PATIENT RECALL

SYSTEMS

BY

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Abstract

This is a study done to determine what is the best recall system an eye care practitioner can employ to maximize patient retention. The method I used to gather information was personal interviews with several eye doctors and staff. Each office was asked fifteen questions about their recall system strategies. In depth discussions regarding this matter was also enjoyed at each site I visited. General differences between appropriate strategies for different modes of practices are also revealed. This aided in my creation of a recall system I believe to be the most effective way to keep patients coming back to a private practice optometry clinic for repeat business. The general consensus was that computer generated recall cards are a must for these practitioners in order to generate repeat business. No matter what method of recall is used, consistency is the cornerstone of its success.

Patient Recall Systems

Hello there doctor! Are you one of those guys that enjoyed all the reimbursements and fees for service in the 80's? Well you're an eye doctor in the 90's now, congratulations! Now you get to face health care cost cutting at its best. Patients are trending toward par doctors that participate in their HMO, PPO, or whatever managed care plan they think is going to give them the best deal. The best deal! This is a motto to the 90's group. Loyalty is at an all time low and thus getting your patients back into your office is more crucial than ever. Does this concern you? No sweat, worrying about it will get you no where. Its time now more than ever to be pro-active in keeping our patients. This is what I decided to do when all the "doom and gloom" of managed care was unveiled to me during my third year business management class. My thesis, thus, is my own tool to determine how to maximize the number of patients returning to my office once I have already examined them. I interviewed several optometry and ophthalmology practices to determine how they get patients back into their offices for return business, ocular health maintenance and vision care. My primary focus is on what (I thought) all interviewed practices have in common, computer generated recall cards. Much of my attention was also devoted to their different "peripheral recall strategies" which varies greatly from office to office. The "peripheral recall strategies" as I call it refers to strategies like birthday cards and newsletters. These strategies are an extremely important ingredient to

a recall system because this is what sets offices apart from each other. Face it, every one uses recall cards but its the little things that are going to drive patients back to me and not to you.

From the information I have gathered, their is no system available for recalls that is more efficient than a computer generated recall system assisted with conformation calls. I didn't find any general trend with computer software preference. Another disparity between offices I was surprised to discover is that the older individuals comment that using e-mail as a recall tool is an invasion of privacy and should be avoided. Whereas the younger individuals I interviewed thought e-mail is a wonderful way to generate repeat business. As I will explain later, my chips are placed on the latter. There was also predictable philosophy differences between ophthalmology and optometry practices. Ophthalmologist on average tend to see each one of their patients more often throughout the year than optometrist because an ophthalmology patient population base tends to be more pathology inflicted than the optometry population base. The frequent follow up medical visits ophthalmology patients experience tends to increase there loyalty and understanding of the importance of religious ocular health and vision evaluations.

The method I used to gather my data was a 15 point survey that I would read to the doctor or staff personnel. No surveys were mailed out because I didn't want to miss out on the valuable information that only a "one on one" interview could provide. In this approach I believe that I not only improved the quality of my research, but also, improved my instinctive understanding of this business aspect of optometry. The following is a list of the interview questions, interview answers, and my comments about the answers for each of them:

1. **How many people work in your office?**
   - Answers: 17,3,13,2,4,5,5,28, 2.5,5,3,10,2,3,14
   - Comments: Size does matter. The smaller offices reported that they could get along with just manually generated recall cards, whereas, larger offices have too many patients to make manual recall (no computer) cost effective.

2. **How long have you been using your current recall system (years)?**
   - Answers: 20,15,18,28,9,20,few days,8,?,2,.5,12,12,12,9
   - Comments: Consistency is the most important ingredient to a successful recall system. Most offices will not change their recall methods unless a new doctor enters the practice or they buy a new computer.

3. **On a scale of one to ten how would you grade your recall system?**
   - Answers: 8,6,10,6,7,3,9,7,?,7,8,3,3,3,2
   - Comments: Most offices won't change their recall system because they think the current one is working well. One exception was a retiring OD admitted his system was obsolete for his office and needed replacing.

4. **Do you think this is the best recall system for your office? If no, what is?**
   - Answers: Y,Y,Y,Y,Y,N,Y,Y,N,Y,N,Y,Y,Y,N
   - Comments: Again, the retiring OD admits room for improvement and the others were in the process of upgrading.

5. **Is you recall system easy to learn?**
   - Answers: Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y,Y
   - Comments: If a system is not simple its not practical.

6. **Do you think there is a more cost effective way to recall than via computers?**
   - Answers: N,N,N,Y,N,N,N,N,N,Y,N,N,N,N,N
   - Comments: One office reported that for some small offices, purchasing an expensive computer is not necessary when the patient population is small enough to handle manually.

