GMCP Ep. 077 - Introducing Cliniconnect for Cliniko

[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, your host. Today, we have another guest with us. You're going to really enjoy this conversation with Hagen Dittmer from **Cliniconnect**. Hagen, how are you today?

HAGEN: Mate, I am a little bit cold. I'm down in Melbourne. You look a little bit warmer than I am up in the Gold Coast. But otherwise, pretty good!

JACK: Yes. Thankfully, people won't see the video recording but I am on the sunny Gold Coast that is [inaudible] this time every year so it's quite warm and humid. I'm slightly envious of your colder Melbourne weather today.

For listeners who aren't familiar, Hagen, can you explain to us a little bit about Cliniconnect and what it is that you guys do? As this conversation progresses we're going to talk about your story and the benefits of practice management softwares for clinics. But what is Cliniconnect?

HAGEN: For sure. Like all things, it started out of, "Oh, let's try this and maybe there's a market for it." But I was actually seeing a naturopathist at the time and they were using Cliniko. I thought it looked pretty fancy. It's one of the nice looking PMS's out there.

As they were processing my payment—part of it was on HICAPS right, as you expect it—I noticed that it didn't have that integration. My background is primarily in corporate IT and then I moved into corporate analytics. So, computing and problem solving has been a big thing of mine. They couldn't connect the HICAPS machine and I thought that it's a bit weird.

I started having a look and investigating and read bit more on Cliniko. I had a look on what they're doing and noticed that—for a bit of a word one of the more open

systems out there. So my mind started reeling. I thought that there was an opportunity to do something in that space. That came and it didn't really pan out.

There was a whole bunch of technical limitations. But along the way, other ideas cropped up as you get more familiar with the system. There were some opportunities in the reporting space. There were some opportunities in the automation space. There were some other kind of things that you could just make life easier if added to Cliniko.

Through meeting other practitioners who are using it or practitioners who wanted to use it, the migrations thing became a really apparent market need. So, that is how we got stuck in to it. Those products, or services I should say, started attracting customers. There was an opportunity to turn it into an actual real life proper business. So, I made the call to leave what I was doing and go all in on this. That was probably two years ago now.

JACK: Alright. Well done. You just said that migration was one of the foundations of what it is that Cliniconnect does?

HAGEN: I think that really grew out of rapid familiarization with it. When you really understand a system well, it makes it a bit easier to extend to the more complex side of things. So, when we're talking about data or complicated link data, being able to understand where that's going to go in Cliniko and being able to identify the system where it's coming from, I think really that grew out of our playing with other products.

It was more of a secondary development service. Then we started to get a lot of inquiries. Obviously, that's the service that we provide, not a product. But, yeah, we started offering it and more and more people started coming to us for it. That just grew and grew. We wanted to turn it into a self-service product eventually. But it has its own complexities that we need to went through. That's definitely secondary service for us.

JACK: Yeah sure. The product side of what you do is really exciting and I love that. You're looking for opportunities to create more integrations and add things on to Cliniko. It is an interesting discussion around practice management softwares whether they should do the integrations now or companies like Cliniconnect can build the bolt on that really enhance the product whether it's Cliniko or Nookal.

So, Hagen, what do you see as some of the opportunities with practice management software? Maybe a glimpse into the things that you are working on or where can clinic owners leverage better their practice management softwares?

HAGEN: So, look, touching on what you are saying before about a system that can have things added on to it, I'll touch on that first because it's a common [inaudible] and it is a valid one. When you invest in using a system, you expect it to do all of the things that you need it to do.

JACK: [Inaudible] everything we need?

HAGEN: I'm torn between saying it's a valid assumption but it's also potentially an invalid assumption because if you attempt to be a jack of all trades, as the saying goes, you'll end up being a master of none. I think where any kind of system or any kind of organization that offers a computer system where they try and touch on too many features or too many areas of functionality outside of their core, they end up doing it poorly.

