

Chiropractical Episode 11
Guests: Attorney Ken Scaz, Derek Slama

Chick: Hi everyone. This is Chick Herbert. Welcome to **Chiropractical**, brought to you by the Miles Away Credit Card.

Melissa: Hello, this is Melissa Knutson and we're excited to have you back for our second season of **Chiropractical**. We're going to continue to bring you actionable information that you can apply to your practice now, and in the future.

Chick: **Chiropractical** is a podcast about chiropractors, for chiropractors. At NCMIC we're celebrating our 75th anniversary. And this is another way that we honor our motto of, we take care of our own. We hope you enjoy this episode.

Chick: We have two big things for you this time around. First, if you haven't converted to an electronic health record system, our guest shares the three most common objections doctors have to implement any HR. More importantly, she will explain why these objections may be incorrect. In our Ask NCMIC segment, we're talking about cybersecurity and why it pays to get this right specifically. What can you do today to protect yourself and your practice from being attacked? With that let's get started.

Melissa: We're joined by Veronica Brattstrom. Veronica has been with NCMIC for more than 10 years, has more than 20 years of risk management experience and has looked at more than 5,000 medical records in her career. Today she's specifically going to talk through electronic health records or EHR, and we're incredibly excited to have her with us. Welcome, Veronica.

Veronica: Thanks, Melissa. Glad to be here.

Melissa: Veronica, if you think about practices that don't have an EHR system deployed, what are the setbacks in those situations?

Veronica: The setbacks, when you don't deploy an EHR system, could certainly be related to lack of information, which is, I think, critical to patient care and patient safety.

When you do have an EHR system, you can very quickly access historical information, medication, information, historical lab, or diagnostic values. Timeliness of having that information can certainly benefit the patient and the provider.

Melissa: Are there other clinical benefits of the EHR system? What about the clinical experience of having EHR versus paper records?



First of all, you can very easily communicate to other healthcare providers and they can communicate with you. Sometimes having access to that diagnostic film today versus two weeks from now can really make a difference with the patient and can impact your diagnostic process.

Melissa: As a patient that's a huge benefit to be able to have the doctor have the records that they need to diagnose you sooner rather than later, if they were waiting on paper records.

Veronica: I find it refreshing and reassuring when I can go to a provider and he can very easily pull up my medical records so that we can discuss what was done in the past, discuss what I've had done at other locations, and more importantly, then come to an agreed upon plan for care that will hopefully limit or improve my current circumstances

Melissa: If you're a patient and you are going to see your chiropractor and they use paper records, what's the downfall.

Veronica: As a patient, what's important is timely access to records. I think practitioners that have electronic health records love the fact that they can very easily and quickly make critical information available to another provider or to the patient. As a patient, I think it's valuable to be able to get what I need, get it quickly, make sure that it's legible – because that's what EHR has helped us do is make records legible – and that they are presented to the next or subsequent provider in a timely fashion

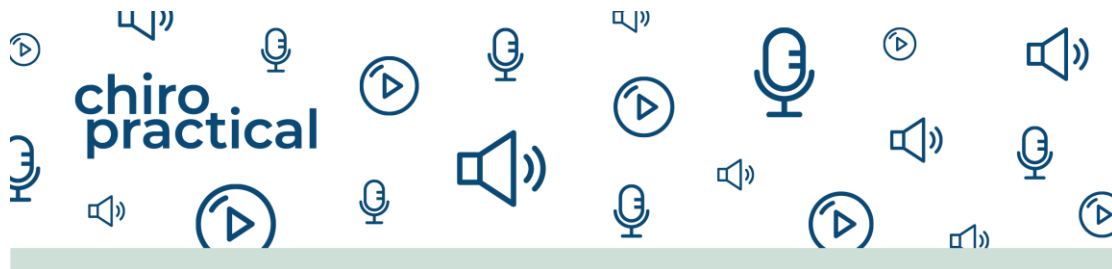
Melissa: If I've been referred to another provider for whatever reason, if my chiropractor has EHR records, they can easily share that information with the next provider, opposed to me having to have an x-ray again or go through the same question and answer sessions.

