

Disaster-Proof Your Clinical and Billing Records

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The recent disaster along the Gulf Coast may be a wake-up call for all physicians to establish some kind of emergency backup system for their businesses.

"Physicians don't always think of themselves as running a business, but they're going to think of it now," Rosemarie Nelson, a Syracuse, N.Y.-based consultant with the Medical Group Management Association, said in an interview.

Otolaryngologist Michael Ellis, M.D., is hoping that technology might have protected some of his records. His practice in Chalmette, La., south of New Orleans, is in an area flooded to the rooftops in the aftermath of Hurricane Katrina and the subsequent breakdown of New Orleans' levees.

"Like most physicians, I have billing electronic records, but my office clinical records are paper. I assume all that—and our supplies and equipment—will be unsalvageable," he said in an interview shortly following the flood.

Dr. Ellis said that he had backups in

place for his billing records, both hard copy and "off campus," (outside computer services) assuming that certain computers weren't damaged or backed up during the flood.

As Ms. Nelson noted, "there is just no way to secure paper records. They're there or they're not."

Fully integrated electronic medical records might not have been safe for stricken medical communities, either.

Anne L. Shirley, a spokeswoman with the Louisiana State Medical Society, said an undetermined number of records have been destroyed.

Some electronic records weren't able to be accessed as most computer servers have been destroyed, Ms. Shirley said. The Louisiana State Board of Medical Examiners is located in a hard-hit flood area in New Orleans, and the society's Web site and database were inoperable, even from remote locations, Ms. Shirley said. "This, as you can imagine, poses a problem with license verification and credentialing for displaced physicians."

One way to solve backup problems such as these is to have electronic medical records stored in a secure, remote site by a vendor, Ms. Nelson said. "And, it does



Electronic medical and billing records kept off-site may be less vulnerable to flood and fire than files stored in the office.

be reopening on a particular date, she added.

An advantage of backing up financial information is that it also includes some clinical information, Ms. Nelson said. "That's because you need to have a diagnosis code to bill the insurance company."

Dr. Ellis could reach his practice associate in Birmingham via e-mail. "Two of my staff

not have to be a vendor you bought your software from; there are tons of vendors out there providing remote access."

Such vendors also can offer Internet-based backups, which "add a whole new sense of security," she noted. "When something happens in an area or region, that [backup disk] you took home is as insecure as your records."

Even if they don't use an electronic medical record system (and only about 15% of doctors have them), physicians should consider storing their administrative records, such as financial and scheduling information, off-site, Ms. Nelson said.

"You need to think about using off-site backup for your financial applications, scheduling, patient list, and some receivables. You still have insurance receivables there, and you're going to need that cash inflow because you're going to have to buy new equipment. So securing your financial records is equally as important."

The patient list will be essential when you need to inform patients that you've set up your practice in a new location or will

communicated that they are in upper Mississippi," he said. Other physicians e-mailed from Houston and Baton Rouge to let him know their whereabouts.

Mail was something he wasn't able to receive. "No one has said what is happening to it, or how we can contact insurers, Medicare, etc., to change our address. I don't know what patients are doing about getting their prescriptions filled since they can't reach doctors."

At press time, the Louisiana State Medical Society was working with the state's Department of Health and Hospitals, the Office of Emergency Preparedness, the Department of Homeland Security, and the Federal Emergency Management Agency to contact physicians.

"We are trying not to confuse the situation by coming up with our own information. Simplicity is best at times like these. Things in this regard change from minute to minute, and I am sure that even more information will become available to us and to our physicians as the days go by," Ms. Shirley said.

Consider FEMA's Flood-Proofing Tips

Although hurricane season should be winding down by this time of year, it is always prudent to plan ahead for whatever severe wet weather next year holds in store. With that in mind, here are some general tips from the Federal Emergency Management Agency on flood and hurricane preparation for businesses:

- ▶ Ask your local emergency management office if your facility is located in a flood plain. Find out the history of flooding in your area. Determine the elevation of your facility in relation to streams, rivers, and dams.
- ▶ Learn about community evacuation plans from your local emergency management office.
- ▶ Establish facility shutdown procedures. Make plans for assisting employees who may need transportation.
- ▶ Purchase a National Oceanic and Atmospheric Administration weather radio with a warning alarm tone and battery backup. Listen for flood watches and warnings.

▶ Get information about flood insurance from your insurance carrier. Regular property and casualty insurance does not cover flooding.

