MEDICAL MARKETING
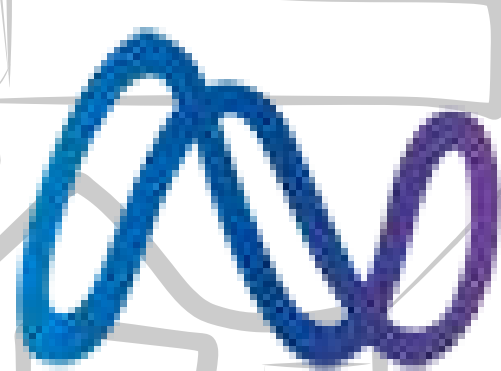
DIRECT TO PATIENTS

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Medical Marketing – Direct to patients

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NISOS HEALTH

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Do not depend solely on referrals from physicians to grow your business. Establish a direct line with patients and learn how to get business from patients directly.

Overview

This is an area that provider groups do not do well either. Here are a few things to do to market to your existing patients, bring them back to the practice and at the same time, provide "managed care" even if you are not a PCMH.

There are a few areas that we typically recommend:

- Asking patients for referrals.
- Regimented re-appointing of no show patients
- Regimented re-appointing of patients that cancel appointments
- Reactivating patients that have fallen out of care

Asking patients for referrals

Most provider office staff are not comfortable asking a patient directly for patient referrals. You are not alone in this.

But, you need to get over it.

You will never get anything unless you ask for it – so what's the harm in doing so? Are you afraid that the patient will see you as "too commercial"? Are you afraid that your patient care is not good enough to justify a referral?

For all you know, your patients are already referring other patients to your practice – you just don't know it yet because you do not have a way to capture the referral source.

First, put a process in place wherein you capture where a patient came from.

E.g. in Carecloud, in the patient demographics screen itself has a place to enter the REFERRAL SOURCE. Use it. As an administrator, you can also customize the REFERRAL SOURCE and add "PATIENT REFERRAL" to it (if you would like to).

Next, make sure that your call center agents, your front desk staff AND your technicians ask at least once – "How did you find out about us? Did a friend or a doctor recommend you to us? We would like to thank them."

Start capturing the source of where your patients are coming from. Each day, report something as simple as

Total appts created	New pt appts created	Provider referral	Pt Referral	Other sources.. Add columns...

That's it. It's that simple

Now that you have this process in place, you can start asking patients to refer you to their friends and family members.

Each email that you send (hopefully you send "stay in touch" emails to patients) should include a single sentence to "Do you know anyone that could benefit from seeing our doctor? Please forward this email to them"

Each appt confirmation SMS that you send should include "Know someone that should see your doctor? Fwd this sms to them"

Each patient review SMS that you send should include "Know someone that should see your doctor? Fwd this sms to them"

Each thank you and welcome package that you send to patients should include "Know someone that should see your doctor? Tell them about us"

You could also incentivize patients for giving you referrals. E.g. "For each patient referred, get a $5 metrocard" (or something similar). As long as you do not waive the copay, you are not getting into trouble with the payers. Go ahead and think of things you can offer your patients to refer patients to you.

Before you can go ahead with our recommendations, you do need to understand that you will have to :

- Employ patient engagement techniques to stay in touch with your patients
- Enhance patient experience to have happy patients that recommend other patients for you

How to increase patient visit volume by mining your PMS / EMR

We all struggle with no-show patients. Here's how you can re-appoint patients per month simply by mining the data in your EPM.

In the following steps, I will be using CareCloud as the sample EPM (you can substitute with your EMR/EPM).

Life is a LOT easier if you attach a healthcare focused CRM to your EMR. This works well if you are willing to put a little bit of time and effort into it.

How many return patients do you need for this campaign to break even?

Make sure that you know how many patients need to show up from this campaign per month before you breakeven. Do not start without defining this.

Get daily reports for no-show patients

Try to be diligent about calling your no-show patients in the same week as their appointment. At a minimum, you can start with exported reports of daily no-show patients. If you want to take this initiative seriously, consider using a healthcare focused CRM that helps you with outbound dialing and is always in sync with your EMR. If you do not have a dedicated team to make these calls, hire a BPO team that does the calling and reporting for you.

how-to-get-no-show-patients-to-come-back

Identify the people, processes and technologies for your campaign

Your first step is to identify the right staff, the processes you are going to follow to run the campaign, monitor the campaign, the outcomes you are expecting from this campaign and also the technologies you are going to deploy in the campaign.

Keep in mind one very important point – the older this data gets (i.e. the longer it has been since your patient was a no-show), the harder it is to get these patients back to your door. So, make plans accordingly and staff your team accordingly.

