Signs It's Time to Replace Your Existing Medical Software

The right medical software can help medical practices improve patient care, automate workflows, and minimize risk.

However, sometimes providers find that the current system fails to meet the needs of their practice. Whether due to a poor workflow fit, lack of customization, outdated features, or limited functionality, these issues impede a practice's ability to meet its financial, operational, and patient care objectives.

Still, it's not uncommon for practices to delay switching applications due to poor past experiences or financial risks. These fears are often compounded by concerns about staff resistance, data loss, and downtime. In fact, 81% of physicians who responded to a 2015 AAFP survey called the time investment required a moderate or major challenge when asked to rate a variety of potential challenges. Providers can help ensure a painless, successful transition by carefully examining the software market, clearly communicating benefits to staff, and selecting a cloud-based application.

10 Reasons Practices Should Replace Their Medical Software

If your healthcare software is limiting your practice's operations, putting a strain on your bottom line, or preventing you from responding to the changing demands of healthcare, it's time to consider making a switch. Below, you'll find ten tell-tale signs that a new software solution is likely your best solution.

1. It isn't cloud-based.

There are reasons that more and more medical practices are moving to cloud-based applications. Primarily, they offer easy care collaboration by providing secure access from nearly any internet-connected device. Instead of having to manage software, servers, and maintenance onsite, your software company can handle the heavy lifting for you.
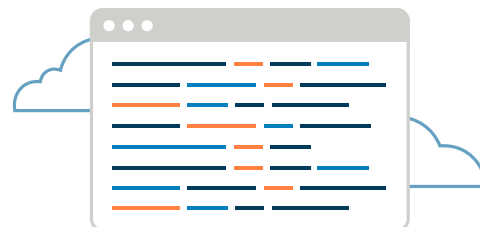
Some vendors charge for various storage options (shared, private, or hybrid) to meet your security needs, while others offer secure storage at no extra cost. Regardless of your favorite option, they all are less costly than onsite storage and do not require an upfront investment for server hardware.

Cloud-based applications typically offer a more intuitive interface and better user experience, cutting down on the learning curve for new users. It also leads to a shorter deployment time and less involvement from your onsite IT staff, with the ability to upgrade, improve, and fix the system more easily.

> *"Whether you've hired more medical providers or front-office staff, brought in more patients, or added new services, your software should scale with you."*

2. It's not scalable.

If you started with a platform built specifically for small practices, you may find that it hasn't grown with your practice. Whether you've hired more medical providers or front-office staff, brought in more patients, or added new services, your software should scale with you. Signs that an application lacks scalability: limited functionality, outdated look, lack of mobile access, and limited analytics or reporting. If your software fails to integrate with new clinical workflows or other practice tools, it's time for a change!

3. You have limited or no mobile access.

Mobile access is a critical tool for any modern medical practice. Practice and patient data should be available on the go for maximum accessibility. The Covid-19 pandemic has only intensified the need for accelerated care delivery and proper communication; mobile-first applications can help improve patient engagement, satisfaction, and outcomes. Today, these applications are seen as standard practice in modern physician practices, used for everything from prescription management to telehealth.

If your technology vendor doesn't offer mobile-first applications or only provides limited functionality, it's time to upgrade to a solution built for the way providers practice today. Place special emphasis on vendors that regularly upgrade and enhance their mobile-focused applications so you can practice medicine from anywhere.

4. Either the software provider or your medical practice has been acquired.

It doesn't happen often, but sometimes medical software companies are acquired after you've signed up. In some cases, this acquisition won't affect your experience with the product. However, if you find that you're not receiving the same level of customer service or practice benefit from the application, it may be time to pursue a replacement.

Likewise, if your practice acquires or merges with another office, your needs will likely change. Perhaps your patient load increases and your current application can't keep up. Or you may need to replace your software to get onto the same unified platform as your parent company. Either way, when preparing for a merger or acquisition, take stock of your medical software tech stack and what might need to change.

"Every organization—healthcare or otherwise—will benefit from a single, trusted source to access critical data"

5. It doesn't serve as a single source of truth.

Every organization—healthcare or otherwise—will benefit from having a single, trusted source to access critical data and information. If your application doesn't provide the database functionality you need, you'll have to supplement with additional tools.

