

THE EDITOR'S CORNER

The Paperless Office

Back in the early '80s, I had the unpleasant task of moving my office. While the move did not cover any great distance, it still provided many stressful moments. Relocating can be a hassle even for those who opt to call in a company to do the heavy lifting, as anyone who has ever experienced a move—whether of a home or an office—can attest. And hauling equipment, furniture, and supplies can be more than a little physically challenging for an inveterate do-it-yourselfer like me. The anxiety is intensified by the ever-present threat of damaging the items that are being packed and unpacked. Even more nerve-wracking for me was the movement of patient records: treatment files, models and boxes, financial documents, and on and on. We believed we had properly organized those records prior to the move, and their actual physical relocation posed no problem, but somehow, sometime during the move, some things got messed up. Files were lost, records were commingled, and models were broken.

It was that disagreeable experience that first got me thinking about the concept of an all-electronic office. Home and small office computers were still in their infancy then, but my aching back and disordered patient records set me to fantasizing about what an office without all that paper, acetate, and plaster could really be like. Wouldn't it be nice if all we had to do to move a set of patient records was to type in some kind of code on a keyboard? (Of course, if you had mentioned clicking a mouse at that time, folks would have thought you were physically abusing a small rodent.) That fantasy set me off on a decades-long quest for an all-electronic office, even before the terms "all-digital" and "paperless" had been coined.

Since that time, I have stumbled through the digital jungle trying various approaches, both hardware and software, to keep track of time and finances, analyze cephs, organize patient charts, schedule employees, patients, and faculty, and electronically store models. Since digital technology is always changing at a breakneck pace, of course, keeping up with what is available or, more impor-

tant, what is *applicable* has always been a daunting task in itself. As with most trial-and-error approaches, I won a few and lost a few—I made some good choices, and I made some bad choices. Suffice to say that along the way, I wasted a dismaying amount of money, time, and energy.

Close to 20 years have passed since I began my search for what is now called either a “paperless office” or an “all-digital practice”. Even with all my nearsighted bumbling along the way, I have finally reached a point where most of my patient records, both clinical and financial, are electronic. All my radiographs are digital, as are my study models, and all my time management is handled by computer. Although I do harbor a nagging fear of a global computer crash, I believe there is enough redundancy built into my electronic record-keeping that my records could be retrieved after any crash less cataclysmic than a massive electromagnetic pulse. And while I still regard myself as a bit of a technophobe, I think I have adapted to the computer age.

Recently, I had to move both my academic office and my practice location. As in the '80s, the move did not involve any great distances—but it did go a lot more smoothly this time around. There was no physical movement of patient records; they are still in the same location in cyberspace. It is nice to know that my digital models cannot be chipped by careless handling. Actually, the most difficult aspect of the move

was dealing with the residual paper records. Enter the office cartons, the moving dollies, and the aching lower back (I never have gotten over my do-it-yourself compulsion). I hauled six *large* garbage cans of superfluous paperwork out of my 12' × 12' academic office. Demonstrating the superiority of the “paperless office”, I can easily purge 10 times the amount of obsolete data contained in those six garbage cans from my laptop with—you guessed it—the click of a mouse.

My biggest regret about my 20-year quest for an all-digital practice is that I did not have a coherent game plan in place before it started. Because the necessary technology was continually evolving and improving over those two decades, such a plan may have been impossible at the time. Such is not the case today. We can be assured that digital technology will continue to develop, but it is now possible to grasp the big picture and set up a game plan from the outset. In fact, in this issue, Dr. Robert Haeger presents just such a program. He discusses the necessity of doing your homework on the subject and provides valuable learning resources that will help you get that homework done. He asks, in a matter of a few pages, questions that took me more than 20 years to formulate. No matter what direction you choose to follow to the digital practice, Dr. Haeger's article should serve as a comforting tour guide.

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