

# Directions

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## IN PHYSIOTHERAPY

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## Orthopedic Cerebral Palsy Program at BC Children's Hospital

by Stacey Miller, BScPT

It is common practice for a multidisciplinary team to be involved in the orthopedic management of children with cerebral palsy (CP) and similar neuromotor conditions. However, the Orthopedic Clinic at BC Children's Hospital (BCCH) has had very limited therapy services available to support this population. Orthopedic surgeon Dr. Kishore Mulpuri recognized the need for improved care at BCCH and, with the support of the Physiotherapy Department, advocated for increased services. In May 2010, funding for a full-time physiotherapist (PT), part-time occupational therapist (OT), and part-time nurse was secured to support children with CP. While still in development, there are lofty goals for this new team.

### Hip Surveillance Program

The lack of a coordinated hip management strategy in BC has led to preventable hip dislocations in children with CP. The incidence of hip subluxation in children

with CP has been reported as 35%, with the most severely involved children having a 90% risk.<sup>1</sup> Early identification and timely orthopedic management can reduce the need and complexity of the surgical intervention required to treat this problem.<sup>2,3</sup> Hip surveillance programs in Sweden and Australia have significantly reduced the incidence of hip dislocations and eliminated the need for salvage surgeries.<sup>3,4</sup> A framework for a provincial Hip Surveillance Program is currently under development by the Orthopedic CP team with the support of hospital administration, Sunny Hill Health Centre, and ChildHealth BC.

### Assessment, Communication, & Coordination of Care

Successive measures over time provide valuable information when making treatment decisions. With the addition of a clinic PT, standardized measures are now consistently being recorded. However, as



Stacey Miller

a comprehensive assessment cannot be completed in a short clinic visit, improved communication with a child's community therapists is required. The community team offers valuable insight into the child's development and the family's goals and concerns. We are currently working to create pathways for improved communication and collaboration between the community and clinic PTs.

Orthopedic interventions must be supported by therapy services.<sup>6-8</sup> The addition of a PT in the Orthopedic clinic has resulted in the identification of children receiving interventions without therapy. This occurs because children have no funding available, existing funding is inadequate, or there are no therapists available in their community. The clinic PT is responsible for ensuring adequate post-intervention therapy is available and providing support to community

	<b>Physiotherapy Association of British Columbia</b>	Canadian Physiotherapy Association	<b>IN THIS ISSUE</b>
New PABC Initiative: Branding.....			3
Valuing your Services: the issue of fees .....			4
Knowledge Team Webinars, free .....			9
Billing/Scheduling Software Comparison .....			13
PT and Orthotists Working Together .....			18
Development of Safe Laser Use .....			22
Professional Development Calendar.....			28

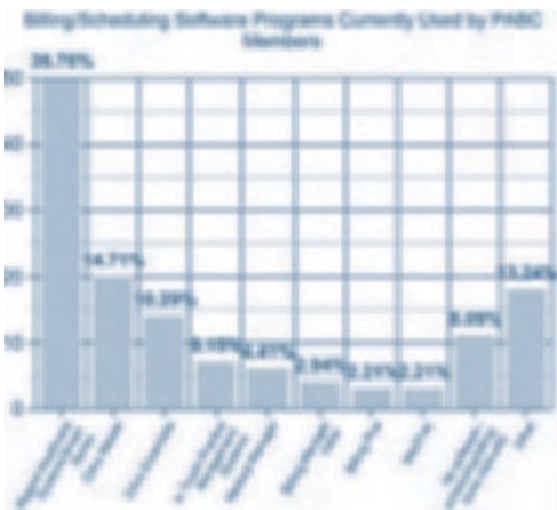
continued on page 4

# Billing/Scheduling Software Programs in BC: A Closer Look

by Patrick Mayne, MPT, BSc(AT)

Most physiotherapy clinic owners agree that having a good scheduling and billing software program is vital to any successful clinic. In order to help members choose the right software program, PABC's Business Affairs Committee set out to answer the following questions: 1. What software programs are PABC members currently using? 2. How satisfied are members with the programs they are using? 3. What features do the most popular programs have? 4. How do the most popular programs compare?

