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MIAMI MEDICINE

The Official Publication of the Dade County Medical Association

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ATTENTION DCMA MEMBERS...

Submit your resolutions today
to help set statewide policy
for tomorrow

Resolutions for the 2009 FMA Annual Meeting, being held July 24, 2009 - July 26, 2009, are being accepted via email: phandler@miamimed.com or by fax 305-325-1316.

Submitting resolutions is your opportunity to assist in setting county, state, and national policy that affects your profession and quality of patient care. It is an exceptional opportunity to use the insight of our membership to change national and state policy and your DCMA delegation is most appreciative of your active input.

The DCMA Delegation and Board of Directors will review all proposed resolutions. All approved resolutions will then be submitted to the Florida Medical Association House of Delegates for consideration during the FMA Annual Meeting.

When submitting your resolution, remember that the "Whereas" clauses provide the rationale for the resolution; please be sure to provide sufficient information for the "Resolved" portion of the resolution to stand alone in terms of what policy or action it intends for the FMA to implement; any background/research documentation you have to support your resolution; your name and email address (or the best way to contact you) in case of any questions. Attending the actual FMA Annual Meeting as a delegate is the best way to ensure your resolution is adequately heard as you can provide additional testimony at the reference committee hearings. **The DCMA is always looking for delegates and alternate delegates.**

If you would like to review a sample resolution, or if you are interested in serving as a DCMA Delegate to the Florida Medical Association, during the FMA Annual Meeting, please contact Patricia Handler at the **DCMA office (305-324-8717)**. The meeting will be held at the Boca Raton Resort in Boca Raton, Florida.

We welcome and look forward to your input and participation!



2009 FMA ANNUAL MEETING JULY 24 - 26, 2009



**If you would like to serve as a delegate to the annual meeting,
Contact Patricia at the DCMA (305)324-8717**



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MESSAGE *from your* PRESIDENT:

Health Care on Life Support: *Challenges and Opportunities*

By **Bernd Wollschlaeger, M.D., FAAFP, FASAM**

Bernd Wollschlaeger, M.D., FAAFP, FASAM
President, Dade County Medical Association

By now, most of you have heard that every business in America is buckling under the increasing costs of healthcare expenses. Year after year, health care costs grow faster than the rest of the economy, straining families, businesses, and government budgets. The Center for Medicare and Medicaid Services reported this week that total health care spending rose 6.1 percent in 2007; slightly less than the growth of 6.7 percent in 2006. Even so, it continued to expand faster than the overall economy, which is contracting, reaching a total of \$ 2.2 Trillion in 2007, or 16.2 percent of the gross domestic product (GDP). Americans will spend \$2.4 trillion on health care in 2008, which is equal to \$7,900 a person! Despite the record spending there are 46 million Americans (and growing) without health insurance. No industrialized nation in the world comes even close to the percentage of GDP America spends on healthcare. There is strong evidence that much of this spending does not contribute to better health. Americans spend twice as much per person as the average among other industrialized countries, and yet our life expectancy and infant mortality rates are below average. At least one-third of medical procedures have questionable benefits, according to the Rand Corporation. Based on a study of regional variation, Dartmouth researchers concluded that Medicare spending could be reduced by 29 percent without reducing effective care or affecting health outcomes. The finding suggests that the entire American health care system spends roughly \$700 billion a year that does not improve health outcomes. On top of it, in Dade county alone billions of precious health care dollars disappear every year and wind up in the pockets of crooks and criminals. Many businesses also face unique challenges. They lack the negotiating clout needed to obtain favorable rates from insurance companies, and their inability to spread risk across a large group of employees means that the health problems of a single employee can drive premiums up to unaffordable levels. Without economies of scale, small businesses also face larger administrative costs for each worker covered. Small business owners and their employees account for an estimated 27 million of the 47 million Americans without health insurance. Some employers are dropping health insurance, while employment is growing more quickly in industries that are less likely to cover their workers. As a result, fewer and fewer Americans receive health coverage from work. The percentage of Americans covered by employers dropped from 62 percent in 2003 to 59 percent in 2008, the equivalent of 8 million people losing coverage. And for tens of millions of Americans ineligible for Medicare, Medicaid, or another public program, no viable alternative exists to employer-sponsored insurance. There are several



issues that need to be fixed to address the health care cost explosion:

