PRACTICE APPOINTMENT AND RECALL SYSTEMS.

1981

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INTRODUCTION

Your appointment schedule is the cornerstone of efficient time management of the optometric practice. Irrespective of the hardware used, the appointment book must reflect the character, professionalism, and efficiency of the doctor. Better time management can mean better service to more people in less time. The results can be happier patients and doctor, both of which can enjoy life more fully. Texts and speakers on time management are readily available, and the student is referred to any of these for more details.

HARDWARE

You will need to obtain the following items:

1. Appointment book- This is an obvious must. Ideally it should open flat and have the week seen in a glance. All entries are done in ← *For legal reasons some feel all entries should be in ink* pencil so that changes can be readily made. Other appointment books can be obtained which are not related to any year for future appointments. These are used primarily in perpetual systems of recall. (More about those later.) The book must also have spaces for:

   a. Patient's name

   b. Whether he's a new or previous patient.

   c. Type of service to be performed.

   d. Patient's phone number.

2. The Daily Schedule - Most management experts suggest the use of a daily schedule. This helps organize the day and tells everyone where everyone else is during each time of the day. It also prepares the doctor mentally for the task ahead. The schedule is usually copied in triplicate and placed in various places around the office, e.g.-

the front desk, lab, and consultation room. An example of a daily

schedule is provided at the end of the paper for your perusal.

MECHANICS

The following points should be observed when using any

appointment system-

1. Determine your availability - The hours, days, and weeks

of the year must be worked out with your staff. Overtime hours usually

are not as effective financially as prime time hours are. Vacation time

must be planned and taken if the doctor and staff are to work happily

and efficiently together.

2. Stay on schedule- Your system will only work as

well as you do. Be available when yousay you will be.

3. Offer two appointment times- When scheduling a patient

always offer one or two appointment times. Leaving the question open-

ended only wastes time.

4. Keep known problem patients out of a normal and

happy flow.

a. Known rabble-rousers should be placed at the end

or beginning of the morning or afternoon. For instance, on the example

daily schedule, Mrs. Burroughs and Mrs. Dustin are known problem

patients and are indicated by a checkmark. They are less likely to

disrupt a normal flow here than in the middle of the morning or afternoon.

b. Chronic no-show patients should be placed at

the end of the morning or afternoon. If they don't show up, little

extra time is wasted. The doctor may leave early for lunch or dinner.

An example on the daily schedule are Dr. Nicolas and his ten kids,

who are notoriously known for not keeping appointments. If they don't

show up again, Dr. Emily is free to leave early if she wishes.

5. Schedule patients about 15 minutes early. Then when you're ready, even if the patient is 10 minutes late you're still on time. For instance, Dr. Theo's daily schedule calls for L. Jo-el to be ready at 10:15, so all correspondence to him should have 10;00 as his appointment time. A drawback to having the patient come early is that most patients will not like the wait if they are on time.

6. Use symbols on the schedule to designate services.

e.g. -   REF - Refraction
        CX   - Contact Lens Exam
        PR   - Progress Report
        F   - Final Visit
        CON - Consultation
        √   - Problem patients
        *   - Slow payers (In these cases the recep-
tionist should be sure to be at the desk to collect when the patient is
ready to leave.)

7. Keep the schedule loose- Allow extra time for that occasional emergency, unscheduled, or difficult patient.

8. Let only one person handle the appointment book. The doctor is not permitted to make appointments unknown to his receptionist at Ron's Liquor Bar.

9. Schedule time for business and returning phone calls. Calls are best returned just before lunch and before 5 p.m. Some business can be done first thing in the morning or around lunch time. (See attached daily schedule.)

10. Schedule the same type of exams into the same block of time , e.g.- all V.T. cases on wednesday morning and all contact lens work on thursday afternoons. Efficiency is increased because the doctor does not have to switch gears and loose time going from one type of exam or service to another.

11. Tips for the new practitioner:

    a. Schedule full days- Even though you'll have plenty of time on your hands, you shouldn't pay for more empty overhead than necessary. This also acquaints the new practitioner with the high volume practice right away, so when you do have a heavy patient load you can handle it right away. Patients also like to see their doctor somewhat busy. However, this means that there will be days when your practice is closed initially.

    b. When starting out you might consider early morning or evening hours. The established practitioner disdains these, so you can tap an unutilized market here in most instances.

