

# MediFlex NewsLetter

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**Distribution: ALL MEDIFLEX USERS**

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### **eCommerce – its time !**

There is no disputing the fact that electronic communications is well and truly upon us. The medical profession is an ideal candidate for this technology, as demonstrated by various pilot projects going on around the country, the HIC's push for MedClaims and EasyClaim (still in its infancy), pathology downloads, email, internet, etc. This technology has given us an opportunity to improve our service and support to you. We now have the opportunity to post new upgrades and patches onto our website, and also email you various components urgently if required. We could also distribute our newsletter electronically. The message here is that you should be giving serious

thought and planning to the introduction of electronic communications capabilities into the practice. These services are readily available, are very cheap, and they do work if set up properly.

### **Windows Corner**

We are now approaching the half-way mark with our conversion effort. The Windows version of MediFlex ("Visual" MediFlex) has been well received. Most clients have stated that once they get used to the new "look and feel", they are very happy with the new product. If you are contemplating conversion from the DOS product, you will need to notify us ASAP, as we are booked out quite a time in advance (about two to three months).

## **Terminal Server**

A Windows-related technology known as Windows Terminal Server has been maturing now for some years. What it represents is a structure that has most of its investment in the server, and allows the use of “legacy” PC’s as workstations. A legacy PC in my simple terms is one that you would normally have to scrap due to it being virtually out of date and therefore obsolete. The “cost of ownership” is less in the long term due to the fact that each 3 year cycle does not involve the replacement of each workstation in your network, but more likely just an upgrade to your server. This option is only cost-effective for sites using more than five workstations. We have successfully deployed Visual MediFlex into this environment, and are very happy with the results. We have even noted a performance improvement compared to a traditional Local Area Network setup.

## **Microsoft Windows Literacy (repeated from last Newsletter)**

With the defacto operating platform for most software applications now firmly established as Microsoft Windows, medical practice staff now have another component to add to their skill set – how do I learn and master all this “Windows stuff” ? Windows is an “environment”. It has its own unique (and diverse) characteristics and capabilities. Windows provided the platform on which we run our applications (MediFlex, Word, Medical Director, Internet, games, etc). This “platform”

has common operational characteristics, theoretically independent of the application you are running. For instance, all Windows applications allow closing by clicking the little “x” up in the top right-hand corner of the screen, and “cutting and pasting” data from one application to another via a shared but hidden area called “the clipboard”. The task bar (usually) displayed along the bottom of your screen lets you know what applications you are currently running. And so it goes (on and on and on !)

The point here is that it is now no longer a matter of just switching on a computer, and it all just happens. Operators need to know the fundamentals of Windows, concepts like “minimising”, “maximising”, “cutting and pasting”, right mouse button versus left mouse button, and a huge variety of special keystroke combinations that Windows responds to (eg Alt+Tab). These concepts apply to ALL Windows software. Liken it to buying a new car. It is automatically assumed that you have already learned the fundamentals of driving, and the basic road rules, regardless of the brand and model of car you purchase. Basic training in Windows characteristics is not our responsibility (as it is likewise not the responsibility of the car salesman to teach you to drive). Day-to-day usage of Windows and the problems caused by lack of knowledge of the basic fabric of Windows are (strictly speaking) not covered by your Software Support Agreement. If you find that most of the terminology and behaviour described above is new or

unfamiliar to you or any of your staff, then a basic “Introduction to Windows” training course might be a good investment. Most Tafe Colleges and local Community Education Programmes offer such a course.

### **Consumables**

#### Epson Printer Ribbons

We regret that we are no longer able to supply cloth ribbons for any of the Epson dot-matrix printers. Due to quality and compatibility problems over which we have no control, we have decided not to stock these items, effective immediately. Alternative sources would be your hardware supplier, or an office supplies organisation such as OfficeWorks or Viking.

### **MediFlex for Windows (repeated from last Newsletter)**

Q) How many clients are now running the Windows version ?

A) Over 90, and climbing weekly.

Q) What are the minimum hardware requirements ?

