# Are You Getting Full Value from Your Software?

In order to benefit, you must learn how to utilize its capabilities.

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From the moment computer technology first appeared on the front desk of medical practices, experts touted these efficient machines that 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 them to be very expensive—costing around $30,000 for machines that, compared to today's cheapest models, would be considered archaic. Because of the sizable expense, most practices purchased only one computer, and the most logical location for that one was at the front desk. Because of where the computer was typically installed, 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 the billing process, cou-

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pled 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 into the design and implementation of today's more sophisticated software products.

Today, we rarely see a "non-computerized practice," and everyone—

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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. Today's software often includes a sophisticated electronic health record that is fully integrated with practice management capabilities. This integration 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 full potential to be gained at the doctor-technology interface point is often not realized. This is the single most consistent point-of-failure that hinders achievement of any efficiencies designed to be gained from technology, and the larger the medical group, the more exaggerated this breakdown becomes. Since all processes flow through this doctor/

not accustomed to working directly with doctors and were, perhaps, a little intimidated by them. Doctors, too, seemed to feel that their time was limited and that they were too busy to spend time training. As a result, trainers from these compa-

nies requested little "doctor time." In most cases, it is easiest for company representatives to first implement the software functions for more urgent purposes such as billing, appointment scheduling, and management needs (front office focused) and postpone any electronic medical record implementation (doctor focused) until "later."

themselves, must put into training and software implementation. This investment of time 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

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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 the commitment to fully understanding its capabilities.

It is important too that each doctor in a group practice realize that any one individual doctor's success is dependent upon his/her partners' levels of commitment as well as his/her own. 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 the end results of implementation will be well worth the time, effort, and costs expended. If you recognize your practice has not captured the full opportunity from your technology, 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 and set out to learn them, you can then successfully "re-launch" its use in your practice. **PM**

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technology interface, addressing this point-of-failure is essential to improving the cost, quality, and profitability issues challenging medical practices today.

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. Lack of effective implementation is exacerbated by the fact that most software companies themselves are still anchored in old habits—primarily involving "staff only" in the training process. During earlier installations, software companies were

Additionally, even when physicians do finally learn the medical records aspect of their software, they typically receive little, if any, training in the integration of their records input and the practice management aspects of their 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 both doctors and medical assistants having 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,

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