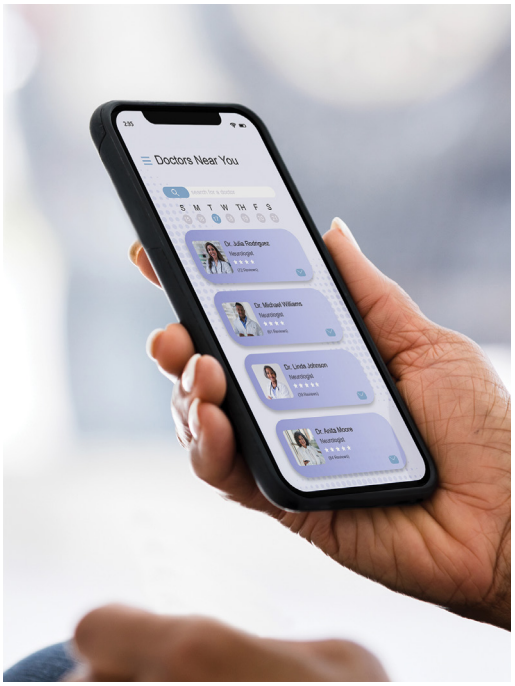
Digital transformation in general practice: Two real-world case studies



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Background
The rapid expansion of digital health technologies is transforming Australian general practice, yet implementation approaches vary widely.

Objective
This case study compares two real-world general practices undertaking digital transformation through contrasting strategies.

Discussion
Practice A adopted an integration-first model within an on-premises desktop-based system, focusing on compatible tools such as an artificial intelligence (AI) scribe, automated correspondence management and analytics platforms. Practice B pursued a product-led strategy within a cloud-based practice management system, implementing patient portals, AI scribes and voice agents as part of a unified digital ecosystem. Both practices achieved meaningful reductions in administrative workload and improved clinician efficiency, while maintaining patient satisfaction and safety. Their experiences highlight that success depends less on specific technologies and more on alignment between digital strategy, infrastructure and governance, with each approach offering valuable lessons for practices navigating digital change.

THE RAPID ACCELERATION of digital health technologies is reshaping the way Australian general practice delivers care. Artificial intelligence (AI) scribes, patient portals, voice agents and advanced analytics are no longer distant concepts, but practical tools increasingly trialled in everyday clinics. Yet the path to implementation varies significantly between practices. This case study describes the contrasting experiences of two real-world general practices using different practice management system (PMS) environments and adoption pathways, documenting their implementation choices, observed efficiencies and practical challenges. By presenting these cases, we highlight the opportunities, challenges and lessons relevant to general practitioners (GPs) considering digital transformation.

Case presentation: Practice A

Practice A is a medium-sized metropolitan clinic using Best Practice Premier across two sites, serving 22 GPs with 10,800 active patients. The leadership team pursued a deliberate strategy of 'integration first', choosing technologies known to work seamlessly with their existing PMS. Central to their adoption was Lyrebird Health, an AI scribe that produced consultation notes and other structured clinical documentation in real time, fully integrated with Best Practice.

The practice addressed areas of high administrative burden by implementing an opt-in system for patients to interact with an AI voice system, Facere AI, for bookings and enquiries. The AI system also consisted of an automated correspondence allocation feature, which transformed document management from a 3-minute process per letter into a 10-second task. The practice also invested in an analytics platform, Cubiko, to track performance indicators and ensure compliance with Medicare requirements, alongside Doctors Control Panel, which provided point-of-care decision support and billing prompts.

