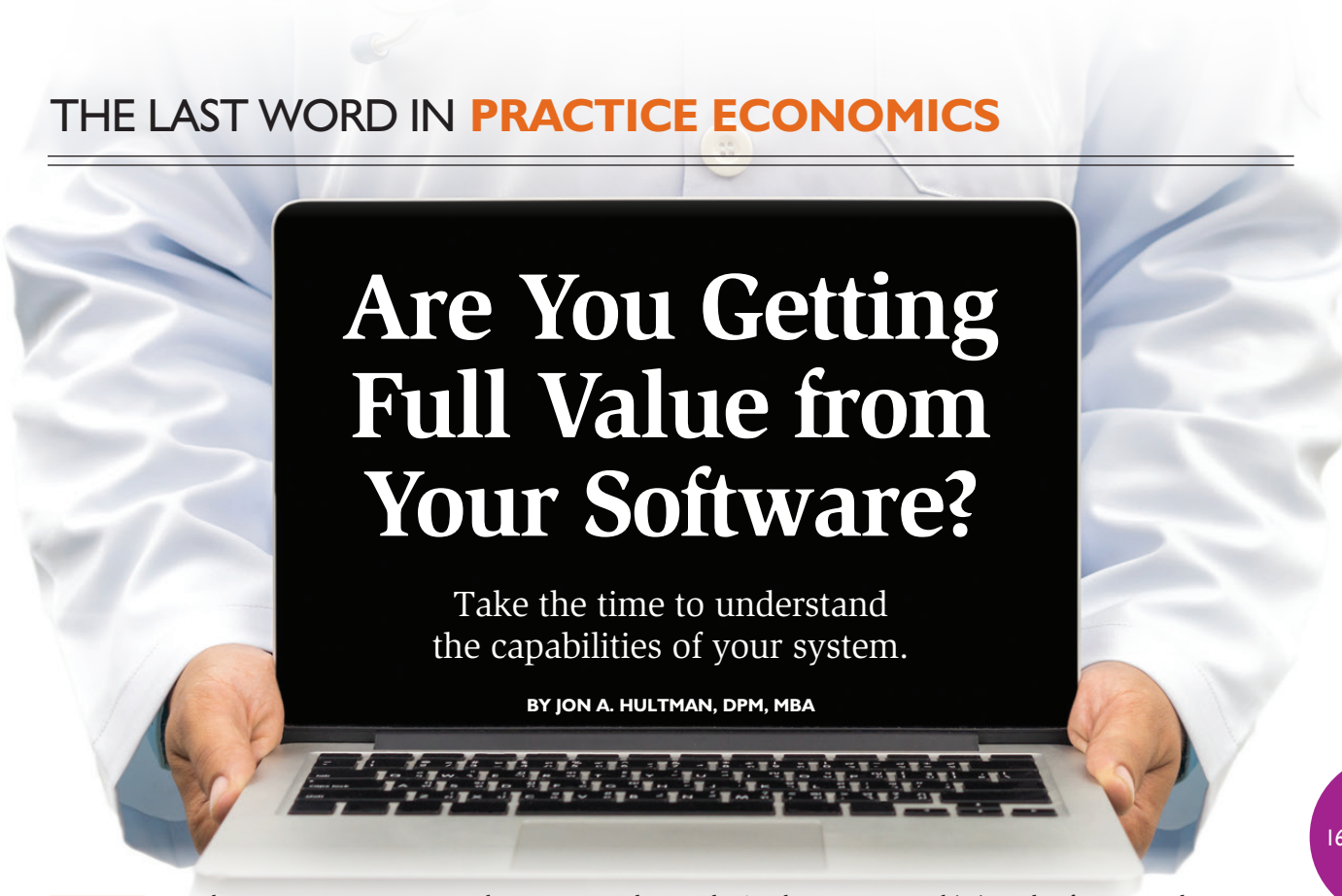

Are You Getting Full Value from Your Software?

Take the time to understand the capabilities of your system.

BY JON A. HULTMAN, DPM, MBA

From the moment computer technology first appeared on the front desk of a medical practice, experts touted that these efficient machines would dramatically transform cost and quality in healthcare in much the same way they had done in other industries. When quality improvement and cost-savings failed to materialize as fully as expected, these same "experts" predicted that further gains would be achieved as processors were made faster, storage capacity was expanded, and more sophisticated software was developed. This is comparable to saying that we could improve the efficiency of freeways if everyone were to drive a Ferrari because every car would then have the capability of traveling at a faster speed. Over time, speed, capacity, and software capabilities have all advanced, yet even with all these "improvements," we have made little headway in tapping into the key opportunity for increasing the quality of healthcare and lowering its costs that our computers can offer us—a transformation to efficiency.

