

GMCP Ep. 040 - Managing Your Practice with Nookal

[INTRO MUSIC]

This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

JACK: Well, welcome back to another episode of the [Grow My Clinic Podcast](#). My name is Jack O'Brien. I am excited to be in your earbuds this morning or this afternoon. We have a guest with us, Darren Reick from [Nookal](#). Darren, how are you today, mate?

DARREN: I am good. Thanks Jack. How are you?

JACK: Mate, I am very good and I am excited to chat with you. For those who are unaware, probably living under a rock somewhere, or at least do not have internet, Darren and Nookal, one of the key practice management software across the health landscape, not just in Australia but New Zealand, and UK and into the US now as well.

And Nookal is one of the leading Cloud-based practice management software as opposed to those who are traditionally server-based. So Darren, as we get through today, we are going to lean a little bit into what Nookal does and how practice management softwares can help practice owners.

But before we get there, who is Darren Reick? Where did you come from? What did you study? And how did you end up running a practice management software?

DARREN: So, my background is physiotherapy. I went to the University of Queensland and I have been doing physio for 21 years now. Previously, over that 21 years, I had owned two physio clinics and I have sold one, and currently I owned a small shareholding in another one. I actually still do ten to fifteen clients a week, but that is pretty much exiting in the next [inaudible] because Nookal is getting busy.

JACK: That is interesting.

DARREN: And over that time, yeah, I will be stopping that because of the demand of the management system. But over that time, I have used four practice management systems that did not really give me the information – like I am really passionate about not just storing the data but analysing the data. What meaning does it give you?

So my business partner was an IT specialist. And one day, he came to me and said, “I have got this idea Darren,” and I said, “Well I got this idea.” And I said, “Well, let us just join forces and do it!” And ever since then, I mean, we have been going six and a half years now and Jamie and myself are going from shrink to shrink, I think.

JACK: Sure, fascinating. So, let us talk about the practice ownership for a little bit there. What did you love most and what did you hate most about being a practice owner?

DARREN: I love treating our clients. I love helping people and feeling like I give them a better way of living their life. And when I say health, you cannot fix everyone, but you can help everyone, like even with a bit of education, whatever it is. So I love treating my clients I treated built my house. They are my electrician. They, you know, some of them I play golf with. So, I am a pretty personal guy and they, you know—I will miss them, to be honest with you.

JACK: Sure.

DARREN: What I hated was probably the logistics of running a business with the way - red tape and employment agreements, all the other non-clinical type things. So I think that is laborious – it needs to be done. It is necessary, I understand that. But that, it takes up a lot of your time, when you could be you know, more effectively doing treating people.

JACK: For sure. And I think that resonates with a lot of listeners. We are all health professionals here. If you are listening to this podcast, you started out at a health professional and we end up being in business for whatever reason, whether that is we think we want more freedom—.

DARREN: That is right.

JACK: And not working for less money for a crappy boss that you cannot take anymore. Whether that is to improve our profession or you know, some other

reason that inspires us. But how many others are just really passionate about our profession, treating patients, whether that is physio or chiro or EP or speech pathology. And business is one of those things that we do not learn. So, why then did you start a practice management software?

DARREN: So again, it was due to the meeting with my business partner. The ability to have a bit of control over the way that the management system analyses the clinic.

So, for example, one of my passions is—we have got an occupancy report in Nookal and I want to create an automation or an intelligence within Nookal to say, “Alright, Jack. Your physio is a 75% full for three months. Have you thought about hiring new physios?” So, it will send you an automated email to make you think about that.

So I want to be able to help the business owners grow through analysis of their data. Stuff like that. And that is where we are heading in the next, you know, how ever long. But we are heading down that data analysis, meaningful data analysis. Not just taking appointments, recording invoices and writing clinical notes. The other stuff that actually helps you run your practice better.

JACK: Yeah, I love that. And there are so many elements these days, we have got so much data right in our fingertips, right, and being able to collate that in a meaningful way to help business owners make decisions is really important.

DARREN: That is right.

JACK: So let us get into the nuts and bolts of Nookal shortly. But before we get there, what are the differences now running a software company versus running a clinic. What are some of the challenges or differences for you?

DARREN: International employment law, international security law is like, I have currently lawyers internationally. Like in the other countries, and accountants, advisers in other countries. So reading not just say tax laws in UK, US and Australia for example but understanding the implications, so multinational. That is probably the hardest thing I have to deal with.

We are a full remote team and so everyone works from home basically. And we love that because it creates flexibility. I mean I am all about results. I do not care when you do them, as long as you get the results done. And so, probably dealing

with those international top thing – yeah employment agreements or what have you has been the hardest thing I have had to learn.