So I think, talking about Cliniko as a case in point, they are very specific. I wouldn't call it narrow, but they have a very trained set of features and I guess where the develop where it is going. But what they have done is through the exposure of their API, they allow third parties either engaged by their customers, practitioners or third parties that exists in their own right to develop extra functionality.

I think that approach, although it can end up costing more, I think the freedom to pick and choose is quite a powerful one. It's definitely one of the key features that sets the system like that apart from its competitors. As far as the future goes, how long is a piece of string? There are so many things that so called technologists or futurists come up with.

But I really think to just maintain its core feature set, its core advantages over the others is going to keep it in good stead. Certainly there are a lot of other things that you could do, but I think it's going to be heavily tuned by customer feedback and maybe that is one of the benefits of being such an open system.

It doesn't have to be implemented by a particular practice management system. It can be implemented by a third party and give customers of that system that freedom to have a play around to see if it's a good fit for them. If it's not, [inaudible] it in and if it is, add it on so to speak.

JACK: I love it. I think the lesson there for clinic owners—if you're listening and you're going, what does this mean for me? When you are considering a practice management software, find one that does what it does really well and don't have unrealistic expectations of one software to be the magic bullet.

Find something that has the capacity to build out a full stack of what might suit your clinic. For example, in my clinic, and where talking a lot about Cliniko here, listeners. As a disclaimer, we're all agnostic around practice management softwares; it's what suits your purpose best.

But for us, being able to use integrations like Cliniqapps, Zero and those types of things with Cliniko because it's not the perfect product but it allows things to be built on top of it. Hagen, let's change gears a little bit there around transitioning from one PMS to another.

What would you say are legitimate reasons to consider a transition and what are some illegitimate reasons? I'm sure you've come across people who want to change for unnecessary purposes. Can you talk to us about what might inspire someone to transition from one PMS to another?

HAGEN: There's probably four or five key criteria. Those are, obviously, costs—it's a really big one. Accessibility is another one. A lot of older systems are accessed exclusively in clinic which can be good as far as setting boundaries with your staff when you work from this hour to this hour and I don't want you to work at home.

But, in health, there are always reasons to check something outside of hours, so that accessibility is an important one. The other accessibility is kind of a technological one, so it's accessibility for those who are vision-impaired, hearing-impaired or impaired in some other way when it comes to facing the computer.

These things that make it easier lower the barriers for interaction with its users. Functionality is a big one. Does the system do everything that you need it do? If it doesn't, what else do you need it to do? I think, I am going to throw these onto one bag but stability and availability are really big things as well.

The traditional deployment is a big server inside your clinic. Then you have a bunch of little computers probably on reception and some on your consulting rooms. All

of those computers are connected to the one server. You're responsible for the server. If anything happens to the server, you stop working. Of course you have various fees and costs associated with running your own hardware in clinic. A cloud system comes with a service-level agreement, uptime SLA, and you can hold those companies to those SLA's.

In most cases, if they fail to meet an SLA, you get compensated. So, that's a really big one. It's really for those two particular items that is really mitigating risk. You don't want to keep that risk in house. You're paying somebody to have the risk on your behalf and if anything goes wrong, that risk is with them.

But you trust in the fact that it's an established company with great technical staff who knows what they're doing. I think in all cases in the PMS space, that is what you can expect. So, those are key drivers for the move too.

JACK: I love it. It's interesting. Let's just lean on the costing. We've mentioned that word a couple of times. So, when we're talking about add ons and buttons, if you'll look back to that part of the discussion, products like Cliniconnect offers or others, people might often see that as a cost. But if it that saves you a number of hours of time, or helps with increasing your clients and revenues in your clinic, it becomes less of a cost and more of an expense. Would you agree?

HAGEN: Definitely. The same can be said for anything that you use in a day-to-day capacity that you don't necessarily have or own, but helps speed things up. The fact that we even have computers now—they're an investment. They speed things up a lot.

JACK: It's all relative. But likewise, with practice management softwares, I often hold the discussion or argument now around the cloud software, that "I don't own anything. I am paying all these money per year to not have a server in my office or not have anything tangible." My response to that, and I am sure you would agree, is, like you said, you are paying for experts who can keep this up to date and the risk, therefore, goes outside your clinic and on to someone else. Is that fair?

