

The Initial Consult, Part 3

Initial consult **follow-up**

Help patient to feel
supported and welcomed

Provide **clear instructions**
to patient for taking the
next step in the process

Provide necessary **paperwork**
and lab requisitions

Request **approval for invoice**
and bill for consult and labs

Answer any questions
that the patient may have

So that takes us through the initial consult appointment. The next step is how you or your staff will follow up after the initial consult, assuming the patient has decided to proceed to the case review. The initial consult follow-up procedure has several purposes. You want to help the patient again to feel supported and welcomed to the practice, you want to provide the necessary paperwork and lab requisitions, you want to provide clear instructions to the patient for taking the next steps in the process, you want to request approval for invoice and bill for consult and the labs, and you want to answer any questions that the patient may have.

Overview of follow-up steps



1

Generate estimate,
send to patient, and
run card when
approved



2

Call
patient



3

Deliver **lab**
requisitions
and **kits**



4

Deliver new
patient **intake**
paperwork



5

Schedule
case review
appointment

So let's talk a little more about the specifics of what will happen in this follow-up, and again, we've provided this as a fully detailed, written working procedure. You'll have access to this step-by-step process written out so you don't need to worry about writing down what I'm going to say here, and you can use those written procedures to quickly and efficiently train your staff. So, as an overview, step one would be generating the estimate, sending it to the patient and then running their card once the estimate has been approved. Step two would be calling the patient, doing that 48-hour call. This is actually not necessarily in order; it depends how quickly your staff resources and how quickly you move. For example, you may deliver the lab requisitions and kits, which is step three, and new patient paperwork before you actually do that call, depending on when you do the call, but step three would be to deliver the lab requisition and kits. Step four is to deliver the new patient intake paperwork, and step five would be scheduling the case review appointment, so let's look at these in a little more detail.



California Center for Functional Medicine
2414 Ashby Ave Ste 201
Berkeley, CA 94705
Tel: (510) 849-6500
Fax: (510) 849-6501
EIN(Tax ID #): 47-1588986

ESTIMATE FOR [REDACTED]
Estimate generated 01/05/2016.

Applicable shipping and tax not included.

Service	Date	Service To	Amount
IC (Phone-AN)	01/05/2016		\$245.00
Initial Consultation with Dr. Amy Nett, MD			
PH Comp Hormone Profile	01/05/2016		\$300.00
Precision Analytical Labs DUTCH Complete Hormone Profile			
DD CSAP x3	01/05/2016		\$345.00
Doctor's Data Comprehensive Stool Analysis with Parasitology x3			
Genova Organix Comp	01/05/2016		\$259.00
Genova Diagnostics Organix Comprehensive #0091			
NCNM SIBO	01/05/2016		\$230.00
NCNM clinic Small Intestine Bacterial Overgrowth (SIBO) breath test. Please note, if you are lactose intolerant or have a lactose allergy, please go to your Labs & Documents, then click on "show details" for this test to review the important information there before you send us your estimate approval.			
BioHealth #401H	01/05/2016		\$317.00
GI Pathogen Screen			
HDRI Methylation Pathway Panel Plus	01/05/2016		\$595.00
Health Diagnostics Research Institute Methylation Pathway Panel + Nitric Oxide + Nitrotyrosine + Catalase analysis			
CR Blood Panel (LabCorp)	01/05/2016		\$296.00
LabCorp test number 386016 (specialized panel)			
CARD TO BILL: ***** - 6328 (05/18)			
		ESTIMATE:	\$2587.00

Shipping Address Billing Address

So to generate the estimate, assuming you're using MD HQ, your staff can review the encounter note in the EHR that you generated in the initial consult, and then they'll add up the cost of labs as well as the cost of the initial consult itself, so as you can see here, we've put a sample estimate that we generated from our practice, and this is an actual estimate from an initial consult. As you can see, we're ordering quite a few tests here, as part of our case review workup. And this patient is paying out of pocket; this comes out to about \$2,600. This is a patient that had a lot going on and got a full range of tests, including a methylation panel, which we don't typically order during the case review, and so that increased the price of it a little bit, and this patient was paying for the blood work out of pocket instead of submitting to insurance, which increased the price a little bit.

