

# Best Practice prepares to let the Lava flow after successful summit

Written by Kate McDonald on 09 September 2015.



**Best Practice Software** (Bp) is gearing up for the imminent launch of the next version of its clinical and practice management solutions following a sneak preview at the company's annual summit on the Gold Coast on the weekend.

Bp's chief relationship officer Lorraine Pyefinch said the company had wanted to have the full version – dubbed Lava, one of the colours of the company's finch mascot – available at the event but it was still in the final stages of quality assurance.

Lava promises to be a big release, with over 880 development items added, the most significant of which includes improvements to the financial reporting capabilities of Bp's Management module, in particular to adjustments.

“It's complex but it is a flexible approach to being able to handle all of the vagaries that can happen sometimes when you're dealing with payments in a surgery,” Mrs Pyefinch said. “Not only receiving payments from customers and how that might be apportioned but also making adjustments when there have been issues with Medicare claiming. There is a lot more rigour but also flexibility.”

Mrs Pyefinch said the company expected the financial improvements to be well received by those practices that use Bp Management as well as Clinical, which is now upwards of 85 per cent of the user base. In the past, many Bp Clinical customers have used the xPracSoft practice management module from rival MedicalDirector because the latter had full integration with the Tyro payments system.

Bp added full [Tyro integration](#) in late 2013, with many customers waiting until it was available before opting for the full clinical and management package from Bp.

“We have multi-merchant support with Tyro included in Lava as well so we are expecting another big influx of customers once that goes in,” she said.

Other features include improvements to device integration and document handling, along with multi-location support for practices with more than one site.

There are also some new commercial partners on board and updates to existing relationships, including HealthLink's Aduro smart forms.

“We've also integrated a product called [HealthShare](#), which has a facility where you can access online, credible sources of information you can then print out for the patient,” Mrs Pyefinch said.

“We already supply a lot of information from various parties and the users can also save documents that they might use regularly, but this has the ability to get the very latest information because it is being updated all the time through HealthShare.”

She said delegates at the summit were interested in future developments in terms of portability and mobility, and many were also interested in Bp's acquisition of New Zealand software company [Houston Medical](#) in April.

Houston had some general practice customers for its VIP.net product but was predominantly used by medical specialists and allied health practitioners, with a thriving market share among ophthalmology practices.

Mrs Pyefinch said Bp was about to move the former Houston operations into new premises in its home town of Hamilton, where the company plans to establish a training hub similar to its new training centre in Brisbane.

“We've spent the last few months engaging with our new customers from Houston, obviously to get a better understanding of what their experience has been of Houston and how we can improve on that,” she said. “A lot of that work is now under way.

“We have appointed another four staff and we've basically been doing some scoping work with regard to the New Zealand market. Obviously we are looking at growth across the board in Australasia for all of our products, and we are preparing a product positioning strategy at the moment to determine our product range and pricing.”

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