



Recalls, Revisited

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Most eye clinics rely on recalls to ensure patients return for needed care. They assume recalls are a reliable means of bringing patients back to the office. Recently, we were stunned to discover that the response rate to written recalls was less than 50% at several eye clinics.¹ This article estimates the financial impact of ignored recalls and presents a remedy for practices that would like to recapture this lost business and provide better care to their patients.

The Financial Impact

The amount of business lost as a result of ignored recalls depends on how much a clinic uses recalls as a means to bring patients back for a visit. This in turn depends on the mix of appointment types and how far out appointments are scheduled before the recall process kicks in. At a general ophthalmology clinic that schedules appointments 6 months out, the number of recalls typically equals 30% of total visit volume. This means that more than 15% of annual demand for visits is lost to ignored recalls.

The financial impact of losing 15% of demand for visits depends on how busy a clinic is. If doctors are fully utilized, with no empty slots expiring unused, and the clinic cannot hire additional doctors because of space constraints, there is no financial

impact (although there is still the troubling problem of patients not returning for needed care). On the other hand, if a clinic has enough empty appointment slots to handle all this extra business without adding staff, the impact to profits might be as high as 75% or more because a 1% change in revenues typically yields a 5% change in profits.² Most clinics lie somewhere between these extremes.

Finding a Solution: Outbound Calling

An experiment was conducted to determine whether this lost business could be recaptured by calling patients who had not responded to mailed recall notices. About 40% of these patients accepted an appointment when a scheduler contacted them by telephone and offered to schedule the appointment. Assuming enough empty slots in the schedule to capture this additional demand, these data suggest that contacting patients who have not responded to recalls can increase visit volume and practice revenues by about 6% and practice profits by approximately 30%.

Why call patients? Some patients never see their recall notices—they'll look you square in the eye and swear you never sent them one. Other patients erroneously assume that their insurance won't cover the cost of the visit, a problem that is fueled by confusion

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over the difference between an annual eye examination and visits to treat specific medical conditions. Still others intend to call but forget. Others think the visit isn't important, while others move, change doctors, or die.

Many of these issues can be resolved by speaking with the patient. Once on the telephone, the scheduler can remind the patient to come in, explain why it's important, and resolve questions about coverage. The key is to identify and contact patients who have failed to respond to recalls.

What Scheduling Software Will Do—and Won't

Most scheduling software supports recall notices. When a patient cannot or will not make an appointment before leaving the office, these software products store a desired appointment date as well as notes about the reason for the recall. On a periodic basis, the system can be used to generate letters, cards, or address labels so a reminder can be mailed to patients asking them to call for an appointment.

Normally, when a patient calls for an appointment after receiving a recall notice, the scheduler must remember to close out the recall in the scheduling system. Unfortunately, this isn't done reliably at many clinics, which causes two problems. First, the report of patients who have not responded to recalls will include those who have, in fact, already scheduled their appointments. Second, if a second or third round of recall notices is sent to patients who did not respond to the first round of notices, some will be sent to patients who have already called for an appointment.

There are two ways to deal with recalls that should have been closed out but weren't. First, schedulers can be trained and managed to ensure that recalls are closed as appointments are made. Over time, this will clean up the list, but it doesn't help in the short term; that is, before contacting patients on the telephone, the practice management system must be checked manually to confirm each recall is still valid.

The second and easier option is to exclude from the contact list patients who have scheduled an appointment after the recall was entered into the system. This requires

Current Recall Practices

For this article, we surveyed 25 eye clinics across the United States. We asked to speak with someone in scheduling and then asked the following questions regarding recall practices:

1. Does your office use recalls to remind patients to call for an appointment when they are not able to schedule an appointment before leaving the office?

Yes	92%
No	8%
2. If patients don't respond to recall notices, how many notices will you send to each patient before giving up?

1	67%
2	28%
3	6%
3. If patients don't respond to recall notices, does your office call them to schedule an appointment?

Yes	32%
No	60%
Sometimes	8%
4. Does your practice management software provide support for recalls?

Yes	84%
No	16%
5. How far out does your office schedule appointments before resorting to recalls?

24 months	4%
12 months	24%
6 months	36%
3 months or fewer	20%
Through end of year	16%

These results reveal several interesting facts:

- Most eye clinics use recalls and rely on their practice management software to record who needs a notice and when.
- Most clinics send only one recall notice and then do nothing more to make the appointment.
- Most clinics schedule appointments 6 months or fewer into the future, while 28% schedule a year out or more.

that a new report or query be written for your system. Although this will exclude some patients who have been back for other appointments not related to their recall, it works well in most cases.