7. **Out of ten patients sent a recall notice, about how many would not return if a recall card wasn't sent to them?**
   - •Answers: too soon to tell, ,1,3,9,8,5,5, we don't send cards we call each patient,?,8,?,3,3,3,3
   - •Comments: This demonstrates the power of recall systems. At least 50% of patients would not return their business if not reminded somehow. The exception is the HMO, this patient base has already paid for the service and thus require less motivation to come into the clinic. One ophthalmology practice reports that most of their patients have very sick eyes and thus are unlikely to miss an appointment regardless if a recall card is sent or not.

8. **Does your office call patients to inform them of their pre-scheduled appointments?**
   - •Answers: Y,N,N,N,Y,Y,Y,N,Y,N,Y,Y,Y,Y,Y,
   - •Comments: One office only calls their patients, they do not send recall cards. Chains and Franchise rely more on multimedia advertisement than recall cards to bring in business. HMO's loose money if they see more patients, thus, their optometry clinics do not recall patients at all.

9. **Do you pre-appoint patient for one year ahead while still in the exam room? If so, does a staff member remind the patient of this appointment during check out?**
   - •Answers: N,N,N,N,N,N,N,N,N,N,N,Y,Y,Y,N,
   - •Comments: General response is that no one knows what they will be doing one year from now, thus this would be a waste of manpower. One doctor keeps a tentative and confirmation appointment book.

10. **Do you have a plan to re-acquire patients if not seen in a set amount of time (ex. 2 years)? If so what is it?**
    - •Answers: N,N,N,Y(SECONDCARD),Y(COUPON),Y(CARD),Y(CARD) ,N,N,N,N,Y(SEND LETTER NOT CARD),Y(SEND LETTER NOT CARD),Y(SEND LETTER NOT CARD),N
    - •Comments: The ophthalmology practices reported being too busy with the large patient base they already have and assume that a lost patient has already established loyalty to another MD. HMO's and Chains rely on media driven patients for the bulk of their business, not loyalty. Franchise and private practice OD's were the most interested in return business during my interviews.

11. **On average how many times do you contact your patients per year?**
    - Answers: 2,0,3,1,2,1,2,3,1,1,2,3,3,3,1
    - Comments: Again, HMO patients do not need a reminder to claim what they have already paid for.

12. **Do you send birthday cards?**
    - Answers: N(BUT DO X-MASS),N,N,N,N,N,Y,N,N,N,N,N,N,N,N
    - Comments: This scored low, however I still believe it is a financially beneficial strategy that is grossly under employed. I think this would be a good idea only if a coupon (gift) was printed on the card.

13. **Do you send out newsletters to patients?**
    - Answers: N,Y,N,N,N,N,Y,N,N,N,Y,N,N,N,N
    - Comments: Hooray for the HMO and the new OD's. Again, another good idea not used by the masses.

14. **Does your office have Internet access? If so, why?**
    - Answers: Y(Dr. checks his stock), N,N,N,Y,Y(VSP),Y(web page & VSP),N Y(Research),Y(Web Page),Y(VSP& Frame Purchasing),Y(VSP) Y(VSP),Y(VSP),Y(e-mail Orders)
    - Comments: All you have to do is look at the stock market at see how many potential patients are on the web. Their are services available that can design a web page for eye care professionals. The money spent on this advertising will be fruitful today and more so in years to come.

15. **Do you think recalling via e-mail is a good idea?**
    - Answers: N,N,Y,Y,Y,Y,Y,N,Y,Y,Y,Y,Y,Y,Y
    - Comments: The practices with younger patient populations thought this is a good idea. The practices with older patients reported that most of their patients are not on the web.

      A large number of retired patients I have done exams on at a VA hospital, a practice in Florida, and an MD practice in Michigan ask me to make them glasses for their computer so the can "surf the web". It shocks us but face it, OLD PEOPLE LOVE THE WEB!

The following is a summary of individual office responses to my interview questions. Please match the above question numbers to the far left hand column in the graph below

	Solo MD (1)	HMO OD (2)	Chain OD (3)	Franchise OD (4)	Solo OD (5)	Solo Retiring OD (6)	Solo Buying in OD (7)	Partners MD (8)
question 1	17	3	13	2	4	5	5	28
question 2	20	15	18	28	9	20	few days	8
question 3	8	6	10	6	7	3	9	7
question 4	yes	yes	yes	yes	yes	no, need computer	yes	yes
question 5	yes	yes, not done	yes	yes	yes	yes	yes	yes
question 6	no	no	no	yes, cards OK for small office	no	no	no	no
question 7	no cards, we call instead	5	9	8	5	5	not sure yet	3
question 8	yes	no	no	no	yes	yes	yes	no
question 9	no	no	no	no	no	no	no	yes
question 10	no	no	no	yes, 2nd card	yes, coupon for exam	yes, 2nd card	yes, 2nd card	no
question 11	2	0	3	1	2	1	2	3
question 12	no, but do x-mas	no	no	no	no	no	yes	no
question 13	no	yes	no	no, media and adds	no	no	yes	no
question 14	yes, so DR can √ his stocks	no	no	no	no	yes, VSP billing	yes, VSP billing	no
question 15	no	no	yes	yes, if capable	yes	yes	yes	no

