

Re-Activating Patients: How Your Peers Do It

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To help you enhance your practice and increase your bottom line, we ask practicing doctors of chiropractic, like you, for ideas and solutions that have been tested in real-world environments. In this issue, we asked: "What is your most effective method of reaching out and re-activating patients who have gone "dormant" and are no longer coming in for treatment?" Here's what your peers had to say about their experiences.

Follow-Up is Key

Doug Briggs, DC, of Wilmington, Del., said that, "if someone drops off the books, you have to follow-up. To do this you have to have a system to track your patients. Our office has a computerized scheduling program that lets us look up patients by category, including any active patients that have not been seen in 30-60-90 days."

"My staff will call them, not to demand they come in, but to 'check-up' with them. Often, patients appreciate that you called to check on them and many will ask if they can schedule a follow-up at that point, without my staff having to beg for it."

Camilla Ferguson, DC, from Beavercreek, Ohio, also uses several methods of follow-up contact. "My staff makes and documents two to three calls to the patient within a short time after a missed appointment. If the patient does not reschedule, then in a month or so we send them a dismissal letter telling them their records will always be here and we will welcome them back. We get the most calls to reschedule from that letter. We do also continue to send birthday cards to stay in touch over the years and we do eventually get reschedules or referrals just from that periodic contact."

Douglas Pfeiffer, DC, from Pennsylvania believes "a hand written note from the Dr. works best."

Frank Sessa, DC, from Clearwater, Fla., finds that "sending a letter or email then following up with a phone call is very helpful in reactivating patients who are not treating presently. In the message, always address the importance of maintenance care once again. And usually, when the patient gets a call from the doctor, they are extremely surprised, pleased and more apt to schedule an appointment."

James Copeland, DC, from Ellisville, Mo., said his most effective method is "monthly birthday cards or a simple phone call to ask how they are doing. I never say anything about them coming in. I just let them tell me they want to come in and they usually do."

Patient Education and Communication

Educating patients, their families, as well as fellow medical practitioners was also an important factor in getting patients to reactivate. La Roy Reek, DC, from Madison, Wis. believes "chiropractic would do well to educate the current doctors and future patients on alternative medicine, herbal, glandular and hormone therapy. The U.S. is moving towards a holistic model that has been gaining momentum for several decades. We have an opportunity to become part of this or leave it to the

naturopaths, acupuncturists and MD's who will vacate traditional medicine."

Cesar Mavila, DC, of Temecula, Calif., believes that "patient education has played a big role in my practice in increasing patient retention. I have treated several patients who did not understand their condition after being treated for some time by a previous doctor. It appears as if the average person tempts to think that if pain is relieved, then the problem has been fixed."

"This patient behavior may be a reflexion of their education about their condition and/or attitude towards their health. We must remind those under our care that our focus must be on increased function and performance, not just pain. I make it a point, when patients have not returned for several months, to send them a letter letting them know we are thinking about them. I include a free half hour massage to use whenever they please. I believe that that if we promote a healthy lifestyle and performance over simple pain relief, patients will look to us for more than just pain relief."

"It is imperative that we establish ourselves as their healthcare providers and not an alternative to pain medicine. I believe it takes a paradigm shift on the patient's concept of health and an understanding of why it is in their best interest to return for regular care."

Improvements in technology have also provided new ways to follow-up and educate patients. Aaron Root, DC, from San Antonio, sends "postcards or emails describing or announcing new or updated services. Also, a general newsletter that goes out to all the patients in our database."

[pb]Juan Carlos Portillo, DC, from San Jose, Calif., also sends "monthly newsletters" to patients and maintains a website with relevant patient education information.

Bruce Kniegge, DC, from Fort Collins, Colo., thinks that communication is the key. "Communicate with all your patients. That will keep you on their mind. Ask for referrals and give your current patients your card to give to those who might suffer like them."

Steve Engen, DC, from Kearney Neb., also "reminds patients of the value of maintaining their health in order to live the lifestyle they want to live. One of my favorite quotes, author unknown, says, 'patients don't care how much you know, until they understand how much you care.'"

Community Involvement

Thomas Brodar, DC, from Delphi, Ind. believes that "being involved in your community, being approachable and striving to be part of the fabric of the area that you live in," is what reactivates patients. "Become that resource person that others can approach with their health problems. Build working relationships with other local community health care providers and know their strengths and weaknesses."

Community education workshops are also an option. Brian Bigelow, DC, from Nashua, New Hampshire, "calls patients on the telephone and invites them to a free wellness workshop." This option can remind patients to reschedule and possibly provide referrals as well.

Let the Patient Decide

Aylmer Baker, DC, from Quebec said, "I never reactivate patients because they never went 'dormant.' I make sure to treat them for what they need and release them. They always come back when needed and in the mean time they do refer more patients. Let them decide when they need to come. "

David Hochman, DC, from Orange, Conn., agrees. "Why would I reactivate a dormant patient? I would assume this patient is doing well and I would expect this patient to reactivate themselves if they need any type of musculoskeletal care. I am booked from 7 a.m. to 7 p.m. with more patients trying to get in my schedule. Why? Simply because I didn't over treat them or their family members or harass them. There is no need for reactivating patients in my practice."

Dean Rutherford, DC, from Hailey Idaho, thinks the option should be left with the patient. "Leave them alone. They will come back when they need help."

Perhaps the best way to reactivate your patients is summed up by Dr. Briggs, "first and foremost, CARE for your patients. Listen to them, keep good records, coordinate with their other providers. In many ways, we are a service industry, and success is tied to patient satisfaction—which comes from good, caring service."