JACK: Yeah, and I had imagined that in some senses, that challenge for you as a leader is similar to those who are listening. You might be leading a team of practitioners and admin staff across a lot of times multiple locations, how do you as a leader keep inspiring your team if they are remote, and they are not in your clinic, and they are not in your rooms?

DARREN: That is a great question. So we send—that is an awesome question. It is about managing a remote team. It has probably taken us five years to learn. How do you set a culture when you do not see the person every day? Yeah, and it is still tough. So, we send out gifts like movie vouchers. We make sure we do video calls with—not just audio calls but video calls, so you can actually see the person.

So, one of my staff was in Melbourne. He is going to move into Asia. He is doing his job. He is doing it great. Awesome mate you can do that. No problem mate, as long as you get the job done.

And also, back in [inaudible] we have bi- annual to the get-togethers or if we, say, the team on the gold coast goes out to the movies, we send movie vouchers out to them. And sending fruit and what have you out to each of our staff members monthly as well. Things like that. Just rewards for being part of the team and just little things. And also, you know, seeing the people via videos is really important.

JACK: Yeah, you are right. It is that human touch, right? And I think it is important for us to remember as clinic owners that we do not need to be the best therapist or the one with the most expertise. Our job is to lead and inspire our people to do great work and I assume that is a lot of your role, yeah? You are not, I mean you could, but you are not the technical expert or you're not a premier IT programmer. You are there to lead the team.

DARREN: My job is to make decisions, provide some strategy and to give advice as and when needed. Like, I do not know the ins and out of Nookal at all as much as my team does. But I know the strategy of where I want to be. My team follow me and I express, I do a vision day every January.

And then we have quarterly meetings every quarter. We talk about, “Yeah, this is where our vision is. This is where we are tracking guys. This is how I feel I like we

need to get better at, blah blah blah.” Then my team go away and do it. So I give them that decisiveness which is what they like.

JACK: Yeah, that is brilliant. That is really good leadership. Okay, so let us talk about the practice management software. Historically, that is used to be done in paper and pencil. Actually, the clinic that I bought a number of years ago still had a pencil and a piece of paper for the diary notes and I get - I feel sick to my mouth to think about pen and paper.

Then obviously, that’s server-based, kind of local software and cloud. For the uninitiated, can you explain the difference between a server-based software and cloud-based software?

DARREN: So a server-based system is where the data is stored in-house in a server. So if your clinic burns down and you lose your server, you will lose your data. As opposed to the cloud, which is, it is used in various industries throughout the world, they are backed up in data centers, fully encrypted, fully secured with armed guards at the front door. They reach international security standards, from the knowledge that I have.

And basically, all you need is internet connection and the data that is travelling encrypted, up and down the internet and they will be sitting in our cloud service. So there is the difference. So, basically, Jack you could be skiing in France and you could log on to the internet, and you can look at your data by the cloud software. So it is really flexible and it is the future, in my view.

JACK: Yeah, absolutely. So, to sum it up, clinic owners, practitioners and admin staff can access your clinic data, as long as they have got an internet connection and a device, like a phone or a computer.

DARREN: That is correct. Yeah.

JACK: Okay, and you have mentioned a little bit about security there. It is hot on everyone’s lips at the moment, especially in and around Europe. We have got plenty of listeners in the UK. Can you explain how well Nookal complies with things like GDPR and Privacy, Terms and Conditions, that stuff?

DARREN: So over the last three months, we have planned and systematically re-written our whole database schema to meet GDPR compliance within the UK and

the European Union. And that has brought in things like Two Step Authentication, and Password rotations—there is a whole list; I do not know the exact details of everything. But in terms of the way we run our business. We have met every single compliance issue within our scope to be as secure as possible for the end user.

JACK: Yeah sure. I guess clinic owners can rest assure that you guys are compliant with [GDPR for the EU](#) but also with the [Privacy Act in Australia](#) and anywhere else. I mean you have mentioned to me off air around privacy that Nookal can actually see my clinic's patient data.

DARREN: it is encrypted in a database that is correct. Look, what would happen is if there was an issue with the database, there has to be a whole un-encryption protocol to be able to have a look at an individual database, because they are set up separately.

So on the face value, none of our users, none of our staff except two people who have the master API key—they still cannot do it without a compliance process which we have [inaudible] written out. They cannot look at your data. We have it encrypted so—yeah, totally.

JACK: Because I think there is a lot of clinic owners fears that when it comes to cloud-based software is, is it safe? Who owns my data? Where is it? And the truth is that you guys have the same standards as a bank or any other financial.

DARREN: That is exactly right.

JACK: Potentially more.

DARREN: That is exactly right. I mean, we have just written, like a whole new Terms and Conditions that we recognise that our users legally need to retain clinical note history and note specific. And we provide you with an export tool and clinical notes for your own retention. So that has changed in the Terms and Conditions. So it is your data. We recognise it and put it in writing that it is your data, not ours.