RECALL SYSTEMS

PURPOSE

Recall systems are a device used in your office which keeps your patients in contact with you. Any recall system must be for the patients benefit primarily, not your's. Any recall system starts with you stressing the importance of continuing vision care. Recall systems are also used to increase the doctor's patient load, bringing more money to the doctor. This is beneficial to the patient because more money can be spent on new equipment or techniques. Recall systems can also be used to evenly distribute patient load so periods of rush and famine are avoided.

GENERAL POINTS

The best recall system in the world will fail unless the patient is properly prepared on his first office visit. Through your sincerity, care, and education of the patient tey will learn the

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value and rewards of continuing optometric care.

A key word to remember when designing your recall system is motivation. Too many times, patients get caught in a rut and do not come into your office. This is where your recall system comes in. Whatever system you use, it should stimulate and interest the patient enough to come back into your office for continuing care.

Elmstrom stated in 1969 that approximately 85% of the optometric practices have some typed of recall system. Mail is used by 65%, telephone by 5%, both mail and phone by 30%. Elmstrom and DeSaulniers found in a survey of 201 practices that two-thirds of the recall systems were ineffective.

Don't underestimate the power of the personal touch. When asked why they switched doctors, approximately 68% of the patients surveyed said it was because of employee indifference. Another reason was because the doctor did not explain the fees or diagnosis adequately.

HOW AND WHEN TO START

The first office visit must emphasize the personal touch and patient education. During the exam the patient is shown that the doctor and the staff care for his/her visual welfare. After the exam, the receptionist and/or doctor may say to the patient, "The doctor would like to see you again in X months. Would you like to have us call to confirm the date?". Most patients will agree with this. If they don't, just place the recall date on your monthly mailing list.

When the patient is contacted for dispensing and follow-up, the recall date is mentioned again. The patient may then be given a sticker or card with the follow-up date on it to keep for the duration of time between office visits.

Hubler has suggested the following time intervals for recall:

a. Contact lens patients seen every six months.
b. Visual training patients seen six months after
   final treatment; then yearly thereafter.
c. Low vision and special vision patients seen every
   year.
d. Birth - 8yrs. patients re-examined in six months
   if they have a lens change; yearly if no change.
e. Age 8 - 18 patients re-examined in one year if
   they have a lens change; two years if no change.
f. Age 18 - 40 patients re-examined every two years
   if they have a lens change; three years if no change.
g. Age 40 - 70 patients re-examined every two years.
h. Age 70 and up patients re-examined every year.

Elmstrom noted that the shorter the recall period, the much
greater the response. Patients tend to forget about routine care when they
stay away from the office for very long. This is true in any type of recall
system.

WHEN TO STOP

If the telephone is not used, only about two to three recall
cards should be sent over several years (three to four). After that, a
card or letter marked "FINAL NOTICE" could be sent. Or a response-provoking
message saying "please call if you do not want your file inactivated" may
be more effective. After several more years, the files may be discarded
(usually seven). The phone has a definite advantage here because it
forces the patient to make a decision, saving you further mailing or office
work if their answer is "no".

SOME RECALL SYSTEMS

A. "Come back when you have a problem". Unfortunately, this
"recall system" has been used too much in the past. The patient does not
receive regular care, and the patient only associates your office with
"a problem".

B. Use of mail - There are various types of mail systems
advocated by different practitioners. Each system varies as to the nature

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of the mail, the length of time used between exams and mailings, and the number of mailings used.

The types of mailings available are: letters, post cards, bulk mail, and computer-generated letters. Letters have the distinct advantage of being personal, but do require extra time and money to prepare. Post cards are less expensive but are also less personal and privacy is not assured.

Any type of mailing must include the statement of recall, how many months since the last exam, a statement of the importance of continuing care, and the doctor's address and phone number. Along with your mail, you could include a pamphlet for patient education or a statement of some new procedure or prduct in your office.

Some tips offered for mailings are:

1. Change card format about once a year so patients don't become accustomed to your mail.
2. Change the messages often - be novel!
3. Mention something new in the industry.
4. "Address correcton requested" stamped on mail will keep track of mobile patients.
5. Small gifts may be included.
6. Have a stamp which says "FINAL REMINDER" and use it!
7. If a card is used, have the patient address the card to him/herself. Mail received in his/her own handwritng alerts the patient to read the material.

C. Use of the phone - Many practitioners use the phone in conjunction with their mail system just to follow-up on scheduled appointments a day beforehand. Some use the phone exclusively, and others use the phone to a large extemt along with the mail. The frequency and time intervals are a personal preference.

The advantages of using the telephone are:

1. Direct patient contact.
2. Provides opportunity to answer patient questions.
3. Definitely establishes an appointment time (or not).
4. Shows more personal interest.
5. Provides feedback from patients.