- 1) We must transform health care from a fragmented system into a coordinated and integrated delivery system utilizing information technology, thereby enabling healthcare professionals to measure cost, quality and outcome at the point-of-care.
- 2) Fundamental payment reforms that encourage doctors and hospitals to improve management of chronic diseases and adopt proven treatments. We have to shift from a volume-based to a value-based reimbursement system. This will reward doctors who spend time with their patients and who focus on the core value of patient care. Otherwise, we will lose an entire generation of urgently needed primary care physicians.
- 3) Promote the application of business management principles in medical offices to help doctors to work smarter and NOT harder.
- 4) Emphasize the use of generic drugs that can provide equal or even more effective treatment at lower cost. Retail spending on prescription drugs rose only 4.9 percent in 2007, versus 8.6 percent growth in 2006, which is due to the increased use of generic drugs.
- 5) Stop the preferred funding for Medicare Advantage Plans leading to higher reimbursement and higher costs (115 percent of fee-for-service traditional Medicare). The only beneficiaries are commercial insurance companies which rake in higher profits per member and drain public coffers.

These are just a few ideas that should be assessed and evaluated. As doctors we should take a proactive position and start reshaping our practices. Many of us are stuck in the daily routine and are afraid to change. Organized medicine can and will play a greater role to leverage the risk and assist the individual doctors with the process of change. If we do not adjust to the changing market now, others will enforce painful solutions.

Let's be proactive and not reactive!

Yours

Bernd Wollschlaeger, M.D., FAAFP, FASAM
President, Dade County Medical Association



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The Dade County Medical Association is pleased to endorse the "next best thing" - through OptaComp, formerly Comp Options, DCMA members can now **receive money back on your workers' comp premium with a potential dividend of 24.8% of your premium.** The program is offered by Danna-Gracey, an independent insurance agency with a team of specialists dedicated solely to insurance coverage placement for Florida's doctors. Money back from your insurance premium – it's the greatest thing since sliced bread!

For more information on this DCMA endorsed workers' compensation insurance program through OptaComp, please call Tom Murphy at **800.966.2120**.



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What's New with the Florida Board of Medicine

Practitioner's Profile

This is the start of an ongoing series regarding the *Top 10 Tips to Avoid Problems with Your License*, originally published in the Fall 2008 issue. Each subsequent article will expound upon one of the top 10 tips. We will walk you through requirements, point to where you can go for more information and much more. So, let's talk Practitioner Profiles. When was the last time you really sat down and reviewed your profile?

The Florida Legislature passed a law in 1997 requiring the Department of Health to maintain profiles for medical doctors, osteopathic physicians, chiropractic physicians, podiatric physicians and advanced registered nurse practitioners [s. 456.041 - 046, Florida Statutes]. The law also outlined the type of data to be collected. Practitioner Profiles allow Floridians to have access to practitioner information that enables the patients to make sound health care decisions.

When a physician becomes licensed in Florida, he/she will be given a practitioner profile to review for accuracy. The profile goes live on our web site 30 days later. Thereafter, practitioners **are required** to update their profile within **15 days** of any change. The Board of Medicine has supported legislative changes that would increase that reporting time period to 30 days; however, at this time, it remains 15 days. There are several categories on the profile. The chart on the right outlines the categories on the profile:

So right now, you might be asking yourself, when was the last time you updated your profile. Take a moment, access the Internet and go to www.doh-mqaservices.com. Once there, click on *Licenses*. This takes you to the screen where you can update your profile. You can view your profile from the same location.

The Department of Health has a publication, *A Guide to the Florida Practitioner Profile*, that provides a great deal of information regarding the profile. You can access this guide at www.doh.state.fl.us/mqa/profiling. In addition, Profiling Staff is available to assist you and can be reached at (850) 488-0595, extension 3.

Remember to update!

Author:
Crystal A. Sanford, CPM
Program Operations Administrator
Florida Board of Medicine