Veronica: It's helpful both to the practitioners and to the patients because of ease of access to data.

Melissa: Do you have examples as a patient yourself or with practices that you've worked with of some pros and cons on EHR records?

Veronica: One of the things I've noticed as a risk manager is sometimes communication of information gets lost the more parties are involved in any given family with respect to patient care. The luxury of having this information in electronic health record system means that if I have questions about my parent or my aunt or whoever that patient might be, I can easily with the appropriate, obviously release forms and consents have access to their information that I can then bring to a subsequent provider, or I can then use myself as a caregiver to help that patient heal or feel better.

That's one example. A second example is that as I mentioned earlier, most patients say that it's useful to have historical records that you can access through an EHR system, just makes life easier for patients. They can very quickly see what tests they had done when they can look at the test



results, they can determine who the ordering practitioner was and then make educated, informed decisions based on that information.

Melissa: Do you have any serious mess ups you've seen in your history of doing practice audits?

Veronica: One horror story of paper charts versus EHR charts was related to patients with similar names and completely different disease processes. New employees exchanged information accidentally, and one patient chart got mixed up with the other and it was chaos.

Luckily the patients had a really good relationship with that practitioner and no one was hurt. But I think that's a little bit easier to handle in an EHR record with addendums and modifications to records where it's easily avoidable in an electronic health record system versus paper charts.

Melissa: I imagine there's a lot of benefits if there was a claim or something else that happened after the fact, whether that practitioner left the practice or is still in the practice. Gosh, it'd be great to have those records electronically and not have to go search for them in a paper file.

Veronica: Electronic health records force you to capture certain categories of information. But when you enter the record, it also tells us who is in the record, how long you were in the record and the detail that you entered in the record or removed from the record.

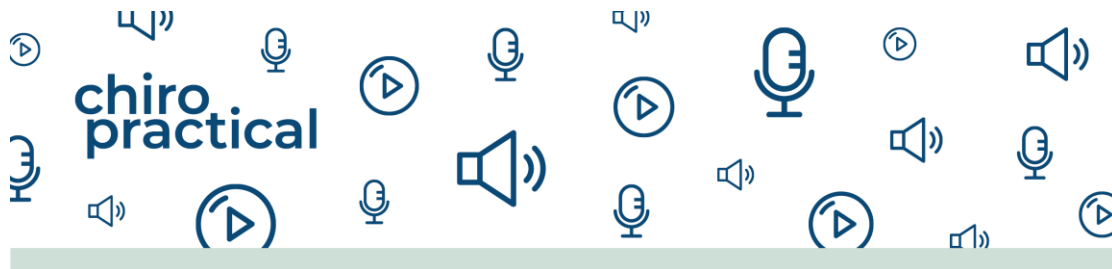
Melissa: The timestamping and who was where, and when that's called metadata, correct?

Veronica: Metadata is a key word or a concept use when people talk about electronic health records and really what that is a time signature. It reminds me of key fobs. If your employer uses a key fob, you have to use the fob every time you enter the building and exit the building. Metadata in an electronic record basically is tied to activity within the record that is also then tied to a given individual. So whether you're the practitioner or the secretary at the front desk, once you enter your username and password, any key strokes are validated in the system, and anyone can tell what you did, when you did and for how long, using metadata.

Melissa: As a practitioner that's good to know, as you think about defending yourself in a claim, that you've got that information in the metadata stored, so you can show when you saw someone there notes that you took and the presenting symptoms at that visit.

What advice do you have so that patients don't feel like my practitioner was just looking at the computer and not paying attention to me?