A) The absolute minimum we see that will give acceptable performance is a 500mhz Pentium P3 (or Celeron if you must), with at least 128mb ram. As a rule of thumb, go for the fastest processor with the greatest amount of memory you can afford. Memory in particular is money very well spent.

Q) What should we use for our backups ?

A) This is really a matter of preference, and will be influenced by the experiences of your

hardware supplier. We are seeing the CD burner gain popularity. The benefit of CDs are that almost all systems these days come fitted with a reader, and the media is very cheap. CD writers are more expensive, but compete well with tape drives. The software that comes with CD burners can be somewhat more complicated than tape software.

Q) What version of Windows do you recommend on the workstations (or a stand-alone computer) ?

A) Windows 2000 Professional, with Windows98 our second choice, WindowsME not supported, and Windows95 not supported.

Q) If I am running a network, how fast should it be ?

A) 100 megabits per second, preferably using a “Switch” instead of a “Hub”

Q) What about printers ?

A) Accounts/Receipts and Reports will need a laser printer, and at the moment we can only endorse the Hewlett-Packard HP2200 and the Kyocera FS1800 laser printers, **both with a second bin**. Kyocera is the lesser known and cheaper brand, but has performed reasonably well so far. HP is by far the preferred brand. We are able to print accounts on either A5 or A4 cut sheet stationery, but A5 is preferred. The benefits of the above lasers are that they provide the best quality output, are endorsed to handle two paper-sizes

and can double as your word-processing printer. If you have a preference for a different brand or model than those listed above, we would need to be provided with a unit at our office for at least two working days to test its compatibility.

Adhesive Label printing will continue on existing printers – we have explored and firmly rejected the idea of cut-sheet labels as costly, cumbersome, wasteful and risky (if a label peels off onto a hot laser drum inside the printer, the repair will be very expensive).

MediCare DB4 Assignment Forms can also be printed on existing dot matrix printers, or on plain A5 paper via the laser printer. It is not feasible to consider using the Canon BJ300 or the Epson dot matrix printers for accounts and receipts. Although technically they will work with the appropriate drivers installed, they are painfully slow under Windows, and we can assure you that you will not be happy with their performance.

Q) What about all my existing data ?

A) All data will be converted across to Windows. This is an integral part of the upgrade process.

Q) Does the Windows version support MedClaims ?

A) Yes, including Veterans Affairs

Q) How much will it cost to purchase the Windows version ?

A) Nothing ! The product itself is FREE (we are the only company in the medical software industry that have not forced clients to purchase such an upgrade), but we must recover our time and travel costs incurred in installing the upgrade.

Q) What about Training ?

A) It has been the case with sites converted so far that some time has been spent immediately after the conversion, on training. This may not suite all practices, particularly the larger ones. The practice is faced with a situation after upgrading whereby MediFlex for Windows will immediately be “live” at the front desk, and training needs to be provided in its use. We are attempting to organise some classroom-style training sessions in Geelong that can be run as your conversion date approaches. A moderate fee will be applied to cover costs and time.

Q) What about licensing arrangements ?

A) You will be set up with exactly the same number of licences you currently have running under DOS. Extra workstation licences can be purchased at any time.

Q) How long will the DOS version continue to be supported ?

A) As long as possible. We are not insisting that clients move over to Windows just for the sake of it. There are many factors that will determine your timeframe. We expect to be fully supporting the DOS version for at least another

two years. Please be aware that this support is offered on the understanding that no radical changes occur in the legislation governing billing in the health sector.

Q) What are the benefits of converting to Windows ?

- More consistent “look and feel” as per other Windows products, and written to take full technical advantage of the Windows environment
- Direct link to Microsoft Word with MediFlex managing the list of documents created for each patient
- Direct link to Medical Director with one mouse click. No more clumsy and unreliable “patients.in” file transfers
- Function key or mouse driven
- Much simpler upgrades via CDROM
- Multi-tasking - multiple screens can be active at any one time (no need to cancel out of a task when half way through)
- More powerful appointments system, with colour coding
- More professional printed output
- Improved MedClaims subsystem
- Printing both A5 and A4 from the one printer (fewer printers)
- Simplified and more logical Menu structure
- Still only one screen for each of the major tasks (Patients, Accounts and Receipts)

Clients wishing to upgrade to MediFlex for Windows must ensure

their equipment and printers are as per the above specifications. Should we be requested to undertake an upgrade on a system that is not up to minimum standards, no responsibility will be accepted for the resulting performance. We consider it particularly important that the investment in new laser printers be accepted as part and parcel of the upgrade exercise.

