Recall Systems

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It ain't over 'til it's over.
Yogi Berra *Comment on 1973 baseball pennant race*

T he scope of care in optometry has changed significantly during the past few decades. With this change in scope of practice and approach to services, there has been a concomitant change in the purpose and design of recall systems. In the past, the underlying motivation of a recall system was perceived as a strategy to "build a practice." The notion of "goodwill" was associated with recall systems because of the ability of these systems to sustain a practice. There have been several traditional reasons offered for the use of such systems. A recall system provides an opportunity for the practitioner to get better acquainted with patients through regular interaction. Patients who enjoy a friendly relationship with a practitioner will (it is hoped) be more inclined to adhere to recommendations made by that practitioner. In recall sessions, the optometrist can regularly offer recommendations for preventing eye problems and detect problems unknown to the patients. Recall encourages patients to return for examinations—an important consideration because, frequently, patients will not take the initiative to return, even when they are satisfied with the care and treatment received.

Today, recall systems also are vital because they provide the practitioner with a mechanism to identify and monitor patients who are at risk for or suffer from progressive or pathologic conditions. Recall serves as a way for the optometrist to keep patients informed of ocular health status and to properly evaluate and treat (when necessary) existing eye conditions. In fact, the concept of recall has been incorporated into the standard of care. Because of modern technology and instrumentation, the expanded scope of optometry, and the responsibilities of a primary care provider, the purpose of recall essentially has been redefined. An inadequate recall system, which results in untimely examination of patients, can result in permanent harm and injury and lead to litigation. Therefore a successful recall system must be a feature of any practitioner's office. In this chapter, various types of recall systems are described, beginning with the most fundamental consideration—implementation of a system that is compatible with the practitioner's philosophy of care.

PHILOSOPHY OF CARE

The philosophy of the practice often dictates the approach and the organization of the recall system. The aggressiveness of the system chosen must be acceptable to the practitioner or practice and should not reflect adversely on the professionalism of either.

Methods of Recall

After examination, the practitioner must determine when the patient needs to return for further care. Depending on the patient's status, the appointment could be the next day, week, month, or year. The patient must be given a reminder of the appointment date. The patient needs to be given sufficient notice in advance of the appointment so that it can be changed if necessary, but it should not be so far in advance that the patient will forget. The time frame also needs to be such that, if the patient cancels the appointment, there is adequate time to schedule another patient in the vacated time slot.

There are three basic methods of providing recall to patients: mail (including e-mail), telephone, or a combination of both. (Most practitioners utilizing mail and telephone systems actually tend to use both methods in combination.)

Mail Recall System

The mailing system is traditional and is used by most optometrists and dentists (Figure 21-1). It is probably the easiest system for an office to adopt. Since this approach is nonaggressive, the perception by patients should be favorable. In such a system, a card or letter is mailed, notifying the patient that it is time for an examination to be scheduled or reminding the patient that a follow-up appointment has been scheduled. The patient is asked to call the office to make or confirm the appointment.

Because this recall system is passive, the patient response is lower than that with the other two methods. Also, the costs of printing and mailing makes this system expensive, and it can be time consuming for the staff. The system can be made more personal by using attractive cards or envelopes

FIGURE 21-1 Sample postcard for mail recall. (Courtesy School of Optometry, University of California, Berkeley. Reproduced with permission.)

with picture stamps instead of metered postage, personalized messages generated by computer, and signatures and/or addresses written by hand instead of printed formats.

Telephone Recall System

The telephone recall system allows personal contact with patients. Because it is personalized, it creates a positive perception. However, patients who cannot say "no" when called may fail to appear at the scheduled time, and therefore the "no-show" rate still can be substantial. This method allows a practitioner to obtain information about why patients have not returned and if applicable, the reasons why they sought care elsewhere. This valuable information can assist the practitioner in improving the practice.

In implementing a telephone recall system, a staff member is assigned specifically to call patients. This staff member must relay a positive, friendly attitude, interest in the patient's needs, and speak in an unrushed and easy-to-understand voice.

If the calls are to remind patients of scheduled appointments, because of today's hectic schedules and time commitments, patients to be seen in the morning should be called 2 days before the appointment and patients to be seen in the afternoon should be called the day before the appointment. If there is no direct converstion with the patient, then a followup call is recommended. The purpose of these calls is to confirm the patient appointment and instill value so the patient is less likely to be a "no show." The staff member should introduce themselves to make sure that the patient has a "personal" contact with the office, assure the patient that the office is ready to see them at the appointed time, and if the person is an established patient, let him or her know that the doctor is looking forward to seeing them again. In the case of new patients to the practice, let the patients know that the doctor is looking forward to meeting them and providing for their eye care needs. The appointment time is then confirmed as to its convenience for the patient's schedule and if not, another appointment is made. The patient should also be reminded to bring vision and medical insurance documentation, if available, and their previous eyewear. Any specific instructions regarding contact lens wear for the appointment should also be provided at this time.