In a quest to answer these burning questions, Jesse Royer, our fantastic Member Services Coordinator, created an online survey which was distributed to clinic owners, asking the first two questions and requesting their comments on the advantages/disadvantages of these programs. I have compiled and analyzed the responses below. The findings discuss the four most used programs; interestingly the most popular program is not the most highly rated by the survey respondents. While we do not endorse any particular program, we provide the analysis below to help you choose the features best suited to your clinic.



## What Software Programs are PABC Members Currently Using?

Of the 355 members (clinic owners) who received the online survey, 143 completed for a response rate of 40%. Based on the survey results, the most common programs used are: 1. Regent Healthcare Systems/SmartSeries Professional (50/143); 2. Clinic Master (20/143); 3. Clinic Essentials (14/143); and 4. In Touch Practice Management

Systems (7/143). The chart above shows that the top four rated programs account for approximately two thirds of the software users, with approximately one third of respondents using Regent Healthcare Systems.

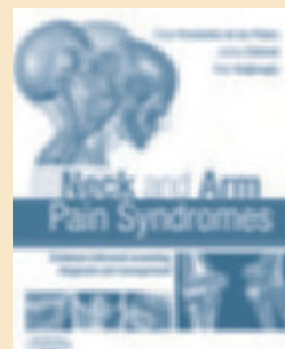
*continued on page 14*

## In Memoriam Peter Huijbregts 1966-2010

We are very saddened by the sudden passing of Peter Huijbregts of a heart attack on November 6<sup>th</sup>. Peter's physiotherapy legacy is substantial, and he is well known and respected amongst his peers in BC, in Canada, and internationally for his research and clinical achievements.

Peter earned many professional credentials, including Masters degrees in Physiotherapy and in Manual Therapy, as well as a Doctor of PT. In addition to his practice at Shelbourne Physiotherapy, Peter taught extensively, was an active researcher, and was the editor of several national and international physiotherapy peer-reviewed journals.

Peter actively sought ways to support practice of his PABC peers. This message he sent to PABC in October is typical of the generous and thoughtful missives he regularly sent (you will see many of his publications on the Members Only Site): *I thought you might enjoy the attachment. Co-edited by yours truly. I also wrote 6 chapters in it with two other PABC members contributing: Carol Kennedy and Erl Pettman... Should be out late this year or early next year. (photo below)*



Peter leaves behind two children aged 6 and 8 for whom his wife Rap has established an education trust fund. To donate in memory of Peter, send a cheque payable to: Rap Hayre, 1710 Oak Shade Lane, Victoria, BC V8S 2B2, memo: education trust fund.

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continued from page 13

## How Satisfied are Members?

In order to determine the level of satisfaction of the users of the different programs and the features they provide, the online survey asked members to rate their level of satisfaction on a scale of 1 (worst) to 10 (best). The results are grouped and averaged in the table below.

SATISFACTION LEVELS OF THE FOUR MOST COMMONLY USED PROGRAMS Based on Responses from PABC Clinic Owners in Online Survey				
	REGENT HEALTHCARE SYSTEMS N=46	CLINIC MASTER N=16	CLINIC ESSENTIALS N=11	IN TOUCH PRACTICE MANAGEMENT SYSTEMS N=5*
OVERALL SATISFACTION	6.8	7.5	7.2	9.0
COST/VALUE	5.8	7.8	6.3	8.25
GENERAL CUSTOMER SERVICE	6.2	8.0	7.2	9.0
TRAINING	6.2	7.6	7.4	9.2
TROUBLE SHOOTING/SUPPORT	6.4	7.4	7.3	9.2
DATA REPORTING/STATISTICAL ANALYSIS	6.0	8.1	6.1	8.4
GENERAL EASE OF USE	6.7	7.9	7.3	9.4
EASE OF SCHEDULING	6.4	7.8	7.3	9.4
EASE OF BILLING	7.0	7.5	6.9	9.2

\* Note small sample size

## What Features do the Most-Used Programs Have?

Below is a table summarizing some of the features of the four most popular software programs. The list is by no means all-inclusive, and we encourage you to review websites and contact providers for more information. Since only the top four programs are discussed here, and there are other programs on the market (e.g. Clinic Server), members are encouraged to explore those as well. Consult the PABC Members Only website for a complete listing of available software providers.

