

Clinic Software: Product Review – Jane App With Jamie Purdy

Cast List

Steven Bruce	SB
Jamie Purdy	JP
Rhodri Griffiths	RG
Becky Down	BD

SB: Now, this is the first of a series, I hope, of product reviews based on clinic software. Today, we've got a representative from Jane coming to the studio to us. You may have heard of Jane. If not, we're going to give you a lot of information about it. The aim here is that if you are a practitioner who is about to take on clinic software, you get a good idea of what's good, what's bad for your particular practice. If you're thinking of switching, you learn about the perils of switching and how there is different clinic softwares might be worth your advantage or not.

And any other questions you may have, you can fire them directly at the representative of that software while they're in the studio. We've asked PPS, we've asked Clinico, we've asked Nookal, we've asked TM3, we're still waiting for dates from them. But the first one, today, is as I say, it's Jane. And we have James Purdy in the studio. James, thank you very much.

JP: Thanks a lot for having me.

SB: I'm also joined by a receptionist from a clinic which is using, my own clinic, which is using Jane, and one of the practitioners of that clinic. So you can get a perspective from other angles about how this software works and we'll come onto that a little bit a later on. But of course, James, the first question which is burning in everybody's mind is why the bloody hell is it called Jane?

JP: It's a good question and I wish there was a more interesting story. The founders of Jane had a huge whiteboard covered in hundreds of different names for software. They wanted something that sounded non-clinical, pretty friendly, and a normal person's name. And Jane was the winning choice.

SB: And you said it doesn't raise any eyebrows in Canada or the States.

JP: No, it doesn't. So usually in Canada and the US, people just accept that it's called Jane. Every single person I meet in the UK is like, "Why Jane? Why have you picked the name Jane?" So people are pretty curious about it.

SB: To me it still feels odd talking about a software as Jane. But it doesn't matter because we'll come on and see what the software's like. We're going to start I think, you're going to run us through a quick demo, but we're going to start from probably the most important aspect, which is what does the patient see when they log in to Jane or look at Jane. So over to you.

JP: So we've got an example set up here in our demo clinic of a clinic with a couple of different locations here. So we've got our village location and district location. If we as a patient just know that we wanted to book an appointment straight in with one of our practitioners, we could just click on their picture here and be taken straight into their diary.

In this example, let's go and select our village location. And again, you, as a clinic, can customize how everything is displayed on here, sort of what's actually going to display for patients. But we've got a list of different disciplines down this list here. Let's say chiropractic in this example. And again, we'd see if we had multiple chiropractors, we'd see each member of staff's picture here. If I know that I want to book in with Cam, I can just click on Cam, go straight in and see Cam's availability. Otherwise, just select one of the treatments on offer under that discipline here.

And we've come straight into this diary view. So Jane's going to highlight all of these available slots in which that specific appointment can be booked. So let's say 11:00 AM, we want to book that visit with Dr Coleman.

SB: So just out of curiosity there, I've seen software in the past where you can tell it not to show all of your availability if you don't want to reveal the fact that you're completely empty or whatever. Is that something that Jane does?

JP: Yes, there's a few different ways you can do that with Jane. So you can either limit specific treatments to only be offered at specific times. Like we see some clinics only want to offer new patient visits one day of the week. So you can set up using tags is what we call it with Jane. You can set up tags to limit that. Otherwise, we've got a handy little option called make me look busy. So you can have your entire day open, but it's like, actually only got two open slots today. Jane's going to show the rest of those slots as booked and only two random available slots during that day.

SB: Hopefully that's not going to be a problem for too many practitioners. But when you're starting out actually it does feel odd when you're showing your whole diary as completely empty.

JP: There's a few different ways that you could do that but make me look busy is a really handy one. But because I'm already signed in as a patient here, it's pretty much as simple as that. So once we've found the open time in the diary, we can just click I'm done.

SB: So you said you're signed in. I mean, do you have to sign in? What if you're a patient who's come to this form for the first time?

JP: That's a good question. So the only additional step, so because I'm already signed in, Jane already has my details, the clinic has my details, I can just confirm the appointment. If this is the first time I've visited the site, before pressing I'm done and confirming the appointment, Jane would just prompt for some patient information. So first name, last name, contact email address and contact telephone number.

They would then press save to save that information, that profile information and they'd then be able to go ahead and book the appointment. So patients, they create their own username and password and they can log in to this ... In fact, let's have a look at that. They've got this my account area here once they're signed up. And they've got this list of options on the left-hand side so that they can manage a lot of the admin for their own appointments and their own account. It kind of takes the responsibility away from the front desk staff a lot of the times. For example, if they wanted to update their own contact information, they could do that directly through here.

SB: But to log in, they have to have a password. So the patient has to remember that password.

JP: Username and password. You can also use Google, Facebook, and Twitter. Some clinics choose to disable this option. I personally, out of convenience or laziness, depending on how you want to put it, I link everything to my Gmail account. So it's handy to have that option if someone doesn't want to remember a brand new password. You can just link it up with one of those social media accounts.

SB: And of course that obviously begs the question about GDPR and data protection and all the rest of it. Is there any likely any chance that there's going to be any ... Someone might log in inadvertently as a different patient?

JP: No, not unless they somehow knew someone else's username or password. The only way I could see that really happening in practice would be maybe family members who are sharing a single device.

SB: In which case it's their fault, not Jane's.

JP: Essentially. Because of the username and password, every single one is individual to each patient. And unless they've specifically shared that with someone else.

SB: Jane is GDPR compliant is it?

JP: Yes, all of your data, clinic data would be stored on servers in the UK. We've got backup servers over in Canada. So in the event that anything did need to be transferred to Canada, Canada exceeds GDPR requirements as well. And we've got lots and lots of information on the Jane website about GDPR compliance.

SB: Great. That's enough about GDPR, we don't want to talk about that. It's boring.