One of the early obstacles to equipping medical practices with computers was that adopters found computers to be very expensive—costing around $30,000 for machines that, compared to today's cheapest models, would be considered archaic. Because of this sizable expense, the usual purchase was only one computer, and the most logical location for it was at the front desk. Owing to this location, early software designers developed computerized workflows that primarily addressed front desk processes. Only the business staff planned to use the computer; it was assumed that there was "no reason" for doctors and medical assistants to be involved in either the training or the implementation process. Since early computer workflows were designed around front desk activities, and coupled with the fact that there was little physician involvement in the implementation process, the stage was set for an environment in which practices achieved sub-optimal benefit from their new technology. Unfortunately, this faulty practice has been continued even into the design and implementation of today's more sophisticated software products.

Today, we rarely see a "non-computerized practice," and everyone—from the government on down—continues to believe that the inefficiencies in healthcare which lead to high costs and low quality will be "fixed" by the appropriate utilization of technology. Software today often does include a sophisticated electronic health record that is fully integrated with practice management capabilities. This brings a huge range of beneficial technological possibilities into the clinical area where doctors and medical assistants do most of their work. Unfortunately, one thing that has not changed in the past thirty years is that the potential to be gained at the doctor-technology interface point is not being realized. This is actually the single most consistent point-of-failure hindering achievement of any efficiencies designed to be gained from technology, and the larger the medical group, the more

Continued on page 170

Unfortunately, one thing that has not changed in the past thirty years is that the potential to be gained at the doctor-technology interface point is not being realized.

Software Value *(from page 169)*

exaggerated this breakdown becomes. Since all processes flow through this interface, addressing this point-of-failure is essential to improving the cost, quality, and profitability issues challenging medical practices today.

What first opened my eyes to this constraint was a visit to a friend's office. Having "computerized" his practice a few years earlier, he was proud to be on the leading edge of practice management, and I was eager to evaluate the capabilities of his software. Confusingly, he seemed to know little about the software's capabilities and told me that I would have to speak with his staff about anything software-related because he, himself, had no idea of how to use it. At this point in time, the selection of software and the training necessary for its proper use were considered staff responsibilities. Since electronic medical records had yet to be fully developed, technology was employed primarily in the business and reception areas of a practice. It served little to no clinical function and physician involvement was considered unessential.

In spite of many subsequent developments—including sophisticated electronic medical records (which have direct impact on the physician), many doctors still resort to this "delegate to staff" position when it comes to the use of their computers. They often learn just enough about the software to "get by." This is why only a small percentage of practitioners actually use the electronic medical records purchased by their groups in an effective manner—making it unlikely that they will capture the many efficiencies to be gained from effective management software that is available at the fingertips of all member doctors.

It is important that all physicians take the time to learn every essential feature of their software—features that will help them work more effectively at the point of care and also create greater overall efficiencies in their practices. Effective utilization will lead to reduced costs and increased revenue. It is the doctors who provide the money to purchase new technology, and they are the ones who have the most to gain from its successful implementation. Because of this, they are the ones who should be most actively involved throughout this entire process.

Lack of effective implementation is exacerbated by the fact that most software companies themselves are still anchored in an old sales style—primarily involving "staff only." Software companies are not accustomed to working directly with doctors and are, perhaps, a little intimidated by them. Because of this, trainers from these companies request little of the doctor's time. In most cases, it is easiest for them to implement the software functions for urgent billing, appointment scheduling, and management needs (front office-focused) first and postpone any electronic medical record implementation (doctor-focused) until "later." Additionally, even when they learn the medical records aspect of their software, physicians typically receive little training, if any, in the practice management aspects of the software. This impedes their ability to use the technology in ways that can actually create more efficient workflows. Effective, efficient workflows will be dependent on doctors and medical assistants who have thorough knowledge of their software's capabilities—managerial as well as clinical knowledge.

Practitioners will achieve a more significant return from the investment they make in software when they understand that the greatest portion of their software's costs lies in the investment of time that they, themselves, must put into training and its implementation. This investment of time—and not how great an amount is spent on this technology—is what is necessary for achieving long-term success. If physicians are not prepared to invest the full time necessary for success, the return is unlikely to be worth their investment. It is not critical that a practitioner select the "best software on the planet"; rather, the success of a technology project is most dependent on the level of the user-physician's knowledge of the software and his/her commitment to the implementation project. It is important that each doctor in a group practice realizes too that any one individual doctor's success is dependent upon his/her partners' levels of commitment as well as his/her own.

It is important that all physicians take the time to learn every essential feature of their software—features that will help them work more effectively at the point of care and also create greater overall efficiencies in their practices.

Focusing on commitment at this single point-of-failure—each doctor's own interface with the technology—before continuing to the next step will give the greatest assurance that whatever software a practice does agree upon, whatever the costs, and however many problems are encountered along the way, the end results of implementation will be well worth the time, effort, and costs expended. If you recognize this opportunity in your practice, have confidence that regardless of how long your current software has been in use, it is never too late to "re-start." If you, first, thoroughly investigate all of your technology's capabilities, you can then successfully "re-launch" its use in your practice. **PM**

Dr. Hultman is Executive Director of the California Podiatric Medical Association, practice management and valuation consultant for Vitera Healthcare Solutions, and author of The Medical Practitioner's Survival Handbook (available at www.mbagurus.com).