A simple math that you can follow is thus:

– Typically, every day, an agent is going to be able to call about 200 patients once.

– Out of these 200 patients called, they are able to connect with about 20% (i.e. 40) patients.

– Out of the patients they talk to, about 70-80% agree to be re-appointed (about 30+)

– So, effectively, out of 200 patients, you win 30 back, lose 10. This means that you are left with 160 patients to add to the next day's workload.

– Do the math accordingly and size your team correctly. The benefits are tremendous if you multiply each patient visit with your revenue per visit.

Define your "no-show patients" campaign

This means that you need to decide whether you are going to consider all patients that didn't show up in the last one week or one month or six months as "no-show" patients. Our recommendation is that you define a campaign with patients that did not show up in the last 2 months (max) – No more than that.

We discovered that after the 2-month period, patients tend to forget that they ever made an appointment with your provider.

Medical Marketing– Direct to Patients

We all have situations where patients did not even show up for their first appointment. In our experience, we noticed that patients like these need to be treated a little differently than the patients who usually do come to see our providers but simply did not turn up for the last appointment.

For such patients that never showed up for their first appointment. we recommend that you consider them for a "no encounter" campaign instead.

You are also going to need to define the various legends that you are going to use in your campaign.

As an example, what are the various outcomes that you are going to accept from your calling team?

Feel free to use this sample call center log spreadsheet (keep in mind that a healthcare CRM helps makes this easier).

Define at least a few dispositions before you get started

We use the following (you can have your own):

- DONE – this means that the patient was re-appointed
- NOANS – this means that the patient did not answer the phone. I recommend that your team calls them back next week (i.e. it goes into next week's backlog)
- LVM – this means that the agent left your patient a voicemail. This is a bit tricky because if the patient calls back and books an appointment, usually another agent answers the call. You need to ensure that this agent also updates the spreadsheet with the fact that the patient now has an appointment hence should be removed from your no-shows campaign.
- WNUM – this means wrong number. Yes, it happens ALL the time.
- CBACK – this means that the patient has asked for a call back at a certain date/time or both. The agent needs to be able to set a reminder for themselves to call the patient back.
- LOST – this means that the patient has either found another doctor or has decided that they do not want to come in for an appointment (i.e their need has been met). Usually, I put these patients in another campaign to try and win them back.
- DCONN – this means that the patient's phone number is disconnected. The patient population that my clients work with tends to have this happen to them (obamaphones).

- **UNAVLBL** – this means that for whatever reason the patient is not available, but the phone number is correct (e.g. someone from their family picked up the phone but your agents are not allowed to book appointments unless they speak to the patient directly)
- **HUNG UP** – this also happens wherein a patient simply hangs up. Don't call them back immediately but try reaching out to them the week after.
- **DNC** – this happens (for whatever reason) when the patient does not want to be called any longer. They tell your agent to not call back again – these are a separate category of patients that are lost. DNC is something that I consider as non-recoverable, where as LOST patients is something that I consider as LOST for now, but will try to win back later.
- **RECONFIRMED** – sometimes due to data errors, the agent runs into situations where the patient has already called in and made an appointment to come back, but the agent's spreadsheet does not reflect this new appointment. In that case, the agent simply confirms the new appointment date/time.
- **DUPLICATE** – happens all the time where the patient record is a duplicate in the spreadsheet they are working off of.

Define max attempts to be made

You also need to make sure you define the maximum number of attempts your team is supposed to give towards reappointing a patient before they mark that patient record as unrecoverable.

We have typically defined this as five(5) – ie our BPO team should call the patient at least five times before they give up on that patient.

