

Practice Management Consult Overview

Hi, everyone,

In this section we're going to discuss the initial consult. In the case review model of onboarding new patients that I'm presenting in this course, this will be your first contact with patients or potential patients.

The primary goals of the initial consult are:

1. To establish a human connection with your patient and inspire confidence and excitement about working with you and your staff.
2. To learn about your patient's chief complaints and relevant history, listen with empathy and compassion, and acknowledge their experience.
3. To explain how you will address their complaints from a functional medicine perspective and share relevant success stories.
4. To determine what labs to order and explain why you recommend them to the patient.
5. To explain the case review process and the critical timing for completion of labs and case review paperwork.
6. To provide the patient with instructions for an initial diet/lifestyle reset (such as 14Four), if appropriate, that they can get started with prior to the case review.
7. To answer any questions the patient has about working with you and your staff.

The initial consult is not the time to attempt to diagnose the patient or make specific recommendations for treatment above and beyond the diet and lifestyle reset. You will be performing a thorough diagnostic evaluation and creating a comprehensive treatment plan as part of the case review. If your patient asks you for this kind of input, gently remind them that the initial consult is simply the first step of your work together and is designed to help you to gather the information you need for the case review process.

To make this easier for you, I've included a bullet point summary of the main points you need to cover in the initial consult. You can find it in the handouts section for this module.

And here are a few additional tips for making the most of the initial consult.

Listen more than you talk. More than anything else, this is what patients want—a clinician that will listen to their story with empathy, compassion, and understanding. Ask questions and show them that you take their complaints seriously and value their experience and sense of what is going on. In many cases, your patients have never had this experience with a clinician, and just giving them this opportunity is enough to convince them to work with you.

On the other hand, be firm with your time and gently interrupt when necessary. When I was doing free 15-minute consults, I used to begin by saying something like, “The purpose of this appointment is for me to learn about your main complaints and what you’d like to accomplish in our work together and tell you if I think I can help. Later on in the process, we’ll have plenty of time to go into great detail about your background and relevant health history; for now, why don’t you start by telling me your top three concerns and what you’ve tried so far, and we’ll go from there.”

It’s important for you to maintain control of how the appointment unfolds so you can be sure to cover all of the important points without going over the allotted time. It is definitely possible to do this while still giving the patient plenty of time to discuss their complaints.

Remember that the initial consult is only a starting place. The purpose is to get the patient excited about working with you (assuming you can help them), determine what tests you need to order, and give them an overview of what to expect. It’s not the time to collect a detailed health history, offer a diagnosis, or provide treatment.

There are two main ways to do the initial consult. The first is to offer a free 15- to 20-minute consult via phone to people that are interested in becoming patients. I did this when I was first starting my practice, shortly after I graduated from school, and it worked well. It gives patients a chance to hear your voice (and see you if you’re doing video conference), explain their goals, and learn more about how you work with people. It gives you a chance to determine if you can help the patient, explain how your approach differs from other clinicians they may have seen, and see if the patient is a good fit for your practice. If you and the patient decide to move forward, you can then have your staff follow up and get them established as a new patient.

The downside to offering a free consult, of course, is that you’re giving away your time. If you’re just starting out, this may be a good investment in building your practice, especially if a high percentage of people you speak with go on to become patients. I don’t remember exact numbers because I haven’t done free initial consults in years, but I would estimate that at least 75 to 80 percent of the people I spoke with in free consults ended up becoming patients. In my case, however, they were often already somewhat aware of me and my work because of my blog and podcast, so I am not sure what those numbers would have been without that exposure.

The second way to do the initial consult is to charge patients for it, either separately or as part of a single case review fee. We have tried both of these approaches but currently charge for the initial consult separately. If you are still relatively new to practice, I recommend doing it this way because it allows patients a way to speak with you or someone on your staff to determine if they want to work with you without paying the entire case review fee. For example, currently we charge about \$1,000 for the case review, but the initial consult costs \$245.

If you do charge patients for the initial consult, I suggest a 30-minute appointment. This makes it a little more spacious than the 15- to 20-minute free consult and gives you and the patient plenty of time to say what needs to be said.

Regardless of whether you do a free or paid initial consult, I suggest that you do them by phone or video conference. There are a few reasons for this.

First, if you will be working with patients outside of your immediate geographical area, this makes it much easier for them to initiate the process of becoming a patient. If they have to travel a long distance to see you for the initial consult, and then turn around and do that again for the case review several weeks later, that makes it more difficult for them than it has to be.

Second, if you're doing a free 15- to 20-minute initial consult, or even if you're doing a paid 30-minute consult, those are short appointments to do in person if it's the first time you are meeting a patient.

As you'll see, I recommend that the case review appointment take place in person, so that will be your chance to meet the patient face to face. If phone seems too impersonal for your initial contact with the patient, you can do a video conference instead using Chiron (what we use) or another provider. (We'll be talking more about Chiron and video conferencing with patients later in the practice management unit.)

Finally, let's talk about who should actually do the initial consult. So far I've been talking about it as if you, the clinician, will be the one to do it. If you're just starting out, I strongly recommend that you start out doing them yourself. If nothing else, you need to know the ins and outs of how to do them and what to expect before you can effectively train a staff person to do them.

That said, as your clinic grows, you may find that it is more efficient to have a staff member do the initial consults for you. This is another strength of the case review model: it allows you to scale and grow your clinic more efficiently. This staff person could be a clinician, such as a staff physician, nurse practitioner, or physician assistant, or they could simply be a well-trained medical assistant or administrative person. Since they are not making any diagnosis or treatment recommendations (other than referring patients to a diet/lifestyle reset program like 14Four), the person doing the initial consult does not need to be a licensed medical provider. This was the opinion of our medical attorney, at least, when I consulted him about it. You should check with an attorney yourself if you decide to have a non-licensed person fulfill this role because laws and regulations vary from state to state.

Okay, that's it for now. In the next video, I'm going to provide a few more details about exactly what to cover in the initial consult, how to follow up with patients afterwards, and how to get them scheduled for the Case Review. I will also be providing written working procedures in the supplemental materials for this week that outline each of these steps in detail so you can easily train yourself and your staff.