If a hurricane or other major weather event is being forecast, consider taking these actions ahead of time:

- ▶ Clear out areas with extensive glass frontage as much as possible. If you have shutters, use them; otherwise, use precut plywood to board up doors and windows.
- ▶ Remove outdoor hanging signs.
- ▶ Bring inside or secure any objects that might become airborne and cause damage in strong winds.
- ▶ Store as much equipment as high as possible off the floor, especially goods that could be in short supply after the storm.
- ▶ Move equipment that cannot be stored away from glass and cover it with tarpaulins or heavy plastic.
- ▶ Place sandbags in spaces where water could enter.
- ▶ Move papers from lower drawers to cabinet tops.

REQUIP® (ropinirole hydrochloride) Tablets

terminology. These categories are used in the listing below. The frequencies presented represent the proportion of the 911 individuals exposed to REQUIP who experienced events of the type cited on at least one occasion while receiving REQUIP. All reported events that occurred at least twice (or once for serious or potentially serious events), except those already listed, trivial events, and terms too vague to be meaningful, are included without regard to determination of a causal relationship to REQUIP, except that events very unlikely to be drug-related have been deleted. Events are further classified within body system categories and enumerated in order of decreasing frequency using the following definitions: frequent adverse events are defined as those occurring in at least 1/100 patients and infrequent adverse events are those occurring in 1/100 to 1/1,000 patients. **Blood and Lymphatic System Disorders:** Infrequent: Anemia, lymphadenopathy. **Cardiac Disorders:** Frequent: Palpitations. Infrequent: Acute coronary syndrome, angina pectoris, angina unstable, bradycardia, cardiac failure, cardiovascular disorder, coronary artery disease, myocardial infarction, sick sinus syndrome, tachycardia. **Congenital, Familial, and Genetic Disorders:** Infrequent: Pigmented nevus. **Ear and Labyrinth Disorders:** Infrequent: Ear pain, middle ear effusion, tinnitus. **Endocrine Disorders:** Infrequent: Goiter, hypothyroidism. **Eye Disorders:** Infrequent: Blepharitis, conjunctival hemorrhage, conjunctivitis, eye irritation, eye pain, keratoconjunctivitis sicca, vision blurred, visual acuity reduced, visual disturbance. **Gastrointestinal Disorders:** Frequent: Abdominal pain, constipation, gastroesophageal reflux disease, stomach discomfort, toothache. Infrequent: Abdominal adhesions, abdominal discomfort, abdominal distension, abdominal pain lower, duodenal ulcer, dysphagia, eructation, flatulence, gastric disorder, gastric hemorrhage, gastric polyps, gastric ulcer, gastritis, gastrointestinal pain, hematemesis, hemorrhoids, hiatus hernia, intestinal obstruction, irritable bowel syndrome, loose stools, mouth ulceration, pancreatitis acute, peptic ulcer, rectal hemorrhage, reflux esophagitis. **General Disorders and Administration Site Conditions:** Frequent: Asthenia, chest pain, influenza-like illness, rigors. Infrequent: Chest discomfort, feeling cold, feeling hot, hunger, lethargy, malaise, edema, pain, pyrexia. **Hepatobiliary Disorders:** Infrequent: Cholecystitis, cholelithiasis, ischemic hepatitis. **Immune System Disorders:** Infrequent: Hypersensitivity. **Infections and Infestations:** Frequent: Bronchitis, gastroenteritis, gastroenteritis viral, lower respiratory tract infection, rhinitis, tooth abscess, urinary tract infection. Infrequent: Appendicitis, bacterial infection, bladder infection, bronchitis acute, candidiasis, cellulitis, cystitis, diarrhea infectious, diverticulitis, ear infection, folliculitis, fungal infection, gastrointestinal infection, herpes simplex, infected cyst, laryngitis, localized infection, mastitis, otitis externa, otitis media, pharyngitis, pneumonia, postoperative infection, respiratory tract infection, tonsillitis, tooth infection, vaginal candidiasis, vaginal infection, vaginal mycosis, viral infection, viral upper respiratory tract infection, wound infection. **Injury, Poisoning, and Procedural Complications:** Infrequent: Concussion, lower limb fracture, post procedural hemorrhage, road traffic accident. **Investigations:** Infrequent: Blood cholesterol increased, blood iron decreased, blood pressure increased, blood urine present, hemoglobin decreased, heart rate increased, protein urine present, weight decreased, weight increased. **Metabolism and Nutrition Disorders:** Infrequent: Anorexia, decreased appetite, diabetes mellitus non-insulin-dependent, fluid retention, gout, hypercholesterolemia. **Musculoskeletal and Connective Tissue Disorders:** Frequent: Muscle spasms, musculoskeletal stiffness, myalgia, neck pain, osteoarthritis, tendonitis. Infrequent: Arthritis, aseptic necrosis bone, bone pain, bone spur, bursitis, groin pain, intervertebral disc degeneration, intervertebral disc protrusion, joint stiffness, joint swelling, localized osteoarthritis, monoarthritis, muscle contracture, muscle tightness, muscle twitching, osteoporosis, rotator cuff syndrome, sacroiliitis, synovitis. **Neoplasms Benign, Malignant, and Unspecified:** Infrequent: Anaplastic thyroid cancer, angiomylipoma, basal cell carcinoma, breast cancer, gastric cancer, gastrointestinal stromal tumor, malignant melanoma, prostate cancer, skin papilloma, squamous cell carcinoma, uterine leiomyoma. **Nervous System Disorders:** Frequent: Hypoesthesia, migraine. Infrequent: Amnesia, aphasia, ataxia, balance disorder, benign intracranial hypertension, burning sensation, carpal tunnel syndrome, disturbance in attention, dizziness postural, dysgeusia, dyskinesia, head discomfort, hyperesthesia, hypersomnia, lethargy, loss of consciousness, memory impairment, migraine with aura, migraine without aura, neuralgia, sciatica, sedation, sinus headache, sleep apnea syndrome, syncope vasovagal, tension headache, transient ischemic attack, tremor. **Psychiatric Disorders:** Frequent: Anxiety, depression, irritability, sleep disorder. Infrequent: Abnormal dreams, agitation, bruxism, confusional state, depressed mood, disorientation, early morning awakening, libido decreased, loss of libido, mood swings, nervousness, nightmare, panic attack, stress symptoms, tension. **Renal and Urinary Disorders:** Infrequent: Dysuria, hematuria, hypertonic bladder, micturition disorder, nephrolithiasis, nocturia, pollakiuria, proteinuria, urinary retention. **Reproductive System and Breast Disorders:** Frequent: Erectile dysfunction. Infrequent: Breast cyst, dysmenorrhea, menorrhagia, pelvic peritoneal adhesions, postmenopausal hemorrhage, premenstrual syndrome, prostatitis. **Respiratory, Thoracic and Mediastinal Disorders:** Frequent: Asthma, pharyngolaryngeal pain. Infrequent: Dry throat, dyspnea, epistaxis, hemoptysis, hoarseness, interstitial lung disease, nasal mucosal disorder, nasal polyps, respiratory tract congestion, rhinorrhea, sinus congestion, sneezing, wheezing, yawning. **Skin and Subcutaneous Tissue Disorders:** Frequent: Night sweats, rash. Infrequent: Acne, actinic keratosis, alopecia, cold sweat, dermatitis, dermatitis allergic, dermatitis contact, eczema, exanthem, face edema, photosensitivity reaction, pruritus, psoriasis, rash pruritic, skin lesion, urticaria. **Vascular Disorders:** Frequent: Hot flush, hypertension, hypotension. Infrequent: atherosclerosis, circulatory collapse, flushing, hematoma, thrombosis, varicose vein. **Postmarketing Reports:** Pathological (compulsive) gambling has been reported in a small number of patients treated with dopaminergic agents, including REQUIP. It is not possible to determine the causal relationships between these events and REQUIP. In some cases other factors were present such as a history of problem gambling or concurrent dopaminergic treatment.