JP: So this my account area. As I say, patients can manage their own admin essentially, so they can see their upcoming appointments. You can provide the option to allow patients to cancel or reschedule their own appointments. You can disable that if you like.

SB: Can you give it a time limit? Can you say they can cancel up to this time before the appointment?

JP: So in our demo clinic here, we've got a 24-hour cut-off as our late cancellation period. So if it was within that 24-hour period, they wouldn't see the option. Like at the moment, we've got that cancel button. It would say contact the clinic to cancel. They wouldn't be able to do that themselves.

The rest of these options. So intake forms or registration forms. This one is particularly useful and it's especially, it can be a big transition for people who haven't used electronic charts before. You can completely automate your registration forms or intake forms for patients. So require specific information from them ahead of their initial visit.

SB: Entirely customized though.

JP: Yes, completely.

SB: With the one exception, you can't change the name from intake form, which I think sounds like military recruitment rather than medical.

JP: One of the very good things with Jane actually, we've just released a new clinic facing feature request list. So you can actually log in and see Jane's roadmap, so what's planned for the next 12 months, six months. But you can also then request things from the team as well.

SB: It makes it sound as though I'm complaining about Jane. It was the only thing I could find in looking through. I just thought that I really like it not to be called an intake form because I don't think that's a nice thing for the patients to see when they're filling their results.

JP: And there are quite a few things that you can customize, the name or the title or the language around in Jane. Intake forms isn't one of those things at the moment but that request is open and we'll add you as a-

SB: I'm not the only person to raise that I think am I.

JP: No, certainly not. So it's on the list. But yes, so you can completely automate those intake forms. You can still send them up manually. And you can even opt to allow the patient to complete it in the clinic with you side by side if you've got a device like an iPad or laptop that you want to hand over to them.

Most of the rest of these are relatively straightforward to be honest. One that I do like to show is this documents area, which can be quite useful. I love these desk stretches, I always try and do these every day, but never remember to do so.

SB: Get up off of that thing.

JP: Yes. So the different desk stretches these ones. If as a clinic owner or a practitioner, you have a specific chart note, a file, like image, video that you want to share with the patient, you can choose to make it visible to them in their account. It saves you then have to email that externally, which can be a little bit insecure. It just means it's all contained within your Jane account. Patients can't upload anything in there though, that's only for you as a clinic.

SB: First question from the audience watching. Can a patient pay for their appointment if they're booking online, or is it just a booking? They've heard of other clinics having bookings online, but then the patients don't turn up. As they've not actually paid for their appointment online.

JP: Yes, they can do. So we use, we brand it as Jane Payments but Stripe are our payment partner. If you use Jane Payments and Stripe that allows you to capture credit and debit card information as well as request for payment to be made online before an appointment's confirmed. You can even have

different rules for individual patients and different rules for someone's initial visit as well. So it might be existing patients you don't want to have that option for, new patients you'd like that for.

SB: And I think this one follows up on it. It says how do you take patient online with the booking if no payment is taken? What are the stats on DNAs?

JP: Stats on DNAs, that would be quite specific to your clinic I'd imagine.

SB: I think they're probably asking if people aren't paying online, how often do other people find the patients don't turn up because they're not committed. Sorry, I'm going to turn to Becky because in our clinic, Becky, welcome. We don't actually get many DNAs do we from online bookings?

BD: No.

SB: It's not a Jane function.

BD: As far as I'm aware, they have to pay online at the time of booking.

SB: I didn't realize that. Gosh. I should know these things, shouldn't I? Okay, we'll come back to you in a minute, Becky.

JP: You can turn that option off, but if you have it like you do have it set that everyone has to do that, they've got no other way around it. They would have to pay online.

SB: But in terms of a clinic which has no connection with Stripe at the moment, how difficult is it for them to then take up this function with Jane?

JP: So if they don't use Jane Payment or Stripe, they wouldn't be able to acquire payment in advance directly through the Jane booking site. So that would be something they would have to manually manage.

SB: I'm just thinking how the money changes hands. If a patient books through Stripe, I don't have Stripe in my clinic, how does the money get to my bank account?

JP: So if they book online, you would have to have Stripe in your clinic. So you would set up Jane Payments directly through your Jane account. So that means all of those payments are processed directly through Jane.

SB: What's the processing fee?

JP: It's 1.4% plus 20 pence per transaction for online payments through Stripe. So you get the payouts every couple of business days straight into your business bank account.

- SB: So think it's comparable to others isn't it.
- JP: Yes, I think it's basically standard almost across the industry now for processing online payments. So it's very comparable.
- SB: I have a feeling, it's very difficult to measure Worldpay, which we use, which I think is 1.5%. There is no individual transaction fee that I'm aware of.
- JP: The only difference is Jane Payments allows you to then capture that information on there. And then if you've got a patient's credit or debit card information stored on file, I should say a secure version of that information stored not in plain text, it would allow you for DNAs if someone doesn't arrive, you can actually charge their card if they've agreed to those consents. You could charge the card that you've got on file for the fact they didn't turn up if you choose to do that.
- SB: But equally presumably, when they turn up for an appointment, they don't have to get their card out and-
- JP: Absolutely. It makes it easy. You've got it on file. You click a button in a clinic and the payment goes straight through. Patient doesn't have to open their wallet up or anything.
- SB: Right. Sorry, I interrupted you.
- JP: No, that's totally cool. So the rest of these areas, again like I said, they're pretty straightforward to be honest. Reminder preferences is another useful one. So you can set up as many different text or email reminders as you like. There's no additional charge for any of those, so there's no 10 pence per text or anything like that.
- And patients have got the option of opting themselves in or out of any of those reminders with a simple flick. You can do that for them from the app inside as well. So you can open their profile and opt them in or out of any of those reminders too. The only option that would be opted-out by default, I'll show you down here, would be promotional and marketing emails, GDPR compliance. They have to be opted-out. They can choose to opt themselves into that. And again, if they let you know in clinic that they want to opt-in, you can opt them in.
- Jane then does populate a list of all of your email marketing subscribers, so if you were using a service, like Mailchimp for example, you could push that list through to Mailchimp for any promotional emails. But yeah, I'll jump over into the admin side of Jane unless there are any other questions on what patients are seeing.
- SB: Robin has sent in a question and I know where he's coming from on this one. He says how do we deal with older patients who may not have email,

smartphones, or even internet? Not uncommon in Devon. Take your point. Are we able to manage their digital presence within Jane for them?