Prepare campaign data

Export the patients marked no-shows/cancels in carecloud (reports/analytics section) as a CSV and save it somewhere that you have designated as HIPAA compliant. We include patients that "canceled" in this campaign primarily because most healthcare staff that we work with, did not seem to follow the same process of marking a patient as "no show" versus "canceled". So we never know for sure whether the patient really wanted to cancel or was simply a no-show.
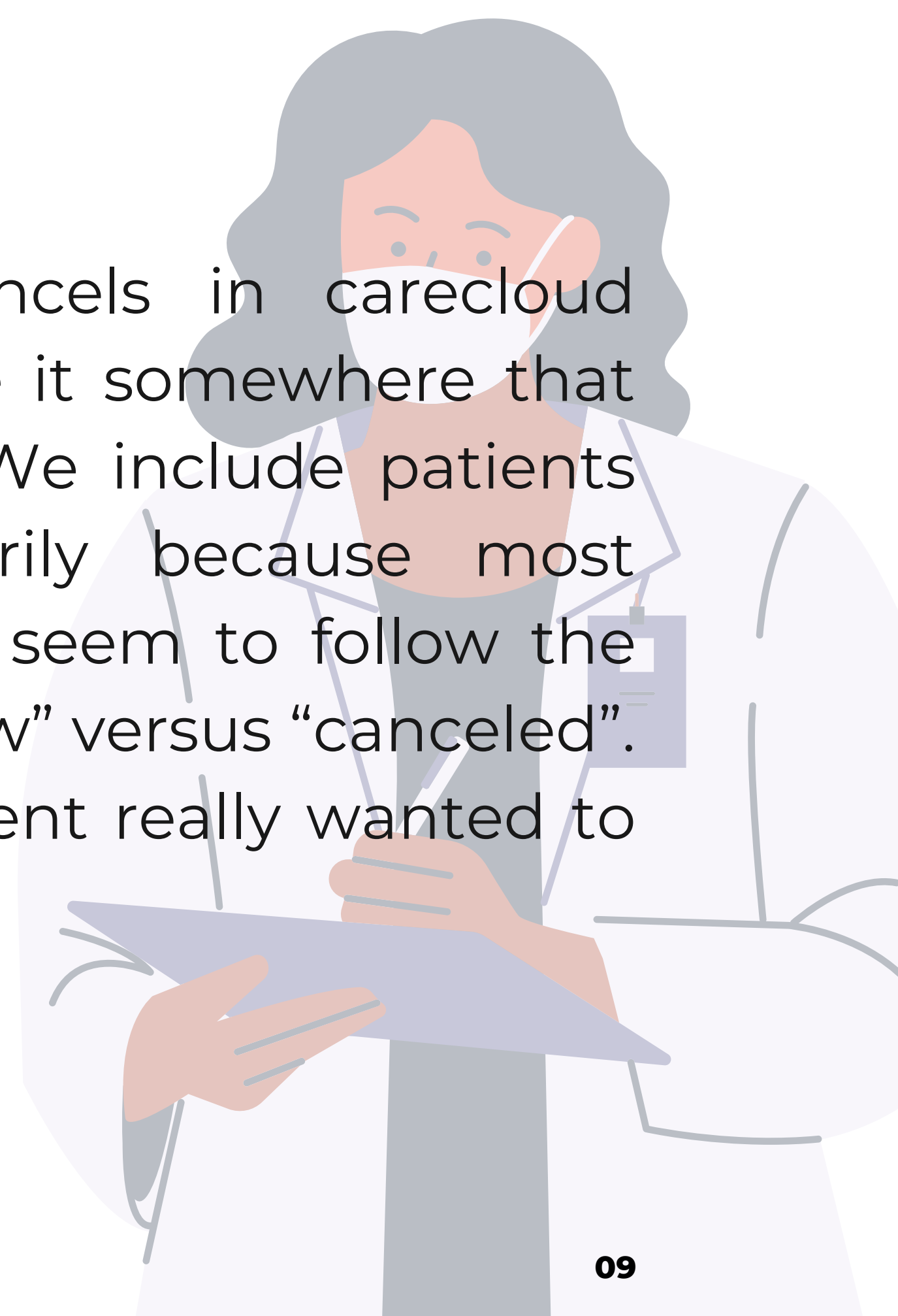
Enhance your spreadsheet (if you are not using a healthcare CRM)

Enhance your combined spreadsheet with some columns to "sort of" make it like a CRM (this allows your staff to be laser focused on working the list). I tend to include columns like these (yours can be different to suit your needs).

Assigned Date – the date this patient account was assigned to the agent. I want to monitor if they are actively working the accounts given or not.

- Disposition – outcome of the call
- Call date – 1st call date
- 2nd call date – self explanatory
- 3rd call date – self explanatory
- 4th call date – self explanatory
- 5th call date – self explanatory
- Notes in carecloud – whatever be the outcome of the call, the agent puts this in carecloud as an after call work.

The following, you will get from carecloud exported CSVs anyway.. Some (not all) of these are needed for your agent to be able to effectively talk to your patient when they do answer the phone…

Patient
Appointment Date
Appointment Time
Provider
Location
Nature of Visit
Phone
Referring Physician
Chart
DOB
Policy Type

Member ID
Co-pay
Balance
Status
Comments
Cancellation Reason
Cancellation Comments
Payer
Referral Source
Eligibility
Resource
Chief Complaint

Now that you have a defined spreadsheet, schedule a Carecloud report every day (end of day) of all patients that were deemed no-show/cancelled. This data will be added to the sheet you prepared in the step above.

Execute your campaign ⏏

You can decide to set aside a few hours each day, start dialing, dispose the call with an outcome, notes and follow up if any required. Since our clients work with at least 3-4,000 patient appointments per month, this usually requires multiple full time employees.

Keep adding to the list, keep working the list (never ending process). Understand the basic math as mentioned above. In one week, the backlog of calls to be made does add up significantly.

