Successfully scheduling annual visits and other follow-up visits with patients isn’t an exact science. But it’s getting close. In this white paper, we’ll look at four approaches healthcare providers have historically taken to get patients back into the office for recall appointments. And even if they do work to some degree, these methods always fail to capture the full potential of recall visits in terms of maintaining patients’ health and generating additional revenue for your practice.

WHAT IS A RECALL?

Before jumping in, let’s quickly define the idea of a “recall”. Many practices think of recalls only in terms of annual exams. While those are certainly high-volume appointment types and may make up the majority of your recalls, other appointments fall under this umbrella as well. What about compliance screenings? Colorectal screenings, diabetic screenings and mammograms are all examples of preventive screenings that are crucial to patient wellness, but many practices struggle to successfully get patients in for these visits. The “recall” category also includes any follow-up visits a provider schedules during a patient’s initial visit – often 3, 6 or 12 months out. These treatment compliance checks are important parts of disease management and ongoing care. Past due visits can be included here too. Regardless of why a patient’s appointment was missed or delayed, it’s up to the practice to get them back in the door.

TRADITIONAL RECALL METHOD #1: SNAIL MAIL

Postcards, letters and other mailers are called “snail mail” for a reason. Depending on the geographic area you serve, mailed communications about recall visits can take up to 2-3 days to reach their intended targets…

…it if they ever do. That’s another challenge with mailed recall communications. There’s no way to immediately know if your mail has made it to a patient. At best, you’ll get returned mail and work to capture correct mailing information the next time your patient visits or contacts the practice. According to the National Change of Address (NCOA) registry, 40 million Americans change their address each year. While you may have some conscientious patients who notify you of these changes, most times you won’t be informed. When mail DOES reach your patient’s mailbox, will they read it? Current estimates show that the average American gets 16-20 pieces of junk mail each week. Of course your mail isn’t junk, but it’s tough to stand out from the credit card offers, sweepstakes entries and other real junk we’re bombarded with daily.
For communications that lack speed or guaranteed delivery, they sure are expensive. In January 2014, the Postal Regulatory Commission raised rates by 6.5%. Doesn’t seem like a large percentage, but consider the volume of appointment communications, collections statements and other mailers your practice sends each month. NOW that 6.5% is a big deal in an economy where we can hardly afford it.

A fourth challenge that limits snail mail as a successful recall communication method is related to employee time. Someone has to handle getting postcards, letters and other materials printed. Mailers have to be addressed. Efficient use of employee time is certainly a major factor in a successful recall communication strategy.

**TRADITIONAL RECALL METHOD #2: CALLS FROM STAFF MEMBERS**

If you think coordinating mailings is an inefficient use of staff time, think about the hours many practices spend having staff members make calls to patients. Yes, there is the idea that having a team member make calls maintains a personal touch with each patient, but there are other ways to accomplish this (we’ll get to this later). It just takes too long to smile, dial and complete all of these calls. Most practices report averages of 20-30 calls completed per hour when they’re handled by a staff member. In a practice with low patient volume, maybe an hour is all it takes. But can’t that hour be better spent on some other task? For practices with much greater patient volume, you either have multiple team members making calls or it’s taking someone all day (if they even CAN get to all of them). In a recent survey of 3,000 practices, 72% of respondents agreed that staff members making calls to patients could be better focused on other tasks in the practice.

Another limitation of delivering recall communication via staff calls is the time of day they’re available to call patients. Most practices have the staff members make calls as part of their regular workday. Unfortunately, it’s the workday for patients as well. TeleVox data shows that as many as 70% of phone calls to patients during the typical 8-5 business hours go to answering machines, voicemail or no answer at all. Bye-bye personal touch, right? Shifting the window of calls to patients to the early evening hours can increase that success rate by an average of 20%. That’s 20% more patients who might schedule their recall visit.

**TRADITIONAL RECALLS METHOD #3: PRE-APPOINTING**

Alright, you’ve got the patient on the schedule to come in six months from their visit. Here’s the problem: What’s on your schedule six months from today?....?.....Your patient doesn’t know what they have planned either. Pre-appointing is a great idea in theory, but the majority of patients do not keep these appointments. As a result, you’re left with numerous holes in the schedule and too much effort spent rescheduling and chasing down the patient who missed their scheduled visit.

To make sure patients don’t forget about these visits, many practices elect to send a reminder mailer or phone call 1-2 months in advance of the schedule appointment. While this certainly helps cure the broken appointment rate, it’s an additional expense for the practice. Add this on to the typical appointment reminder communications, and a practice can easily spend $1-2 just to make sure the patient keeps their pre-appointed recall visit.
When a practice adopts the pre-appointing method for recalls, what happens to patients who don’t commit to a future appointment slot during their initial visit? Often times they fall through the cracks and fall into the category of “past due” recalls. Allowing a patient to become past due can be a missed revenue opportunity for the practice, and more importantly, a threat to the patient’s ongoing health.

TRADITIONAL RECALL METHOD #4: NOTHING

Let’s not spend a lot of time on this “method”...if it can even be called that. Failing to proactively communicate with patients about next steps leaves it to them to schedule follow-ups. And odds are, they won’t. Not only is this a disservice to the patient in terms of their wellness and ongoing care, but it’s also a disservice to your bottom line. Consider the number of single-visit patients your practice has served within the last year. If they all came in for an additional visit, what financial impact would that have on your practice? As you well know, additional visits from patient recalls can be a major revenue generator for the practice when they’re done right.

