0 (1s):

Hi, it's Dr. Weitz. Thank you so much for joining me for this episode of the private medical practice Academy, regardless of whether you're just starting your practice or you're trying to make your practice more efficient, you need to think through every single task that needs to occur in order to make the business run in previous episodes, I've touched on how your office space and your EMR choice are going to influence your workflow. But ultimately though, it's going to be the people you hire your staff that are going to make your business a success. In order to hire somebody to do something, you're going to need to know what you need them to do. And then you have to write a job description.

0 (42s):

How do you figure out what you need them to do? You have to go through the process step by step drilling down to be able to describe an exquisitely granular terms. Every last aspect. I'll give you an example. If I tell you that I want to bake a cake, that's not enough right now. What if I tell you that the cake has flour, sugar, and eggs, then will you be successful in baking that cake? The answer is, of course not. Why? Because I didn't tell you how many cups of flour or the amount of any of the other ingredients. And then what do you need to set the oven at? And how long do you need to bake it for?

0 (1m 23s):

Why am I telling you this? Because every single task that needs to be done needs the same explicit set of instructions. Today, I'm going to talk to you about how to schedule a new patient. I'm not going to give you the step-by-step because you need to customize the process for your needs. What I will do is walk you through the things that you're going to want to consider before we even get started. Let me ask you a fundamental question. Are you going to allow patients to self-refer or are you only taking patients by referral? Now this may seem like an odd question to some of you, but it really depends on what your specialty is. If you're a primary care doctor, then of course, you're going to allow patients to self-refer.

0 (2m 6s):

On the other hand, if you're a subspecialist and you're extremely busy, then you may want to take patients only by referral, because essentially you'll want the patients to be vetted by somebody before they show up at your office. For example, if you're the only pediatric ophthalmologist in a 500 mile radius, and your next available appointment is in six months, you're going to want to take patients only by referral. So deciding whether or not you're going to allow patients to self refer is going to help determine how they schedule an appointment for the moment. Let's assume that you're going to allow patients to self-refer. There are two basic ways the patients can schedule an appointment.

0 (2m 48s):

They can either use a self-scheduling option, or they can talk to a live person to schedule them. Let's start by talking about the self scheduling option. This can be done by one of the self scheduling software options, which hopefully integrate with your EMR. In my last episode, where I talked about the key features you want in an EMR, I told you that scheduling is one of those must haves. However, you need to understand that

having a scheduling feature in your EMR doesn't necessarily mean that the patients have the ability to schedule themselves. If you want patients to have the ability to self-schedule, you'll need to understand whether your EMR does this or whether you need additional software that integrates.

0 (3m 32s):
And that, of course, you're going to have to pay extra for your EMR may come with a patient portal. And depending on how robust the EMR is, patients may be able to self-schedule through that portal. So when you're thinking to yourself, Oh yeah, the patient's just going to schedule themselves. I want you to stop and think about how are they actually going to do that? And whether you have the tools to allow them to do that next, if a patient schedules their own new patient appointment, do you want relevant medical records to review in advance of that visit? If you do, then you need to think about the process of how are you actually going to request those records.

0 (4m 13s):
How do you know that a new patient is scheduled? How are you notified? How is the patient contacted and told that you're requesting medical records, who requests the medical records? And then how do those records actually get to your office? Does the patient bring them, are they faxed? Are they emailed or worse yet? Are they sent via snail mail? It should be intuitively obvious to you that it's neither time nor cost efficient for somebody in your office to request those medical records from another provider. But you're going to have to communicate what you're requesting to the patient so that they can go get them.

0 (4m 54s):
Then once you get those records, you need to put in place a process for getting the records into the patient's chart. How will you know that the records have been received? How do they actually get in the chart? If the records come as paper, then someone needs to scan them into the system and then filed them. Even if the records arrive electronically, someone needs to manually move them from either the email or effects into the patient chart within your EMR. Now, let's say that you don't want to see the patient without having obtained. The records you'll need to set up a reminder system within your EMR to re request those records or at least notify you that they haven't been received yet.

0 (5m 38s):
And yes, I know that I'm down in the weeds. However, all of these are tasks that need to be set up. None of this happens without putting a process in place and no matter how good you think your EMR and practice management software are, they're just computer programs. And while customization and flexibility are key features you want in an EMR. You're the one who's going to have to tell it. The customization rules. The thing I want you to focus on here is not so much the name of who's going to do the task, but really all of the steps involved, you'll be able to assign the task to a job description. And then ultimately to the person who's going to do the job.

0 (6m 19s):

But honestly, at this point, all of that is irrelevant. Moving on. Let's consider how the patient who's self schedules knows what forms need to be completed before the visit and where to find those forms in the ideal world. You want your patients to complete the new patient packet prior to their visit doing this will make your practice run more efficiently and make you more productive. I'll tell you from personal experience that having a new patient show up for their appointment without completing their paperwork is extremely frustrating for everyone involved. The patient feels rushed and half the time they don't even have the information that they need readily available, and it takes time for them to fill out those forms.

