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Practice of the Future

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Inventor & Leading Plastic Surgeon

Dr. Tanveer A. Janjua



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Dr. Tanveer A. Janjua

Leading plastic surgeon Dr. Tanveer A. Janjua of Bedminster, NJ's Janjua Facial Surgery tells us about the device he invented to stop serious nosebleeds, and shares his insights about marketing and the future of healthcare.

Read full story inside:

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Cures Act

New Changes & Enforcements 2022

by Monica Rivera

Securely maintaining electronic patient data within healthcare organizations, while ensuring the right people have access to their data, has never been more important. Historically, health officials could not talk about patient data without acknowledging the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was designed to develop a consistent set of standards to protect patients' data from disclosure without their consent.

The 21st Century Cures Act (Cures Act) was first introduced in 2016 and was designed to do several things, among them encouraging choice and access for both patients and providers, and encouraging medical innovation and product development.

Notably, it contains provisions that streamline drug and medical device access, encourage medical research, seek to improve mental health services, and address the opioid crisis.

After the Cures Act was signed, it was passed to the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS). As a result, two sets of rules were added addressing interoperability, patient access, and information blocking provisions. The rules set the standard for all providers, payers, and technology vendors.

In summary, the Cures Act requires Health and Human Services (HHS) to adopt regulations that prevent developers of certified EHR technology or entities from engaging in information blocking.

What is information blocking?

Information blocking can be defined as any practice, healthcare provider, health IT developer, health information exchange, or health information network interfering with, preventing, or materially discouraging the access, exchange, or use of electronic health information (EHI).

What is EHI?

Electronic health information (EHI) is information that relates to:

- The past, present, or future physical or mental health or condition of an individual
- The provision of healthcare to an individual
- Past, present, or future payment for the provision of healthcare to an individual

While the original deadline for stakeholders to comply with the new rules was Nov 2, 2020, in October of 2020, HHS moved the information blocking compliance date to April 5th, 2021, due to the industry's need to deal with COVID-19 related challenges.

Today, civil monetary penalties for not complying with information-sharing requirements have only been established for technology developers and health information networks. However, more than 75% of the complaints submitted to ONC have come from patients in reference to their providers.

Up until April 5th, 2022, enforcement of this rule has occurred on a request/complaint basis. Individuals that were refused access to their EHI would submit complaints in order to get access to their information. Now, healthcare providers can also be monetarily penalized for engaging in information blocking of vital health information to their patients. It is therefore more important than ever to ensure that applications, providers, and staff members comply with the Cures Act.

Letter from the Editor

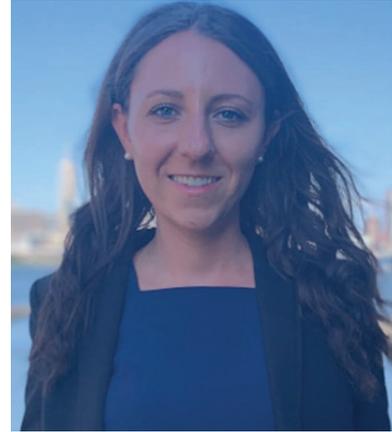
I haven't followed mainstream media for many years now, but I was at a rest stop on I-95 last week and happened to walk past a TV screen running one of the popular news channels headlining the word 'recession.' I have to admit a wave of fear immediately came over me, and as I allowed it to pass away and started to think more logically, I pondered a question – what is a recession exactly?

So I googled it, and found the formal definition of 'recession' is having negative GDP (gross domestic product) for two quarters in a row. The GDP was negative for Q1 2022. I also found the definition of a depression is negative GDP for more than one consecutive year.

That created many more questions for me – Why is our GDP as a nation negative? Does a recession affect each individual the same way? To what degree? Is negative GDP actually bad for the economy? When and how will we recover from a possible recession as a nation?

Exploring the answers to these questions will take some time; however, I am sure that doing so will better prepare me for the emotional response the next time I stumble upon such a headline.