Primary practice location	Self-reported; mandatory
Secondary practice location	Self-reported; mandatory
Medicaid	Self-reported; optional
Staff Privileges	Self-reported; mandatory
E-mail address	Self-reported; optional
Other state licensure	Self-reported; mandatory
Year began practicing	Self-reported; mandatory
Education and training	Supporting documentation received from primary source verification (usually during the licensure process)
Other health related degrees	Self-reported; optional
Professional and post graduate training	Self-reported; mandatory
Academic appointments	Self reported; mandatory
Specialty certification	Self-reported; mandatory
Financial responsibility	Self-reported; mandatory
Criminal offenses	Self-reported, reported by Florida Department of Law Enforcement/Federal Bureau of Investigations (criminal background check); mandatory
Final disciplinary actions	Self-reported and reported by the Department of Health; mandatory
Final disciplinary actions taken by a licensing agency	Self-reported and reporting from licensing entity; mandatory
Final disciplinary actions taken by a specialty board	Self-reported; mandatory
Final disciplinary action taken by an HMO, pre-paid health clinic, nursing home, out-of-state ambulatory surgical center	Self-reported and reporting from entity; mandatory
Resigned from or had any medical staff privileges restricted or revoked by an HMO, pre-paid health clinic, nursing home, out-of-state ambulatory surgical center	Self-reported; mandatory
Liability claims exceeding \$100,000	Self-reported and reporting from Department of Insurance Regulation; mandatory
Liability claims exceeding \$5,000	Self-reported and reporting from Department of Insurance Regulation; mandatory
Bankruptcies	Self-reported and reporting from source; not required practitioner
Committees/memberships	Self-reported; optional
Professional or community service awards	Self-reported; optional
Publications	Self-reported; optional
Professional web pages	Self-reported; optional
Languages other than English	Self-reported; optional
Other affiliations	Self-reported; optional



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How Doctors Can Help Their Patients Get Insured

Due to the global financial crisis and a surge in unemployment, many Miami-Dade County residents are facing difficult times - many have lost their jobs and in turn their health insurance.

Here is a way doctors can help their patients:

Cover Florida, a program offering low-cost health insurance, is targeted to Florida residents who wish to purchase meaningful health coverage but have been shut out of the private insurance market due to soaring costs.

“The Miami-Dade County Health Department is committed to improving access to affordable quality health care” stated Dr. Lillian Rivera, RN, MSN, Administrator Miami-Dade County Health Department.

Cover Florida plans meet standards for quality of care and access to care. Enrollees have access to the company's existing comprehensive network of providers and are provided information in plain language on policy benefit coverage, benefit limits, and cost-sharing requirements. Enrollment materials also provide a clear representation of what is not covered in the plan.

Each Cover Florida plan includes coverage for the following:

- Preventive health services, including immunizations, annual health assessments, well-woman and well-care services, and preventive screenings such as mammograms, cervical cancer screenings, and noninvasive colorectal or prostate screenings.
- Incentives for routine preventive care.
- Office visits for the diagnosis and treatment of illness or injury.
- Office surgery, including anesthesia.
- Behavioral health services.
- Durable medical equipment and prosthetics.
- Diabetic supplies.
- Prescription drug benefit coverage.

In addition to the above, plans providing catastrophic coverage also provide for:

- Hospital emergency care services.
- Urgent care services.
- Outpatient facility services, outpatient surgery, and outpatient diagnostic services.

Cover Florida plans are guaranteed issue and are available to all Floridians ages 19-64 who have been without insurance for at least 6 months. Certain exceptions apply for the 6-month exclusion, including immediate enrollment for those who have lost insurance coverage due to job loss or divorce, or who have become ineligible for Medicaid or the State Children's Health Insurance Program (SCHIP) due to no longer meeting income requirements.

The Cover Florida plans for Miami-Dade County can be found on page 9.

For more information, please visit the Cover Florida website at www.CoverFloridaHealthCare.com





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During the 2008 legislative session, Governor Crist and legislators worked to secure unanimous approval of the Cover Florida Health Care Access Program. This legislation makes affordable health coverage

available to 3.8 million uninsured Floridians through a comprehensive market-based strategy.

Cover Florida allows insurers to create innovative health insurance products that are affordable and guaranteed to Floridians who have been without insurance for at least six months, or who are recently unemployed - even if there are pre-existing health conditions. The coverage is voluntary for both individuals and for employers, and employees can even take their coverage with them if they change jobs.

Cover Florida gives uninsured Floridians the opportunity to take charge of their own preventive health care. Cover Florida benefit options include a robust set of benefits, such as coverage for preventive services, screenings, and office visits, as well as office surgery, urgent care, prescription drugs, durable medical equipment, and diabetic supplies.

No tax dollars were required to create the Cover Florida health insurance plans. Instead, six private insurance companies have partnered with the State of Florida to offer affordable health insurance coverage. It may be exactly the health insurance you have been looking for.