0 (7m 5s):

You're waiting. Honestly, it is one of the fastest ways for you to end up running behind. And as you can imagine, your patient satisfaction will then go down. You should have your new patient forms available either on your website or through your portal so that the patient can easily complete them. If your new patient packet is access through your portal, the name formation should be automatically incorporated into your EMR. On the other hand, if the forms are on your website, then they can be completed and sent back to your office to be uploaded. The key to making this happen smoothly is to think through the process.

0 (7m 45s):

If the patient self schedules, is there going to be a link that takes them to the new patient forms, you'll want to make sure that there is an email that's automatically sent welcoming the patient to the practice. That email should also contain a link to your website, your portal. If you have one and directly to those new patient forms, remember the patient may schedule the appointment, but may not have time or feel like filling out the forms at the time they schedule. You're going to want to make it crystal clear how to navigate back to those new patient forms. As I already told you, you want to have those new patient forms filled out before the person comes for that appointment equally important.

0 (8m 30s):

You'd really like them not to call your office for questions that can be answered without talking to a live person. The more you can automate this process, the more efficient you're going to be. And the less it's going to cost you in the long run. Now that the patient has made the appointment and you've instructed them how to access the new patient forms, what needs to happen next, the easiest way to deal with new patient forms is to have the patient fill the forms inside the portal. However, I'll tell you that even when you tell people how to complete the forms inside the portal, they frequently don't. If they act since the new patient forms through your website, they can either bring them to their appointment or they can email them to your office.

0 (9m 14s):

If you tell them to bring them, remember that not everyone has a printer. And even if they do bring the forms that they've printed out, then the forms have to get into your system. Alternatively, you can ask people to

complete the forms and then email them to your office. In this case, you'll have to deal with the fact that these forms contain protected information. If you're going to be sending emails back and forth, you want to make sure that you have a HIPAA compliant, security email server. When a patient self schedules you'll need to inform them whether you take insurance. And if you do, whether you're in network or out of network, this information should be ideally posted on your website and on any and all self-scheduling screens.

0 (10m 0s):

You don't want this to be a surprise then as should be apparent to you. You're going to want to collect their insurance information, including the subscriber name, the date of birth, the group number and the member ID, not only as a part of the new patient forms, but on the actual scheduling screen. If you're in network, you're wanting to communicate that patient is expected to bring their co-pay or co-insurance to their first appointment. If you're out of network or taking cash pay only, then you're going to want to communicate that the payment is expected at the time of the appointment. You'll obviously want to communicate what the exact amount they owe you is when you confirm the appointment. But at the initial scheduling, you want to alert them to your office policy while automation is great.

0 (10m 46s):

Communication is key. The last thing you want is people to cancel at the last minute, no show or walk out because you're asking them for money. And they had no idea that this was going to happen. Communicating your financial policies early and often in the patient scheduling process is going to minimize this. You want to make sure that the self-scheduler software has the ability to make, reschedule and cancel appointments easily. If it's too difficult to navigate people, won't make an appointment. And if they do make an appointment and then they need to change, it they'll know show you. The other possibility is that they're going to call your office, which defeats the entire purpose of having automated this process.

0 (11m 30s):

Then you want to think about how to communicate other information like the directions on how to get to your office. This info needs to be on your website, communicated as part of that self-scheduling screen. And then in follow up emails, I want to take a second to point out that self scheduling software is impersonal. There's no friendly voice on the other end. There's no one to answer questions. Remember, this is where that patient's first impression is going to come from. You want to make sure that this process is easy, which brings me to the next topic. And that is scheduling patients who call your office directly. The first question is who are they actually going to talk to?

0 (12m 14s):

Is it your front desk person? Who's dealing with calls while trying to check patients in? Or is it the medical assistant who's answering phones while trying to ruin patients? What happens when no one answers the phone and it rolls over to voicemail? Well, you have a dedicated voicemail box just for scheduling. What is your outgoing message going to say? When are those phone calls going to be returned? And who's going to

return them. If I'm a patient calling your office for an appointment and I get put on hold indefinitely, or I get a voicemail and then my call isn't returned for hours or days. Can you guess what happens next? Aside from the fact that you've ruined my first impression, there's a good chance.

0 (12m 56s):

I'm not going to schedule with you. I'm just going to call them the next doctor on the list. Medicine is a customer service business for the moment. Let's say that I do get a live person. You need to write out a script for whoever's going to be handling those new patient appointments. You're going to want to collect the patient's name, address, email address, phone number, insurance information, and the name of who referred them. In addition, you'll need to communicate the information on how the patient needs to complete the new patient packet. Just like in the case of the self scheduling software, the new patient packet can be found on your website or through the portal.