Adding multiple applications or tools—particularly if they don't integrate—can lead to data silos. Without one database or a completely-integrated system, your staff will have a more difficult time getting the information they need, and you'll also have more applications to maintain in your tech stack. Today, medical practices must look for a holistic software suite that can serve as their primary resource to increase accessibility and ease of use.
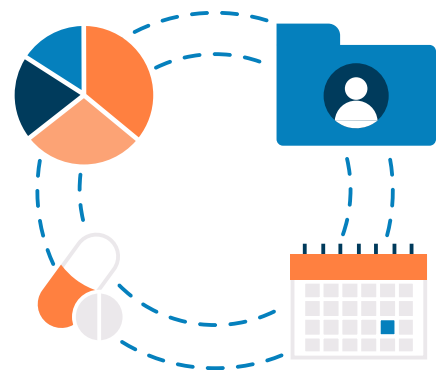
6. It doesn't meet interoperability standards.

You may also find that your medical software fails to meet interoperability standards, especially if it's a legacy system. Older applications may impede the exchange of critical health information among patients, providers, and organizations. Your medical software tech stack should increase your ability to securely and effectively share information through a connected care continuum. Avoid software systems that block information and instead find a solution that has met the 21st Century Cures ruling that requires all protected electronic health information is accessible and exchangeable.

> "Some vendors may offer a lower introductory price and add surprise fees for data transfer, support, training, upgrades, storage, or additional features."

7. The hidden fees and price adjustments are adding up.

You should be able to easily identify your ongoing costs for the use, maintenance, and support of your medical software. Some vendors may offer a lower introductory price and add surprise fees for data transfer, support, training, upgrades, storage, or additional features. Others may increase the price significantly at subscription renewal. Price is the number one barrier to software adoption, but it can be cheaper than you think! HealthIT reports that implementation costs can range from $15,000 to $70,000, but not all software vendors set pricing the same way. Don't let misconceptions about hidden fees and ongoing costs keep you from exploring software that will elevate your practice and your business. It's to your advantage to analyze the entire field to understand who is transparent about their fees.

8. Software improvements have grown stagnant.

As the healthcare landscape changes, your software provider should be making fixes and improvements in response. Dealing with an older, stagnant, outdated system can have a negative effect on productivity, operations, and patient experience for your practice. Take note of any limitations that have prevented your practice from meeting clinical demands, especially those that affect compliance, reporting, patient interactions, and payments. These limitations can serve as a starting checklist of must-have features for your new replacement product.

9. Lack of automation.

Automation is key to reducing manual, tedious processes from your practice operations. While the features you'll want will vary by your practice needs, there are a few that you should prioritize:

Auto Reminders

Missed appointments cost the United States healthcare system an estimated $150 billion each year. Each unused schedule slot costs physicians around $200, plus no-shows are associated with decreased patient satisfaction. It's no wonder that so many medical practices rely on automated reminders, which can be sent by email, text message, or phone call. To further decrease no-shows, give patients a method to confirm or reschedule their appointment like a patient engagement portal. If your software doesn't provide this capability, you could be losing significant revenue to missed appointments.

Automatic Interaction Checks

Automatic drug-to-drug, drug-to-allergy, and drug-to-condition interactions are designed to increase prescription safety and decrease adverse drug effects (ADEs). These notifications provide alerts for the listed potential interactions as well as automatic cross-checking for dosage and frequency. Given that three out of four malpractice claims for ADEs are preventable, providers need features purpose-built to reduce prescription errors and improve patient safety.

Medical Coding Alerts

Does your application include alerts for medical codes? Inputting the wrong ICD, CPT, or HCPCS code can lead to a delay in claim processing or outright denials altogether. You can protect your revenue and decrease the amount of time spent on claims by using an application with diagnosis and coding error alerts built right in.

Online Payments

Finally, make sure you have a way to collect patient payments online. Patients are shouldering a larger responsibility for medical payments, and data suggests medical debt is now the largest source of personal debt in the country. To collect those payments, your medical software should offer an automated, convenient way to bill copays, take in payments for outstanding balances, send invoices out, check insurance eligibility, and give patients the ability to pay bills at their convenience.

10. Customer support is lacking.

No matter how intuitive an application is, at some point, you're going to need support from your software vendor. If you're not receiving the support you need or extra support and training costs are impacting your bottom line, consider a company that has a proven track record for quality support. Likewise, if the provider is failing to uphold promised training sessions, customizations, or security responsibilities, it's best to find a new vendor.

