

Physician Office Based Technology –

What's in it for me?

By: Todd E. Schlesinger, MD, FAAD

■ Have you ever thought about what goes on behind the scenes at a busy medical practice? Questions you might be inclined to ask may relate to billing, scheduling, record keeping, privacy, technology and so on. In this article, I will review some aspects of physician office based technology. Hopefully, you will gain a better understanding of how things get done and how it all benefits you, the patient or client.

The modern medical practice today relies on computers to help perform many of its day-to-day tasks. For example, there is the practice management system. This software package is used for billing, scheduling, time management, financial record keeping and information storage. The system may also be used to keep track of inventory and/or supplies. Offices that use these features correctly can minimize wait times for patients and make your experience at the office a smooth and pleasant one. When you call to make an appointment, the person on the other end of the phone will collect some basic information and make your appointment. The information collected is different for each office, but allows the practice to schedule your appointment and communicate with you about any changes or to remind you of your scheduled time. Once you visit the office, more detailed information is collected and carefully input into the system so that your insurance may be billed correctly. Many systems allow your photograph to be taken through the use of a simple webcam and attached to your record, safeguarding the use of stolen insurance cards as well as providing an image view of the patient to assist the provider in answering patient questions. Many offices use electronic billing “clearing houses” much like the Federal Reserve uses for checks. Charges for visits are electronically submitted to the system and matched with insurance companies who electronically reimburse the office for the work performed. All this takes place over the internet or by phone. More advanced offices do not receive paper remittances from insurers. Rather, the transactions are posted electronically back into

the computer system, which avoids errors in typing and reduces the workload on the office staff. This process, called electronic billing, unfortunately benefits insurance companies more than physicians as the insurance companies benefit greatly by having all their claims submitted electronically. This saves them countless hours typing in information, which may be entered erroneously. The problem lies in that the burden of purchasing and maintaining the system that benefits the insurer so much falls entirely on the physician.

Another aspect of the computerized physician's office is the electronic health record or EHR. In 2004, President Bush directed the creation of a new position within the Department of Health and Human Services to oversee the creation of a nationwide interoperable health information infrastructure. The goal was to establish electronic health records for all Americans within 10 years. According to the online edition of the *New England Journal of Medicine* on June 19, 2008, only 4 percent of physicians have a fully functional EHR system and 13 percent have a basic one. Major factors that stand in the way of adoption include cost and complexity. In the survey, two-thirds of physicians cited affordability as the reason they don't have an EHR. Other factors included finding the right EHR, concern about return on investment and that the system will become obsolete quickly. On the other hand, physicians who use electronic records say they do make a difference for patients. The majority of those physicians with fully functional EHRs say that it helped improve clinical decisions, helped them communicate more effectively with other providers and facilitated prescription refills and avoidance of medical errors. Having a fully functional EHR also had positive benefits for preventive care and helped doctors avoid problematic medication interactions and promoted more efficient ordering of critical lab tests. One in five physicians still had reservations about the ease of use and reliability of their systems. Improving the ease of use of the EHR is critical to the continued implementation. Further



adoption may be enhanced by helping doctors buy an EHR either through grants, loans or by paying them increased reimbursement rates. The switch to digital records may cost as much as \$60,000 per physician. Widespread adoption will undeniably be very expensive. Whether future administrations will want to take this on, remains to be seen.

One very strong benefit to the patient of going to an office that is fully computerized with an EHR is that of privacy. Computers limit access to a patient's protected health information (PHI) via the use of passwords and user access control. No longer is it as likely for unauthorized persons to see health information and in the unlikely event of a break-in to an electronic office, it is better to have health information protected within computers than in paper charts that can be taken off the shelf and looked at or stolen. Another benefit is record protection. Properly maintained records are backed up multiple times. In



our case, secure digital tapes are taken off site each day and in addition to several on-site backups, a backup is also performed daily to an off site and remotely secure location. This helps ensure that our office can be up and running in a new location within days of an adverse weather or other event.

In a busy dermatology practice like mine, we take a lot of photos. These are used for medical documentation purposes, to track treatment results, for research and sometimes for educational purposes. Professional standardized medical photography is employed to the benefit of the patient. Using a specialized mounted camera system with standard and ultraviolet lighting, it allows us to take detailed photographs that can be used for direct before and after comparison and can show areas of sun damage. Specialized software allows for analysis of the skin "below the surface", highlighting blood vessels, abnormal coloration, contour and texture changes. Detailed reports can be printed and taken home by patients for their comparison and results tracking. Fortunately, we have massive servers with plenty of storage space and multiple backups to keep all the patient data safe and secure.

Hopefully, this article gave you a better understanding of how a modern medical practice works from the inside out and can help you know better what goes on "behind the scenes" at your doctor's office. ■

STATE MEDICAL BOARD *Policies and You*

The South Carolina Board of Medical Examiners, the body that is responsible for licensing physicians in South Carolina has promulgated a set of opinions, policies, and procedures. The purpose is to provide model legislative and regulatory language upon which the state medical board can develop or improve their regulations governing scope of practice. The goal is to protect patient safety, and ensure that physicians' manner commensurate with their educations and training. According to the Medical Board:

- 1) Botox injections are considered surgery and should be performed only by individuals licensed to practice medicine and perform surgical services. The cosmetic use of Botox may be delegated to an appropriately qualified licensed person, but the physician must be on-site and readily available for any problems that may occur. Any non-cosmetic indication is non-delegable and must be performed by the physician.
- 2) If advertising as board-certified, a physician must specify which American Board of Medical Specialties/American Board of Osteopathic Medical Specialties that they are certified by.
- 3) "Cutaneous medicine" means performing any act or procedure that, by its use, can alter or damage living tissue. This includes, but is not limited to, the use of all lasers, light sources, microwave energy, electrical impulses, chemical applications, particle sanding (microdermabrasion), the injection or insertion of foreign or natural substances, or soft tissue augmentation.
- 4) The physician shall provide on-site supervision for all non-physicians under his/her supervision performing cutaneous medical procedures. The physician must be immediately available at all times in the event of a complication or emergency.
- 5) Non-physicians must have documentation of their training.
- 6) Non-physicians must only perform procedures under direct supervision that are within their scope of practice, based on their education and training.
- 7) The physician must only perform procedures that are within his/her scope of practice based on his/her education and training.

In essence, this means that if you are having any of the above procedures performed on your skin, a physician should be on site and in the office, immediately available should any adverse effect or complication arise.

These are only a few highlights of the South Carolina Board of Medical Examiner's policies. Complete information may be found online by visiting the Board's website at: <http://www.llr.state.sc.us/pol/medical/>.



Todd E. Schlesinger, MD, FAAD

Dermatology & Laser Center of Charleston
Charleston, South Carolina
(843) 556-8886
www.dermandlaser.com