some companies offer are further discounts or sale items to consumers who have a card swiped when they purchase. Simply put, pharmacies could offer Smart Cards to their customers for discounts. The A&L HERO Network could alert the pharmacist and/or doctor of potential problems, like buying too much ibuprofen, for too long... Or combining various over-the-counter drugs that may lead to drug reaction problems. It would be a start...

THE USER'S CORNER

ShareFun is No Fun

 A serious security concern has been reported in using Microsoft Corp's Internet Explorer. Microsoft has acknowledged the bug that allows Web site operators to secretly run programs on someone else's computer. ShareFun is the first known macro virus that spreads itself automatically. It uses the host computer's MS mail system to spread itself to unsuspecting victims who think they are receiving a message from a friendly source. (Someone they know and are in e-mail touch with.) They will find a message from a friendly source, but there is no message, only an attachment.

The bug could allow someone to prevent another's computer from starting up or allow them to spread the virus using the host's account without the owner ever knowing. The ShareFun virus infects MS Word for Windows versions 6 and 7. A user becomes infected when opening an infected Word document. Once opened, the virus runs a macro, in this case a self-contained random number generator. This results in 25% success rate for its second action which is to search the user's hard disk drive for the presence of MS Mail. If it doesn't find it, nothing happens. If it does, however...

It commandeers the electronic mail program. It chooses three random e-mail addresses out of the host directory and generates an e-mail message to each of those addresses. Of course it attaches a Word Infected document and creates a subject line, "You have GOT to read this!" It will send the message (which is blank) with an attachment (which is the Word document containing the virus) in the name of the e-mail address of the host e-mailer. At least to date, this virus has not harmed data. E-mailers should have a basic policy of NOT opening attachments if they are unsure of its origin, particularly when the rest of the message is blank. As well as generating a way to propagate itself, it also infects all subsequent Word documents that are opened from within Word.

Microsoft says they are immediately testing solutions for the problem and expect to have a fix posted on their Web site soon. They did not discover the bug, but verified it. Paul Balle, a product manager for Microsoft's Internet Explorer in an interview with the Times said, "The moment we found out about it, we got our developers and program managers on it." So far it seems to be affecting Version 3.0 and 3.1 and not previous versions. Internet Explorer is said to have 25 to 30% market share, behind rival Netscape.

All users should have anti-virus software installed on their computers. Both Norton and McAfee (two leaders in Anti-virus software) have information on the ShareFun virus as well as fixes available as a special update which can be down-loaded from their Web site.

For those concerned, we advise you to keep checking the Microsoft's World Wide Web Page to get the up-to-date news on this bug, as well as a fix, hopefully sooner, rather than later. At time of publication an update has been released.

The Canadian Internet and You



Electronic Mail with Patients

"Why would a doctor ever want to set up e-mail correspondence with a patient?"

We were asked that by... well, a doctor. Seeing that we thought the answer obvious, we were taken aback by the question. Not sure what was at the bottom of this, we ventured carefully. "Cause they are customers?" This didn't seem to help. Rather than try to get into it then, (it was a social gathering) we invited them to refer to this article.

So, for the doubters and/or the reluctant, we can say at least this much. Technically minded patients exist, as do technically minded doctors. Those health care consumers of a technical bent have accelerated the demand for e-mail access to their providers. Electronic communication has a role to play. Given increased access, demand and the numbers of people connected to the Internet via at least an e-mail address, (at last count 50 million) chances are some of those people are going to and have already entered your office. And although they may not initiate or expect you to be available via e-mail, it may be the difference of a long-term or short term relationship. In our opinion— that— is why a doctor should be interested in setting up at least an e-mail address. There are definite concerns and issues to be resolved. We hope to discuss some of them in this article. But the bottom line is that patients are customers who may shop around just like any other consumer. This article is to help those who have or will venture to go where few doctors have gone, e-mailing patients.

E-mailing Patients—The Advantages

E-mail as we have discussed in this column before, is a hybrid of communication that falls somewhere between letter-writing and telephone conversations. It may be less private than letters or telephone calls. It is often used instead of a telephone call, and has less urgency attached to it. E-mail messages are often back and forth volleys. Messages are usually answered within a couple of working days. E-mail is unintrusive (that's what Miss Manners likes most about it) whereas a phone call is intrusive in every way. Thus, e-mail is perfect for non-urgent circumstances, allowing for routine inquiries to be handled this way. Thus, e-mail can be handled at the convenience of the recipient, and usually in batches. Patients regularly report that appointments are short and under the duress of seeing the doctor and not feeling well, they often forget or didn't think of something they are concerned about. E-mail may be an alternative to clarify advice or ensure the patient's retention of instruction is accurate. As well, this could be used to generate a written record that can be added to the patient file. E-mail is particularly well suited to names, addresses and phone numbers of other facilities to which the patient may be referred, as well as test results (within ranges), follow up instructions, medications or dressing concerns, or pre - or post-appointment issues. Of course it eliminates phone tag, phone messages, patients being put on hold, and the clutter of phone message slips that are a part of many-a-desk. E-mail can be more detailed, and yet at the same time, more single focussed. You can eliminate concerns over listening to someone's life story when you are between appointments on a busy day. And how to terminate a call is never a concern. However, given the medicolegal considerations of such communication with patients there are definite policies to follow.

Issues of Concern

Of course there can be basic problems with setting up e-mail. Being over-burdened, you, like most doctors, are not looking for things to do. It is possible that you will get such a volume of response that you don't have time for it, or have to consider additional support to handle it. You would need to take steps to avoid long-winded messages, or too frequent correspondences. As well, something is lost in this form of communication.

Larger, more ominous concerns regard issues of what is communicated. Body language and manners of *tone* and *stress* can be difficult to convey, yet are natural to conversation and convey definite meaning. Procedures should be in place to ensure that if in doubt, re-contacting the patient is done and that escalated contact (telephone or visit) should be stressed with patient should they become confused or unsure. The same is true when acknowledgment of receipt of important instructions is not forthcoming. Communication must be escalated. Systems would have to be set up as a matter of policy to ensure that the recipient did get the message. A method of responding is needed that takes little time to complete. (Perhaps use of "Message Received" subject line.)

As well, there are definite issues of security. Newspapers have reported a doctor posting his patient's breast cancer information on a public bulletin board. Thus, policies should include the type of communication, a maximum turn-around times, who has access to the messages, caution on conveying information via e-mail, a list of who has access to the patient's e-mail (spouses, children, etc.), what to do when you are on holidays, and limits on what can be discussed via e-mail: such things as medical advice, medications, instructions, prescriptions, refills, test results, non-urgent follow up. Policies should also ensure that all e-mail users understand explicitly that communication with you must be escalated should e-mail communication confuse them or be insufficient. And of course, policies should discourage the use of e-mail as a way of avoiding clinical examination.

Continued Next time.

