

Almost

Well, let's see where we are today. Either you have a computer in your office or you don't.

Don't Have One

If you don't have one you might think, "The profession is 100 years old and everyone else has one, so I'd better get one too." After all, it is the 90s, and the computer horror stories have greatly diminished. No one is jumping up and down yelling how they spent \$33,421.17 for hardware, software, upgrades, training, software, training, software, upgrade, training, software, training, and finally, training. The days of the tremendous computer rat hole are over and we enter the time of the small nagging computer rat hole. We have advanced from throwing gunnysacks of money at the computer vortex to only a handful of money now and then for making the wrong decisions.

Hardware prices (keyboard, monitor, hard drive, mother board, memory chips, etc.) have plummeted to almost VCR prices. I still have the first VCR I bought: paid \$1,300 plus tax in 1975. I stopped repairing it when the cost of repair could buy a new one. Been there?

Along with the hardware decreased prices, the software prices also have decreased. You can easily pick up an office program for \$100 and it almost does everything you want it to do. But that almost is the baffling billing.

Have One

But are you using the darn thing in your office? It's not sitting on the desk taking up space and doubling as a very expensive book shelf for a users manual the size of New York City's phone book? Everything is working fine, right? No complaints from the patients, the staff, or you?

Let's see, billing almost goes out on time. The program almost works like you want it to work. The staff is always almost caught up in the posting. The office is almost running like you'd like it. And you almost have the training of the ever changing new staff to use the computer (almost correctly) down to three months. And you have almost stopped going to the office on weekends to finish those reports that should have been done during the week. You almost have things patched up with the spouse now that you are home more, except when you have to train a new staff person on the computer. Almost, almost got it handled.

Diagnosing the Almost

There are only four components to look at when diagnosing the almost.

The Staff

Most likely you have the best staff that you can find: good looking with good personal hygiene, minty breaths, can sharpen pencils without filling out a workers' comp. claim, and follow orders. But have you ever asked them about the software? Is it difficult to use, and if so, why? What can be improved? How much time do they spend doing simple chores, e.g., posting, billing, giving patients receipts, etc. Time it. If it is too slow for you, think how the staff has to wait and wait and wait all

day.

Do they see you as a big ugly thing in a clinic jacket and tie, so stupid you can barely sign the pay checks, and haven't the slightest awareness about computers. Do they think of you as only knowing that there is a computer in the office and that the "girls" handle it?

The responsibility does not stop with the mere purchase of hardware and software. No, doctor, the responsibility reaches into the very soul of the staff's ease of software use. As a great Lithuanian philosopher once said, "A happy staff is one with a happy software program."

The Friends

Colleagues can be unknowingly cruel. They can suggest and even insist that you get the same software they have. Misery loves company. They mean well, but somehow deep inside they want you to have all the same nagging, unsettling, obdurate, frustrating and pain in the posterior problems with the computer as they have.

They tell you how it speeds things up in the office, but they can't give you specifics. They tell you how easy it is to use, but they don't use it, the staff does. They tell you, ready for this one, how cheap it is. Cheap here means having to hire two additional office staff to help take turns fighting the computer. They tell you how they had to upgrade the computer to a faster speed and more memory to run the program. They tell you that for some reason they are going through a lot more staff lately. They tell you, no, it's more like an almost inaudible murmur, they got it from a friend. You ask them if they ever asked the staff how they liked the program. Watch for the slow blank stare.

As a great Lithuanian philosopher once said, "Rome went down in flames, and you are much smaller."

The Billing

Happy, happy, joy, joy. This is the second most crucial component. A question to ask here is, "How long does it take you to do the billing?" Wait, that is the wrong question. I should ask, "How long does it take your staff to almost do the billing?"

This is the true test, the benchmark as the computer people like to say, the crux of the matter. There are several subcategories in billing: the billing run; the paper watch; keeping the doctor out of the way; staff coordination; verification; and keeping the doctor out the way.

The Billing Run: This is primarily a day or longer when the entire office gears up to do the billing. Can you feel the tension? The head billing person first must decide which group to bill first, the "regular" insurance, the PIs, Medicare, or cash. After the decision is made the head billing person announces to the staff the billing is about to begin, then gets the HCFA forms or the statement or the plain paper ready. Next the staff holds their collective breaths and the billing run begins by the pressing of the correct keys in the proper sequence (maybe).

The Pause: The computer talks to the printer (maybe) and the printer responds in a kind fashion (maybe). It has begun. Paper now spews forth. Prayers of proper alignment and correct data are said by everyone. If all goes well your billing will continue. Oh, by the way, there are some programs that won't allow you to interrupt the billing sequence once started. As Winnie the Pooh would say, "Such a bother."

The Paper Watch: This is self-explanatory, but the paper must be watched. If you run out of paper

the billing run may cease and the computer may shut down. The printer stores tons of data just waiting for you to resupply the paper so that it can finish the run totally misaligned. You may have to declare a billing run for another day while trying to explain the complexities to the doctor who can almost comprehend why the billing isn't done.

Keep the Doctor out of the Way: Almost every staff member knows about this one.

Staff Coordination: Every staff member know about this one.

Verification: Check all the data before you mail the billing. Is this your software company's motto?: "You can get some of the data all the time, or you can get all the data some of the time, but you can't get all the data all the time."

Keep the Doctor out of the Way: (See above.)

The Program

This is the most crucial component. The program must increase productivity, while being so easy to use you _don't_ do it in your sleep. Was the program written with logic? Was the program written with minimal key strokes? (Minimal key strokes = increased productivity.) Can you use a mouse to point and click? (Mouse = increased productivity.) Can you understand the screen when you look at it without having the manual open all the time? Can the staff show you short cuts after a few hours of training? Can you sit down and do the billing without looking for a hammer? Can you tell when a certain bill was billed within seconds? Can you pull up a day sheet faster than you can read this sentence?

Was the program written by a collection of contributions, patched together and sold as a unit? This makes me nervous. It's like having several different dentists trying to fill a cavity at the same time. They mean well but get in each other's way, duplicate some procedures, and skip others. They all want to get paid, and when something goes wrong, they blame the others. I don't need that time wasting sequence; neither do you.

A famous Lithuanian philosopher once said, "Watch one bee and be aware. Watch a bee hive and beware."

Can you get friendly, quick support? Do they say, "Oh no, not you again," or "It's you hardware," or "We'll have to increase your fee for all the support calls."

Big questions: * Does your program cost you staff? * Does your program cost you time?

The biggest question: * Does your program make you money or cost you money?

You almost don't like reading this, do you?

Call me and tell me I'm wrong.

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