An obvious disadvantage is the infringement on the patient's privacy and also may seem too aggressive for some patients.

Some tips that you should observe while calling:

1. Should be done in private.

2. The best hours are 10:00-11:30 am, 3:00-4:30 pm, 6:30-8:30pm. Saturday morning is also very good.

3. Don't talk to the patient more than once.

4. Don't call an unanswered phone more than 3 times.

5. Always offer two appointment times.

6. Keep the conversation brief.

7. Use good phone etiquette.

8. Don't call if the caller is in a bad mood.

9. To make sure it gets done, call every day.

D. Example recall systems- The hardware you'll need are a set of 5" by 8" cards with a holder, some recall cards or letters, and some type of system on the patients record to note the recall date. The 5" by 8" cards are used to keep a monthly recall list. For example, a patient's recall date may be March 15, 1981. The patient's name and phone number are then placed on the March 1981 recall list along with other patients to be recalled that month. When the date arrives the patient may then be sent a recall card or letter asking the patient to make an appointment. If an appointment is made, a phone call is made to the patient a day previous to the exam just to confirm the appointment. Patients who don't respond would then be placed on another recall list about a year away, along with some notation on their card that this is the second or final reminder. If the patient comes in before the recall date, a change of recall date is noted on the patient's record and the monthly mailing list.

Barstow advocates a system which is perpetual or termed "long-hop". Here the patient actually schedules for an appointment at the initial visit. The patient then receives a reminder card about 10 days prior to the exam. A call is then made 4 days prior to the exam to confirm the appiontment. The advantage of this system is that the patient has to be motivated not to keep the appoirtment. The disadvantage is that this requires a complex filing system.

There is a third party system available from the Vision Information Program of Indiana. Atriplicate form is filled out by the doctor giving the results of the examination. One copy is given to the patient, one kept by the doctor, and one to the VIP computer in Indiana. When the recall date has arrived, VIP will issue a copy of the certificate with "VOID" stamped on it. A letter accompanies the voided copy telling the patient the importance of continual vision care. Advantages include easy patient acceptance and the saved administration and cost to the doctor. Cost of these forms is about 30¢ per form. They can be reached at:

> Vision Information Program, Inc.
> P.O. Box 1208
> Bloomington, Indiana 47401

If you're fortunate enough to have an office computer, recall can be extremely efficient. An example system is given at the end of the paper. Typing tasks are vastly simplified with the computer and messages can be specifically tailored to each target population. The letter that the patient receives may not be readily accepted because they actually do appear to be mass produced.

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M T W (TH) F S DATE March 22 19 81

	Dr. Duncan 1		Dr. Tiller 2		Dr. Emily 3
00		8 00	Jennie Berghi V.T.-P.R.	8 00	Mr. Kaminsky Con.
15		15		15	
30		30	Mikey Buckingham V.T.-M	30	Mrs. Lyons REF
45	OFFice↑ Work	45	↓	45	
00	↓	9 00	Lee Carr Jr. V.T.-PR	9 00	↓
15	Mrs. Smith REF	15	↓	15	
30		30	Office work	30	Mr. MacCreery REF
45	↓	45	↓	45	
00		10 00	☆	10 00	↓
15	Mrs. Jones REF	15	L. Jewel V.T.-F	15	
30		30	↓	30	Mrs. Marcin REF
45	↓	45		45	
00	✓	11 00	Mr. Capell V.T.-PR	11 00	↓
15	Mrs. Barroughs P.R	15	↓	15	Return Calls
30	↓	30	Return Calls	30	Answer Letters
45	Return Calls	45	Answer Letters	45	↑
00	↑	12 00	Speaking	12 00	LUNCH
15	LUNCH	15	engagement at	15	↓
30		30	Sets	30	Joey Trubiroha V.T.B
45	↓	45		45	
00	ANSWER LETTERS	1 00		1 00	Mrs. Massignan Con.
15	MISS Rojac Cx	15		15	↓
30		30		30	Mrs. Moran Con.
45		45		45	↓
00	↓	2 00	Denny Benedict Jr.	2 00 ☆	
15	Mrs. King Cx	15	REF	15	Mrs. Morris (Ex) REF
30		30	↓	30	
45		45		45	
00	↓	3 00	Charles Cole II REF	3 00	↓
15	Mrs. Peterson Cx	15		15	Mikey Wietling REF
30		30	↓	30	
45	↓	45	✓	45	↓
00	↓	4 00	Mrs. Dustin REF	4 00	✓Return Calls
15	Mrs. Tocco Cx-PR ?	15	↓	15	Dr. Nicolas + 10 Kids
30		30	↓	30	Con.
45	Return Calls	45	Return Calls	45	↓
00		5 00		5 00	
15		15		15	
30		30		30	
45		45		45	
00	REF - Research	6 00		6 00	
15	Cx - Contact Lens Exam	15		15	
30	PR - Progress Report	30		30	
45	F - Final Visit	45		45	
00	Con - Consultation	7 00		7 00	
15	☆ - Slow Payers	15		15	
30	✓ - Problem Patients	30		30	
45		45		45	
00		8 00		8 00	
15		15		15	
30		30		30	
45		45		45	

