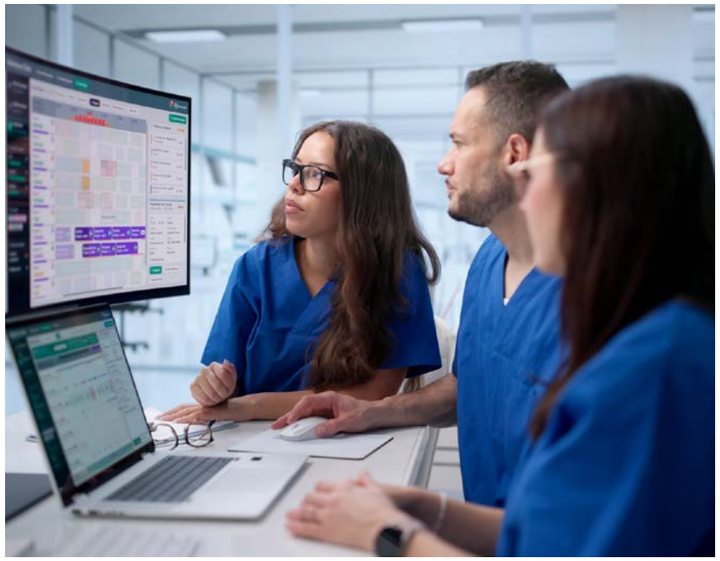
SOFTWARE SENSE

Your PIMS Is Becoming a Platform

The practice management solution you buy next decides what the rest of your software is allowed to be.

BY ADAM WYSOCKI

EXPERT COMMENTARY



Until recently, practice management information software (PIMS) was one product. It scheduled appointments, stored medical records, printed invoices, and sent reminders. If you wanted something your PIMS didn't do, you waited for the vendor to build it or you did it on paper.

Today, multiple software programs touch the patient record before the client leaves. An artificial intelligence (AI) scribe drafts notes. A payment platform runs a card. A client communication tool sends an appointment confirmation. A lab pushes results back. Each of those is a separate company. The PIMS is still in the middle of it all, but its job has changed. It went from being the product to being the hub that everything else plugs into. This change means practices should change how they buy a new PIMS.

The Checklist Stopped Working

Most practices still evaluate a PIMS the way they did 10 years ago. They write down what they want it to do, sit through the demos, and count the checkmarks. That made sense when the PIMS did everything. It doesn't make sense when a growing share of your team's work happens in software the PIMS vendor didn't write.

Consider what a checklist misses. Two different systems can check the box for "lab integration." One receives results directly into the patient record, attaches them to the right visit, and flags the abnormal values. The other lets you place the order from inside the PIMS and emails you a PDF. Both vendors said yes. Only one of them is going to save your technicians an hour a day.

The same is true for scribes, which is what most practices are shopping for right now. Scribes come in three flavors that all get called "integrated." The first drafts the note in its own window and your doctor pastes it in. The second pushes the text into the open note field but knows nothing about the patient. The third reads the history, prior notes, and recent labs before the visit, then writes structured notes and charges back into the record afterward. Fewer than one in 10 PIMS directories tell you which one you're getting.

Whether the PIMS has the feature matters less than whether the tool you actually want can connect to it, how deeply, and on whose terms.

Not Every Integration Is an Integration

This is where buying gets hard, because the phrase "integrates with" is doing a lot of work on vendor websites right now.

13.6%
of practice management products listed on VetSoftwareHub specify which direction the data moves for their advertised integrations.

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At one end, there's a real two-way connection. Data flows in both directions; the PIMS treats the outside tool as part of the record, and nobody on your team has to babysit it. At the other end, there's a logo on a partner page and a sales rep who says, "Yes, we work with them." In between is everything else, including one-way exports, connections that require a paid middleware layer, and connections that are live for one lab company and "on the roadmap" for the other.

I looked at all of the practice management products listed on VetSoftwareHub and the integrations they advertise on their sites. Only 13.6% of those listings say which direction the data moves. The other 86.4% say "integrates with" and show you a logo.