Do not let patient data get stale.. If you need more agents to add to this team, do so and you will reap the rewards.
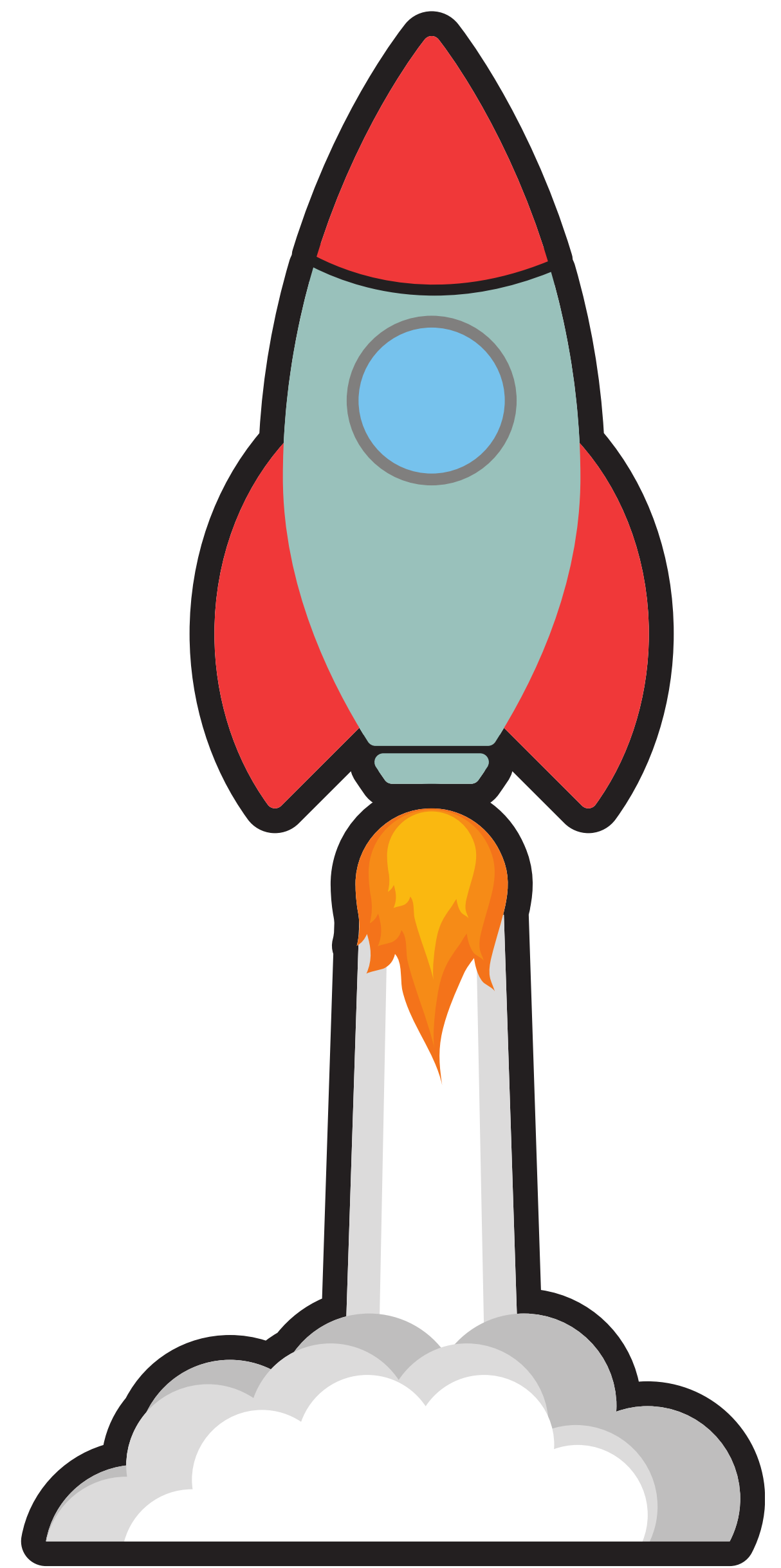
Monitor your campaign

Monitor the performance of your efforts and fine tune calling times if needed. We have noticed that certain kinds of patients tend to pick up the phone early in the morning, around lunch time and then again around 4 PM onwards. Another set of patient demographics seems to pick up the calls throughout the day.

We have also experienced that the conversion rate seems to decrease as the total number of calls to the same patient increases (just our observation). This means that if the patient picks up the phone in the first try, the chances of reappointing them are close to 100%, if they pick up at the second try, the chances go down a bit to around 70% or so, if they pick up on the 3rd try, it reduces further etc..