Veronica: Another great point, Melissa. It's really important for the practitioner to make eye contact with the patient. When you don't, it really shares a perspective that you don't want to share. It seems like you make the computer the key component of the exam. We know that's not the case. The patient knows that's not the case, but you compound that scenario with a negative outcome and it just leaves patients feeling a little less positive about the experience. Personally, I've been in



that situation where a practitioner has done just that. And it really and truly is not a good feeling. You don't have good feelings about the expertise or knowledge of the practitioner.

Patients are used to having EHR in a variety of different settings, whether it's an exam room or a hospital setting or a work from home situation. I would encourage you to invite the patient into the exam with you. Especially if you're newly deploying an electronic health record share with the patient. "Hey Melissa, we are starting our EHR implementation. It might take me some time to get up and rolling on this, but I'd like to show you what the system is going to look like. I'd like to share with you what information will be available to you as a patient." And you, as the practitioner might even go so far as to say, and here's the things that will be important to me. And you might show some trending data or some graphs, or maybe just a visual of what your new chart note is going to look like.

I think by sharing that experience with them, with him or her, you own it and they own it and they give you a little bit of grace in that process, knowing that it's a new process for you. So I think it's important, again, to maintain that eye contact, to communicate with the patient, what the changes are, to look at them and share with them.

And that truly will improve that experience of you needing to type sometimes. While you're talking to the patient, one final tip would be to be mindful that you're not, or shouldn't be, typing the whole time or speaking into a Dictaphone. You should focus on the patient to the best of your ability during that situation.

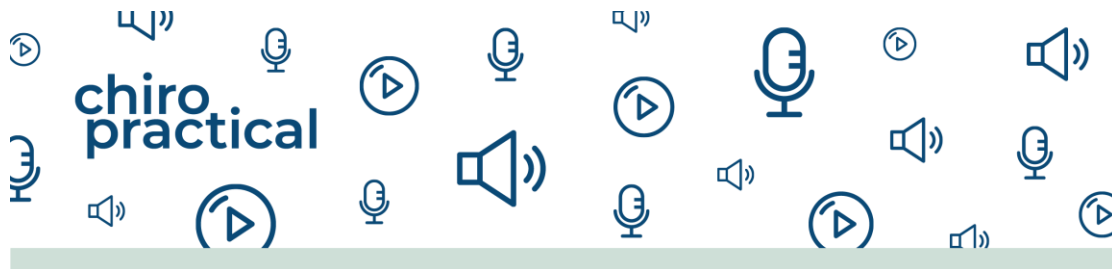
Melissa: I think that would have been a very different experience for me had the doctor that I was seeing spoken to me and occasionally looked down, of course, to make notes, but explain, "Hey, I'm just trying to gather this information so that I can get it all down and make sure to near record correctly."

Veronica: Absolutely agree.

Melissa: Veronica, if I'm a chiropractor that's looking to implement electronic health records in my practice, what are some things that I should be considering so that I can set myself and the entire practice up for success?

Veronica: I like to break down the planning process into three buckets: it would be focused on the plan, focus on the time, and then focus on the training. I think one key word in that whole statement is the word plan.

I'll just give you kind of some brief tips for each section. For example, when I talk about the plan, I like practitioners to focus on their documentation style and not try to change their style to fit an electronic health record system. That's harder to do.



I think the first thing you want to think about when you select your electronic health record is that there's obviously a lot of competition out there. Pick one that suits your personality and your documentation style already versus trying to adapt or change your documentation style to fit the electronic record capabilities.

Think about that as you start investigating your options. I'd like to point out a couple of things that would be a good thing to avoid when deploying your electronic health record system in the planning stage. For example, I am not a fan of templates that auto default, and that means when you're doing a history on a patient, all of the responses are going to automatically be filled with a yes or no response.

I prefer from both a patient safety perspective and a risk management perspective that you fill out the appropriate response for each question that is asked. The opportunity for error decreases when you really have to focus on the question and the response.