The small share that discloses direction tells you something too. Of those integrations, 82% are two-way. Vendors spell it out when it flatters them: lab analyzers, inpatient whiteboards, premium two-way texting — the places where write-back protects revenue. When the connection is one-way, it goes quiet or gets buried in a pricing tier. Some client communication platforms sell one-way broadcast texting at the entry level and charge more to unlock replies that update the appointment book.

Direction isn't the only thing "integrates with" hides. Timing also matters. An online booking tool that "syncs your calendar" often polls the PIMS every 15 to 30 minutes rather than updating the moment something changes. That window is long enough for a pet owner to book a slot your receptionist filled 10 minutes ago.

The practices that get burned are the ones that took the logo at face value. They chose a PIMS partly because it "worked with" the scribe they liked. They signed a long-term agreement, and found out during implementation that "worked with" meant the scribe could email a note for a technician to paste in by hand.



What to Ask Now

Before your next practice information management software (PIMS) evaluation, add a page to your requirements list that has nothing to do with features. Start with inventory. List every tool your team uses today that touches the PIMS. For each one, write down how the connection works, not what the brochure said. What happens when an actual order comes in? If you don't know, the person who re-keys the data does. Then, ask each vendor:

1 Can you show me the specific connections live, with real data, instead of describing them?
Which integrations are two-way and which are one-way? Is the sync instant or on a schedule? Is there a fee to connect a third-party tool, and who pays it? Do you have a published application programming interface (API)? If so, who gets access to it?

2 Where does the data land?
A lab result that arrives as discrete values in the record is different from one that arrives as a PDF attachment someone has to open and read.

3 Where will the connections break?
Every integration fails eventually. Where do failed syncs show up? Is anyone alerted? Which vendor picks up the phone when a release on one side breaks the connection? "Contact the third-party developer" is the answer you don't want to receive.

4 What happens if we leave in five years, and what comes with us?
A PIMS platform that makes it easy for tools to plug in but difficult for data to leave is only half open. If you're looking at an all-in-one platform, evaluate the bundled pieces as hard as you would a standalone platform. Ask the scribe module the same questions you would ask a standalone scribe. "It's included" is not the same as "it's good," and a weak tool you cannot replace ends up costing more than a strong tool you paid extra for.

Two Ways to Be a Platform

PIMS vendors are answering this shift in two ways:

- The all-in-one platform: A growing number of next-generation PIMS build or acquire the pieces themselves — the scribe, the payments, the client app, the phone agent, the care plans — all under one login and one invoice. The data never leaves the system, so the integration problem mostly goes away. For a lot of practices, especially smaller teams without a dedicated software manager, that simplicity is worth more than choice. If the bundled scribe is good enough and the bundled payments are fair, the practice is better off not shopping.
- The interconnected platform: The PIMS focuses on the core record and opens itself up. They offer a published application programming interface (API) that third parties can connect to, and data that stays with the practice. The practice picks the best scribe, the best phone agent, and the best care plan tool for its own workflow and plugs them in. That takes more work to run. Someone has to own the connections. But the practice is never stuck with the vendor's version of a tool, and when something better shows up, it can swap.

Neither model is superior. The mistake is buying one without knowing which one it is. I've seen a multidoctor hospital with a strong practice manager buy a closed bundle and spend two years frustrated that they couldn't add the tools they wanted. I've seen a two-doctor practice buy an open platform, never connect anything to it, and pay for flexibility they never use.

THE LAST WORD

Neither model is superior. Pick the all-in-one because the pieces are good and you like the simplicity. Pick the open platform because you want the choice and you'll use it.

Start with whether you want to assemble your tech stack or have it assembled for you. A practice with an owner or employee who enjoys evaluating software will get more out of an open platform. A practice that wants to hold one company accountable and one number on the statement will be happier with an all-in-one, provided the bundled pieces are good, and the price is reasonable for what's inside.

The Decision Is Bigger Than It Seems

The PIMS is still the most consequential software choice a practice makes. It just got more consequential, because it now decides what the rest of your tech stack is allowed to be.

Pick the all-in-one because the pieces are good and you want the simplicity. Pick the open platform because you want the choice and you'll use it. The practices that struggle are those that never realized they were choosing a model at all. ■