Fine tune the number of calls to be made before you give up on that patient. We have vacillated between 3-5 calls, but we don't ever truly give up on a patient. We simply move patients from campaign to campaign – if they have not rebooked within 3 calls, then we might move them to a completely different campaign altogether.

Play with power dialers (not robocalls) vs dialing manually – you can achieve a lot more calls per day but it does increase your phone bills significantly.

Good luck with this – keep at it and you will see HUGE monetary rewards. If you need any help, let me know.

> In addition to no-shows, use this method to recall patients fallen out of care (more than 3-4 months)

Now, here's one more way that we use.. cold calling patients.

There are 2 segments that we break this down into.
- Community outreach cold calls
- Calling patients that never showed up

How to run community outreach with a patient contact center

You can do most of these "automatically" if you are using our healthcare CRM and our patient communication software. Our patient contact center does community outreach for our healthcare customers. Basically, this breaks down into a few campaigns – mailing postcards, voicemail drops, sending SMS (to mobiles) and a voice call from agents for the last mile (i.e. patients that just don't respond). We use a healthcare CRM to focus and organize our efforts.

Set up the community outreach process workflow

Our customers send us a file with prospect names each month OR we buy prospect / people data from InfoUSA.com for the same. Some of them want our patient contact center team to start dialing those numbers immediately. Meanwhile, some clients prefer to start with sending postcard mailers first. Some customers prefer to start with sending SMS to mobile numbers and call / leave a voicemail to prospects.

Regardless, the workflow is adjusted per customer's wishes. You can also follow something as below for your own community outreach initiatives.

Set up the pre-requisites

- Set aside a team to concentrate on patient engagement.
- Set up your Amazon Web Services account – it doesn't take more than 5 mins to do so. This ensures that all SMS, voice numbers that you provision and use during the community outreach stay in your account. You would need this because you might choose to hire an external patient contact center team. If they are no longer engaged with you, the numbers they've been using, should remain with you.
- Getting new phone numbers is dirt cheap with providers like Amazon (around $1 per month). Set aside a separate SMS number for patient outreach. This is done in Amazon Pinpoint. Keep in mind that in the USA, the same Amazon Pinpoint number (long code) can handle SMS and Voicemail drops.
- Next, set aside a separate voice number for patient outreach cold calls in Amazon Connect Contact Center. Note that if SMS and voice originate from the same number, it might jeopardize both numbers being marked as SPAM by patients unwittingly. It happens – sometimes patients mark numbers as spam unwittingly.
- Then, you set up a cloud based IVR (<u>Amazon Connect Contact Center</u>) for this initiative.
- You do need a separate <u>patient CRM</u> instance for patient outreach. It gets a little hairy trying to do this with spreadsheets (trust us – we have been there, done that).
- Make sure you obtain or designate separate EMR login credentials for the outreach team (for creating new appointments)
- Set up or get a confirmation on the scheduling process (block times for new appointments vs ad hoc appointments) and visit types.

- Figure out if televisits are acceptable as a way to introduce your practice to the patients.
- Make sure that you set up escalation point of contact for both parties (outreach team and the scheduling team)
- Prepare and get sign off on calling scripts and SMS scripts. Make sure that all parties understand the outreach frequency.
- An outreach frequency could be that you send patients postcard mailers, then the next week you send those patients an SMS, the week after you do voicemail drops for those patients, the week thereafter, you send them an SMS again or call them.
- Set up weekly calls for progress updates between the stakeholders and the outreach team. There must be a mutual agreement on dispositions of calls because you will be reporting on the daily activities and outcomes.
- Finalize the handover protocol from the outreach team to the scheduling team (e.g. mark new appointments with Chief Complaint / HPI or just "new appointment" etc).
- If the outreach team also does appointment reminders, then finalize the cadence of the same (e.g. 7 days before, 2 days before and day of appointment or some other cadence that you all can agree on).
- If the outreach team also handles no-shows, then finalize the no-show cadence / modalities. Make sure that all parties agree to it.
- Finalize cancellation cadence / modalities if your outreach team is going to handle cancellations. Keep in mind that these prospects are cancelling before their first visit, so they are treated "almost" like a cold call (not a warm call).
- Before you get started, find out if your upper management / stakeholders want to enrich prospect data with social data or not. If so, finalize whether social data should be mined and social outreach should be made (e.g Facebook, Twitter etc)
- Are you going to have your outreach agents also handle incoming website chats? If you are going to do that, then make sure that you set up a protocol to delineate who handles what for existing vs new patients. Among new patients, figure out whether the new patients are from outreach or whether they are just patients that discovered your practice. Make a decision on how you would handle both.
- Decide on whether you are going to create and send monthly / weekly/ quarterly campaigns based on patient/prospects' segmented data. See below – an example for a primary care practice

- Last but not the least – make sure that you finalize your patient journeys. This means that you need to figure out the journey that your prospects would take, the brand touch points they would face before they become your patients.

