

Planning effective patient pathways

Maximising patient flow in a busy refractive clinic starts before patients arrive



Rod Solar, Practice Development Consulting Director, LiveseySolar I'm excited to welcome Arthur Cummings to the Practice Development Workshop that I'll be moderating at the 37th Congress of the ESCRS this September. **In Paris, he will present a session called "Optimising Patient Flow in a Busy Practice"**. Having consulted in busy refractive settings for the past 20 years (including Mr Cummings' practice), I have accumulated a wealth of experience in planning effective patient pathways - especially *before* patients have surgery. In this article, I share my top tips for maximising your patient flow before and during first appointments.

Send an effective confirmation email

Maximising patient flow in a busy refractive clinic starts before patients arrive for their first appointments. Begin with an effective appointment confirmation letter. Here's the outline I recommend: Begin enthusiastically and continue that tone throughout the letter Write personally, from a real person to another real person - avoid stuffy corporate-speak Take personal responsibility for your patient's experience and let them know who is responsible to answer their questions before they visit Mention the date and time (in bold print) within 15 seconds of reading Tell your patient exactly what you'll do at the appointment in bullet points - this is your opportunity to show value Tell your patient how long they can expect to be there (this is crucial to avoid patients needing to leave before you're done) Tell your patient how much they can expect to pay (using guide price ranges) should they wish to commit to a procedure so that you can qualify and prepare patients financially Tell your patient how to prepare for their appointment using a numbered list (what to bring, what to do) Provide specific instructions related to any attachments you send (maps, questionnaires, registration forms) Finish with an open invitation to ask questions or change their appointment

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Send a follow-up message to the patient's mobile phone

We get so much email today, many people fail to check it. Nearly everyone, however, looks at text messages on their phones shortly after they arrive. I recommend sending an SMS or WhatsApp message to patients a couple of days before their appointment. In the message, write something like: *"We've sent you important information relating to your upcoming appointment at [our clinic]. Check your email."* That should prompt the patient to check their email so they have the information they need, saving you time down the road.

Plan your clinic day to convert the patient at the first appointment

To perform a reasonable volume of refractive surgery, you need to dedicate a floor's worth of your clinical space and a team that devotes its day to efficiently processing first appointments. I appreciate that not every clinic chooses this route. However, if you want to do this, this is my best plan for it. I recommend your clinical team starts every day with a daily huddle that everyone seeing patients that day should attend. That includes receptionists, patient liaisons, healthcare technicians, optometrists and surgeons. During the huddle, share wins, share MTD (month-to-date) numbers, follow-up on errors and go through every patient's top line notes made by the booking team. Anticipate, discuss and then plan accordingly for circumstances that might affect today's diary. For every patient, I recommend the following timeline assuming a patient arrives at 8:45am:

8:45am: The patient arrives 15 minutes before their appointment begins in your diary (if you book a patient in for 9am - have the booking team tell them their appointment starts at 8:45am). That accounts for lateness and enables on-time patients to complete necessary registration forms before someone needs to see them. This is the receptionist's opportunity to make the patient feel at home and help them transition from their journey into the appointment. Relaxed patients make for cooperative patients. 9:00am: The patient liaison should see the patient for 10 minutes (I allow 15 minutes) in a private room. This gives the patient liaison time to lead the patient through a discovery questionnaire (in private). This step helps to clarify expectations for the patient and prepares the clinical team to address the patient's emotional needs. You may imagine this might be an unnecessary luxury of time and space, but it can save a lot of time down the road and definitively improves conversion rates. 9:15am: In a flexible refractive surgery pathway (allowing for assessments for both laser vision correction and lens surgery), a healthcare technician will need 30 minutes to perform the necessary assessments. I recommend two diagnostic rooms so you can swap post-ops in-between first appointments for maximum efficiency. 9:30am: In the UK, optometrists can assess a patient for vision correction suitability and recommend a treatment plan. In this scenario, I favour having the optometrist doing most of the initial work-up because they are a less expensive resource compared to a surgeon. I recommend 45 minutes for this part of the appointment. If your setting doesn't allow for this scenario, an optometrist can see the patient for 30 minutes and then a surgeon must see them for 15. 10:15am: Now, the patient goes back to the reception room where the patient liaison sees them again for up to 15 minutes to offer dates and times for the surgical and consent appointment with the surgeon. That should give them enough time to answer administrative questions, ask for a payment, overcome objections, and provide the patient with the takeaway information they need. If you have a surgeon available during the clinical day, then I recommend having the patient go through a 15-minute consent appointment with the surgeon on the same day - immediately following their visit with the patient liaison - whenever possible. If you do not have a surgeon available on the same day, then you'll need to book this appointment at a mutually convenient time before the surgical appointment. Ideally, my patient pathway plan relies on having two patient liaisons, two healthcare technicians, two optometrists and one (optional) surgeon (if you want post-op support and same-day consents) on the clinic floor.

Regarding space, my plan relies on two private rooms for patient liaisons, two diagnostic rooms, two optometric lanes and one (optional) surgeon's office (again, if you want post-op support and same-day consents) on the same floor. My plan allows everyone to get a 30-minute lunch.

Furthermore, I schedule the patient liaisons to cover reception when they go on staggered lunch



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times. As a buffer to account for lateness and unforeseen events, I add 15-minute buffers between tests and exams to allow for late patients. With my plan, you can see eight initial refractive appointments per day. Double up the diary and you can see 16 initial refractive appointments and still see all the necessary post-op appointments in

between. To the left I share a sample of a diary I planned for a busy refractive clinic in London, UK. I hope you've found this useful. With the necessary customisations, you can apply this to your own setting. If you need assistance, contact me at diary@liveseysolar.com