JP: Yes, and that's a really, really good question because we have lots and lots of examples of people that just will never use online booking. They're never going to do that.

SB: But it's not compulsory is it?

JP: No, no, absolutely not. So you can do that for patients. In fact, if we jump into the admin view now, this is going to take us over into our kind of main diary view within Jane. One of the, I hope people can see, I've got this-

SB: Magic pointer.

JP: If it works, which it doesn't appear to be working.

SB: I'll fiddle with it while you do it.

JP: So this little cloud icon here shows that this patient booked their own appointment online. You'll notice these other appointments don't have that same cloud icon.

SB: So we're looking here.

JP: Over to the right a little.

SB: You do it. I've made it work for you now.

JP: There we go. So that little cloud icon. That shows the patient booked their appointment online. You'll notice the appointment below doesn't have that cloud. That just means we booked it from the clinic side. So for patients who don't want to use online booking, we can completely manage everything for them from the inside.

SB: So Robin, I don't know what system you're using in your clinic, but you could use this just as you use a normal paper diary if you wanted to. I mean, obviously you are typing it on the computer but it makes no difference from the patient's point of view. They can still phone in for an appointment or turn up and book an appointment.

JP: Absolutely. So this is going to be more in terms of where front desk or reception or admin staff spend the majority of the day. So what Jane's showing us by default here is all staff working today. So you'll see we've got two staff highlighted in blue over on the left-hand side. And then we've got the corresponding days just side by side in a separate column here. So we can just see all of the appointments for each of our staff there. If we want to just

view a single person's day, we can just give it a click from the left-hand side and we'll see their week by default.

I am a little bit of nerd for keyboard shortcuts and I know not everyone cares about them, but I'm going to show them off anyway. So by default, we're viewing someone's full week here. If we wanted to view three days, we can just hit three on our keyboard, which is pretty cool or four. Anywhere between one and seven. And then if you keep an eye on this patient name and appointment information here, we've also got something called privacy mode, which we can enable very quickly. And that's a way that we can protect patient's information there.

SB: So actually just so that people can see, what's happening now is that the name's been blurred out from all of those. So anyone peering-

JP: Turn that on and off so we can see the difference.

SB: So anyone who's peering over your shoulder can either see or can't see what's going on. And you've just toggled it back the other way again.

JP: Yes, so if you've got any people maybe looking where they shouldn't be or accidentally looking over your shoulder, there's no worry that anyone else's information's going to be compromised there.

SB: Now, one question which I'd like to ask is what if you've got a clinic with multiple rooms and multiple practitioners? Can you show a room view in this as well?

JP: Yes, you can do.

SB: So that you know how much space you've got available in the clinic?

JP: I have an example set up here, but we've got these different views at the top of the page. Rooms is one of those views. So we give that a click and then we see room one, we've got this practitioner Joellen assigned to room one. Susan assigned to room two. And we can just see all of the different rooms that we've created. And we can assign rooms to specific shifts or specific practitioners.

SB: So that you can't overbook a room and you can't overbook a practitioner.

JP: Unless you manually wanted to overbook it if you knew that you could squeeze an appointment in. We've got this little quick double book mode feature as well, which would allow you to very quickly squeeze an appointment if you've space for it.

SB: Now, I'm going to get you off the hook for a second. I'm going to turn to you Becky because, Becky, you are one of the receptionists in my clinic, which has

multiple practitioners, has multiple rooms and so on. What do you think of Jane because you've just switched to it haven't you?

BD: I think it's very, very nice. Easy to use. Everything just seems to be one click of a button and it's great. For me, I think being able to copy the appointments over. So when patients come in and say, "I need to book my appointment again for another four weeks." We can just click on their appointment from the day, copy, down to the calendar in the bottom, select the date, and click on the time, and it copies the appointment over.

SB: Which is saving you a lot of time.

BD: It's amazing. Yes, it's great.

SB: You were using PPS before this, weren't you?

BD: Yes. Very long-winded. Lots of clicking around. That function is great. But like you just said, the privacy button, that's nice. We use that all the time. And the shift button as well there, when we're changing the practitioners shifts. So that's very easy, just clicking on and you can change the time of the shift for each day. It's good.

SB: So is there anything you've found so far that you'd like changed or you don't like about it?

BD: No. I really like it. I've only used PPS before. So compared to PPS.

SB: And we take bookings online through Jane do we, so we haven't used that function yet. Sorry, bookings, payments I meant. Beg your pardon.

BD: With the card did you say? With the saved cards?

SB: We don't use payments through Jane. They have to pay through our-

BD: No, that's right. It's in the clinic.

SB: Desk machine, whatever you call those things. So might be an interesting one to try at some point. Someone's actually accused you of mumbling Jamie.

JP: Sorry about that.

SB: They said could you repeat the charges. They say is it 1.4.% plus 20p for each online booking?

JP: Yes, spot on.

SB: So you weren't mumbling. They obviously heard you correctly.

JP: I'll try and mumble less though.

SB: Right. What else do you do in reception on the diary that requires you to do complicated things with this?

BD: So for the billing section-

SB: I was going to ask that actually. Some of these have got a little pound sign next to them and some of them haven't.

BD: That means they've paid online.

