



Using Recall Lists to Maximize Your Existing Patient Database

Every podiatric practice should establish a follow-up guideline.

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Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management. The American Academy of Podiatric Practice Management (AAPPMPM) has a forty-five-plus year history of providing its member podiatrists with practice management education and resources they need to practice efficiently and profitably, through personal mentoring and sharing of knowledge. To contact AAPPMPM call 978-686-6185, e-mail aappmexecdir@aol.com or visit www.aappm.com.

FIGURE 1

Patient Demographic	Interval Between Appointments
Comprehensive Diabetic Foot Exam (CDFE)	12 months
Orthotics	12 months
High Risk Foot Care	3 months
Diabetic Shoes	12 months
Recovered Surgical Patients	12 months

Do you know who the most valuable customer in the market is for your practice? It is your existing patients! The ones that have already decided that they like you, trust you and have confidence in your skills and knowledge as a podiatric healthcare provider. These are the people who recommend you to their friends and family, leave reviews for you online and come to you without solicitation when something is wrong with their foot or ankle.

Many offices spend countless hours and dollars trying to recruit new patients but completely neglect their existing patient database as a source for appointments and revenue. It is important to keep in mind the value of recruiting not only new patients to your practice but also max-

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imizing on the follow-up with your existing patients.

To be able to track whether your existing patients followed up at the correct time intervals you will need two things: a follow-up guideline for your practice and a delegated recall-list coordinator.

Every podiatric practice should establish a follow-up guideline. This will lay out the expected intervals that specific patient populations within your practice should be following up. Each practices follow-up guideline will vary depending on the

type of patients that are seen in the practice and how busy your practice is. Figure 1 shows an example of what your practice follow-up guideline could look like.

Once you have established a follow-up guideline for your practice and you have educated each member of your staff about its parameters then it is time to delegate someone as the recall-list coordinator. This position can be assigned to a medical assistant, receptionist and/or practice manager depending on who has

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the available time and organizational skills to fill this role.

In my offices our practice manager creates the recall lists on a quarterly basis and gives them to the receptionists. Our receptionists will then scrub the recall list to determine who needs to be called based on the follow-up guideline of the practice. When scrubbing the recall list each patient will fall into one of 3 categories:

- Category 1—Patient already seen within follow-up guideline Interval
- Category 2—Patient has upcoming appointment already scheduled
- Category 3—Patient needs an appointment scheduled

Our receptionists will record on the recall list which category each patient falls into. Any patient in category 1 or 2 does not need to be called as s/he is already falling within the follow-up guidelines. Theoretically, if you have a well-organized practice with wonderful communication skills and a per-

a few examples of ways to generate recall lists from your EHR system.

If you want to create a recall list for patients who have previously gotten custom orthotics you can simply run a report on your EHR system for any patient that was billed a L3000 code in the past 2 years. If you want to create a recall list for CDFE exams

of delivery form upon dispensing.

If you are not currently using recall lists in your practice, I suggest that you start small as to not overwhelm your staff. Pick one patient demographic that you want to recall, create a follow-up guideline for that one patient demographic and assign someone in your office to be the re-

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use the diagnosis codes for diabetes that your providers typically bill (E11.59, E11.49, E11.9, E10.59, E10.49, E10.9). Lastly if you like to follow your post-operative patients once per year you can use your EHR system to track any surgical services provided at a specific surgical center or hospital.

If your EHR system doesn't have the capability to create a recall list like what I have described above, do not panic... there is always the

call-list coordinator. I always recommend setting a timeline to any task so if this is your first go on a recall list, give your staff an end-of month deadline and then review the recall numbers with the staff at the end of the month. This way everyone can see how fruitful recall lists can be. Once you have one patient demographic recall list down to a science you can expand from there.

Recall lists are an essential tool to maximize your office productivity by leaning in on your existing patient database. Even if you call a patient on your recall list and they do not make an appointment it is still exceedingly beneficial to your practice, just a bit more difficult to quantify. Every time you call a patient it jogs their memories that you are still there, ready to provide excellent care and it brings your abilities to the front of their minds. Patients are impressed that you are paying attention to their follow-up needs and feel reassured that they are in good hands under your practice's care, making recall lists a win-win for the patient-physician relationship. **PM**

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fectly compliant patient population then everyone should be in category 1 or 2. Unfortunately we do not live in this theoretical reality and so there will always be patients that fall into category 3.

Once our reception staff identifies which patients are in category 3 they call each of these individuals to attempt to schedule an appointment. We then take it a step further and track our recall appointment rate by determining how many patients in category 3 made an appointment. By tracking the recall rates, it helps to quantify how valuable your staff's time spent on recall lists truly is.

Recall lists can be generated by most EHR systems using ICD-10 codes, CPT codes, or facility locations depending on which patient demographic you are creating a recall list for. Let's review

old-fashioned way of creating a recall list. Recall lists are not a tool that has evolved from the EHR system. Instead, recall lists have just become simpler to generate using the EHR system as a tool. Any office can create recall lists simply by having good organizational skills.

Let's use diabetic shoes as an example. According to Medicare, every patient that receives diabetic shoes is supposed to sign a proof of delivery slip and this is supposed to be kept in the form of a dispensing log that can be audited by Medicare if they desire. Boom... recall list! You can use this log to easily create a recall list for diabetic shoes to make sure your diabetic patients that are eligible for diabetic shoes and inserts are getting them once per year as they are entitled. This same strategy can be used for orthotics as they too should be signing a proof



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