Using Software to Manage Outbound Calling

Software simplifies the process of keeping contact records and sharing data among multiple schedulers. In addition to providing an accurate calling list and automatically recording contact results, software can automatically determine when to call a patient back after an appropriate time has passed if, for instance, the telephone was busy or no

one answered. Software can also sort patients based on their insurance type so that the time spent on the telephone provides the maximum return. Or, it can focus schedulers on specific doctors with the goal of filling the lightest schedules in the clinic first. Outbound calling software is available as an add-on to a few popular practice management and electronic medical record (EMR) systems. Over the next 12 to 24 months, we expect this still-new category of software to become available to most users.

Without software, your schedulers must manually verify that each recall really has been ignored by checking the appointment history in the schedule and keeping a log that includes the name, date, and time of each call as well as the result of the call. Based on the results, the schedulers will have to call again after an appropriate time if no contact was made. Then, on a periodic basis, they will have to run an updated report of patients who have not responded to recalls and manually merge the new report with their call history. Because there are typically thousands of names on the list, managing this process without appropriate software is tedious and time consuming.

Assuming you use software to manage this process, an average of 1 hour per day per doctor of outbound calling should be enough to effectively follow up with recall patients. You should expect each hour of calls to generate about 3 appointments at the time of the calls and 3 more as messages are returned. Initially, you will have a very large backlog of names to call, so in the short term you may want to allocate more time to this, particularly if you are trying to ramp up demand to fill a new doctor's schedule or fill a large number of empty slots.

Internal Versus External Marketing

Outbound calling is a form of internal marketing, meaning it seeks to bring existing customers back to the practice, whereas external marketing is aimed at bringing new customers into the practice. Internal marketing is usually far more cost-effective than external marketing. In recent years, many large corporations have reworked their marketing strategies by directing more effort to reaching out to existing customers while spending fewer dollars trying to lure new customers away from competitors. The results have been excellent. Should eye clinics make a similar shift by drawing dollars out of advertising budgets and putting them toward setting up outbound calling systems?

A recent study of advertising returns for an eye clinic in Washington State suggests that making an initial appointment with a new customer using a mix of newspaper, television, and Yellow Pages advertising costs 5 to 6 times more than bringing a lapsed customer back in for a visit via outbound calling. It appears as though administrators would do well to reroute a portion of advertising dollars to internal marketing efforts such as outbound calling.

In addition, bringing existing patients back for needed care means taking better care of existing patients. The U.S. Congress recognizes this with its proposed pay-for-performance initiative, which looks closely at whether, for instance, glaucoma and diabetic patients are seen at regular intervals.

Questions of Compliance

Ignored recalls aren't the only place to find patients who need appointments. Sometimes, patients slip past the front desk without notice. Other times, patients schedule an appointment, then cancel or fail to show, and no follow-up is done to ensure these patients reschedule their appointments. All these scenarios lead to a situation in which patients need care but are not seen.

A study of glaucoma return rates at two eye clinics was performed to understand how often patients slip through the cracks in one of the ways mentioned above. This

Tips for More Effective Recalls

- **Keep recall notices brief.** A brief card will generate twice as many appointments as a long letter, so don't mix practice news or new doctor introductions with recall notices. Just remind patients it's time for a visit to take care of their eyes and ask them to call your office.
- **Send out recall notices frequently, in small batches.** Sending recall notices out generates incoming calls. Big, infrequent batches generate big spikes in call volumes that will tie up telephones and turn off patients. Divide notices into small, frequent batches to smooth out the load on scheduling.
- **Schedule appointments 12 months or more into the future to avoid overusing recalls.** Once an appointment is made, the probability of a patient returning for a visit rises significantly, so avoid using recalls unless absolutely necessary. If you can, always schedule a return appointment before the patient leaves the office.
- **Follow up with patients who don't respond to recalls by developing an outbound calling system.** Also, follow up on patients who cancel appointments or fail to show up for a scheduled appointment so these patients return for needed care.

study found that of all patients who had been diagnosed with glaucoma and were still listed as active patients in the system, between 20% and 36% had not been in for a visit within 6 months and did not have an appointment or a recall entered in the system.

This study suggests that eye clinics have far to go to prepare for upcoming compliance standards. The tools, staff, and procedures to solve this problem are exactly the same as those needed to contact patients who have ignored recall notices except the outbound calling system must provide a list of patients who are due for a visit based on diagnoses such as glaucoma or diabetes rather than simply check the recall list. At a minimum, practices should be sure they have an effective process for following up on canceled appointments and no-shows to minimize the number of patients who fall through the cracks.

Conclusion

If you have unused slots to fill, consider setting up an outbound calling system. Calling patients who have not responded to recalls or who are due for a visit and have not made an appointment can increase demand for visits for a fraction of the cost of advertising while providing better care to your patients. There are few opportunities that offer a payback of this size for so little effort and time. Training can be completed in a few hours, and aside from some additional time to manage the process and watch the results, only schedulers are affected by the changes.

References

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