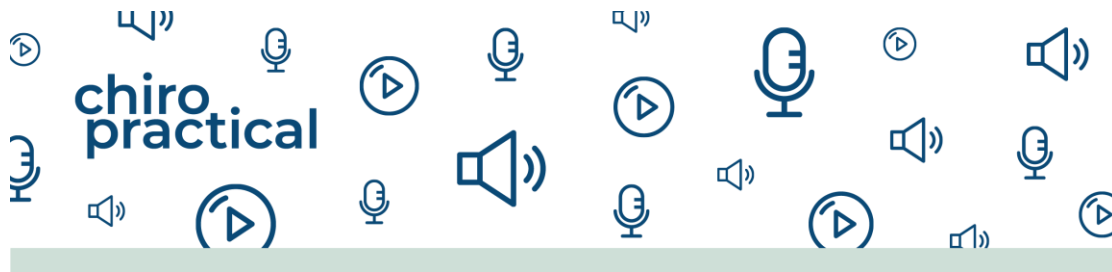
Another thing that is really helpful from a plan perspective is to define in advance what each team member is going to be required to do or complete with respect to charting or using the electronic health record. This way, you can define a new job description and figure out how you're going to get from task one to task completion with each individual employee.

What helps with that planning process is to create or understand your workflow. How are given tasks completed? How many steps does it take? How many people or employees are involved? Once you formulate those workflows, you can easily identify the type of system that is going to be best for your practice.

Another item to focus on would be the amount of time that you're going to need to successfully deploy this system. From a timing perspective, I would say the biggest thing I would like practitioners to focus on is to give themselves time to become familiar with the system. That might mean that you have to reduce your patient volume by a few patients a day. Give yourself the grace to make mistakes, to take the extra time that you need to become an expert on the system. If you can avoid mistakes in the beginning, you'll definitely avoid them on the backend.

The third component to this success plan is training. And of course, you're going to think about IT support and maintenance. Identify an office champion. That person should know the ins and outs of your system forwards and backwards. That's the person your entire team can reach out to you with any questions or concerns. That person should get all of the training they need to understand and be effective within your practice to make sure that your patients are safe and that your charting is accurate and as thorough as possible.

Additionally, really think about IT support and IT maintenance and how many computer systems you're going to need. Are you going to use tablets? Are you going to use kiosks? Sometimes we



forget the reality that's in front of us and what that's going to involve. So I'd start keeping a list of items that you're going to need to focus on in that planning process.

And those are my buckets and plan for success.

Melissa: You mentioned templates and auto-fill. Can you tell us a little bit more about that?

Veronica: What that means is certain categories of the record automatically default to either a “yes” response or a “no” response. That can be somewhat dangerous for the reader of the record because our eyes sometimes see what we want to see. I believe that if you were forced to select a response, you have more accurate records and you're more focused on patient safety. That doesn't mean that in some cases, auto defaults don't work. I just prefer that you have to select our response.

Melissa: By selecting your response, you're really thinking through what the response is. And what's documented in that record.

Veronica: Exactly.

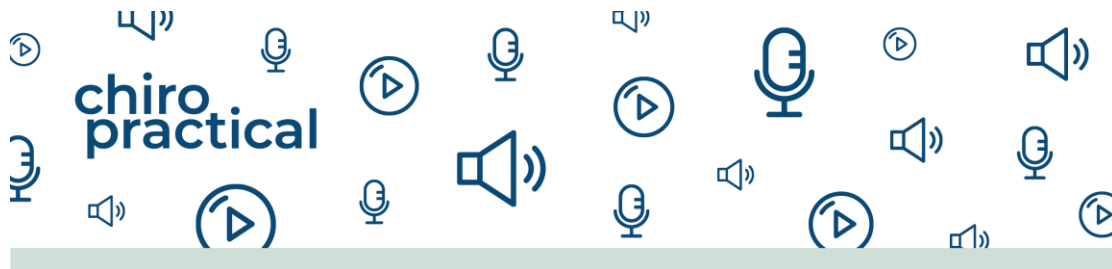
Melissa: What are some of the clinical benefits from an experience standpoint?