JP: It just means the patient's paid for their portion of the treatment. So we can quickly go through and let's cash this patient out for example. So what we do in Jane, at the moment, there's nothing owing for this specific visit. We click this arrive button to say the patient has turned up, and we'll see there, so they've now got £63.

SB: So they've gone green on the diary.

JP: Absolutely. So the appointment's gone green. There no pound sign on there at the moment. So what we do is we go through pay, it looks like they've got something else that they owe a bit of money for as well. So Jane's going to total up everything they owe here. We can click next. And this is where we select our payment methods. So if, was it Worldpay you mentioned before?

SB: Yes.

JP: If you're using Worldpay, so we've got this outside Jane payment method area here. You would just set up as many different payment methods as you'd like and select that they paid using Worldpay. If was being processed directly through Jane, you would either use the credit card on file or add the credit card for the first time from there. I'll just say cash for now. And then we can pay and print a receipt or pay and email a receipt. And Jane will notify you of how they received their last receipt as well.

So we could just print a receipt out if that's how this patient prefers to do things. I'll just click pay. And we may need the little magnifier again there. But we can now see, there's that little pound sign showing on the appointment. So we can see at a glance it's green, that means the patient arrived. The pound sign's there, so we've taken payment for that visit.

SB: Is that something you found useful?

BD: Yes. And also there's a speech bubble isn't there. There's a note on there. Especially for online bookings where a patient needs a downstairs room.

JP: So this note area does exactly that. So let's say patient five minutes late.

SB: So you just enter that into the notes at the side there.

JP: That should say patient as well. We just add that note and then another little icon, there's a little speech bubble there. And if I hover over the appointment, Jane will expand it slightly so that you can see the actual note itself. We've got another really useful function with notes so let's spell it correctly this time first of all. Let's say patient is always five minutes late and we can use this, there's a little star icon here that turns it into a sticky note.

SB: I'm just going to highlight that as well so we can see that. I think we can just crack the edge. There's a little star icon there.

JP: So that makes it a sticky note or a starred note. That note's then going to follow them through future visits as well. So it's going to be pre-populated with any future appointments. And it will show the top of their patient profile too.

SB: Gosh. Anything else then, Becky? I don't want to keep you longer than necessary because I realize this is your lunch hour.

BD: There's lots of information just on that one screen for us on reception, which is very, very useful. And also the booking online and the paying online is quicker for the patients after their appointments because they can just leave. There's no queuing. And they're finding that good. So it's great.

SB: Thank you. And I don't wish to get rid of you, but I realize that you've got other things to do with your time. If you'd like to leave, then please feel free.

BD: Thanks, Steven. Thank you, Jamie.

JP: Thanks so much.

SB: Thank you very much for taking the time to come.

JP: So shall we sign in as a practitioner now?

SB: Let's sign in as a practitioner. Rhodri, you need to shoot up the couch magically there.

RG: Shuffle up.

JP: Let's go for, who should we pick on today? Let's sign as, Michael looks quite friendly. So the first thing we notice in here ... Actually, you're getting a behind the scenes preview here. So this isn't a live thing. So this is a new practitioner dashboard that's just about to be released. So this is a preview of some of the additional stats.

SB: We're not having that. We're not telling our practitioners how much we bill.

JP: This is just a demo of it at the moment, but this is brand new. So this wasn't here before today actually. So before, this won't be there for Jane customers at the moment. Practitioners see down this single side here. Let's find a day with some appointments. There we go. So instead of seeing everyone's diary side by side, as a practitioner you probably just want to see your own day coming up. By default, that's what you'll see. Just a list of your upcoming appointments for the day.

SB: And if I press five, do I get the whole week?

JP: You don't. You've got to go over to that diary view first of all. So you could hop over to the diary view and then do that. You can still privacy mode though on that one. But whereas the front desk staff, as soon as they click on an appointment, that window appears in the right-hand side where they can cash the patients out, it's a slightly different workflow to practitioner's. So one click's going to take us straight into the chart notes. Another click will then open that-

SB: Just before we move on, what have we got here? Here we've got appointments going back to the 13th of September. So each of those are the clinic notes for that day are they?

JP: Yes, that's right. So we'll the date of the note there. We can click to expand that note. And we can also see the author of the note over here and whether it's locked or whether it's a draft entry. So a locked note, a little padlocked notes are final chart note that's been completed. And the author of those notes there. So third ... Sorry, yes?

SB: Before you move away from that because you were about to move on to something else I felt, I thought there. Where's my little highlighter thing gone? It's on the wrong button. Where's it gone? There. If we look at this, on this particular screen we've got chief complaints, adjustments, and they've got a whole list of these things here. I imagine that's something that particular practitioner or that clinic has decided they want in their notes.

JP: Yes.

SB: We don't have that do we Rhodri?

RG: No.

SB: No. But also down here, we've got simple shortcuts really. We can tick that we've given heat or eyesore, stretching and so on. And all of that's customizable.

JP: Yes, 100%. I'll jump into that in just a sec actually. So I was just going to show that let's say for so I'm signing in as Michael, so this is one of Michael's old chart notes. Let's say I want this one to populate at the top of the page so

that I'm not scrolling through constantly to find things that might be relevant. I can star that note and then it does appear at the top of the page regardless of when that note was created. And also as well, we see a lot of clinics use this little search function here. So if there's a specific keyword that you want to search for.

SB: Within this one chart?

JP: This patient's chart notes, yes. And typically that was not a good example. But if there was a specific keyword, you could have it set up so that you could track maybe treatment plans, type that keyword in, and Jane's only going to pull that relevant chart entries that contain that keyword.

SB: Okay, so you're not a clinician yourself, I know that. But Rhodri here is one of the osteopaths in my clinic. Rhodri, you've used Jane. What do you think of it? You've been on it for how many weeks now?

RG: About five or six weeks we've been using it. And so far, initial impressions it's been really, really good. What I particularly like is on the view of the diary of view on the daily view, it tells you that the patient's arrived, so you can just glance up and you see the green view that the reception actually puts through.