Create a set of patient segmentation led campaigns (examples below)

For a primary care business, you have MULTIPLE reasons to reach out to a prospect / patient. Some of these can be the initial outreach itself and some can be after the prospect has become a patient of your practice.

- (CDC) COMPREHENSIVE DIABETES CARE
- (CBP) CONTROLLING HIGH BLOOD PRESSURE
- (COA) CARE FOR OLDER ADULTS
- (COL) COLORECTAL CANCER SCREENING
- (BCS) BREAST CANCER SCREENING
- (CCS) CERVICAL CANCER SCREENING
- (CIS) CHILDHOOD IMMUNIZATION STATUS
- (IMA) IMMUNIZATIONS FOR ADOLESCENTS
- (W15/W34/AWC) WELL-CHILD AND ADOLESCENT WELL-CARE VISITS
- (ABA) ADULT BMI ASSESSMENT

Finalize your workflow (recommendation below)

- Monthly – Import each month's file as an audience into Amazon Pinpoint. Read this guide on how to import endpoints into Amazon Pinpoint.
- Once you have imported endpoints / audiences into Amazon Pinpoint, segment them based on whatever your campaign criteria are. See here for help on creating segments.
- Run the Amazon Pinpoint PhoneNumberValidate feature to figure out which numbers are mobile vs non-mobile. For the mobile numbers, you are going to send SMS. For the non-mobile numbers, you are going to drop a voicemail.
- Daily (or any regular schedule / cadence you decide upon), send outreach SMS to mobile numbers received. Since you are using Amazon Pinpoint, this also allows for A/B testing of messaging to various segments.
- Daily (or any regular schedule / cadence you decide upon), send outreach voicemail drops to non-mobile numbers received. Since you are using Amazon Pinpoint, this also allows for A/B testing of messaging to various segments. Here's some help on how to send voice messages to prospects.

Daily (or any regular schedule / cadence you decide upon), make outreach calls to landline numbers received (allows for A/B testing of messaging). These calls need to be made from Amazon Connect.

- On a regular basis, update your community outreach tracker / CRM. Read below on how to use a community outreach tracker/CRM using Amazon HoneyCode. Here's a guide on <u>how to get started with Amazon Honeycode</u>
- For patients that pick up the call, we recommend that you ensure capturing the patient's mobile number. This allows you to have another contact point with the patient in addition to being able to contact the patient throughout the day (vs being stuck with a home phone number).

What to do when you connect with patients
If patient agrees to an appointment
- Create the patient in the EMR
- Make an appointment
- Dispose the call and update patient status based on agreement, in the community outreach tracker.
- Send appt confirmation SMS immediately (same SMS as where the outreach went from)
- Send SMS appointment reminders based on agreed upon cadence
- Call patients for appointment reminders based on agreement
- Call no show and cancelled patients based on agreement
- Send SEEN patients review requests based on agreed upon messaging
- Respond to patient reviews based on agreed upon messaging

For patients that did not agree to an appointment
- Send practice info immediately via SMS
- Dispose call and set up reminder to follow up next month

For patients that did not pick up the call but have voicemail set up
- Leave VM with agreed upon messaging, asking for a callback at your phone number.
- Dispose the call as agreed upon in the community tracker CRM and set up a reminder to follow up next month with next month's messaging

For patients that did not pick up the call and do NOT have voicemail set up
- Dispose the call and set up reminder to follow up at agreed upon cadence

Rinse, repeat, report

Daily – repeat outreach from last month's reminders, dispose according to agreement (modalities and frequency)Weekly – consolidate and send week's efforts, inputs from lessons learnt to your stakeholders

How to increase patient volumes by calling patients that never showed up

We have all had situations where patients had made appointments with our providers, but never really showed up for their first appointment (where we can bill as a "new patient visit"). This is a whole lot easier if you use a <u>healthcare CRM</u> and an automated communication solution like ours. We have all had situations where patients had made appointments with our providers, but never really showed up for their first appointment (where we can bill as a "new patient visit"). These were patients that were not really familiar with our client's practice, nor did they really know about the amazing bedside manners or the skills of our providers.

So, this was almost like a "cold call" with a hope that the patients might remember their first appointment. When we started, we had hoped that patients would recall making the first appointment.. But alas, the older the data was, the more we found our that the patients didn't even know who the provider was nor who our client's practice is/was.

The patients didn't remember when their PCP had referred them to our specialists. When they did pick up the call, they asked the agents "OK, tell me who my PCP is".. Unfortunately, our client's staff wasn't very regimented at capturing the referring PCP information, so more often than not, the agents could not answer this directly – however, choosing the right agents that could handle these questions with a slight change in the script helped iron things out.