Plans for Miami-Dade County

Blue Cross Blue Shield of Florida

Toll-free Phone Number -

1-877-872-6580

Web Site - www.bcbsfl.com

United Healthcare

Toll-free Phone Number -

1-800-809-9831

Web Site - www.coverflorida-uhc.com

Medica Health Plan of Florida

Toll-free Phone Number -

1-866-260-5278

Web Site - <http://www.mhpfl.com/>

Total Health Choice

Toll-free Phone Number -

(305)408-5825 within Miami-Dade County;

1-800-213-1133 outside Miami-Dade County;

1-800-955-8771 TDD

Web Site - <http://www.totalhealthchoiceonline.com/>

JMH Health Plan

Toll-free Phone Number -

1-800-721-2993

Web Site - www.jmhhp.com/



For uninsured children under age 19, there is the state's children's health insurance program - **Florida KidCare**.



For information on Florida KidCare please call 1-888-540-5437 or visit www.floridakidcare.org

The Miami-Dade County Health Department is committed to improving access to affordable quality health care.

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With the assistance of our General Counsel, J.A. Ziskind, a group of prominent specialty and many board certified attorneys who regularly represent medical professionals has agreed to provide counsel to DCMA Members. Not only have we sought a group of the most competent attorneys in their specialty but the individual lawyers have agreed to a twenty-five percent (25%) professional courtesy discount off of their normal hourly rate. If you have suggestions on adding any other specialty areas please contact us and we will fill that need.

This is a unique program and will prove successful to the extent our Members utilize this program. Below is the list of attorneys who are on the panel, including their specialty and telephone numbers. If you have any questions or comments on this program, please do not hesitate to contact J.A. Ziskind, Esq. at (305) 577-4888.

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A107534 Ed. 02/2008

Sandra Strickland, RN, MSN, LHRM, CPHRM
Risk Management Consultant

Information in this article does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. First Professionals recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.

First Professionals Insurance Company is Florida's Physicians Insurance CompanySM and the endorsed carrier for professional liability insurance.

Physicians are faced with a paradox that the more medicine advances, the greater the error potential. Patients have higher expectations of their physicians given the continuing advancements in technology. While all undesired outcomes cannot be eliminated even by extremely well-qualified physicians using the most advanced technology, a number of indefensible cases can be eliminated or reduced by simply utilizing risk reduction strategies and tools.

FPIC's Risk Management Department provides consultations with insured providers to identify liability risks and recommend effective risk management tools in an effort to eliminate or reduce those risks. These comprehensive consultations are an excellent example of the value-added component of FPIC coverage.

The consultations consist of an interview with a key office staff member, a tour of the facility, a patient record review, and are provided at no cost to our Insureds. Consultations are also conducted when Underwriting concerns arise or claim frequency is encountered.

The consultation primarily focuses on:

- General Practice Issues
- Office Observations
- Office Policies and Procedures
- Pharmaceuticals
- Equipment and Supplies
- Diagnostic Functions
- Office Procedures
- Credentials
- Patient Contact and Communications
- Emergency Procedures
- Staffing
- Patient Record Keeping

The practice is assessed with consideration for professional liability exposures and compliance with applicable state and federal regulations. From the assessment, risk management strategies for reducing any identified risk exposures are recommended. The most common liability issues, relative to frequency, discovered during FPIC's risk management consultations are as follows:

Fifty-five percent of all sites evaluated failed to have appropriate emergency response medications and supplies. Problems encountered include a failure to maintain an emergency response kit, inability to locate the kit, lack of staff training in the provision of emergency care, and expiration of emergency medications.

Deficiencies in medication ordering and dispensing of sample medications were observed in over 50 percent of the practices surveyed. Allergies were not prominently noted in a consistent location, medication orders were not documented completely, refills were not consistently documented, and patients were not given administration instructions when samples were dispensed.

One of the most significant deficiencies is tracking and follow-up of diagnostics. Over 60 percent of the practices have not implemented an effective mechanism for tracking the completion of ordered diagnostics and referrals. Diagnostic tracking system problems have led to an epidemic of failure to diagnose or timely diagnose claims. Tracking systems should be designed to identify delinquent diagnostic and consult reports and follow-up failures.

It is interesting to note that while operational deficiencies occur in a significant percentage of practices, few other deficiencies occurred with alarming frequency and in virtually all cases the standard of care was rendered.

Most deficiencies identified were related to record keeping. Unfortunately, the patient record is the source of most professional liability claims. Deficiencies in record keeping often prevent nuisance -type claims from being defensible.