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The Financial Advantage of Efficient Medical Software

The financial benefits of effective medical software generally fall into cost savings opportunities and increased revenue for the business. But, there are other short and long-term benefits to consider.

In the near term, practices can expect cost savings through increasing staff productivity. Depending on your application, employees will save time on manual processes such as filing paperwork, retrieving information, and organizing documents. This time can then be allocated to more value-added activities such as improving patient care or streamlining practice operations. Additionally, if you've been relying on paper processes, you may see savings on storage costs for any physical documents when they are converted to digital documents. You can also expect additional time savings from increased accessibility—your staff will be able to share the appropriate information with patients and other providers through secure, connected systems.
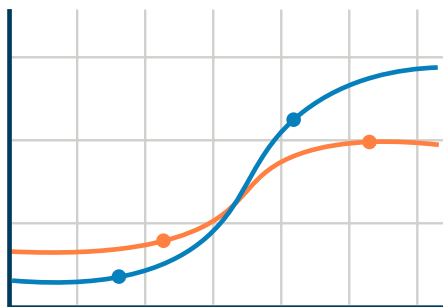
One of the biggest long-term cost benefits is reducing your risk for data breaches and HIPAA violations. Working with a SaaS company that is compliant with HIPAA regulations and takes security, legislation, and compliance very seriously. Noncompliance can significantly set your practice back and even shut down operations altogether. The cost of HIPAA noncompliance can range from $100 to $50,000 per violation, and the maximum penalty per calendar year for HIPAA violations is a staggering $1.5 million, which may even include jail time. Data breaches are another concern; the average cost per incident is $9.42 million, the highest of any kind. Look for a vendor that has achieved System and Organization Controls (SOC) 2, Type 2 certification.

Efficient software also makes it easier to adopt new regulations. Your provider should have built-in features to comply with ONC-HIT, HIPAA, Meaningful Use requirements, Electronic Prescribing of Controlled Substances (EPCS) state mandates. Furthermore, they should stay abreast of emerging regulations and build relevant features directly into applications.

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How Medical Software Can Improve Patient Care

Efficient medical software is advantageous for patient care as well. According to a John Hopkins Medicine study, preventable medical errors result in over 250,000 deaths each year. Incorrect diagnosis and prescription errors are two of the most common preventable medical errors that occur at ambulatory medical practices. The study also indicates that most of the errors are caused by systematic problems rather than poorly trained medical providers.

Common systematic problems include:

- Poorly coordinated care

- Fragmented insurance networks

- Lacking or underused safety protocols

- Inconsistent practice operations and care quality

How does medical software help to address these preventable systematic issues? Here's a closer look at each issue and ways to overcome them with technology.

Poorly coordinated care

Effective medical applications, such as an Electronic Health Record (EHR) solution, house patient information in a single database. Providers have a more holistic picture of a patient's medical history to facilitate more accurate diagnosis, avoid duplicate procedures, and reference critical drug interaction information. Case in point: HealthIT.gov found that 75% of providers say that their EHR allows them to deliver better patient care.

This improved accessibility further increases care coordination. Connected workflows allow staff and providers to work together to reduce potential treatment and technology gaps. Providers can easily analyze lab results and accelerate diagnosis and treatment plans. In turn, this critical information can be communicated to the patient in a more efficient, faster manner.

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Fragmented insurance networks

Addressing the issue of fragmented insurance networks will require industry-wide involvement and support. However, there are some ways medical software can help practices improve patient care through claims processing. Claims lacking information or containing errors slow down the reimbursement process for providers and may leave patients responsible for a greater portion of their medical care than they truly owe. As a result, patients may avoid or postpone medical intervention due to concerns over the cost.