Prepare your team properly (not easy)

If you have a call center team that is willing to make "cold calls" or "sort of cold calls" – this campaign can produce very good results. Again, dig into your EMR to find all patients that never showed up for their first appointment, remove the patients that might already be part of a no-shows campaign and get running with this. Your agents will have to have laser focus and not get disheartened at the rates of conversion, but that's also why you need hard core agents with sales skills and the thick skin to take rejections all day long for this campaign.

Identify and train the team

You are going to need the right people / staff with the right skill set for this. Most of our call center staff do have decent sales skills, but this was a different breed – we staffed this with folks that have cold calling experience. It worked very well as that's precisely what was required.

Your team's job is going to be to make patients understand that despite the fact that the referring PCP info is not always available with them.. There was a reason why their PCP had referred them to your practice... and to have the patients agree to coming back in to you see your provider(s).

Use some kind of a CRM

We started with spreadsheets, but ended up moving to our own healthcare focused CRM (life was hellish before that).

You are going to need to have a team that knows excel spreadsheets well enough – even then, managing the volume of data is on the hard side.. If you use a healthcare focused CRM, it does get easier (my experience).

Use the same steps as above (do the match, prepare the data, monitor the campaign, execute the campaign etc)

Combining all the above – marketing to patients and referring providers.
Telehealth Marketing!! Let's see how to market telehealth services

There's a reason we left this discussion until now. It's because you are going to market telehealth services to both patients and referring providers. You are going to market to pretty much every provider in the city. You are going to market to every patient – existing and new. There are no boundaries. You are going to use PPC and SEO. All channels. Everything. no boundaries. At all.

The beautiful thing about telemedicine is that it doesn't have any boundaries around office locations (unlike the services you offer at your offices, telehealth can be delivered to anyone residing far away from your locations as well).

Offering telehealth services and beginning to market telehealth services are just the first steps of creating a line of business around telemedicine. As with any other service offering, you need to have a plan around generating new patient appointments, retaining patients and generating more revenues via recalls etc. i.e. the same medical marketing rules apply here.

First things first, add this line of service on your website. Make sure that on your website's contact us form, you allow patients to select televisit appointment as one of the appointment choices.

Trust me – Just because you have added telehealth as a service offering today, doesn't mean that you will be flooded with appointment requests before you are ready. It takes time for google to "catch up". Add it today.

Send a fax or email to ALL the providers in your city letting them know about your services. For in office visits, you could only market your practice to providers near your office locations.

But, for telehealth, there are no boundaries. Market to everyone in the city. Who cares? Even if 10% of them refer patients to you, imagine how many new patients you can acquire that way! BTW, you are going to need to use <u>a healthcare CRM that allows you to track referring physicians.</u>

Send a personalized fax to all your referring provider partners letting them know that you are available to service their patients. Your current partners HAVE to know that they can now refer patients to you for televisits as well. If you want to send a fax blast instead of sending individual faxes, you can use providers like openfax.com. These guys will even allow you to send personalized faxes (some limitations there).

Hopefully you are managing referrals and referring partners using a <u>healthcare CRM like ours</u>.

We advertise on Facebook and Google. Out of the two, we had better luck on Facebook. The **most important thing to remember** is that when you get an incoming appointment request from your paid ads on facebook and google, you HAVE to respond within a few mins. Make sure your team is ready to do so. We have noticed that if you respond after 30 mins or so, the patient has already decided on someone else. The same goes for zocdoc as well. You need to respond REALLY fast.

We are having HUGE success by posting regularly on Google my business. Posting on Google My Business alone has increased our traffic and interest from prospective patients substantially (for our healthcare customers).

We found that not many practices do this kind of community outreach. We have been doing this for our healthcare customers for almost 2 years now with decent success. Start community outreach initiatives via the phone or postal mail to all zip codes that you can afford to. For this, you need to buy people data from data providers like InfoUSA (if you want to call in addition to sending postcards). If you only intend to send postcards, you can also use USPS itself.

Start by sending postcards. We typically mail postcards, then the week after, we start calling. We alternate between leaving a voicemail and not doing so. Our approach is that a person should hear exactly twice from us each month. No more, no less.

Make sure that you use a healthcare CRM for this. Community outreach is a volume game, and you need to arm your marketing team with a healthcare focused CRM. You also need to arm your call center team with contact center software.

Prepare for community outreach calls – This is quite simple. Head over to data providers like infousa.com and simply purchase a list of patients that fit your criteria (e.g. people 40+, near zipcode of your choice etc). Before you start using their data to call patients you will have to register with the **Do not call registry** as well. There are a few, very simple steps to take before you can start a community outreach campaign. However, once you take those steps, you are good to go for an entire year (they will give you a SAN and ORG ID).