JACK: Yeah. That is fantastic. I love that. So let us continue to talk about data then. I think you and I share a similar passion for spreadsheets and a bit nerdy on that thing.

DARREN: Yeah, I got masters on that.

JACK: One of the features of Nookal that I really love is the ability to get so many reports and data points to help me as a clinic owner make meaningful decisions. Can you run us through why that is so important to you and what are some of the cool things that Nookal can do from a reporting point?

DARREN: Cool. Thank you. So the way that I look at the clinic from my experience is that it is a flow of a patient walking through the front door, through to the room, back in the room, out back of the front of the staff and then walking out the door with a rebooking. So I have broken up my reports into different sections to allow for each member of that chain to collect data on their area.

For example, front of the staff, what data do they need? They need to look at cancellations. They need to look at, you know, invoices. They need to look at the banking for the day. They need to look other any un-invoiced appointments, or if they have an invoice that day before they leave their shift. Things like that. So that is your administration type module.

And then, you have got your other modules which are like your clinic modules. So you want to have a look at your discharges, your clinical notes, heavy clinical notes being written, online bookings, so have they come in to the clinic through an online booking or what have you.

JACK: Right.

DARREN: And then we break it up into management and statistics, and obviously marketing. So there are different facets of reporting that you can have a look at and yeah, some other things like the average transaction. What is the average client spend in your clinic? What is your CVA (Client Visit Average)? What is your occupancy?

We had just introduced a new one called the New Client Retention, so it is like, how many sessions after that initial consult did I book in for? So what is your NPR or, you know what I am saying? Like, do they [inaudible] bookings? Are they both booked in or not? Yeah, so things like that we have put in as well.

JACK: And I love that it is super flexible and customizable essentially; people can filter by practitioner, by location, by appointment type so that clinic owners can get meaningful data to help them make the right decisions. One that we are talking

about off air was something about predicting when to hire the next staff and utilisations. Can you tell us a little bit about that?

DARREN: Yeah, so like we run an occupancy report for—so with the occupancy report you can look at the DNA (Did Not Arrive) rate, the UTA rate and the Cancellation rate of your individual practitioners. And then you can compare each practitioner for different locations over a given period of time, and then at the bottom of the table, the summary is where you can actually look at your clinic as a whole.

So you can do benchmarking. So when I do a performance review for my staff, I benchmark all my practitioners against the clinic for their cancellation rate. I benchmark their CVA, against the clinic as a whole. I benchmark them for their average transaction, their Forward Booking Average, things like that. So a lot of—we create tables to allow you to benchmark.

JACK: Fantastic.

DARREN: Which is important for review and what have you.

JACK: Oh, absolutely. Yeah, for sure. And to be clear, this CVA—Darren can you give us the definition of it. Most people would say it is the most important number in your clinic. What is it?

DARREN: So your CVA or your PVA is inclined as the average I intend to call my people I treat as clients, [inaudible] getting better as opposed to Patient Visit Average, is the average number of consultations that you have seen those clients for at a given period of time.

We have got an exact definition in Nookal. But we are going to be doing a—it's the services divided by the new clients over a given period of time.

JACK: And so for those who are not familiar, that number is super important, right, because it is an indicator of not just how many appointments did they show up for and how much money do we make out of them. That is not why we count that number, but we as clinicians know that the more time someone is seen, the better that they get. Right?

The more experience [inaudible]. The ones who get great outcomes see clients more than the average. And now, no one is advocating servicing of course. But you want to be able to measure that.

DARREN: Yeah, look. I think, you know, I get asked that a lot. Like I probably speak to up to forty clinics a week and they go, "What should be our average CVA be?" Now for me, as a physiotherapist of twenty one years, from my personal way of treating my clients, I look at the CVA of sort of eight, eight to ten, and to make an objective outcome, you need four to six sessions.

And then, to maintain and manage the final stages of someone's condition, I think the eight to ten sort of brings you where you need to be to create a really good objective outcome for clients. So I mean—but everyone is different.

JACK: Okay. Can you tell us a bit more specifically about Nookal? You are a physio so I am going to put myself in my listener's shoes, because I am a podiatrist and an exercise physiologist. Is Nookal just for Physios or anyone?

DARREN: No, it is totally flexible. So we have got psychologists, pods, sports therapist, physios, chiro, osteos, pretty much my therapists. So the way that the Nookal is set up is you get a blank canvas when you first see it, when you first subscribe. You can create your own clinical templates based on your way of doing things.

JACK: Actually, can you tell us a bit about that, Darren? Like, the features of your clinical notes and case notes, they are amazing right? Can you tell us some of the features?