We are in a phase of integrating our pre- and post-covid worlds to "get back to normal" at many levels – our family life, our careers and business, our education system, and, at the highest level, our nation. During this phase, the positive

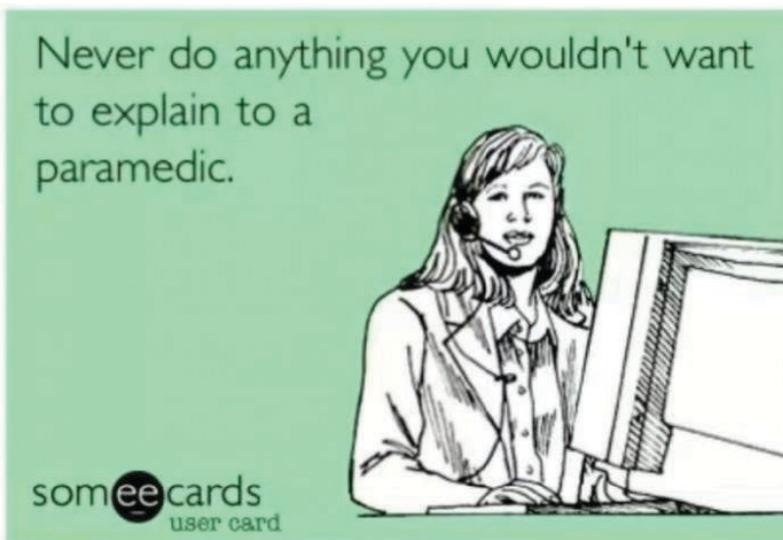


and negative consequences of the life this coronavirus pushed us into are surfacing.

There are many things to be grateful for today. I hope you take the summer to enjoy good company and good weather, and recognize the blessings in each day!

Justina Molloy, Senior Editor

Humerus Corner



Telehealth's Place in the Healthcare Space

by Monica Rivera



The healthcare industry has just experienced its biggest disruption yet—the impact of COVID-19 rattled the industry by driving intense transformation and adaptation in all aspects of patient care. According to the American Hospital Association, the healthcare industry lost over \$200 billion dollars in 2020. In a time when patients were not seeking out healthcare for fear of getting sick, physicians had to figure out a way to make healthcare more accessible to their patients, especially the ones who needed chronic care management. The implementation of telehealth, or telemedicine, was hurried and not perfect, but as time passes telehealth has found its cozy home in the healthcare space and in several care delivery models.

In a survey conducted by the AMA (American Medical Association), physicians were asked about telehealth services delivered in 2021, resulting in 63% of respondents indicating that 75% or more of their telehealth visits were with established patients. Thus far, more telehealth visits are being booked for established patients than for new ones, but patients increasingly seem to be searching for providers offering telehealth, and younger patients in particular may be more likely to switch providers for this reason.

At this point, telehealth is being offered in several aspects of patient care to deliver a wide range of services. Most popular among them are medication management, chronic disease management, mental/behavioral health, follow up care, and care coordination. As for its impact, most physicians feel that telehealth allows them to provide comprehensive and better-quality care for their patients, and patients love the convenience of having their visit from the comfort of their own home.



Patient satisfaction and accessibility to healthcare are the two main driving factors in the ongoing implementation of telehealth. The implementation of at-home care is aimed at giving patients a higher quality of life and lower overall costs.

According to a patient study conducted by Avtex in 2021, 63% of patients have visited a provider's office in the past 18 months.

According to that same study, 28% of patients have done a telehealth or virtual visit in the past 18 months. These statistics reveal a general preference towards office visits, but there is no doubt that telehealth has granted patients flexibility and convenience, therefore earning its rightful place in healthcare.