Veronica: Many practitioners say they love it, that they can very quickly and easily access a patient's history. They can find out when the last x-ray was done. They can find out, look at what was done three years ago from a visit. So that providers really like. They also like how many EHR can help them meet compliance requirements, which can be overwhelming sometimes for those smaller practices. Lots of these EHR systems have that built-in functionality within them.

Other things that practitioners like is that it really helps them avoid pieces of information falling through the cracks. They have built-in alert systems. They can do allergy tracking. They can look at current medication, they can trend labs and diagnostic values and everything is at their fingertips.

Some practitioners recently have shared that, with the environment changing and technology only continuing to advance, there are artificial intelligence analytics that are going to be used that can predict patient questions, which will then hopefully limit the amount of time the practice needs to communicate via telephone with patients. That might lead to something like an FAQ section, for example, that ultimately would then give providers more time to spend with patients face-to-face.

Melissa: Veronica, I'm buying in on the EHR and why it's so important for our practice as a chiropractor or as a patient. But the reality is there still a large amount of chiropractors that don't use electronic records, they're still using the traditional paper records. If someone's listening in and they're just not quite ready to make the switch over to electronic records, what are some things that they should know and they should put into place so that they're protecting themselves as much as possible in the paper world?



Veronica: If you're still on paper charts, make sure the following things are always in place. You and your team are always initialing and dating, authenticating your entries, try to be legible. And even if that means creating a handwritten template that you use, other people are reading the record, whether it's a billing company, an insurance company, or a patient. Keep your remarks objective. Patients do have access to the records, and nobody wants to see something derogatory in the record. And complete your note as timely as possible, preferably within 48 hours of the visit.

Melissa: I like the tip of being mindful of what you write in the notes, probably even more so if it's an electronic format. Don't be writing anything you don't want that patient to see in the future.

Veronica: If there was a circumstance where you felt that you really needed to document what the patient shared, put it in quotes. Then the reader of the record knows that those are the patient's words and not your own.

Melissa: That's really good advice. If someone is looking for an EHR system, are there any high level things that you should be mindful of as you do that search?

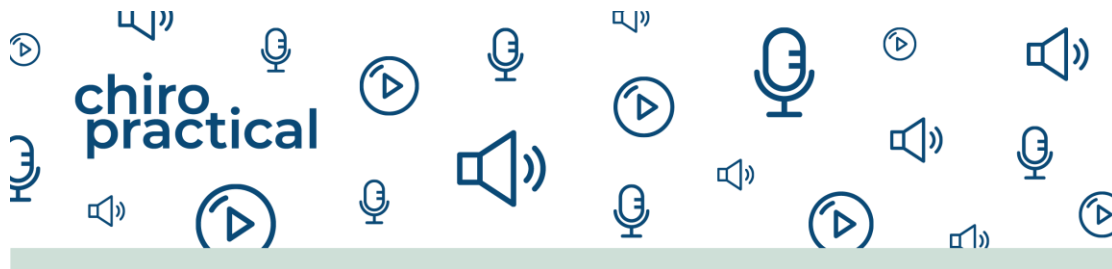
Veronica: What you want to focus on would be your personal documentation style. What I typically tell providers is get a list of practices in your area that are using ABC system and ask them to come in for half a day or ask them if you can reach out to that practice for a recommendation. They've been using the system for a while so they'll know the ins and outs of it. They'll know what kind of issues they're having and that might sway or at least influence your decision.

If the system and the templates that are already created for you don't fit the way you practice, maybe that system is not a fit for you. I would definitely look at that. I would encourage practitioners to read the reviews, reach out to colleagues and really investigate what their options are.