The transfer from DOS to Windows is a one-way exercise, and cannot be reversed.

### BrainTeasers

- 1) A farmer took 141 bushels of three different grains to the market and received \$565 for the load. His wheat sold for \$5 a bushel, corn for \$4, and oats for \$2.50. How many bushels of each kind of grain did he take to market?
- 2) A farmer butchered twenty pigs in six days. He butchered on each of the six days, and an odd number of pigs each time. How many pigs were butchered on each day ?

(Solutions next issue)

### Solutions to last issue's Brain Teasers

- 1) Brands A and B are of equal value, and C is better than either of them.
- 2) About 18,000,000 miles thick !

**Let's Laugh** (courtesy Dr Mark Kennedy's inexhaustible Joke Library)

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### Children's answers to science exam questions

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Q: Name the four seasons.

A: Salt, pepper, mustard and vinegar.

Q: Explain one of the processes by which water can be made safe to drink.

A: Flirtation makes water safe to drink because it removes large pollutants like grit, sand, dead sheep and canoeists.

Q: How is dew formed?

A: The sun shines down on the leaves and makes them perspire.

Q: How can you delay milk turning sour?

A: Keep it in the cow.

Q: What causes the tides in the oceans?

A: The tides are a fight between the Earth and the Moon. All water tends to flow towards the moon, because there is No water on the moon, and nature hates a vacuum. I forget where the sun joins in this fight.

Q: What are steroids?

A: Things for keeping carpets still on the stairs.

Q: What happens to your body as you age?

A: When you get old, so do your bowels and you get intercontinental.

Q: What happens to a boy when he reaches puberty?

A: He says good-bye to his boyhood and looks forward to his adultery.

Q: Name a major disease associated with cigarettes.

A: Premature death.

Q: How are the main parts of the body categorised? (e.g., abdomen.)

A: The body is consisted into three parts - the brainium, the borax and the abdominal cavity. The brainium contains the brain, the borax contains the heart and lungs, and the abdominal cavity contains the five bowels, A, E, I, O and U.

Q: What is the fibula?

A: A small lie

Q: What does "varicose" mean?

A: Nearby.

Q: Give the meaning of the term "Caesarean Section"

A: The Caesarean Section is a district in Rome.

Q: What does the word "benign" mean?

A: Benign is what you will be after you be eight

### **Things Mother taught me:**

My mother taught me TO APPRECIATE A JOB WELL DONE - "If you're going to kill each other, do it outside - I just finished cleaning!"

My mother taught me RELIGION - "You better pray that will come out of the carpet."

My mother taught me about TIME TRAVEL - "If you don't straighten up, I'm going to knock you into the middle of next week!"

My mother taught me LOGIC - "Because I said so, that's why."

My mother taught me FORESIGHT - "Make sure you wear clean underwear, in case you're in an accident."

My mother taught me IRONY - "Keep laughing and I'll give you something to cry about."

My mother taught me about the science of OSMOSIS - "Shut your mouth and eat your supper!"

My mother taught me about CONTORTIONISM - "Look at the dirt on the back of your neck!"

My mother taught me about STAMINA - "You'll sit there 'til all that spinach is finished."

My mother taught me about WEATHER - "It looks as if a tornado swept through your room."

My mother taught me about HYPOCRISY - "If I've told you once, I've told you a million times - Don't exaggerate!!!"

My mother taught me THE CIRCLE OF LIFE - "I brought you into this world, and I can take you out."

My mother taught me about BEHAVIOR MODIFICATION - "Stop acting like your father!"

My mother taught me about ENVY - "There are millions of less fortunate children in this world who don't have wonderful parents like you do!"

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