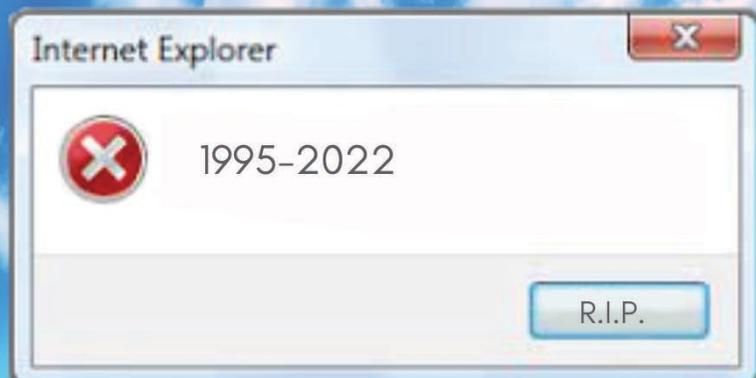
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RIP Internet Explorer

by Andersen Silva



Microsoft is finally retiring the long-in-the-tooth Internet Explorer browser seven years after launching its replacement, Microsoft Edge, and 27 years after IE was first introduced as an add-on for Windows 95. The Redmond, WA-based tech giant will disable the Internet Explorer desktop application on June 15, 2022 for certain versions of Windows 10. Launching IE after that will redirect users to Edge instead.

Many Web sites, apps, and services were once reliant on IE's arcane and proprietary engine and ActiveX, and it was the most widely-used browser for years. Being bundled as the default browser on the most popular computer operating system didn't hurt. The emergence of Safari, Firefox, and Google Chrome forced developers and Webmasters to consider growing numbers of users who either couldn't or preferred not to use Internet Explorer, however.

IE's partial non-compliance with updated HTML and CSS standards (among others) led to sites that were inconsistent or even broken depending on which Web browser one used. Microsoft Edge was released in 2015 to replace Internet Explorer 11, and initially used Microsoft's browser engine called EdgeHTML. Five years later, the Edge browser was rebuilt to use the free and open source Chromium engine instead.



Even Microsoft 365, the online version of Office, ended support for IE last August, and Google Workspace and WordPress no longer support it, either. For most of us, Internet Explorer's retirement will hardly register. If you are still using the obsolete and less-secure IE and find yourself having to switch to Edge, you will be able to import your browser data like bookmarks from the older browser. And if it turns out that you're using a legacy application or site that insists on IE, well, Microsoft Edge has you covered with Internet Explorer mode. This Windows-only functionality allows Edge to render specified Websites using IE 11's engine, letting you live in the past for a little longer.

For assistance with migrating your browser data to Edge or setting up Internet Explorer mode (or any other IT needs!), please contact Microwize Technology today!



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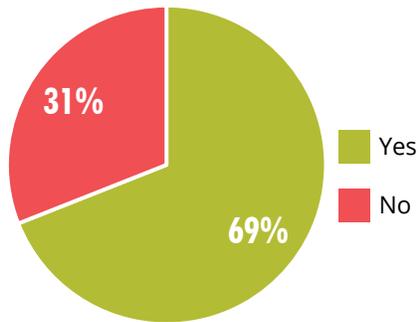
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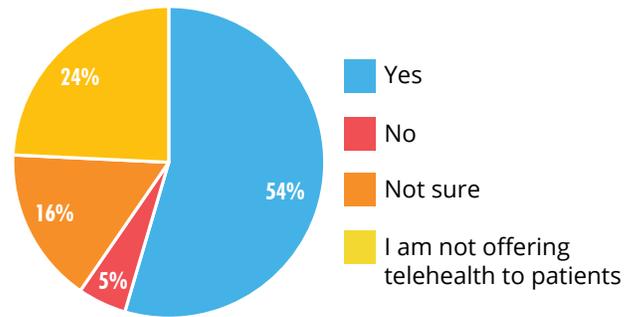
4 Questions About Telehealth Services

Q1: Are you offering telehealth to your patients?