The most expensive system is the most expensive system. It doesn't mean that it's the best system for you.

Melissa: You gave us a lot of information today, Veronica, if you think back on the buckets that we talked about were planning for success, as you implement EHR, the patient experience, as it relates to EHR and clinical experience. Are there any things you'd want to make sure that our listeners heard?

Veronica: The most important points are, One: communication with your patients. Don't use the screen or the computer as a block. Use it to enhance the visit by sharing critical information with patients. Being a patient, we like to see what you're looking at, and we like to understand how you use EHS. Second, once you deploy a system is to identify that champion in your practice who is knowledgeable about the system and can help your team and lead them to success.



Finally, the reality is computers are everywhere, whether you're working from home or working in the practice or going to a visit yourself as a patient. Patients are used to seeing them. There just may not be used to you using them in the visit. Open that up to some conversation.

Melissa: Veronica, it's been a joy talking with you today. Thank you for coming on to chiropractic will.

Veronica: Thank you for having me. It's been a pleasure.

Mike: This is Mike Whitmer with NCMIC. Each episode of **Chiropractical** we are taking your questions and having experts provide answers. We call this segment, Ask NCMIC. Today's guest is Derek Slama. Derek is a network administrator in NCMIC's IT department. Cyber security is now more important than ever. Every day in the news, there are stories about a company being breached and sensitive information being stolen by hackers. Derek is going to give us some insight into cybersecurity and what we can all do to protect ourselves.

Derek, thank you for joining us today.

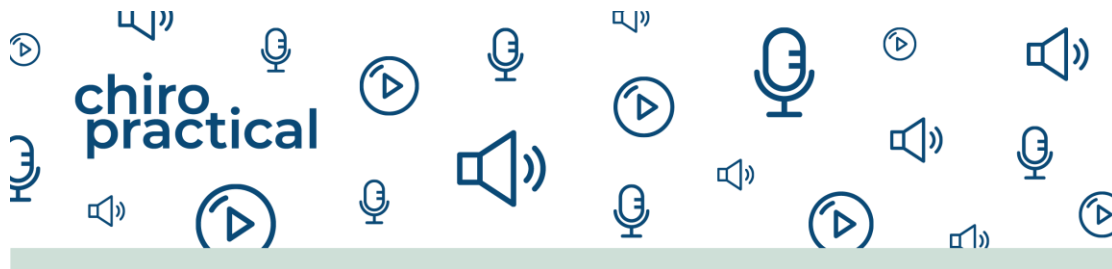
Derek: Thanks, Mike. I think if you start talking about cyber security, it can be pretty overwhelming and quickly makes you just want to ignore it and hope that it goes away. Unfortunately, the bad guys never quit trying to make their money doing bad things.

Mike: So true, Derek. We all get many emails every day. Some may not actually be what they appear to be as scammers try to trick us into exposing our sensitive information. What are some of the ways scammers use email and how can we protect ourselves?

Derek: Great question, Mike. I'd recommend taking a layered approach to your overall security thought process.

There's always a chance of a hacker getting through one layer, but when you have multiple layers, it reduces that chance significantly. Email is one of the easiest methods used by hackers to breach your defenses. Hackers will use automated systems to send out trillions of emails each day and all they need is one person out of those trillions to open that email attachment or click on that link and then they have their foot in your door. The first layer in a good email defense is to use a service to filter your email for spam phishing and viruses that will knock out 90% of the automatically generated emails. Most email services like Gmail and Office 365 already include a basic to advanced level of email filtering protection.

The next layer of your defense is what I would call user education. After you eliminate all the obvious bad emails with a filter, you still have some left over that are going to get through because they're just really written very well. User education is the ongoing process to teach yourself and your employees what to look for in an email and how to identify it as malicious.