DOING IT RIGHT. AUTOMATED NOTIFICATIONS

Believe it or not, there is a way to maintain a personal touch and still be able to contact everyone within minutes. And from a cost standpoint, automated notifications can be delivered for a fraction of the expense associated with staff calls or high-postage mailers. Phone calls, emails and text messages – or any combination of the three!

WHY AUTOMATE THIS PROCESS?

1. Speed
Leading technology has the capacity to deliver hundreds of thousands of notifications per hour, so even the largest patient target lists are easily contacted within minutes. Since automated calls can allow patients to directly transfer to schedule their visit, a common concern with this method is that staff members will be unable to handle high number of transfers flooding in at once. Leading systems overcome this potential setback by throttling the number of calls that go out at one time, spreading response over a more manageable period.

2. Accuracy
Remember that with mail delivery, there’s no proof that your communication reached its target. Automated systems offer detailed reporting on each and every contact attempt. You’ll know who received the notification, who has invalid contact information (you need to know!), etc. If a contact can’t be reached by automated voice, email or text message, then that's a good point for staff members to intervene and decide on the best way to reach that patient. That’s much more efficient than trying to have them contact everyone from the get-go.

3. Cost
Postal costs are rising, and staff time is too valuable to be dedicated to a process that can easily be automated. Typical per notification costs range anywhere from 10 to 25 cents - a range that’s far below what you’ll pay for mailed or manual strategies. Even if the patient response rate were equal to those traditional strategies, automation would make sense from a cost perspective alone. But it isn’t equal...
4. Response Rate
It's much greater. Notifications can be delivered in evening hours, overcoming the poor daytime response of staff calls. And there's no fear of these notifications being dismissed as junk mail. Response rates to targeted recall campaigns can reach as high as 70% in some cases. When you're looking to generate revenue by promoting additional visits, it's a numbers game. Reach out to 100 patients with a mailed campaign, and you'll likely generate 15-20 appointments. At $100 per appointment, that's $1,500-2,000 in revenue for your practice. Adopt automated notifications to deliver those communications, and you'll likely see that figure double. Now 20 appointments becomes 40, $2,000 a month becomes $4,000! $24,000 annually becomes $48,000! You get the idea.

5. Personalization
Automated technology has come a long way. Leading vendors can merge pre-recorded message content with patient-specific information to make an automated call virtually indistinguishable from a live phone call from the staff. Thanks to these improvements in voice quality, patients have largely embraced these messages from their providers. Practices who have begun automating the recall process report that even elderly patients (a population often considered to be the least accepting of automated phone calls) have embraced the technology. Here are some great examples of practices who have improved their recall success by adopting automated notifications:

Automated recall notifications overcome the challenges of traditional methods.

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<thead>
<tr>
<th>Why doesn't it work?</th>
<th>Why is automated outreach better?</th>
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<tbody>
<tr>
<td>Snail Mail</td>
<td>Quick delivery</td>
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<tr>
<td>• Slow delivery</td>
<td>• Contact entire list within minutes</td>
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<td>• No proof of delivery</td>
<td>• Can be delivered during evening to increase live answers</td>
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<td>• Rising costs</td>
<td>• Overcomes looking TOO far in advance</td>
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<td>• Employee coordination time</td>
<td>• No need for additional reminder expense</td>
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<td>Staff Calls</td>
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<td>• Can only complete 20-30 per hour</td>
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<td>• Poor success rate during business hours</td>
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<td>Pre-Appointing</td>
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<tr>
<td>• Patients can't foresee future plans</td>
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<td>• Patient who don't pre-appoint rarely schedule</td>
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<tr>
<td>• Additional reminder expense</td>
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<tr>
<td>Nothing</td>
<td>• Something is better than nothing. MUCH better in this case.</td>
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HOUSTON EYE ASSOCIATES – HOUSTON, TX
Houston Eye reached out to their single-visit, “long lost” patients, and 25% booked additional appointments. At an estimated $150 per visit, Houston Eye’s additional 6,000 annual visits generated $900,000 in revenue. Whether you’re that large or much smaller, imagine how that booking rate would translate to your recall opportunities!

ST. CLAIR SHORES OBGYN – ST. CLAIR SHORES, MI
This one’s even better. In the first group of monthly automated recall messages, 120 patients were contacted and 70 called back into the practice to schedule an appointment – a success rate of 58%! At the practice’s $110 average income from an annual visit, this change has made an estimated monthly impact of $7,700 from recall appointment revenue. That’s over $92,000 annually!
NORTHEAST OHIO EYE SURGEONS – KENT, OH

Before automating recall outreach, it was all about postcards for this practice. The conversion rate (patients who booked a visit) was 20%. After replacing that first postcard contact with an automated voice call, that figure more than doubled, reaching 41%! They also eliminated the high cost of $1.33 per mailed postcard. Automated notifications are delivered for a much smaller expense.

Northeast Ohio Recalls - First Call Conversion Rate
December 2009 - November 2010