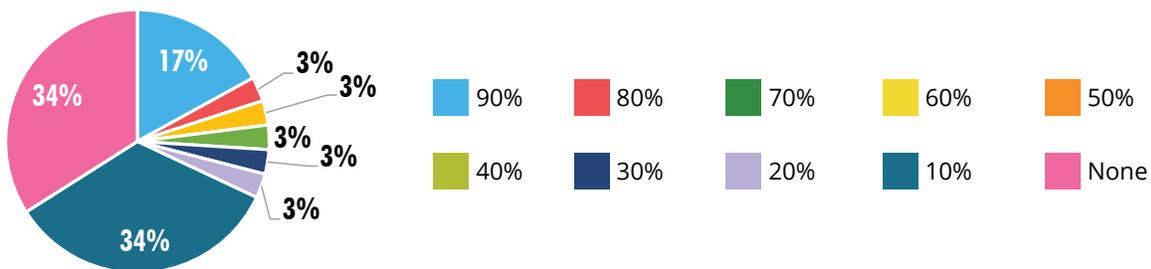
69% of healthcare providers are offering telehealth to their patients

Q2: If you are using telehealth, do you believe you are being fully reimbursed by insurance companies?



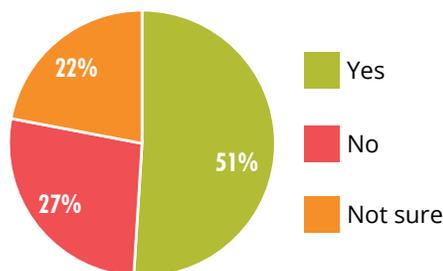
54% of healthcare providers believe they are being fully reimbursed by insurance companies

Q3: Approximately what percentage of your patient base is using telehealth?



17% providers say 90% of their patient base is using telehealth

Q4: Do you feel that telehealth is/would be useful to you and your practice?



51% feel that telehealth is/would be useful to them and their practice

Q5: Do you have any concerns about telehealth within your practice?



31% providers believe that technology challenges for patients are their biggest concerns about telehealth

The Evolution of the Patient Experience

by Monica Rivera

Investing in the right digital tools can help healthcare organizations attract new business, get paid faster, and provide better patient care. The rapid advancement in technology has wedged a large gap between patients and providers. To close this gap, providers must meet patients where they are, and that means having a presence in the digital space. So, what is the digital experience about and how is it driving better patient outcomes?

The Digital Front Door

Before a patient arrives at your practice's physical front door, they have already engaged digitally. Chances are, your patient has Googled you, read reviews, visited your social media, and/or peeked at your website, all before stepping foot in your office or before making the first phone call.

1. Website: When patients find your name and proceed to Google you, your website should be visible and designed for ease of use (and don't forget the mobile view, too!). According to a patient perspective survey conducted by Patient Pop, 48.5% of patients said the practice website is very or extremely important when choosing their doctor.
2. Reviews: When choosing a healthcare provider, 74% of patients find online reviews very or extremely important. 69% of patients say they will not consider a healthcare provider with an average star rating lower than 4.0/5 stars.
3. Directories: One in every three patients looks at provider information on WebMD, Yelp, or other local business directories when looking for a physician.
4. Social Media: According to Pew Research Center, 72% of Americans say they use social media sites. Having a presence on social media can help attract new patients and give patients another way to contact or book you right from in-app features.



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The Evolution of the Patient Experience

5. Traditional Media: Features in magazines- particularly those that mention “best doctor” features- are an effective way of positioning your practice. These listings don’t necessarily give all the details a potential patient may be looking for, so many patients use this information as a starting point to do some research.

The digital space is a way to leverage the internet to keep your business competitive and up to speed with what other competitors are doing. Although building a digital presence takes time and a bit of elbow grease, it is well worth investing the time to do so. The patient journey has expanded to many more touchpoints.