The bad guys have gotten smarter over the years. Now they're using information freely available on your company website to create more targeted email attacks. They're making it look like the email comes from the CEO or owner of your business, and that's making you want to click on it. Because you see an email from your boss, you're going to try and open it. So we really need users to just take an extra few seconds, look a little closer at the email. Hover your mouse over the from address just to see if it really did come from your boss. Chances are it came from some fake account at Gmail or something like that.

If you weren't expecting something – you probably didn't win a contest from Amazon ups, probably isn't notifying you about a package – hover your mouse over any links in the email to see what website they go to. If the website name doesn't match, then it's probably a fake email.

Look for spelling errors in the email as well. If the email is using language that sounds urgent or is asking you to take some action right away, question if it's real. The last thing you can try and do is ask a coworker just to help you with a quick sanity check, just to see if this email makes sense.

Mike: That's great advice, Derek. Actually I've received all of those emails – winning something from Amazon, a notification from ups about a package being delayed and even the email from our CEO here at NCMIC – I've gotten them all. So passwords are of course an important part of our personal cybersecurity as well. What are some common mistakes people make with passwords that open the door for scammers and what are some tips to help us stay protected?

Derek: After emails, passwords are the next layer to look at when improving the security of your business. The best advice I have, it's not use the same password for everything.

One website you use gets hacked, then their list of emails and passwords is going to be used by the hackers at other websites. Chances are they're going to get into those other accounts if you're using the same password. The daunting thing about using a unique password for every website is how to remember them all.

My suggestion is to use your web browser to remember all those for you. All of the popular browsers will offer to generate a unique password for you when signing up at a website. This way you won't use the same password at all of your websites. And when one of them inevitably gets hacked, you won't have to change your password at every website you signed up for.

Mike: I've started doing this, Derek, and it makes my web browsing faster when it fills in the password for me. It's great to know this as a good practice to keep me secure too. But how do you secure the web browsers list of passwords itself? Can't that get hacked?

Derek: This is where two factor authentication comes in. I think many of our listeners have heard about MFA or to FFA in simple terms. This means adding another piece of information to the authentication, besides the username and password. Many times it's a six digit code texted to you or a prompt from an app on your mobile phone. I wholeheartedly endorsed using two factor to protect



any account possible. With Google and their Chrome browser, you can set up multi-factor authentication in your Google account settings.

Then anytime your account is used from an unfamiliar device or unfamiliar location to access your browser's list of passwords, you will be prompted to verify your identity. The Edge browser from Microsoft also incorporates the same system. Both can securely backup and sync your passwords to the cloud in case your computer is ever lost, stolen, or quits working this way, you're protected.

Again, this way you're protected against losing list of super secure generated passwords so all you have to do is remember one password to get into your Google or Microsoft account. Plus the second factor the browser will do the rest for you. I'd recommend talking with your IT team about improving your security and what you can do to help stay out of the news.

Mike: Derek, thank you for taking time to talk with us. Very helpful information to keep us cyber safe. Thank you. If you have a question you would like us to address on Ask NCMIC, please shoot us an email at askncmic@ncmic.com.

Chick: Well, Melissa, another great episode. I always walk away from these conversations very energized and inspired by the ideas. And I think the benefit of us being in business for 75 years is we've developed a lot of deep relationships with incredibly bright and passionate people. It's a pleasure to have the opportunity to share their knowledge with our listeners.

Melissa: I couldn't agree more, Chick. We're incredibly fortunate to have such an array of internal and external resources to bring to our listeners.

Chick: Thank you as always, we appreciate you listening. You can see the show notes and those can be [NCMIC.Com/Chiropractical](https://www.ncmic.com/Chiropractical). So check that out. And in the past, we have asked for you to please take time to review and rate the podcast. And that may sound self-serving. But those reviews are very meaningful because they allow us to reach more people as they go out and search for podcasts. So please, if you are so inclined, we would love to have you your review in addition to providing a rating from the star perspective. With that we look forward to talking to you again next month.

Melissa: And in the meantime, take care and stay well.