The cumulative effect was significant, with the practice estimating a saving equivalent to half a full-time reception position each day, which was reallocated to patient-facing tasks. Clinicians reported spending less time on retrospective note-taking and the additional paperwork required for higher-rebate item numbers. Financial performance also improved, with wages stabilised at less than 15% of billings, outperforming the industry average of 20%.[1]

Case presentation: Practice B

Practice B is a single-site metropolitan clinic, serving 8 GPs with 6000 active patients, and uses MediRecords, a cloud-based PMS. In contrast to Practice A, this clinic followed a product-led strategy, leveraging

the innovations emerging directly from its software vendor. The cornerstone was a patient portal integrated within MediRecords, giving patients access to results, correspondence, medication summaries, bookings, payments and administrative tasks. The portal deflected approximately 10% of inbound phone and email volume, freeing staff to focus on more complex queries.

The clinic also deployed an AI scribe, Heidi Health, that was integrated with their cloud-based PMS. Their doctors experimented beyond the consult room by using mobile and lapel microphones in treatment rooms and community settings. Voice agents from Heidi Health were also introduced for inbound call handling, covering routine frequently asked questions and appointment bookings, as well as outbound follow-ups triggered by clinicians after consultations. Importantly, all outbound communication was clinician-initiated and reviewed, maintaining a safeguard around patient safety. Initial data from the practice shows an average of 15% of calls a day being successfully managed by an AI voice agent.

Patients responded positively, particularly to the portal and voice agents, which provided after-hours access and reduced wait times on the phone. Some older patients described the system as improving equity by making routine access easier, rather than more difficult. For clinicians, the AI scribe extended the reach of documentation support and reduced reliance on memory or retrospective data entry.

Discussion

These two practices illustrate divergent, but equally valid, approaches to digital health adoption. Both aimed to solve the same fundamental problems: excessive administrative workload; rising patient demand; and the erosion of clinician time for direct care.

Practice A's integration-first model prioritised compatibility, clinical safety and system reliability. The practice demonstrated measurable efficiency gains, such as the 18-fold reduction in correspondence processing time. Their focus on analytics and decision support reinforced governance, ensuring that efficiency did not come at the expense of quality. The challenge, however, lay in the incremental nature of change, which required careful vendor selection, staged rollouts, staff training and sustained information technology (IT) support. Practices adopting layered integrations must also manage ongoing software subscription costs, workflow redesign, data governance and cybersecurity risk, particularly where multiple third-party vendors access sensitive clinical information. These burdens can slow implementation, require dedicated internal champions and introduce new failure points that might temporarily disrupt care delivery if not carefully governed.

Practice B's product-led approach emphasised patient experience and agility. By adopting tools as they were released within MediRecords, the practice rapidly expanded its digital offering to include portals, scribes and voice agents. This approach showcased the potential for cloud platforms to transform patient access and streamline follow-up care. The risks were different: rapid implementation demanded clear guardrails and clinician oversight to prevent automation from over-reaching into clinical decision making or communication. Cloud-based deployment also introduces dependency on vendor uptime, ongoing subscription costs, data residency and security considerations, and the need for formal staff and clinician training to ensure consistent, safe use of new tools across the practice.

Together, the cases underscore that successful adoption is less about the specific technology chosen and more about alignment with practice context, values and systems. Integration-first approaches bring stability and safety, while product-led adoption offers agility and differentiation. Both strategies require strong governance, transparent communication with patients and active involvement of the practice team.

Conclusion

As digital health tools mature, future work should focus on standardised evaluation frameworks that capture clinical outcomes, patient-reported experience and workforce wellbeing alongside operational metrics. For practices considering digital transformation, the key lesson is clear: start with the problem, align the strategy to your context and govern the change as carefully as you select the technology.

Key points

- Digital health innovations can meaningfully reduce administrative burden and enhance patient care when thoughtfully implemented in general practice.
- Practices should identify the 'pain points' they wish to address and choose a strategy suited to their infrastructure and goals.
- Integration-first adoption ensures safety and efficiency but depends on vendor compatibility and staged change.
- Product-led adoption enables rapid deployment and visible patient benefits but requires tighter guardrails and clinician oversight.
- In either approach, governance, evaluation, training, IT support, cybersecurity and patient engagement are essential.

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