Omnichannel Approach

The shift to patient-centered care plays a key role in developing ease-of-communication and convenience within each step in the patient journey. In a patient study conducted by Avtex, 68% of respondents said their healthcare providers need to improve how they interact with their patients. Each channel of communication serves a different purpose within the patient journey, and each channel should also have a corresponding plan to get optimal use and deliver quality care. Understanding and anticipating the needs of your patient demographic is key in developing quality patient care and delivering better patient outcomes.

1. Phone: Scheduling and changing appointments.
2. Email: Appointment confirmations, reminders, post-visit surveys.
3. Text: Upcoming appointment reminders, appointment info, and prep.
4. Mobile App/Patient Portal: Transactional activities containing personal information such as billing, test results, medical records, and medications.
5. Automated Phone/Reminders: Appointment reminders via phone call, text, or email to reduce no-shows and complete other transactional tasks.
6. Chat-box: Request billing information, and schedule appointments.

COVID-19 has accelerated the need for technology integration within the healthcare space. Not long ago, paper and phone calls were the only main ways of communication between patients and providers. Today, the tide has shifted to where healthcare providers must now engage patients with an omnichannel healthcare experience.



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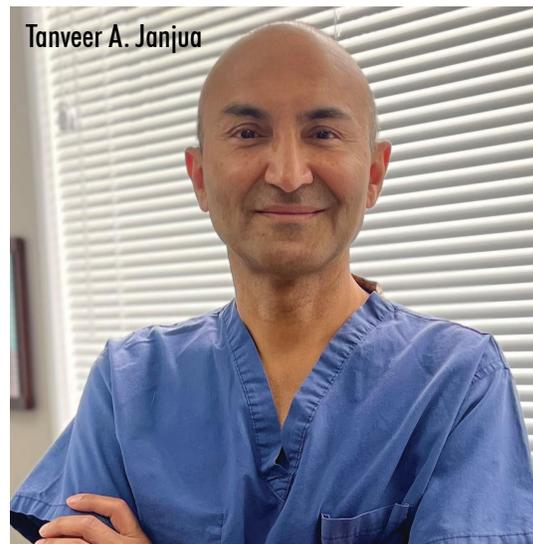


Inventor and Leading Plastic Surgeon

Featured Provider: Tanveer A. Janjua

Q: Firstly, we understand that not only are you one of New Jersey's top plastic surgeons, you also have a patent for a "nasal balloon catheter and sponge unit." Tell us a little about what that is and what prompted you to come up with the idea.

A: Stopping the serious nosebleed has always been a challenge in our field. The methods that were available during the time of my residency have not changed since then. The nosebleeds can become very serious and life-threatening very fast. The methods available can take a long time to stop the nosebleed in the back of the nose (also called the posterior epistaxis). These are common in patients with high blood pressure and blood thinners. The traditional packing involved putting strings through the nose, retrieving those from the mouth, then tying cotton packs and pulling them to the back of the nose to make a tight seal. After that, six-foot long gauze was placed into the nose, and the strings were tied around dental rolls at the nostril level. It is not practiced frequently anymore. It is painful and cumbersome. Most commonly these days, a urinary Foley catheter is inserted through the nose and used to inflate the balloon once it is at the back of the nose. That wedges it and seals the back. Then packing is applied inside the nose and finally a small clamp is placed at the nostril level. The Foley catheter is inserted through the nose and used to inflate the balloon once it is at the back of the nose. That wedges it and seals the back. Then packing is applied inside the nose and finally a small clamp is placed at the nostril level. The Foley catheter is about a foot longer and hangs around the face. This can also take a long time and is aesthetically displeasing, with a long catheter hanging from your nose like an elephant trunk. I always wanted to create something simple, fast, and reliable. Hence, I designed a device and received a patent in 2018. Currently I am in the development phase of the prototype to perform a proof of concept. If that stage is successful, then I will move on to FDA clearance and marketing. I am very excited about this project as the need for a device like this is tremendous. With our aging population, more and more people are on blood thinners and hence at increased risk of severe nosebleeds. It is not easy to find an otolaryngologist to manage these bleeds in the emergency room, or out in the field with EMTs and paramedics. My hope is to have this device available in emergency rooms, urgent care centers, physician offices, and ambulances.