Hopefully you use a healthcare CRM as this becomes very easy to do if you use one. If you do not use one, then login to your EMR and search/filter for patients that had appointments within a specific date range of your choice (e.g. March 16th 2020 through April 30, 2020)

Call Patients from the resulting patient list.

Prepare your script(s) for calling patients with cancelled appts

Here's a sample of a script we have used for one of our clients. "Hello, I am calling from <your practice name>. Can I speak with... " Then usual "how are you doing/feeling etc " ...small chat as usual.. . "Well, I'm calling because we had to cancel your appt recently and upon reviewing your chart, our doctor recommended that we set up a video call with you and our doctor. This will help the doctor determine your care plan."

Call no-show and cancelled patients

Start calling patients that had cancelled in the recent past or have no-showed in the recent past. We typically start with a list of 2 months of such patients. What we find out is that many patients were a no-show or cancelled due to work reasons. Being able to do a televisit allows them to not have to travel and not have to take time off of work. This alone had allowed us to conduct 4,500+ televisits for one of our eye care customers.

Prepare your script(s) for calling patients with upcoming appts

"Hello, I am calling from <your practice name>. Can I speak with... " Then usual "how are you doing/feeling etc " ...small chat as usual.. .. "Well, I'm calling because you have an upcoming appt on < date time > and upon reviewing your chart, our doctor recommended that we set up a video call with you and our doctor. This will help us determine your care plan and next steps.."

COVID specific tactic

Start calling patients with future appointments to see if they would be better served by staying at home and offer them telehealth services. We started doing this because during COVID, our customers' in-office appointments were at a premium. When you are doing televisits, you cannot run tests (most tests) on a patient. For this, you need to have in office visits. For some preventive care/maintenance visits, our patient contact center team works with our customers' providers to identify patients that can be served via televisits. They, then call those patients and offer them televisits

Prepare your script for community outreach

"Hello, I am calling from <your practice name>. Can I speak with… "
Then usual "how are you doing/feeling etc " …small chat as usual.. ..
"We are calling all members in communities around our offices in Bronx, Jackson Heights, Jamaica to let them know that we are still seeing all emergency eye care patients. In addition to that, our doctors are also seeing patients via video calls. If you know of someone that needs help related to eye care, could you please let me know?"

… answer questions etc etc..

The goal here is NOT to have the patient make an appointment with your provider, but rather, to be aware of your service offering

So, while the patient is on the call with your agent, use this script
"Why don't I send you an SMS with our locations and phone numbers so you can forward it to friends and family?"
OR
"Sure, I can set you up with a video call appt with one of our eye doctors"

Prepare your script for when a patient agrees to a televisit appt

… Pt response… If they are good to go.. (not DECLINED) .. Explain how a televisit works and what the patient should expect before, during and after the video visit.
"Cool. The way video calls with our doctors works is this.."
First, I will get you an appt date/time that works for you and our doctor.
Then I will send you an SMS with the appt confirmation.. You will get a link where you can confirm your appointment, change or reschedule your appointment.. everything.

Of course, you can take the video call from your home computer or your phone that most have a camera

Next, our system will send you a reminder 30 mins before the appt and also 15 mins before your appt

At the time of your appointment, the doctor will start the call and you'll get an SMS with the link to the video call web page. You just click on the link, enter your mobile number, your DOB and the doctor will see you.

If you face ANY problems, just call us at <your practice phone number> and we will help you.

When your appt starts, the doctor will ask your the regular diagnostic questions, specific questions about your vision, your problem, examine you the best they can over the video and after that, they'll recommend next steps"

… answer any other questions..

Prepare your script for when a patient agrees to a televisit appt

… Pt response… If they are good to go.. (not DECLINED) .. Explain how a televisit works and what the patient should expect before, during and after the video visit.

"Cool. The way video calls with our doctors works is this.."

First, I will get you an appt date/time that works for you and our doctor.

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Prepare your billers / medical billing team ⬜

This is pretty crucial – look at how to schedule and get paid for telemedicine .. just a few gotchas there.

Next up, let's look at how NOT to lose the patients you already have!! Patient retention is so much easier than patient acquisition. You know it ⬜

COMPLETE MEDICAL MARKETING GUIDE-
DIRECT TO PATIENTS

Written by Nisos Health (*nisos.health*)

Want to get started?

Our software and services help providers reduce operational expenses, increase collections, improve patient outreach and patient experience. Healthcare organizations rely on us for call center solutions, healthcare software services, healthcare BPO, medical billing, revenue cycle management solutions.

Thank you!

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