Who did your office put in a box? Was it a gentleman that you fit a couple years ago, who returned for a few office visits and seemed to be doing fine with his new hearing aids yet hasn’t returned since? Or was it a teacher who complained of not being able to hear her students and seemed to be doing fine during her summer vacation because school was out? Did your staff frown and shrug as these patients went into a box at year’s end wondering “I wonder why so-n-so hasn’t been back?”

BY BONNIE BRUNO

OUTSIDE THE BOX

THE INS AND OUTS OF A PATIENT RECALL PROGRAM
Most offices that have been in practice for awhile have a storage area with cardboard boxes or plastic bins filled with archived files of patients that have not been into the office for a period of time.

When our practice implemented its patient recall program, it was to review these archived charts and make as many patients as possible active again with our office. We found patients in these boxes that just needed a bit more holding and nudging to finally decide to treat their hearing loss with hearing aids; patients that should have been coming in for regular care but who fell off the radar, and patient’s charts that were no longer valid based on a variety of reasons. During our recall process, we also discovered patients who went to another provider. Although that certainly had an “ouch” factor, the overall information gathered from this patient recall program is invaluable. It is imperative to keep in touch with active patients, keep in touch with prospective patients and most importantly, reach both types of patients before they go someplace else! If you are keeping in touch with your patients, someone else surely is.

We all try to stay in touch with our patients and some of us do this with more accuracy and consistency then others. Unless you have a specific protocol in place for tested-not-sold patients, prospective patients, and current patients, it is inevitable that some patients just fall through the cracks. After all, it is not the patient’s responsibility to stay in touch with us, it is our responsibility to stay in touch with them, at least that’s what our recall program taught us, and that’s what we have come to believe. It has paid off in more than just dollar signs.

If you are thinking “I don’t need a formal protocol. I send a post card out annually or semi-annual, and my patients come in when they need help,” I implore you to read on to learn more about the What, Why, and How of Patient Recall.

**What is Patient Recall?**

The gist of a “patient recall program” is just that: recalling patients that you haven’t seen in a while, calling patients with dated technology and calling patients that have a diagnosed hearing loss that left your offices without treating that hearing loss with hearing aids or some assistive device, before they go someplace else.

**Why have a Patient Recall Protocol?**

Besides using recall as a good business strategy, there are a host of reasons why it is important to stay in contact with your patients that include quality care for your patient’s hearing. If a patient’s hearing instrument is gradually deteriorating and they do not realize it any more than they did when they had a gradual hearing loss, that patient is no longer hearing at his or her optimal level. If a patient comes into the office for diagnosis and the appropriate treatment is amplification, yet they do not pursue this course of treatment, you have not yet helped this person to reach optimal hearing rehabilitation. If you dispensed hearing aids to a patient and they are not wearing the devices, not only is it bad advertising, that patient has still not been helped.

If we have consistent communication with our patients:

1. We are able to build long-term relationships and provide exemplary patient care
2. We have the opportunity to present new technology to patients with older hearing aids
3. We can confirm that our patients are wearing their hearing aids and satisfied with their hearing, and if they are not, we can offer solutions to their problems
4. We are taking responsibility to reach out to our patients and ensure that they are hearing optimally and expressing genuine care for their hearing well-being
5. Those patients that have not been treated (prospective patients) because they are “not ready”, will likely want to come to us when they are ready
6. Our database will continually be updated and clean

How to Execute a Recall Program

Make the recall program a part of the infrastructure of your practice. That means, an employee must be hired specifically for recall. The individual that conducts patient recall should be a part-time or full-time person (depending on the number of patient charts in your office) with a job description that has one purpose: patient recall. If this person has other duties, it will water down the recall program and most likely be ineffective.

The first and most important step is to train the recall specialist. The employee should be well trained and comfortable with all possible phone outcomes. Set up a training schedule that includes:

- Information about your practice. Actually walk the employee through a common appointment by treating them as a patient from the front staff greeting to the final goodbye. Let them see, hear and feel how you operate your practice. Training the recall specialist as to how your office works and treats patients is critical. They must feel part of the team and be able to communicate, to the patients they call, your practice’s vision and mission in the few short minutes they have with a patient.
- Reasons why patient recall is important to the patient as well as to the practice (as described earlier)
- A series of scripts as examples with various outcome responses so that the recall specialist can be prepared and assist in directing the conversation to a desired outcome.
- A method for tracking the outcome of the phone call via an electronic spreadsheet, a database, or even multiple boxes (although, obviously the point is to keep patients out of the box!)

The following paragraphs will describe the last two training points in more detail.

Scripts

In most cases, the recall specialist is not an audiologist; after all, one benefit of recall is more patient flow for the audiologist(s). The owners or director of operations may provide the scripts for the specialist. Some key components of the script are:

- An appropriate greeting and introduction of yourself and why you are calling
  Example: Hello Mr. Smith. This is Bonnie from Dr. Jones’ office where you come for your hearing care. We are updating our files, and we noticed you haven’t been here in awhile. We would like to schedule you for an appointment to check…. (or)
  Dr. Jones hasn’t seen you in awhile and asked me to call to schedule your annual appointment.
  Warning: Do not start with how are you doing? If not so well, the conversation begins on a negative note.