Response Summary

	Hospital Staff OD (9)	Chain OD (10)	Solo OD (11)	Franchise OD (12)	Franchise OD (13)	Franchise OD (14)	Chain OD (15)	
question 1	2.5	5	3	10	2	3	14	
question 2	?	2	6mo.	12	12	12	9	
question 3	?	7	8	3	3	3	2	
question 4	no, need computer	yes	no, need computer	yes	yes	yes	no, need computer	
question 5	yes	yes	yes	yes	yes	yes	yes	
question 6	no	yes, have some other co. do it	no	no	no	no	no	
question 7	?	8	?	3	3	3	3	
question 8	yes	no	yes	yes	yes	yes	yes	
question 9	no	no	no	yes	yes	yes	no	
question 10	no	no	no	yes, send letter not card	yes, send letter not card	yes, send letter not card	no	
question 11	1	1	2	3	3	3	1	
question 12	no	no	no	no	no	no	no	
question 13	no	no	yes	no	no	no	no	
question 14	yes, for research	yes, web page	yes, VSP, frame orders	yes, VSP billing	yes, VSP billing	yes, VSP billing	yes, e-mail orders	
question 15	yes	yes	yes	yes	yes	yes	yes	

Conclusion: When I started this project I thought that I would be able to design a perfect recall system that would be most beneficial in any office. I know now that this assumption is wrong, offices are too different and thus their strategies must be different. However I have designed a strategy for the office I want to practice in when I graduate. The type of office I designed my recall system for is a private practice optometry clinic.

The recall process must start with the doctor in the exam room. The patient is told that they need to be rechecked in X amount of time or sooner if any problems develop. The patient should also be reminded that the adjustments on his/her frame is free. This may get the patient in your office once more before the next visit and increase loyalty and increase the likelihood that products will be purchased. Also, new patients should ask if a friend referred them to us, this is a clever way to probe them to find out if your advertising is working and if a friend did in fact suggest your care, even better. A thank you letter should be sent to the referrer that is signed by the doctor.

At check out the patient should be told that a reminder card will be sent when the next check up is required. Special care should be made not to recall a patient prior to their insurance global will pay for an exam. Several offices told me that patients for some reason find it offensive to get a recall card prior to insurance eligibility. When the patient is given the receipt for services and products by the receptionist, his/her attention should be drawn toward the practices web page printed on the receipt. This web page should contain a section where the patient can order sunglasses, spectacles products, contact lens products, and current contact lenses(for established patients). The web page address will also be printed on the business card that has a calendar reminder sticker attached to it.

Throughout the following year birthday cards should be sent to every patient. The cards should indicate that "our present to you is a unique discount" and the card should thus also be a coupon for sunglasses etc. Its a good idea and no one else is doing it. Set yourself apart!

One side, one page, newsletters should be made up and sent out every five months to patients that have indicated "yes, I would like to receive your newsletter". News letters should have two or three coupons at the bottom, your name, address, phone number, and WEB PAGE ADDRESS should be at the very top. Information about ocular pathology, vision therapy, low vision, pediatrics, or whatever you think would interest the public most at that time should be the theme of the newsletter. The newsletter should always be sent out at the end of the summer with information about children's vision at school. A large percentage of kids are not aware they need glasses until the low visual demand summer ends and the high visual demand school season begins.

A recall card should be sent one month prior to the patients pre-scheduled appointment. Patients should always be called to schedule an appointment two weeks after a recall card is sent if no response to the recall card was appreciated.

This concludes the cycle of this recall system. A patient should be contacted at least three times a year this is a lot of work but it is necessary to protect your patient base. This type of recall system requires much time and effort by the whole staff in order to work and it absolutely must be consistent. If you are not willing to make a several year commitment to a recall strategy then don't attempt one because it takes at least that much time to manifest its full potential.

Works Cited

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12. Henry Ford OptimEyes, Brighton MI. Personal Interview. 11 Feb 1999

13. Henry Ford OptimEyes, Waterford MI. Personal Interview. 08 Mar 1999

14. Henry Ford OptimEyes, Clarkston MI. Personal Interview. 08 Mar 1999

15. Direct Optical, Farmington Hills MI. Personal Interview. 09 Mar 1999