FEATURES OF FOUR MOST USED BILLING/SCHEDULING SOFTWARE PROGRAMS				
PROGRAM/ FEATURES	REGENT HEALTHCARE SYSTEMS	CLINIC MASTER	CLINIC ESSENTIALS	IN TOUCH
WEBSITE	www.regenthealthcare.ca	www.clinicmaster.com	www.clinicessentials.com	www.getintouch.ca
TYPE	Windows-based	Windows-based Certain web features	Windows XP, Vista and Windows 7 Certain web features	Windows-based, locally installed but accessible remotely via the web
COSTS- Start Up	??	0	0	0
Monthly/ Annual	Annually \$780 for first practitioner, \$480 for each additional (F/T or P/T) \$120 admin fee	\$150/ month for unlimited therapists (reduced rate for small/startup clinics)	Clinic + 1 practitioner: \$75.00/month Add'l F/T practitioner: \$25.00/ mo Add'l P/T practitioner: \$15.00/ mo	\$145/ site (includes up to 3 stations) Add'l stations: \$15/mo each
Other	Extra charge for training	\$150 Data Conversion fee Web-based training \$695 (Optional)	Training: \$500.00 - \$1000.00 (extra charge for training if outside lower mainland) Data Conversion Fee: \$125.00 - \$350.00	
CUSTOMER SERVICE	On-site or web-based depending on clients requests.	Available via phone, Internet and onsite (if needed). "Live" support available 5:00am-6:30pm PST. numerous self-help modules included	Live or web-based	Available via the internet, remote access/telephone
DATA REPORTING	See website for details	Business stats, referrer stats, sales stats, patients stats, practitioner stats, trend analysis, revenue "hole" analysis, 4 tier referral analysis, marketing capabilities, Patient web surveys, patient newsletters and much more.	Most reports and patient data can be exported to Excel for analysis.	Cost and length of treatment overall and per injury, demographic breakdown, injury to contact to assessment timing, clinical productivity, cancel/no-show rates and more
ON-LINE BOOKING	No	Available in March 2011	Scheduled for 2011	No
AUTOMATIC APPT REMINDERS	No	Yes. Via Email and SMS Text.	Yes	Yes. Via Email and phone.
ELECTRONIC MEDICAL RECORDS	No	Yes. Typing, talking (integration with Naturally Speaking), hand writing using digital ink (tablet PCs). Automated form filling (WCB Reports, insurance forms, doctor letters etc) Scannable forms	No	Yes. All images (eg: X-rays, scanned intake forms, etc), reports & documents regarding each client are stored directly within the client record for easy access.
LINKED WITH EXERCISE SOFTWARE PROGRAMS	No	Yes, linked with Physiotec (additional cost)	Yes	Yes. Extra cost depends upon arrangement with the Exercise Software provider.

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## How do the Programs Compare?

The four most-used programs are compared below. Please note that the discussion is based primarily on member responses from the online survey.

As **Regent** Healthcare Systems is one of the older programs, it is no surprise that there are so many users and that it is so established in the industry. This is definitely an advantage since many receptionists are familiar with the program; one member even said that it is “part of standard MOA training”, which would make staff training easier. Survey respondents commented that the program is “easy to use” (rated 6.7/10 in the Satisfaction Levels table). However, members also mentioned there are “lots of random glitches”, “errors occur frequently” and that the “system crashes frequently”. Several mentioned that customer service is poor (rated 6.2/10) with “slow trouble shooting response time”, “too long to wait to get help” and “no live help when you need it”. Some members complained about limited data extraction/ statistical analysis capabilities (rated 6.0/10) and that these features were “not easily customizable” and “extra costs are associated with more detailed analysis”. A few members mentioned that “the program seems antiquated” and “not recently updated”. There were several comments from members saying that they were glad to have switched to other programs.