SB: The previous system we were using did that as well, but it was just a little yellow button or something in the corner. It was easy to miss, whereas this is very obvious.

RG: This is very obvious. And then once you do your notes, it comes up, you can save as a draft. So if you're under pressure, you can fill that in at lunchtime or later in the day or whatever before you actually sign it off and close it. And it will tell you on the diary whether that has been closed or signed, whether it's just been closed as a draft or whether it's been completed. Which I really like because there's nothing worse than going into previous notes and realizing that you've missed it somehow. So having that locking button means that they can't be edited and it's been complete.

JP: So that's quite a good example actually. So we can look back and glance down our day and see that every single appointment has a locked padlock on there so that we know we've completed the chart notes, the appointment's green, so the patient arrived, and the pound sign's on there, so we know they've been cashed out as well. So we can see that all of our work's done.

SB: Why is Mr Fox in red?

JP: That's a no show or did not arrive appointment as well, which works ... In fact, let's show an example of that quickly. It works similarly to pressing the arrive button, but instead of pressing arrive, you would press did not arrive. And then you have the choice. So we've got these default options set up as to

whether you want to charge them full price or nothing if it's maybe the first time that's happened. But you can customize these options. And as I mentioned, if you use Jane Payments or Stripe, you could also process that charge directly through Jane for the no-shows.

RG: What I also like on that front is that you can modify the diary to show rescheduled appointments and canceled appointments. So from a clinician's point of view, if someone's rescheduled without you knowing, which on some systems, I'm sure someone was in the earlier, but you've got no record of who it was. With this, you can change the view that you can actually see. So you can then go back and contact them and see what the reason was and you can track down what's happened to them.

SB: Question here about whether this is all web based. If I want to use Jane, do I have to have the internet or can I have it locally based?

JP: Yes, it's all web based. So it's basically anything with a web browser and internet connection, Jane's compatible with. So Jane's a responsive website but there isn't an offline version of Jane.

SB: Have you got practices in rural areas which are using Jane? How are they getting on?

JP: We do and it's very dependent on the stability of your internet connection. And some clinics, just they're never going to have stable internet or at least not in the foreseeable future. They've got quite slow internet. So it just means that Jane still works, just some things might take a little longer to load. So when we click on something here and a report loads immediately, it may take an extra few seconds or a little while for those to load.

SB: But if I'm Rhodri and I'm in clinic and I'm just typing up what I've done to a patient and I hit close the notes, save the notes, I'm not going to lose it because the internet's not there. It will just sit and wait until it gets internet.

JP: So Jane constantly saves your work as you're going as well. So every few seconds, everything's saved. So if the internet went down completely, everything you'd done up until that point would still be in there.

SB: So in those dark, rural, medieval areas, such as Devon and Cornwall, are people with poor internet still coping with Jane? They can still work it? It's still manageable?

JP: Again, it will perform better if you have faster, more stable internet. But people are still using it. I don't believe anyone's still on dial-up using it because that might be quite a painful experience.

SB: Do you know what the figures are? Do you know what it needs in terms of average speeds?

JP: So we have a recommended download speed of 25 megabits per second. That's recommended, although we have clinics with much faster gigabit hardwired ethernet connections running huge practices and we have some people using their mobile phones on 4G and 3G networks. Not to recommend a specific product, but I know that BT have got that new kind of connection promise where they've got 4G and fiber linked up together. So if your internet goes down, it switches over to 4G. I know that we've got quite a few clinics looking to use that kind of business in general as well.

SB: Another question. Did you say that Jane will save the patient's card details if they paid online so future appointments can just be paid for by clicking a button? Yes you did. So I think that's a really useful feature myself because it saves time when people are checking out as well, not having to put cards into machines.

And there's one coming up that we're going to spend some time on and I'll save that for a bit. Can we use fingerprint readers in place of passwords on laptops and mobiles, presumably with a password backup? I guess that's up to your laptop, isn't it?

JP: Yes, that would be dependent on the device and the patient or staff member who chooses to do that. So they could choose to save it as a password, as a thumbprint password, yes.

SB: And interesting question, what if a patient pays online but then changes their mind and wants a refund? How does Jane process refunds?

JP: The refund's processed directly through Jane. So it wouldn't be an automated refund at the moment if they canceled it. That money would sit there as a credit on their account. You would just click in ... In fact, I can show an example. So this patient's billing area here, you can view payments, and you would see because I'm signed in as this practitioner, sorry, you would see a list of all the payments here. You just click a button to refund and the refund's processed directly through Jane as well.

SB: Simple. Right, let me step back a bit and let you carry on with your exposé.

JP: No, that's okay. So I was going to show how you actually set up your chart templates and customize them. So if we go over to our staff profile. So I'm signed in as Michael here. We've got this chart templates area. So this is where I think this is really cool, there's no other word for it. You can either create custom templates completely from scratch and you can build them out using these different sections that we have here. So let's say we want a range scaling. We want a, let's go for a body chart. And let's just go for a plain note field. But we can customize each and every single section that we add as well. So these are just the default options. The body chart allows you to draw

on the chart. You can add notes to the body chart as well. But you can actually replace that image with any image you like.

SB: So does this mean that within a single clinic with ten practitioners, they could each be using different case history forms which they've customized?

JP: Yes.

SB: Don't tell him that. We want standardization in my clinic.

JP: Absolutely, you can do that. And you'll see that we've got this other template area here. So that's where if someone else at the clinic has created a chart template that they want to share with people, you can opt yourself in or out of those shared templates there. And this is really cool actually, the template library, it sometimes takes a little while to load because there's around 8,000 templates in here at the moment. What this is essentially other Jane customers have done most of the legwork for you in that they've created the vast majority of chart templates you could ever possible need.