Q: How much of your time in the office is spent being a doctor, as opposed to doing accounting, IT, data entry, etc.?

A: I am an entrepreneur at heart. When I started my solo practice, I enjoyed all the work, accounting, IT, etc. but then as I got busier I could not do it all myself. Now my practice has morphed into a self-pay model and we don't have to deal a lot with insurance. That has made life so much better. Any medical practice that has to rely on insurance reimbursements and all the bureaucracy takes up a lot of time.

Q: How important do you think an Internet/Web presence is to healthcare providers, and to your practice in particular?

A: Internet and web presence is a must for any practice. Patients do not rely on word of mouth or doctor referrals like they used to. They do their own vetting prior to a visit. It is especially true in my aesthetic practice. Potential patients do thorough research online and compare different doctors before deciding the right fit for them. When it comes to facial plastic surgery, it is a very scary proposition to get a surgery or a procedure. The more reviews that are available to a patient, the more comfortable they feel going to a plastic surgeon like me. One other aspect that took me a while to figure out is the patient's knowledge of what I do. If you don't advertise and communicate with the patients, they might never find out the scope of your practice and all that you have to offer.

Q: How are you preparing for the future of healthcare?

A: I am very fortunate that I can sustain my solo practice for the foreseen time period. If I had to rely on insurance reimbursements alone, I would have to join a larger practice group to survive financially. So, I am prepared for the future of healthcare. I feel sorry for the physicians of the future who will never get to experience the joy of being an independent physician who can set his/her own schedule and practice medicine without the burden of paperwork and insurance red tape that permeates the field at every level.



Patients' Health Info Sent to Facebook

by Andersen Silva



A website visitor tracking tool from Facebook was found to be sending sensitive health information from hospital sites to the social media giant. Nonprofit newsroom The Markup, which focuses on technology's impact on society, tested the Websites of 100 top hospitals in the US. Its report last week notes that a third of them had the tracker sending sensitive data.

The sensitive information transmitted included doctors' names and the search terms used to find them or conditions selected from a menu. Details about appointments, medications names, and allergic reactions were also sent to Facebook in some cases. The healthcare organizations in question may have violated HIPAA rules by sharing protected health information (PHI), according to security experts and privacy advocates.

Facebook and Advertising

While Facebook and its parent company Meta are not subject to HIPAA, advertisements could potentially be targeted based on the PHI received. Meta spokesperson Dale Hogan said in an E-mail that "potentially sensitive data will be removed before it can be stored in our ads systems" in the event that Meta's systems detect the presence of such being sent. However, the accuracy of the filtering system remains uncertain, and Facebook engineers have previously indicated in a leaked privacy overview that "we can't confidently make controlled policy changes or external commitments such as 'we will not use X data for Y purpose.'"

The Meta (or Facebook) Pixel is present on roughly a third of the Web's most popular sites per The Markup. Freely available, the tracker sends IP addresses and can match information to a user's Facebook and/or Instagram profile. Form responses and URLs clicked on may also be sent. The social media company uses this amassed data to target ads. Those who choose to embed Pixel on their sites, however, have a lot of control over what information is sent.

One hospital, Houston Methodist in Texas, responded to The Markup noting that it is "confident" in Facebook's safeguards and doesn't categorize the information that was sent from its site as PHI. Nevertheless, the hospital did remove Pixel from its site shortly thereafter. Whether the data being sent is not being carefully restricted or is not considered sensitive/protected by the hospitals, or the healthcare organizations are convinced that Facebook is filtering out such content, it seems some due diligence is required.

Cybersecurity isn't just about protecting against attacks, but also protecting against data breaches and leaks. HIPAA violations can be costly to both finances and reputation. It's always a good time to review your network and Websites, or to have a managed services provider review them for you.

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