Failure to consistently obtain and/or document informed consent for invasive procedures was identified in 50 percent of the practices evaluated. Discussions related to proposed invasive procedures and anticipated risks and complications were not routinely documented.

In nearly 75 percent of all charts reviewed, a plan of care was not sufficiently documented. While diagnostic orders, referral recommendations, and recommendations for procedures were generally documented, continued care recommendations, instructions, cautions, and education efforts often went uncharted.

The patient's chief complaint or reason for the office visit, along with the provider's findings and diagnosis were lacking in nearly 40 percent of the charts reviewed. In some cases, patients were scheduled for an invasive procedure with the preceding office notes indicating no patient complaints, no documentation of abnormal findings, and no diagnosis in the progress notes to indicate rationale for the proposed procedure.

continued next page

Identifying and Managing Practice Risks: (cont.)

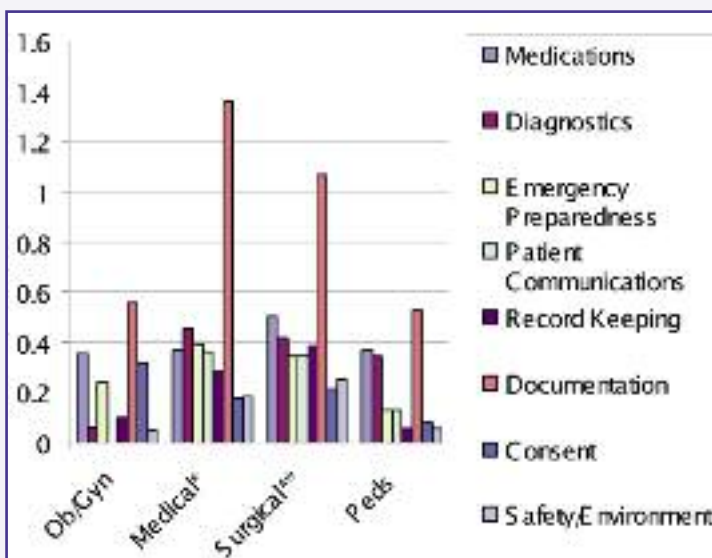
Documentation and follow-up of telephone and after hour's communications with patients were another problem noted in the charts reviewed. Over 40 percent of the practices assessed did not have a procedure for follow up and documentation of phone calls.

Nearly 50 percent of all charts reviewed did not contain a recent patient history and the status of chronic conditions was not appropriately documented.

Surprisingly, handwriting legibility still presents problems. Twenty percent of the charts reviewed contained entries that were illegible. Eighty percent of all paper charts reviewed were organized chronologically, secured with a binder system, and divided according to types of data. Only eight percent of the charts reviewed were stored electronically. Approximately 20 percent of the practices utilized a documentation template and in those cases, documentation was far more detailed and adhered more closely to review criteria.

While operational deficiencies are not always an indication of the level of care provided, they expose the practice to avoidable errors and broaden risk exposure to otherwise medically defensible claims and suits. For more information or to schedule a risk management consultation, contact FPIC's Risk Management Department.

RECOMMENDATIONS BY SPECIALTY BASED ON TOTAL IDENTIFIED DEFICIENCIES



* Includes results from Cardiology, Dermatology, Family Practice, Internal Medicine, Pulmonology, and Physical Medicine and Rehabilitation sites.

**Includes results from Gastroenterology, Orthopedics, Ophthalmology, General Surgery, and Urology.

RISK MANAGEMENT CONSULTATION RECOMMENDATIONS:

Rank	RECOMMENDATION
1	Document all patient education efforts: cautions, recommendations for treatment, expectations, follow up recommendations.
2	Document examination findings: characteristics of the chief complaint, history of present illness, status of chronic conditions, review of systems to include normal and abnormal findings.
3	Document plan of care to include treatments, diagnostics, medications, etc.
4	Initial diagnostic and consult reports to indicate review. Document review of results with patient (may simply note on report "Patient notified, date, and initials if no follow up action is indicated"). Notify patients of all results.
5	Document a medical, family, social history.
6	Note allergies prominently in chart.
7	Authenticate all transcription by initialing.
8	Document all patient contacts, including office phone calls and after hours calls received, with date.
9	Implement a follow up system to ensure that all diagnostics and consults are completed, reports received, results reviewed and initialed by physician and follow up actions documented.
10	Obtain written consent that identifies specific risks inherent with procedure for all invasive procedures performed in the office.
11	Provide written medication administration instructions when dispensing sample medications.
12	Maintain an emergency response kit to include emergency medications (Epinephrine, Steroid, Antihistamine), medication administration supplies, an Ambu bag, oxygen and oxygen delivery system. Ensure that kit is readily accessible, available, and complete and medications are current. Ensure that physician and staff members are trained in emergency response.
13	Organize charts. Secure chart pages to chart cover, use dividers to separate information, arrange chart in chronological order, and avoid the use of "Post It" notes.
14	Make proper error corrections. Avoid the use of "White Out" correction. Avoid obliterating the error.
15	Include the patient's name on every chart page.