So you're free to browse by different disciplines, search for specific keywords, add their templates to your account, and then you can tweak and customize them from there. This used to load a little quicker, but as I say, there over 8,000. 8100 in there. So we can see osteopathy, chiropractics, very popular.

SB: 1,500 chiropractic templates, 124 osteopathy templates.

JP: Click into chiropractics.

SB: 1,400 massage templates.

JP: It's very popular, especially in Canada. Jane's going to show by each discipline how many people are using either this template or a version of this template. So you can click on it to load a preview. And then once that loads, if this looks like something you may want to use-

SB: Show who created them as well on the list there?

JP: Yes. So they can choose, they can remove their name when they share them if they want, but lots of people like to have. Especially if it's a popular one as well, it's nice to have your name at the top of the list. You can then add that in to your staff profile. And you'd then be able to tweak and customize it from here as well. So if there are maybe certain sections that aren't relevant or you want to change or just get rid of entirely, you've got the option to do that once you've added that into your staff profile.

SB: Can I get back to Rhodri for a second? Because you're sitting there very patiently. And of course a lot of people watching want to know is what's it like from your perspective? What do you not like about it?

RG: So going back to the body chart, what I really like again is that you can if the patient's got multiple injuries that they've come in with, you can actually put a number one or a number two on there and that will create a new field for you to write individual comments on that field, so notes on that individual injury, which I really quite like.

SB: And you've had that before in other software?

RG: I've never seen it before.

SB: But that goes beyond simply customizing a form doesn't it. That sounds like new software. If you click here, it gives you another note.

JP: Here's one I made earlier.

RG: So if you've got separate things that they're coming in for, the notes field is not so muddled. So it's easy to see what the priorities are.

SB: Because I thought you said you would like this, but it's actually on there.

RG: No, it's on there already.

SB: Brilliant.

RG: Which I really like. Something that I would like that Clinico currently has and you don't is that when you're doing your charts, your current charts, they've got the previous charts on the right-hand side of the screen. So you can scroll up and down and see what's been previously and see all those previous starts.

SB: Is that similar to what you showed a moment ago where you had the current chart here and the other charts below it?

JP: It still does require a bit. It's kind of linear view.

RG: So with Clinico, you can keep the chart that you're working on in front of you. With this, you have to scroll down and scroll back up again. It's not much, but it's more steps.

JP: So would it be like a kind of a window that appears?

RG: Yes, it's got a separate window on the right-hand side.

JP: That appointment panel that comes out.

RG: So then you can scroll down and you can see both at the same time.

SB: I bet you by next week, that's in there, because that sounds like a really easy fix for a developer to me.

JP: It always sounds easy to me as well because I'm not a developer. Yes, they can just put a new window in. But we will feed that back as well. We've got a new kind of clinic facing feedback list. So I can see if that request exists already and if not, we'll start that request instantly if it's something we can do.

RG: But apart from that, I've been really happy with the way that it's been. It's been quick. It autosaves, like you said, which is really, really useful.

SB: How hard was it for you to learn having been used to PPS and Clinica.

RG: Really easy. It's very intuitive, the way that once you've gone through it once, it's pretty straightforward. I don't use the admin stuff very much because I don't have to because we've got reception staff. So I don't really know the full scope of it, but from a clinician's point of view, I'm really, really pleased with the way that it's ...

SB: Thank you. Rhodri, I know you've got patients to get back to so please feel free to get back to the clinic and so on. Don't leave the microphone behind. Thank you. I mean, that's a thumbs up pretty much there from a receptionist and from a practitioner. There are always going to be things which they'd like to add into the process. I must say, I wasn't aware of that thing with noting different parts and getting separate. That's really good.

JP: You can also, not that I'm the most skilled artist in the world, but you can also draw on these body chart images as well. But as I mentioned, this is just a default image, so you can replace this with any image that you like and you still have that same functionality.

SB: Or video as I see as well.

JP: Yes, you can add a video on there as well. You wouldn't be able to draw over the video, but you could over any other image.

SB: Well, presumably that means if you're doing, I don't know, say, gaits analysis or something like that, you could put a video up onto the notes, which you could then recall later if you're trying to compare then with now.

JP: Yes, absolutely. And you can also make that visible to the patient as well. So if it was an exercise video for example, you can just click this button here and then choose that you want to make it visible and notify them. So they would receive and email to say the clinic shared something with you, please log in online.

SB: And the default is not visible.

JP: Yes, correct.

SB: This is the little question, the thorny question, which I knew was going to come up and I have a pretty shrewd idea who sent it in. How difficult was the technical migration process from PPS to Jane? Perhaps we should have addressed that to Becky when she was here but I know you've been intimately involved in the process.

JP: I think the most difficult part of that process specific to PPS has been bringing chart notes into Jane. So I believe bringing over your client or patient list, past and future appointments is relatively straightforward. We've got a fantastic imports team. We always call the wizards because I don't really understand how they do what they do. But they're able to bring over-

SB: Because funnily enough, I call Justin, my technical guy, a wizard because he doesn't understand what he's doing either. It's great.

JP: It's magic.

SB: Immediately cut the stream now and we're no longer going out.

JP: So the imports team can work with you to bring that over. We've got specific guide documents about importing from PPS, but it's bringing those medical chart notes over that has proven to be the most difficult. And I believe it's just the way that they're actually labeled when they come out of PPS. I don't think there's a single ... It wouldn't be like this patient, chart name, chart entry date. I don't think it's as straightforward as that.

SB: Well, we should've got Justin to come in and talk about this because he's been the one who's been helping to migrate the stuff from my clinic across from PPS to Jane. And my understanding of it is basically they're just databases aren't they. But what matters is how you've labeled the entries, the fields in the database and if those fields don't correspond. But the great thing is, another wonderful thing that APM is doing for all its users, because my clinic's gone through this process at length with your support team, there's probably a much greater expertise now in Jane in getting from PPS to Jane isn't there because we've had to go through this.