So the estimate can be created right inside of MD HQ, if you're using MD HQ's built-in billing system. Now, what happens after that is part of another discussion, but we use QuickBooks Online to actually bill the patient and charge their card, so we just use MD HQ to create the estimate and send that to the patient. If the patient approves the estimate, we have a connection that between MD HQ and QuickBooks Online that sends the patient's credit card, which they've entered into the portal in MD HQ when they signed up to become a patient. It sends that credit card information, which cannot legally be stored in MD HQ, to QuickBooks Online in a PCI-compliant way, and then we're able to bill the patient from QuickBooks Online, and that's how we do it.

The reason we do it that way is we use QuickBooks Online as our bookkeeping system, and we have such a large busy practice that manually transferring information from MD HQ to QuickBooks Online would just be an absolutely enormous undertaking for a bookkeeper, and it would introduce the possibility of mistakes, frequent mistakes, so we created this connection between MD HQ and QuickBooks Online which allows transfer of credit card information that the patient enters in MD

HQ to QuickBooks Online, where it's stored legally and safely, and then we do all of our billing from QuickBooks Online. That said, the vast majority of people who are using MD HQ just use MD HQ's internal billing system, and if you're just starting out and you don't have a huge volume, that's probably the easiest way to do it and you can have your bookkeeper transfer over the information from MD HQ to whatever bookkeeping system that you're doing. If you have a really high-volume busy practice like we do, it might be better to use QuickBooks Online or Zero or one of the accounting programs to do your billing, and I think we're going to try to make this connection between MD HQ and QuickBooks Online available in some way. As I've said before, any problem or challenge that we face, we figure others are going to face too, so we do our best to make it available. And regarding the invoice, there may be some back and forth between your staff and the patient, depending on whether the patient agrees to the full invoice or needs to cut back on some of the tests due to financial reasons. Once the patient approves the invoice, their credit card can then be charged.

So within 24 to 48 hours of the initial consult, we, as I mentioned before, recommend having a staff person call the patient on the phone. Again, I'm going to provide a detailed written working procedure for you so you know exactly what should take place on that call and you have a kind of a script of sorts, but the main goal is to answer any questions or address any concerns that your patient may have. So you could start off with something like, "Hi, this is Jane Doe calling from Dr. Johnson's office, to follow up after your initial consult to see if you have any questions about the appointment or the next steps in the process." And this is a relatively new step for us, but since we did it, patient satisfaction has gone way up. We've preemptively been able to answer a lot of questions, which reduces staff time back and forth in the portal, and again as I said, sometimes a phone call can address issues in a fraction of the time it would take via e-mail or the patient portal, where you can get into a lot of back and forth.

The final step is to get them scheduled for the case review appointment. We currently do this manually because we need to be sure the labs are back in time and we want more control over the process than the built-in MD HQ calendar system allows. It's very robust, but there are a lot of considerations with scheduling the case review. We only do a relatively small number of them per week because they're pretty time consuming and involved. It depends on how often you're in the clinic; I think Amy does six to eight of them per week. I've ranged in the past anywhere between two to eight, depending on how many days I was spending in the clinic and where I was at in my practice. Doing more than eight would be challenging unless you're working five days a week in the clinic, which some of you will be.

The key thing is, you may be able to set it up so that they're scheduled automatically if your system allows for that, but you want to be aware that the challenge or the downside of doing that is if the patient hasn't submitted their paperwork and they haven't done their labs then there might not be as much to talk about. In some cases, if that's true, we'll still go ahead with the case review anyway because we have a 72-hour and at some points even a one-week cancellation policy because I've tended to be booked out several months in advance for case reviews, and we have that policy in order to hold patients' spots, so if they don't do the labs, and they don't do the paperwork, that's kind of on them and we might just go forward and have the appointment and discuss their history and background in more detail, and then they can do the labs after the case review. But in terms of our manual scheduling process for the case reviews right now, we have staff send them three days and times as choices to the patient, and if none of those work, the staff will send three more. We rarely have to go further than that. You want to remind them that the case review appointment's in person, and need them to complete the labs and paperwork in advance of the appointment. Repetition's definitely helpful because this is a fundamentally different way of working with patients and it's often unfamiliar to them.

Okay, that's it for now. In the next section we'll do the same thing we've done for the initial consult here with the case review appointment. All right, talk to you then.