DARREN: Yes, so for me, cases are a paramount in how we treat our clients. So, say, someone comes in with a neck injury and you treat them for eight to ten sessions over a given period of time. That could be case one, so [inaudible] spine. And then two years later, they come in for their knee, and it might take fifteen sessions for that.

We have got the Client Visit Average but we also have a Case Visit Average. So you can have a bit of two different statistics within Nookal to allow you to go, "Oh, this is the average number of sessions per case, and whereas this is the average number of sessions per client."

So that is where the cases is really important. And for work cover, for insurance purposes, they do not need to see all the private stuff that the patient has done, you just download the work cover case and send that off to whoever.

And so yeah, cases [0:18:50.6 inaudible] is really important in terms of the way I think as a practitioner. And the way the world is going anyway.

JACK: Yeah, totally. And it how—I think it is a natural flow of we as clinicians want to keep our notes.

DARREN: That is right.

JACK: You do the cases. You have body charts and you can have all sorts of those templates. I guess that begs the question: What are some of the features of Nookal, or practice management systems in general, that you think are really useful but are probably hidden secrets, the gems that no one is using, or using to their full potential? What do you wish users would use more of?

DARREN: That is a really good question. That is an excellent question. To be honest with you, our users that we currently have—it would be based on cases Jack, like I have done my Master's degree in Research from the [University of Queensland](#) [inaudible]. I worked at [inaudible] clinic eighteen years ago and I am really interested in working out like: What is the average number of sessions that it takes for a C01, as opposed to a C12 headache to get better?

You could actually, within Nookal, draw down to that detail, and look at—if you use the case title C01 and then case title C12, and then look at the cases and average, you can work that out over a given period of time. That is granularity. Private sector probably do not do a knock off which, you know, that data analysis is what needs to happen in the world, I think, for insurance purposes.

JACK: Well, it makes sense. And it means from insurance purposes and also from that business point of view, there is a commercial, you know; it is what we do. And we cannot just go off with our gut, right? You cannot just be [inaudible] nor how we think we should do things. Data-led decisions lead to better outcomes from a clinical point of view but also from a commercial point of view.

DARREN: So if you have that data and you can look, "Okay, well my [inaudible] headaches for the last few years have taken on average 5.6 sessions." When you

diagnose a severe headache that comes in, you can say to that patient with confidence, “Over the past few years, it has taken between five and six sessions to get this better. And that can help you make a better clinical decision, a clinical outcome for the client. That is why cases are really important.

JACK: I love that. So, okay. We have touched on a whole bunch of different features of Nookal and your story, the background. And I loved it. It seems to me that the values of yourself and of Nookal are really about doing the right thing by patients and empowering clinics with all the tools that they need to make the right decisions. How would you sum up the vibe of Nookal?

DARREN: We are probably—the vibe. That is a good question. So Nookal is an honest, practical, practice management system that is always looking to improve and hear what our subscribers have to say. We are always trying to listen, whether we action it straight away—we cannot action it straight away because that is not the reality but we always want to listen and try and improve.

JACK: Yeah. I think that would resonate with me. [inaudible] practical, great guide and really flexible! The integration, the range of integrations, I mean that is a whole another episode that we can talk about—how you guys make it work with things like [Cliniq Apps](#) and [inaudible] and [Medicare](#) and [DVA](#) and [Physitrack](#) and all of [inaudible]. We work with a lot of those organisations.

DARREN: Yeah, absolutely. They are great to work with.

JACK: Yeah, absolutely. That constant push forward to progress the industry and progress the PMS world is fantastic and Darren, we really appreciate you jumping on the podcast and giving us a bit of an insight, really into how data can help us manage our practices better. I think that is the takeaway here.

If people want to learn more about you, about Nookal, maybe give it a try or have a look around, have a bit of a sniff, a bit of a nosy, where should they head?

DARREN: So if they go to [Nookal.com](#), N-o-o-k-a-l.com, and there is a green button on there that says “Start Trial,” they can do a 30-day free trial.

JACK: And that means they can input their data, have a practice?

DARREN: Yeah, they put data, and if they want, we have got an online booking system where you can book a 30-minute training session. You can do that as well. That is free.

JACK: Fantastic, and you got great support staff, right? Different chats and phone calls and all sorts of things.

DARREN: Yep, yep. We have got support staff all around the world. And we have got four different channels, so it is all on the website for you to read.

JACK: So that is Nookal.com, N-o-o-k-a-l.com. Nookal.com is where to head and if you want any of the notes from this episode, you can head to clinicmastery.com/podcast. That is clinicmastery.com/podcast.

Darren, thank you for joining us on this episode. Mate, it has been an absolute blast, and we look forward—.

DARREN: Thanks, Jack.

JACK: — to seeing you in another episode really soon. Bye for now.

This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

[OUTRO MUSIC]