DRUG ABUSE AND DEPENDENCE

Controlled Substance Class: REQUIP is not a controlled substance.

Physical and Psychological Dependence: Animal studies and human clinical trials with REQUIP did not reveal any potential for drug-seeking behavior or physical dependence.

OVERDOSAGE

In the Parkinson's disease program, there have been patients who accidentally or intentionally took more than their prescribed dose of ropinirole. The largest overdose reported in the Parkinson's disease clinical trials was 435 mg taken over a 7-day period (62.1 mg/day). Of patients who received a dose greater than 24 mg/day, reported symptoms included adverse events commonly reported during dopaminergic therapy (nausea, dizziness), as well as visual hallucinations, hyperhidrosis, claustrophobia, chorea, palpitations, asthenia, and nightmares. Additional symptoms reported for doses of 24 mg or less or for overdoses of unknown amount included vomiting, increased coughing, fatigue, syncope, vasovagal syncope, dyskinesia, agitation, chest pain, orthostatic hypotension, somnolence, and confusional state.

Overdose Management: It is anticipated that the symptoms of overdose with REQUIP will be related to its dopaminergic activity. General supportive measures are recommended. Vital signs should be maintained if necessary. Removal of any unabsorbed material (e.g., by gastric lavage), should be considered.

Dosing Consideration for Parkinson's Disease and RLS: If a significant interruption in therapy with REQUIP has occurred, retitration of therapy may be warranted.



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