JP: 100%. So we've been back and forth quite a bit on this, mainly around those chart entries and chart notes. So we're busy rewriting our guide documentation specific to exporting from PPS and importing to Jane. And hopefully, we're able to get a bit more in the way of help together for exporting those notes from PPS in the first place and the sort of format that can be brought over in.

SB: Can you import from TM3 someone has asked me?

JP: So again, we've got guide documents specific to pretty much any software package you can use. We've got some sort of guide documentation about it. TM3 and TM2, you can bring over your full client list, past and future appointments. Product or inventory list I believe as well. And similarly, I think chart notes do sometimes come out in a slightly different format from TM3. But again, our imports team can work with you on that and we can help you label your data and let you know in what format it should be labeled.

SB: Where were we? We were talking about importing from TM3, weren't we.

JP: Importing data from TM3, yes. So again, we've got quite a few different ... And I don't think I'll be able to load them up here. We've got some different guide documents online that walk you through the process of what you can bring over. We've got one that shows all the different possible fields in Jane, to which data can be brought over. So you can kind of match those fields with the data that comes out of TM3.

SB: The one thing that I have to say to slow some smoke up your fundament as it were, one of the things that I always said to my team in APM is that our purpose here is to make all of our members think wow every time they have anything to do with us. We try really, really hard to do that. And third-hand, I know that's what your help team has done for my clinic in trying to get us to come across to you. So I think that's far more important than almost anything else that's going on is the fact there's someone there who's responsive and really, really helpful to the client. I mean, you guys have bent over backwards to try and get our PPS record into Jane I know. I know it's going to work to your advantage as well because you can sell it to other clients, but it's certainly helping us. Bit of smoke for you there.

JP: Very kind, thank you.

SB: Someone says is there a trial they can go to?

JP: We don't offer a specific trial period, but this demo clinic that I'm logged into at the moment, we actually send out this log in information to people who want to try Jane. So it's like a sandbox training practice environment. I always tell people if you don't know what that button does, click on it and see what happens. It's a good way to play around and try and break things and see what happens without actually worrying that you would break any real data. So we can send out the log in information for our demo clinic and allow people to play around in that.

SB: And you did offer that you would do something for people who wanted to take up Jane as a result of watching this broadcast.

JP: Yes, so we'd be able to offer one month free of charge for anyone who signs up. We don't have a specific promo code or anything like that. I mean, I can create a promo code. But if you were to sign up with Jane after trying Jane

out maybe, you would just have to mention as part of the sign up that you watched this broadcast. We would apply that first month free of charge.

SB: That's cool. When we're starting with this from a history of paper records, would we create an archive or just see everyone as a new patient? That's a useful one isn't it because then you can't just map electronic data across, you've got a whole sheaf of paper records.

JP: Yes. I'm actually working with a couple of clinics who doing exactly that at the moment. So some of them, I think they've been operating seven years or so, which I know is still quite new. We've got some clinics who have 20 years worth of paper records and then switching to electronic.

What we see most clinics do is decide on a cut off period. So they might want to bring over the patients, maybe the last 12 months worth of notes paper, they scan and upload those into Jane. So in this files area on a patient's profile, you can store any notes that you've got, if you scan them in as Word documents or PDFs. And then they'll just securely archive or store the actual paper records elsewhere. But it is totally possible if you had 20 years of paper notes and you want to bring them over, it is possible to do that. But I do not envy the person who would sit and do that for 20 years worth of notes. It would just be a case of scanning and uploading them.

SB: I think with my clinic, we brought over all of those patients who we consider to be currently active. So we didn't say go back a certain number of years. It's who, I suppose it's the same thing, we're saying anyone who's been on our books for an appointment for the last six months, then we'll bring them across. And anyone else who came in after that, we would try and scan them in before they attended, but if not, then they'd have to have paper notes and electronic notes and then we'll scan them in afterwards.

JP: It makes sense to break it down into smaller chunks like that as well because it could be quite a big job.

SB: I guess if anyone's thinking of doing this, then the answer is for God's sake, do it sooner rather than later because all you're doing is creating more-

JP: The longer you wait, the more you're going to have.

SB: The future is definitely in electronic records isn't it. Not least because of course legally they are probably a better record than paper notes because, assuming they can't be edited once you've locked them, or have a record of any edits that go in there, so they'll stand up in court quite reliably. So we have the trial. I can only see prices in dollars for Jane software. What is it in pounds for example, five part-time practitioners and somebody else asked for a specific clinic of, I can't find it. I'll find it in a second. So how do we find the sterling prices for Jane?

JP: Because Jane's based in Canada, Jane bills in Canadian dollars. So there isn't a set monthly price in pounds. So what that does mean is the monthly subscription cost can fluctuate slightly just based on the exchange rate at that time, like at the time of the month at which your payment's processed. The rough exchange rate, so our base plan is \$74 for a single license. That works out to be around about £45 at the current exchange rate.

SB: Per month?

JP: Per month, yes.

SB: What does a single license cover?

JP: So that would be as the account owner, one license would just be regardless of how many hours a week you're working, how many patients you have as the account owner, you would need one license. We then charge and additional roughly £15 per full-time license.

It sounds like quite a complicated answer but I think it's really fair the way that we base our pricing is not just one extra practitioner equals a set extra amount per month. We just total the amount of hours that all of your practitioners are working in terms of seeing patients each week and then round that to the nearest half or full license. So full-time, 24 hours a week of appointments a week with patients. Part-time, it's 12 hours a week of appointments with patients. And that just covers your access to the Jane account. So you might have three part-time practitioners, one full-time license could cover all three of those practitioners. And it just provides the access to be able to manage the diary.

SB: As you say, at first glance, that sounded complicated. But basically, you're paying a fixed license fee, maybe plus something for extra hours. It doesn't matter how many people or how many rooms, it's just how many hours you use.

