

# Management of Referrals and Schedules

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# Referral Networks

- In initial PLANNING stages
  - Consider potential referral sources
- Determined by Type of caseload
- Need to contact referral sources BEFORE opening

# Referral Networks

- **Establishing a Referral Network**

- Be thorough and creative in compiling the list

- Check yellow pages, phone directories, hospital admitting, medical staff, professional membership directories
- Contact less traditional sources – e.g., hypnotists, acupuncturists, etc.
- Think about your acquaintances, family directories
- Principals of neighborhood schools
- 2 purposes for a list:
  - Sources of referrals TO you
  - Resources to receive referrals FROM you

- Exhaustive lists pages 97-99

# Contacting Referral Sources

- **Direct Contact Methods**

- **Initially:**

- Mailing
    - Telephone calls
    - Face-to-face meetings

- **Indirect Contact Methods**

- **To maintain and expand referral base**

- To heighten awareness of your good name and valuable services while promoting public and professional education
    - Includes
      - Lecturing to various professional and community groups
      - Conducting professional workshops
      - Joining medical advisory groups
      - Participating in local professional conventions and conferences
      - Consulting at nursing homes or other agencies
      - Contributing time and/or money to community fundraising projects
      - Public service announcement to the newspaper or broadcasting media
      - Promoting “May Is Better Hearing & Speech Month”

# Mailing

- Formal printed announcement cards
  - Agency name
  - Specialty
  - Office address
  - Office hours
  - Phone numbers
- Business cards
- Brochures
- Customized letter (more effective, but more time consuming)
- Prepared newsletters (commercially available, or could create your own)
- Referral guides
  - “Physicians’ Referral Guide for Services in Audiology and Speech-Language Pathology” (Huntington (NY) Hearing and Speech Center)

# Face-to-Face Meeting

- Share mission statement
- Enable them to understand services you provide
- Use a Point Scoring Model to calculate success of marketing approach
  - Mail sent for EACH referral source: 1
  - Phone call made: 1
    - Appointment scheduled: +1
  - Brochures or information left 1
    - Spoke with the nurse +1
  - An interview with the physician or director 5
  - Brief encounter with the physician 1
  - **GOAL: Number of points/week**

# Consultative Sales Approach

- Tailored “selling” to referral needs
- Don’t make sales pitches
- Explore referrals needs
  - Ask questions first then provide the information that is wanted
    - Do you refer patients to rehabilitation programs?
    - Where do you currently refer your patients?
    - What do you like most about that program?
    - What would you change?
- It looks like you want to help, Not trying to sell!!!!
- Wait **NO MORE** than 20 minutes to meet the person
- Carry no brochures to interviews
  - Talks to you without distraction by reading brochures
  - Send or deliver brochures later
- Ease into referring:
  - Request a few patients/clients on a trial basis

# Resistance to Refer

- Lack of knowledge about the profession
- Misinformation about your training or services
- Jealousy and fear of competition
- Previously established patterns of referring elsewhere
- Complacency and lack of motivation to change referral habits
- What to do? Education and Experience

# Maintaining & Expanding Referral Network

- **Maintaining the Network**
  - Professional credibility of provider and practice
    - Provide referral source with appropriate follow-up info
    - Cooperate with other professionals and agencies
  - Communicate effectively
  - Simple and direct referral procedures
    - Who and how to contact?
    - Schedule appointments
    - Discuss referred case
    - Receive reports promptly
  - Loose:
    - Excessive paperwork
    - Delays
    - Inaccurate information

# Expanding Referral Network

- Establish a reputation for competence and caring
- Provide services that make your current clients happy
- Keep referral sources informed
- Word-of-mouth
- Send literature to clients and referral sources
  - Education material with monthly invoices to clients
  - Quarterly newsletter to referral sources
- Satisfied customers are your best referral sources
  - Use a survey of client satisfaction rating
    - Location convenience
    - Appointment times
    - Helpfulness of office staff
    - Timeliness of scheduling the first visit
    - Promptness in providing services at scheduled times
    - Reports
    - Effectiveness of treatment services
- Increase visibility
  - Public announcements
  - Personal Contacts
  - Involvement in community projects and activities
  - Professional presentations

# Public Relations & Marketing

- PR Strategies
  - News release
    - To announce practice milestones
      - Opening or relocating
      - Hiring of a new employee
      - Availability of a new service or product
      - Expansion of practice
      - Presentations by staff members
      - Sponsorship of a workshop or seminar by your practice
  - Feature story
    - To announce larger events
  - Broadcast interview
    - Contact local radio and TV stations – offer interviews about interesting topics
  - Seminar
    - Sponsored or presented
    - You are up to date and willing to share new information with others
    - Attract potential patients, future employees, and new referral sources

# Public Relations & Marketing

- Marketing
  - Healthcare marketing means raising awareness about health issue to
    - Help people who need care to receive it
    - Expand the client base
  - Volunteer as a speaker
    - Professional groups and consumer groups
    - In a speaker's bureau
    - Civic organizations and service clubs
      - Or become an advisor for clubs dedicated to assisting persons with communication impairments
  - Provide educational handouts including practice info

# Receiving and Processing Referrals

- One chance to make a first good impression
- Establish a system to treat all referrals in a prompt, friendly, and efficient manner
  - Obtain intake information
    - Usually on intake form
      - Date of intake
      - Caller's name
      - Phone number
      - Relationship to client
      - Client's name
      - Address & Phone numbers
      - Age & birthdate
      - If client is minor, name and phone number of caregiver
      - Reason for referral
      - Name and phone number of referring party
- Schedule an evaluation appointment
- Send a “new client packet”
  - Brochure
  - Business card
  - Consent form
  - Case history form

# Tracking & Acknowledging Referrals

- Need a system of tracking referrals (FORM)
  - Who referred patient?
    - Response Potential
      - Ease of obtaining referrals from each source
    - Resource Potential
      - Ability of referred clients to pay
- Acknowledgment
  - Phone call
  - “Thank you” Note
  - Update referral source

# Scheduling Appointments

- Answering office telephone:
  - “Hello, XXX Clinic. How may I help you?”
- Define type of appointment
  - E.g., initial eval, reeval, trx session, consultation/conference
- Decide time allotted for each type of appointment
  - E.g., 15-, 30-, 45-, 60-minute units
- Establish desired flow of clients in office (location)
- Delineate billing procedures
  - Cancellation and “no show” policies

# Scheduling Appointments

- Appointment scheduled
  - Go through office “rules”
  - Confirm appointment 24 hours in advance
    - Remind pts to bring appropriate paperwork
  - For trx sessions:
    - Daily, weekly, monthly basis
    - Before client leaves office, next appointment should be scheduled and confirmed
    - ? Consistently schedule pt appointments at same time and day of week
    - Appointment cards
- No opening
  - Waiting list
  - Referral elsewhere

# Cancellations & “No Shows”

- Was appointment communicated accurately and clearly?
- Cancellation
  - Why? And reschedule
- No Show
  - Call, remind to cancel in advance, and reschedule
  - Reminder system → reduction of “no shows”
- Before first appointment, inform pt of your policy **VERBALLY** and in **WRITING**

# Cancellations & “No Shows” Policies

- 24 hours in advance or bill at full rate
- If notification occur but after deadline, bill for 1/2 rate
- Charge a flat fee for missed or cancelled appointment
- Give 1 or 2 warning before billing
- Be flexible and consider extenuating circumstances
- If you could reschedule, don't charge
- Unexpected cancellations/no shows more than 2 times/month or 5 times altogether, discharge