HAGEN: Yeah. I mean, a lot of the cost is skillset, sort of moving the skill sets required to run a system off to another company. Risk mitigation is a really big one and security which a lot of people, I think, have the incorrect assumption that if they're running a computer system inside their clinic, then that is safer than a cloud system that is running they don't know where.

But the reality is, when you're a cloud service provider, you have got an enormous issue with insuring security. Look, it's not made difficult to ensure security in these environments. It is very easy to ensure that things are as secure as they possibly can be.

And I am going to go out a limb here and say that entrusting your data to an online practice management system is probably more safe than running it on a server in your office which has tiny little router sitting at your internet gateway. These are big important systems and a lot of investments are made in securing them. Much more would be done securing the server in your clinic.

JACK: I highly agree with that. The reality is we entrust our banking and our finances to the cloud essentially. Internet banking and a lot of the security protocols with practice management softwares are to a similar level. We had a discussion when we transitioned our clinic from the internal server-based model to a cloud model that someone could far easily just crack the glass window and pick up our servers and walk out again.

That is far less secure than investing in something like Cliniko, Nookal or any of the other options. Hagen, that has been some really interesting insights there around the opportunities for people to improve on their payment, the transition from one style to another style, and that is a lot of what you guys do.

I am continually inspired and referring client your direction because of the work that you do, but specifically around the transition from one PMS to another. If people want to learn more about you and Cliniconnect, where should they go?

HAGEN: That service, Jack, is what we call migrations. As far as a service offering goes, it has come only to the [inaudible] in the last few months. On our website, we have fairly linked the explanation of what that entails and what you can expect, important things like, "What kind of information is included? What kind of information is excluded and why is it excluded?"

In a lot of cases, that's going to be dependent on the system that you're transferring from. Some systems make it easy to get information out of some of a bit more of a pain in the bottom. First and foremost, you go there, but I am always happy to reply to emails and inquiries.

The kind of information that is really useful are, "What system are you coming from? How many patients are we talking about?" That stuff is really helpful for us to put together a quote and give you an idea of how much effort is involved and what the process looks like.

It can be different for different people. There are some mitigating factors that go into it. To date, we haven't found a system that we cannot move from, and as we grow, the service and the number of systems that we do migrate from extends and grows.

So, we have those what we call migration templates downpath. If need be, we can make tweaks to them for particular customer requests. But generally speaking, it's a bit of prep work upfront, and then we click and go.

JACK: Got it. I love it. That's at **www.clinicconnect.io**. Is that correct?

HAGEN: Yup, that is right.

JACK: Listeners, we'll link that up in the show notes so you'd be able to find those links. Just head straight there. All of the show notes, including any of the quotes from today and anything else we have mentioned will be at **www.clinicmastery.com/podcast**.

Hagen, thank you so much for joining us. I'm sure we'd love to have you back. I know in new year, there's a whole lot of fancy things coming out from Cliniconnect, so we'd love to have you back as a guest on the podcast. Do you have any parting words of wisdom for the listeners today?

HAGEN: You know mate, words of wisdom would imply that I'm wise. I think at this point of the year, I would probably suggest that you all get ready to take a very nice and enjoyable break. Get yourselves refreshed. Maybe get a few [inaudible] or some bubbly on Christmas Day, and get ready for a very busy 2019 because I know some other place in the market got cool stuff coming out. We have some really cool stuff coming out. So it's going to be a very exciting and integrated 2019.

JACK: I love it. You have proven yourself wise, Hagen. Listeners, thank you for joining us again for this episode. Make sure you head over to **www.clinicmastery.com/podcast** for all of the notes and opportunities to jump on one of our free online courses to help you Grow your Clinic.

Finally, we really appreciate your reviews and ratings on iTunes, Spotify and all of the platforms. Thank you so much for joining us for this episode. We look forward to bringing to another episode again really soon.

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