Dr. Marjorie S. Ross
Dr. Tressa O. Adams
OPTOMETRISTS
SUITE 1800 WOLVERINE - FEDERAL TOWER BATTLE CREEK, MICHIGAN 49014

Dear: _____

So that you maintain good vision and good eye health, we wish to remind you that it is time for an appointment with Dr. Ross or Dr. Adams for a:

☐ Vision examination (complete analysis)
☐ Evaluation for detection of glaucoma
☐ Vision training progress evaluation
☐ Contact lens progress evaluation
☐ Low vision progress report

For your appointment, please call at your convenience 963-3439.

Mrs. B. Jones
Office Manager

Date ____/____/____

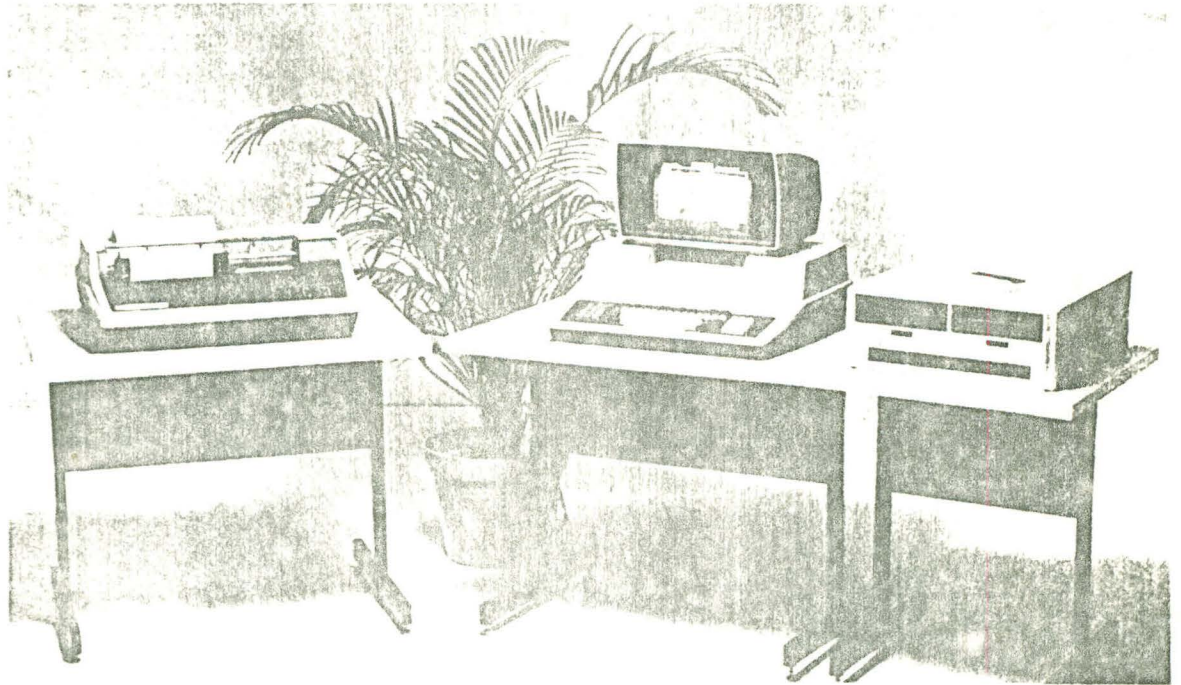*Supreme Optical Company, Inc.*

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Patients are recalled by a personalized letter, ready for
mailing. The doctor has available to him up to "50" different
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CHIP'S personal communication function is limited only by your
imagination. Not only can you communicate more effectively with your
patients, but it also does such time consuming tasks as referral letters
to doctors, hospitals, and clinics. This procedure is called "WORD
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The CHIP accounting system provides a method of daily balancing,
printing of month-end statements, aging sheet to determine the past-
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A complete profile of your practice by types of procedures or
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