

Patient Flow

In the last video, I introduced the Case Review model that I use as the starting place with all new patients in my clinic. I've found it to be a powerful and efficient way to begin the treatment process, as well as a helpful structure for training clinicians that are new to functional medicine.

That said, there is a lot of variation in terms of how this model can be employed, depending on what your goals and circumstances are. I want to talk about a few of those options in this video.

Let's start with the initial consult. In our clinic right now, this is a 30-minute phone or video conference appointment where we meet the patient, collect their chief complaints, explain how we can help (or why we can't, and what we would suggest as an alternative), determine what labs to order, and outline the case review process for them. This is a paid appointment which is billed at a rate that is a little higher than our standard hourly fee to cover the additional admin costs associated with setting up a new patient.

However, I didn't always do the initial consult this way. When I was first starting out, just after I became licensed, I offered a free 15-minute initial consult. This was an incredibly effective tool in building my practice. Since there was no charge for the appointment, potential patients had little to lose in scheduling a call with me. And once I was able to listen to their complaints, explain how I could help, and go over the case review process, the percentage of these free calls that went on to pay for a case review was very high—I'd say well over 75 percent.

Of course you could also offer a longer, free initial consult—say 20 to 30 minutes. This might be helpful if you are not feeling confident enough in your ability to cover all of the important points in a 15-minute time period. But be careful about giving away too much of your time, and make sure to be firm about the length of the call so you don't end up spending a lot more time on these than makes sense.

To make this easier for you, I've included a sample script for an initial consult, as well as a bullet summary of the main points you need to cover. 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.

Finally, 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.

Now let’s move on to the Case Review. For me, this is now a 60-minute in-office appointment. During this appointment I present the Report of Findings, which summarizes the underlying patterns I discovered in their lab results and intake questionnaires, makes recommendations for further testing that will be necessary based on what I discovered, and outlines the first stages of the treatment plan. I also answer any questions they have about the report, or about treatment in general, and give them a rough outline of what to expect in terms of the length of their treatment.

If you’ll be performing a physical exam as part of this appointment, you will probably want to add an extra 15 minutes. Amy books 75 minutes for case reviews for this reason. Even if you’re not doing a physical exam, you may want to do a 75-minute appointment if you’re not confident in your ability to cover all of the material in the report of findings and have time to answer questions in an hour-long time slot.

Depending on your professional license and the type of testing and work you plan to do with patients, it may be possible to do the case review appointment as a video conference. This is admittedly a legal gray area, and the landscape is changing quickly. Some states are already moving to pass laws that make video conferences equivalent to in-person appointments from a legal and regulatory standpoint. At the time of this recording, those laws are not in effect in most states, but that could have changed by the time you’re watching this video.

When video conferences become equivalent to in-person appointments in the eyes of insurance companies and medical boards—and it really does appear to be “when,” not “if”—there are a couple of advantages to doing at least some of your case reviews this way.

First, it gives you access to patients that live outside of your local community and aren’t willing or able to travel to you for the initial appointment. This can dramatically expand the potential pool of patients you can serve and make building or growing a practice a lot faster than it would be

otherwise. Though you may be limited to people who live in your state for video conferences, that is still a huge increase in the number of patients you could serve.

Second, doing some of your case reviews via video conference gives you some flexibility in terms of where you do your work. You might choose to have a day where you do case reviews from your home office, to give you a little extra time with your family. This is not possible for most people if they're doing 100 percent of their case review appointments in person.

That said, I currently only do case review appointments in person and don't have plans to change that regardless of what happens with the laws around telemedicine. I simply enjoy face-to-face meetings with patients more than video conferences. I already spend a fair amount of time on the computer with my other projects (the blog, podcast, developing this training program, etc.), and I like the real, human connection that I experience with in-person appointments.

There's no "right" or "wrong" way to do it ... it just depends on what your goals and preferences are.

And given how quickly this is changing, make sure to ask me during the Q&A if there have been any updates, and we'll keep you posted with new developments as they occur.

Finally, let's talk a little bit about follow-up appointments. These are a little more straightforward than the initial consult and case review, which you may not have been familiar with.

The primary goal of follow-up appointments is to execute the diagnostic and treatment plan you established during the case review. I will typically structure the appointment as follows.

First, I'll ask the patient to give me an update on their symptoms since we last spoke. But I do not just leave this to them. I go back to their case review paperwork and look at the top five symptoms they mentioned and then ask specifically about how those have changed. I ask them to rate the improvement on a percentage scale, or a number out of 10 versus the last appointment. For example, if their hair loss was 8 out of 10 before starting, I will ask them what it is now.

It is crucial to be this specific. You may have noticed that patients have a tendency to forget about what has improved and only pay attention to what still needs improvement. This is simply human nature. Part of your job as a clinician, then, is to document and then reflect back the improvements they have made in your work together. This is important to ensure patient compliance and keep them on track.

In fact, this is so important that we have recently implemented a system for tracking improvement over time. We ask patients to fill out a symptom questionnaire as part of their case review, and then again before every follow-up appointment. We send a link to the questionnaire as part of the appointment confirmation. The questionnaire rates their symptoms on a point scale, and then automatically plots their progress on a chart. This way both the clinician and patient can get a quick visual indication of how they have progressed. I am making our quiz available in the handouts section, and the charting functionality is available within MDHQ.

As for the length and format of follow-up appointments, that will also depend on your goals and needs. I do 30-minute follow-ups exclusively, and I offer them via phone, video conference, or in person. The reason I limit to 30 minutes is that I am not seeing patients full time and don't have many follow-up slots available. Limiting to 30 minutes prevents the wait for existing patients to schedule a follow-up from getting too long.

Amy offers 45- and 60-minute follow-ups because she has more slots in her schedule for patients each week. She also offers phone, video conference, and in-person appointments.

Once again, I do think that in-person appointments offer a quality of connection that is difficult to achieve otherwise. But we've found that most patients—even those that live locally—prefer to do their follow-ups either by phone or video conference. Of the two options, I prefer video conference because it's closest to an in-person appointment.

In fact, 96 percent of patients rate an appointment using Chiron—the video conferencing platform we use and recommend, and I will tell you about more later—as equivalent to the quality of care they receive for in-person visits.

Okay, I think that covers it. Remember to check out the handouts for this section, which include a script for the initial consult and a visual overview of how a patient moves through your practice in this model.

I'll conclude this video by pointing out that, although I've found the case review process to be very successful, it is of course not the only way to structure your new patient visits. Many clinicians begin with a more standard one-hour visit without doing any lab work, collecting information, or preparing a report beforehand.

Ultimately you will have to find what works best for you, but I think a Case Review format is an excellent starting place for most clinicians for all of the reasons we discussed in the last video.

In the next video, we'll discuss the basic staffing needs for a lean, distributed functional medicine clinic—both as you are starting out and as you expand. See you soon!