To avoid the sticker shock of denied medical claims for providers and patients alike, medical practices should invest in applications with a claims scrubbing feature. This feature allows staff to set up claims, monitor edits in real-time, and validate claims before they move to the clearinghouse. It also provides up-to-date information on the status of a claim and any required corrections.
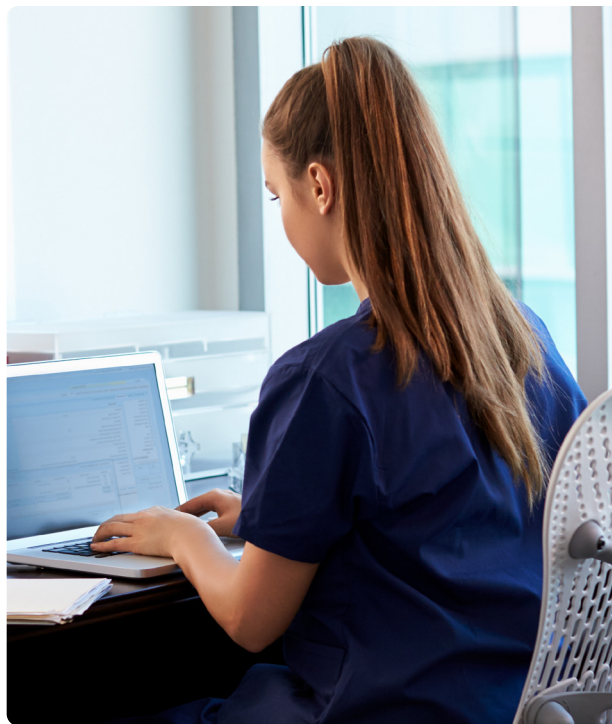
Lacking or underused safety protocols

As noted in the John Hopkins study, prescription drug errors are one of the leading types of preventable medical errors. E-Prescribing tools significantly improve patient safety; the innovative feature has reduced medication errors from 42.5 to 6.6 per 100 prescriptions. It reduces the risk of errors from illegible physician handwriting and also provides alerts about allergies, drug-to-drug interactions, and drug-to-diagnosis errors.

Inconsistent practice operations and care quality

Having access to complete medical data and protected health information (PHI) allows patients to play a bigger role in their care. Patient portals that are integrated with EHRs can be used to house treatment and diagnosis information, lifestyle tips, reminders, and follow-up care instructions. These engagement portals provide a more consistent experience for patients and reduce the need for manual processes by practices.

"Claim scrubbing allows staff to set up claims, monitor edits in real-time, and validate claims before they move to the clearinghouse."

By more closely involving patients in their care, providers can generate more positive health outcomes. Patients with greater levels of engagement are more likely to seek medical treatment and maintain appointments. Patients with lower levels of engagement are three times more likely to have unmet medical needs and two times more likely to delay care.

How to Make Your Software Switch Painless and Effective

Switching to a new medical software provider requires careful consideration and coordination. If you've decided to implement a new application, you may be concerned about cost, staff resistance, or the complexity of making the switch. Thankfully, there are some actionable steps you can take to ensure a smooth, successful transition.

To get staff on board, focus on making your case for the switch, identifying champions to help boost morale, and ensuring regular communication.

When explaining your reasoning behind switching software, highlight the following:

- The benefits of the new application

- How the new application solves problems with your current software

- Particularly useful functionality

- Plans for training and the implementation timeline

OLD VENDOR

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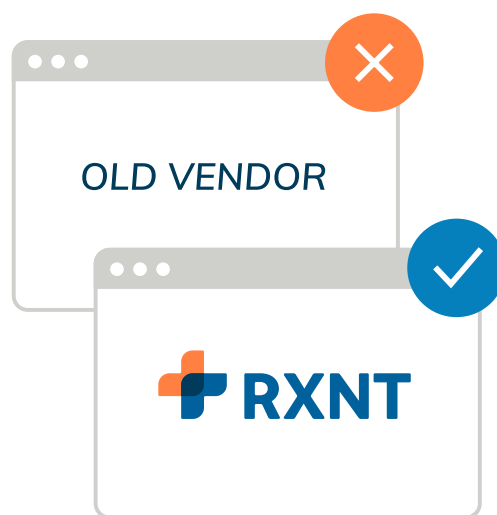
Leave room for questions and be prepared to communicate this information multiple times. Recruit others to join the cause by identifying a couple of staff members to serve as champions or leads. These employees may be particularly technically inclined or interested in new technology. They can help you communicate with other staff during the selection process, transition, and implementation.

To mitigate some of the larger barriers associated with an application switch such as downtime and data migration, prioritize a cloud-based solution, which does not require additional costly server hardware or on-premise data storage that will need vigilance and management.

RXNT provides integrated, cloud-based healthcare software for specialties of all sizes, from large physician practices to medical billing professionals across the United States. Our team of dedicated implementation experts and customer support representatives is based at our headquarters in Annapolis, Maryland. We pride ourselves on our 97% customer satisfaction rate and ability to resolve 90% of customer support issues during initial contact.

To learn more about how RXNT's cloud-based software can help your practice save costs, streamline operations, and improve patient care, <u>request a free demo today</u>.