- Expression of caring for patient’s hearing care
  Example: Dr. Jones hasn’t seen you in awhile and is concerned about your hearing. Sometimes problems can be gradual and you won’t even notice that they are happening. It is important that we take the time to clean and check your hearing aids to make sure they are operating correctly.
  Warning: If this is an archived chart, it may have been years. The recall specialist may need to be trained to stress the responsibilities of the practice, for example, Dr. Jones hired me so that we could keep in better contact with our patients. We are sorry we have not seen you in so long. It is our responsibility to make sure they are hearing as well as they possibly can and we would like to get you back into the office…

- A direct request to make an appointment
  Example: We like to prevent problems by seeing our patients regularly for maintenance. Remember there is no charge and the appointment won’t take long. Would you like to come in this Friday morning?”
After the archived patients have been recalled through the entire protocol of time zones, the recall specialist will become an integral part of maintaining the accuracy of your database.

Making the Call and Tracking the Outcome

If the recall specialist is part time, his hours should vary so that patients are being called at different times of the day. A tracking spreadsheet (e.g., design a simple excel spreadsheet) should be used to measure outcomes so that the information can be analyzed and further action can be taken. Blocking time in the schedule for recall appointments is helpful so that patients can be seen in a timely manner. Also logging the time zone in which you called is important so that if a call back is necessary, the recall specialist calls at a different time. With typical 8-5 office hours, these time zones can easily be broken into four time categories: 8-10 am, 10-12 am, 1-3 pm and 3-5 pm. This increases the probability of getting a patient to answer the phone. If a patient is gone every morning, and the recall specialist only calls in morning, she will never be reached. Each patient that does not answer can be moved to the next time zone for the next round of phone calls. If physically handling the charts, this can be done from stack to stack, shelf to shelf, or container to container with time zones marked. If recall specialist is using only an electronic list and spreadsheet, this can be done by copying the spreadsheet and sorting data by time zone first and outcome second.

Once the recall specialist is trained and ready to “go live,” the charts or lists must be categorized by order of which the owner or director of operations wishes to start the process. The recall specialist should be given a list of names or a box of charts to begin the process. A logical first step would be to start with archived patients.

Set the rules for what constitutes a phone call. For example, in our office, messages are not to be left on answering machines, nor are they to be left with other people that may answer the phone with the exception of a spouse. In which case, a follow-up phone call will take place when the targeted spouse is available.

There are only so many outcomes that will occur from a phone call.

- a) No answer/answering machine
- b) Spoke with spouse/ need to call back to speak with patient
- c) Deceased/relocated
- d) Invalid contact information
- e) Went to competitor
- f) Requested a call back
- g) Said they would call back
- h) Said they did not want any further contact
- i) Made an appointment

Each outcome should be recorded on a spreadsheet by way of a coding system for example, WTC = Went to Competitor, NA = No Answer. Develop a coding system that is quick and easy to remember.
Acting on the Outcome

Once the outcomes have been recorded, there are only so many actions to take place. This is a critical step. It is not enough to cheer and celebrate the appointments made, although, by all means, celebrate your successes! The other patients must also be attended to with an action. At the end of each day, a summary sheet/ a physical count and list of the actual charts or patient names should be reviewed regardless of their outcome. Charts should be sorted and handled according to outcome. Some of the possible actions are:

a) Archive and remove from database and filing system (e.g. deceased or relocated)

b) No follow up required (e.g. requested no contact, invalid contact information)

c) Continue to recall (remember to call in a different time zone)

d) For review by audiologist

e) Audiologist to call patient because recall staff had a specific request by patient

f) Enter current address in database for future correspondence (e.g. went to competitor, does not wish to schedule, ...)

f) Made an appointment!

After the archived patients have been recalled through the entire protocol of time zones, the recall specialist will become an integral part of maintaining the accuracy of your database. Have the recall specialist follow up on reminder notices that went unacknowledged by patients. Have them call and make appointments for the reminder notices (6 month check up, warranty check up, annual checkup), or have the specialist update the reminder notice date in the system so that the patient doesn’t fall through the cracks. Call new patient fittings 3 and 6 months post fitting to check on them and let them know we are still involved with their hearing care. Even have the recall specialist ask the patient if they have any friends or family that they would like to see us help or respectfully request that if your patient is happy with your services to please tell others they know because a referral is the highest compliment. The recall specialist can call patients with technology 3 to 5 years old for technology-demo appointments in your office so they can experience the difference the latest digital hearing may be able to offer them.

Ins and Outs

A practice’s current database is the best and easiest source to get patients in the office. Over 60 percent of hearing aid purchasers are previous users. The patient recall program will bring patients in for new hearing aids. It will provide valuable information and patient feedback that the owner and audiologists can use for further action such as direct mail or open house demos, and it ensures a consistent cleaning of the patient database. Probably the most valuable aspect the recall program provides, is reaching patients before they go someplace else. You may think that a patient recall program is too much work and puts you too far out of your comfort zone. Think outside the box; a well-planned patient recall program is easy to execute and is a method to keep your patients in your office for your care. A patient recall program is a highly effective way to keep your patients out of the box! □

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