The second most popular program, **Clinic Master**, scored very high on all of the categories in the “Satisfaction levels” survey. This program is a clear winner in the customer service department (rated 8.0/10) with comments from members including, “quick response times”, “professional support”, “great at customer service and anticipating our needs in BC”, “support is quick and readily available” and “owner genuinely cares about product/ service.....uses client feedback”. PABC members consider the statistical abilities (rated 8.1/10) of the program an asset with comments such as, “good/in depth statistics”, “variety of reports available” and “ease of reporting”. The special features of the program, such as electronic charting,

a link with Physiotec, marketing tools, e-blasts and online modules, all appear to be popular. Comments from members appear to support the company’s claim that “evolution in our product and service is lead by client feedback so that we are able to respond to the ever changing technical community in which we live”. They also claim \$400K are invested annually in new features and development. Several PABC members are not only happy with this program but recommend it to others. The main perceived disadvantage of the program is that there are “too many variables when dealing with stats (a little overwhelming)” which might scare away less techno-savvy operators or those seeking a simpler program. Although several users reported “(it is) challenging keeping up with the frequent changes”, they did note that the changes made the program better in the end.

Weighing in at number three is **Clinic Essentials**. The main advantage of this program is that it is simple (rated 6.3/10 for general ease of use) with an “intuitive design”, “screen layout is easy to see”, “minimal entry info required per patient”. Members commented that “basics are easy to learn”, “quick and easy to train new staff on”, “billing screen easy to understand”. Customer service was rated highly (7.2/10) with comments including, “readily available”, “on top of any glitches anytime we call”, “staff assist in building reports etc. when appropriate”, “excellent service and cooperation”, “the program developer is very willing to work with you to fix/create options that we suggest”. One member said, “I would not change programs without a very good reason at this point”. Users complained about data processing capabilities (rated 6.1/10) including, “not customizable”, “reporting is limited”, “Can’t track patients into subgroups”, “printed PT’s schedule does not identify ICBC, MSP”. Members commented on problems with billing including, “repetitive ICBC billing and rebilling”, “no ‘re-bill all’ function”, “visit count not accurate for ICBC - areas are counted as a visit”, “doesn’t allow specific types of patient counts based on the way each clinic has it set up for billing e.g. how many patients are billed at the student rate, etc.”

**In Touch** Practice Management Systems ranked fourth as the most popular program. Although this program scored the highest in all categories in the member satisfaction survey, only five members reviewed this program, decreasing the power of the results. Members appeared satisfied with the reporting abilities (rated 8.4/10) with such comments as, “reports are clear and useful”, “month end reports are easy to do”, “good stats”, “admin reports are wonderful tools and information is produced clearly” and also “collects more data...useful for future marketing”. There were also several good comments about the quality of customer service (rated 9/10) and “In Touch always wants to know about (problems) so they can constantly improve the program”. There were not many disadvantages reported by members but members did comment “additional costs for additional workstations is costly” and “a fully functional chart creation tool would be a very good resource to detail marketing and administration reports”. All in all, this program scored high and there was lots of positive feedback.

In conclusion, the clinic owner respondents rated a good scheduling/ billing software program as being quick and easy to use, cost effective, having good customer service and most importantly meeting the needs of the user. The most popular program may not be the best fit or even be the most highly rated, so do your research, find out what best suits you and your clinic’s needs and contact the software providers to arrange a consultation and free demo.

*Patrick Mayne graduated from the physiotherapy program at University of Western Ontario in 2008. He moved to BC to begin his practice in Victoria at CBI Westshore. He has completed Level 3 in Manual Therapy and is the head therapist for James Bay Men’s Premiere Rugby. Patrick joined the BAC in September 2010.*

*BAC thanks Peter Curtain, Dunbar Physiotherapy, for his suggestion that PABC look at software billing systems. Peter was given the first peek at Patrick’s article and said, “It was the most interesting physio article I have read for a decade.” ♦*