JP: We've got a little pricing calculator online as well. So if you know roughly. Jane's a bit old-school at the minute in that it's on like the Scouts' Honour or Brownies' Honour system. It's like let us know roughly how many hours everyone's working. You can just put in roughly how many hours everyone's working and it'll come back with the nearest full or half license for you.

SB: Your original example had two clinics as well. So does one license cover two clinics?

JP: Yes, there's no additional charge for extra locations or anything. It's just the hours that practitioners are spending. So essentially, all of these appointments, this is what counts towards hours that the practitioners are working.

- SB: Very fair. Is reception free on Jane pricing? I guess it is because they're not a practitioner.
- JP: So admin staff, reception staff, no charge at all. It's only practitioners who are seeing patients.
- SB: One person has asked, and I haven't got the name of the person who's asked, is there such a beastie as GOSC approved template? I'm certainly not aware of it and it's definitely outside Jamie's remit. I think the GOSC would definitely steer very well clear of stipulating how we have to carry out our business. So likewise, the GCC I think that you'd have to go back to your own college to see what they proposed and use your own clinical judgment as to what fits in your own clinic. But if you find such a template, clearly you can share it with the Jane app and it'll be up there for everyone to use.
- Where else? We've got technical migration. Someone says they've got broadband, but a lot of bandwidth gets taken with CCTV streaming through the broadband along with current software using broadband. How would Jane cope with that?
- JP: That's quite a difficult question to answer because it really depends on the individual network.
- SB: Thing is though, CCTV takes huge amounts of data, doesn't it. I can't believe if you're streaming CCTV, that there isn't the small amount required for this sort of data transfer.
- JP: I would imagine so. The only things that are really data intensive in Jane would be if you were managing lots of images and videos and scanning those in constantly day to day. So I'll jump behind the scenes a little bit. We've got all these different reports and sales reports and billing reports. If you were pulling maybe a sales report for the past two years and you wanted to see every single thing line by line, that may just take a little bit longer to load. But exactly as you say, it sounds like the network would be more than sufficient.
- SB: That's a question I couldn't find that's just popped back, which is what's the Jane pricing for one clinic, one location, six users, and six rooms. We've answered that. Number of clinics, number of locations, doesn't matter, it's how many hours you're actually working.
- JP: So we'd be happy to provide like a kind of customized quote based on that or they can go on Jane.app, click on pricing, and then type those numbers into the calculator.
- SB: Right, that's got all the questions there that have been answered. Are there any other sort of great revelations that you want to make about Jane, sort of really wow people at this stage?

- JP: I'd say the biggest thing is people who are scared or maybe trepidatious, the prospect of going from paper charts over to electronic or maybe opening up online booking. It doesn't have to be an immediate like, you're using Jane, everything's online now. You can really manage that transition. So we see a lot of clinics swap over, just manage it all in clinics, and no online booking. And then they'll maybe gradually open up one day per week for online and trial that. And it can be a slower process, it doesn't have to be.
- SB: Let's say somebody in deepest, darkest, medieval Devon, Robin, does take up your one month trial, your free trial on this. They get to the end of it and they say, "I wasn't happy with that." Can they get all the notes out of it to get put back into their paper records?
- JP: So Jane account owners, so when you sign up, you put in who the account owner's going to be. They're the custodian of all of the data contained within the account. So what they would do would be just all of these different reports, like sales reports, they can export all of this data, export all of their appointments.
- SB: The clinic notes.
- JP: The clinic notes. We would just request a secure download link on your behalf and then provide a zip file with all of the notes in there. And then it's up to you what you choose to do with them from that point.
- SB: I kind of feel, we'll close in just a second. I kind of feel that worries about internet speed are probably overblown because this will keep working even if your internet's gone down. It just won't be uploading to Jane until the internet comes back. Is that right? It'll still stay on something, a cache on your computer until the internet comes back in.
- JP: If it was down and you had no internet access, you wouldn't be able to log into your Jane account to take notes.
- SB: But let's say you're in the middle of taking notes and, I don't know, lightning strikes.
- JP: Connection restored, it would just then save again at that point, yes. You're right. This may help, but I'm usually based over in Canada but I've been in deepest darkest county Durham on terrible slow internet at the moment, and it's working fine for me to use our demo clinic support existing Jane customers, answer all of those sorts of questions put all those reports that I mentioned, I'm on quite slow, not the most stable internet and it's been fine.
- SB: This is very definitely not meant to be sales pitch for Jane, it's meant to be a chance for us to look at it, see whether it suits us, see whether it compares well with the other software packages around. Clearly I'm a little bit biased because my clinic has just switched to Jane. So clearly, we have done the

research and we think it's good. But still I would say, I mean, that one month trial, if anyone's in any doubt, well, they don't have to use it all month as you said. They can use it for one day a month and just try certain patients using Jane and see whether it works. At the end of the month, if it doesn't work, you've got a little bit of paper to download to stick in the case histories and away you go.

JP: And the demo clinic's good because it's got real fake data in there, so you'll get a feel of what it's like to upload those documents, pull those reports before even switching any of your own data over. So you get a feel for how it's going to work on your network by using-

SB: What does somebody do if they want to take up the trial, try the demo clinic? Just go to Jane.com?

JP: They can just send an email to support@jane.app or support@janeapp.com. Or they can go online and there's a little contact form on there as well. They can just send us a quick message and we'll pick that up. If you're in the UK, the vast majority of the time you will speak to me. More than likely be myself you would chat to and I'll just send over that log in information for you directly.

SB: Well, it's presumably the Canadians want someone who speaks English, so that's why you're the man. That's actually very nice to have the same point of contact as well because you build up a relationship don't you that's built on trust.

Jamie, thank you for struggling all the way down here from Durham. And it's been really, really useful. I hope people have found it useful watching this and I hope it works out well both for practitioners and for Jane because it seems like a great system.

JP: It's been good fun. Thanks so much.