Medical Information Technology Your Monthly IT Guide since 1995!

By **Bernd Wollschlaeger, M.D., FAAFP, FASAM**

Bernd Wollschlaeger, M.D., FAAFP, FASAM
President, Dade County Medical Association

Many doctors are still debating passionately the merits of an Electronic Health Record (EHR). Some claim that the government has no right to mandate its use, others are suspicious that such systems provide government with the tool to peek into their practice and that “big brother” should stay out of their office.

The majority of doctors I have spoken with are mostly concerned about the costs of the switch from paper to an electronic record system. With the average traditional EHR system running about \$50,000 per physician, not including monthly maintenance costs, many docs are hesitant to sign-off on such an expense, especially in these challenging economic times.

Furthermore, doctors have been fed horror stories of EHR implementation failures and the fact that thirty percent of medical practices that adopt a full-fledged EHR system uninstall it later!

It's also of interest to consider the detrimental short term impact of the stimulus package upon adoption of Electronic Health Records systems. Some have attributed an almost Kafkaesque quality to the stimulus package because it will probably serve as a speed bump to EHR adoption until the details of the act have been spelled out. Up until the passage of the stimulus package, adoption of EHR systems was proceeding slowly but steadily. However, the vaguely defined promise of \$17 billion in reimbursements for EHR if unknown criteria are met, could result in gridlock among purchasers, i.e. doctors and hospitals, in the short term while they wait for finalization of the provisions of the stimulus package's Health Information Technology for Economic and Clinical Health Act (HITECH Act). At this point I can state with a high likelihood of certainty that our government will NOT provide financial support to doctors to purchase hardware and software but will incentivize their use. In plain English: you will get paid MORE for demonstrating and proving the “meaningful” use of an EHR system in your practice. This undefined description will likely deter healthcare organizations from rushing to purchase an EHR system.

Another speed bump of the HITECH Act pertains to the reimbursement modality which would only be provided if a certified EHR is implemented. However, the certification standard is to be developed by an office (ONCHIT) that has not been staffed yet, with a coordinator that has not been named yet and by the Secretary of HHS, who has just been appointed.

So what do I advise you to do?

- 1) Start preparing your practice for the switch toward an EHR. That requires thorough workflow assessment and the careful parsing of essential information out of your existing paper record. This will achieve two goals: a) that your future EHR will model your current workflow, b) that you can transfer the extracted patient information quickly into your new EHR system.
- 2) Do NOT focus on the big number (\$50,000/per physician). This number pertains to the OLD legacy system on which most current EHR software is based. These systems require costly installation, maintenance, updates and can not be adjusted to your practice. Focus instead on the new technologies. The Web 2.0, or second generation of web development and design, aims to facilitate communication, secure information sharing, interoperability and collaboration on the Internet. Web 2.0 websites allow users to do more than just retrieve information. They can build on the interactive facilities of “Web 1.0” to provide the Internet as computing platform, allowing users to run software-applications entirely through a browser. Users can own the data on a Web 2.0 site and exercise control over that data. These sites may have an architecture of participation that encourages users to add value to the application as they use it. This will dramatically cut costs to – \$6000/year/physician.
- 3) The new Web 2.0 technologies offer interactive web-based software applications with modular design components. For example, you can use an appointment scheduler, a patient registry and lab module to manage your information flow and allow patients to choose their doctors appointment whenever and wherever they want to do it. I am successfully applying such a module for over 2 years and my patients love it.

Jumping on the EHR bandwagon NOW gives you a competitive edge and allows you to benefit from the multitude of additional reimbursement opportunities including e-prescribing, quality of care reporting and chronic disease management.

Don't wait – be proactive. Change does not offer only financial opportunities but will provide greater job satisfaction.

We will help you along the way!

Disclosure: The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of a medical IT company.

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