0 (13m 36s):

But the patient has to be educated where they're going to find this. And then how are they going to get it back to you again, if they're able to do it through the portal, then this should be relatively automatic. On the other hand, if they have to go to your website and fill out the forms and then either print them or email them back to you, you're going to need to communicate to the patient, a set of instructions on how to do this. You also need to communicate the financial policy to that patient. For example, you may tell them, we'll be checking your insurance and someone will call you back with what you owe prior to your appointment. The person will also tell the new patient, the directions to your office and any other information you want them to have.

0 (14m 19s):

You also need to tell them what information is available on your website, and whether you have a portal you want them to sign up for. And then of course, how to reschedule or cancel their appointment. As an aside, I wouldn't go into depth with the patient about your cancellation and no show policy. At this time, you don't want the initial call to sound like a whole list of rules. You can include this information in the email confirmation that you're going to be sending, just as I told you that the self scheduling software is impersonal. Having someone answer the phone comes with its own set of challenges. You want to make sure that this person is friendly. You want them to sound perky, interested, and loving their job.

0 (14m 59s):

When the person's scheduling appointments sounds like it's an imposition and that they can't be bothered. It's a turnoff. You also want to make sure that they're well-versed about your practice. For example, if a patient says, does Dr. Smith do a certain procedure? And the person scheduling says, I have no idea. Do you really think that that patient is going to schedule the appointment? The reason you want them to have a script is that you don't want them off freelancing. And to that end, they're there to communicate the information that you tell them to communicate. And in all honesty not to give their opinions. For example,

you're going to want new patients to show up a minimum of 15 to 20 minutes before their scheduled appointment to complete any missing paperwork.

0 (15m 47s):

The last thing you want, the person scheduling the appointment to say is the appointment is at nine, but you don't really have to show up until nine 30 because they're never on time. Anyway, you can only imagine how this looks right. Once the patient is scheduled, you'll want to send them an email confirmation complete with instructions as to what happens if they need to reschedule or cancel their appointment. Again, this email needs to make it clear how you want the patient to communicate with your office. One thing to think about is how far in advance are you scheduling new patient appointments? The further out, the more often you're going to want to communicate with that patient.

0 (16m 27s):

This is true, regardless of whether you're using self scheduling software or whether they call your office. Why? Because if the appointment is scheduled today for tomorrow, then the chance of following through and showing up are higher. If the appointment is let's say in three weeks, there is a higher chance that the patient will either cancel or no show. Similarly, if the patient is scheduled today for tomorrow, then they're more likely to have completed the new patient paperwork right then and there. If your appointments are being scheduled further out, you'll want to set up a particular system to make sure that someone has actually completed the new patient packet prior to their appointment, set up an email to go out a few days before the appointment to remind them to complete the forms.

0 (17m 12s):

You've heard me talk repeatedly about email and email and email. The key here is that you want to basically keep this patient engaged. They're a new patient. They actually are not in your practice yet. And you want to make a good first impression. So basically by sending them email confirmation, email reminders and, and any other relevant information, you're essentially establishing that relationship. The last thing I want to talk about is what happens when a physician refers a patient, sometimes the referring physician simply gives the patient a referral form and tells them to call your office or go to your website.

0 (17m 53s):

Sometimes the physician will fax or email you a referral form. In this case, it's up to you to contact the patient, to schedule the appointment, depending on who completes the referral form and how accurate it is. You may be able to contact the patient by email and direct them to your self scheduling software or to call your office. I would tell you from experience that if you're really looking to capture these patients that have been referred to you by another physician, you should have someone from your office, call that patient and say, Dr. So-and-so referred you to our practice and have that patient scheduled directly. The sooner that relationship is established, the more likely that patient is actually going to come into the practice.

0 (18m 37s):

You also want to have a process in place to acknowledge receipt of the referral and to thank the referring physician. You'll want to tell them when the patient is scheduled for, of course, you're going to let them know that the patient came for the appointment, because you're going to send them a copy of your note from that first visit. But let's say the patient declines to schedule or makes an appointment and then either cancels or no-shows. You need to communicate that to the referring physician. Why? Well, for a couple of reasons, because you want that referral source to know that you're on the ball and have made a conscientious effort to schedule their patient in a timely fashion. And because that physician felt strongly enough that this patient needs to be seen by somebody.

0 (19m 20s):

So the patient isn't seeing you then the referring physician needs to follow up. The key here is that in order to keep your referral sources happy, it's all about communication. And so scheduling of the patient and verifying that they actually show up is part of that communication piece. As you can see, there are a lot of steps to consider. And in listening to this, you may be thinking to yourself, my EMR and practice management software can do most of this. The problem is that the system isn't just going to do it. You actually have to spell this out and think through how each and every one of these steps is going to happen. Just like baking the cake missing. One of these steps can derail the entire process.

0 (20m 3s):

Thanks for joining me. Be sure to sign up for my newsletter below, and I'll be sending you tips on how to start your practice best run your practice, grow the practice, and then ultimately be able to leverage your medical practice into multiple other businesses. I hope to see you soon.