If the purpose of the call is to schedule patients for new appointments, calls should be made in the month before the patient is actually due to return to allow for schedule planning considerations. A call made in the late afternoon or early evening is more likely to make contact with the patient personally. If a patient cannot be reached by telephone, a letter or postcard is sent—letters make a better impression and can provide other information to encourage the patient to call for an appointment. If the patient does not respond to the first recall mailing, it is recommended that two additional recall mailings be implemented, 1 per month for the next 2 months. After this process, an annual recall process is put in place. Approximately 1 year after the last examination, the patient is called and a letter or postcard sequence is sent stating "second reminder." Approximately 2 years after the examination, another sequence of recall mailings are sent and a follow-up

telephone call is made. After approximately 2 ½ years, a fourth recall attempt is made via telephone, postcard, or letter. Then, at 3 years, the last telephone call is made, and correspondence stating "final reminder" is sent. All recall attempts should be documented in the patient's record. If the patient does not respond at this point, the patient's record should be placed in nonactive status.

Combination Mail and Telephone Systems

As is evident from the preceding discussion, most recall systems use a combination of mail and telephone to contact patients. Usually mail is the means attempted for first contact with the patient, and the telephone is used to confirm that the card or letter was received and that the appointment will be kept or scheduled.

For annual or 2-year recall appointments, a card is sent reminding the patient that it is time to call to schedule an appointment. If the patient does not respond within a certain period (usually 1 month), the patient is contacted by telephone to ensure that the card was received and to determine whether an appointment can be scheduled. If an appointment is made, the patient is contacted by telephone the afternoon or morning before the appointment as a reminder. Combination mail and telephone systems usually provide a higher percentage of appointments made and kept than do systems that are strictly by mail or telephone alone.

Use of a Preappointment System

With this recall system, an appointment is always scheduled before the patient has left the office, even for examinations 1 to 2 years in the future. A specific date and time are selected and entered into the appointment system. Then, 2 to 4 weeks before the scheduled date, the patient is called and reminded of the appointment, which can be rescheduled if necessary. If preferred, a card can be sent to the patient approximately 1 month before the scheduled appointment. It contains the date and time of the appointment and asks the patient to call the office to confirm that he or she will be able to come as scheduled. If the patient does not respond to the card by 1 to 2 weeks before the appointment, a telephone call should be made to confirm the appointment or to schedule a new date and time.

The advantages of preappointments are that the appointment book stays full, avoiding seasonal slow periods, and it is less costly than other methods of recall since it does not necessarily involve printing and mailing expenses. The disadvantages of this method are that it requires careful coordination of effort to ensure that preappointed patients are properly confirmed or rescheduled and that patients can misinterpret the purpose of preappointing if the system is not properly explained. Patients may perceive this method as aggressive and more attuned to filling appointment slots than providing needed care. If done appropriately, however, the "no-show" rate is the lowest for all the recall systems. This rate can be further enhanced if the patient addresses a recall card themselves at their prior visit as they will recognize their own handwriting when received in the mail.

Use of E-mail, Website, and Electronic Newsletter Systems

With many people having computers at home and work and with increased use and ease of e-mail, it is now advantageous to consider using e-mail, Websites, and electronic newsletters to assist in the recall process. For many people, e-mail and the Internet have become their primary source of communication. To capitalize on this opportunity, it is necessary to obtain patients' e-mail addresses, create an office Website, and inform patients of your Website address. Once that is accomplished, it becomes very easy to set up appointments, verify preappointments electronically, notify patients to dispense their eyewear and contact lenses, and maintain contact with patients efficiently. The electronic newsletter becomes an excellent way to inform patients with regard to vision/eye health issues and new products and services and to encourage them to contact the office for future appointments, as well as purchase additional products such as contact lenses. Regular, periodic, and frequent communication is easily and inexpensively accomplished. A "thank you" to a new patient or a referring patient becomes a minor task that can pay major dividends.

Since recommending future care to help meet patients' vision and eye health needs is the primary reason for having a recall system, an easy, frequent, and reliable method is desired. The easier, more frequent, and reliable a method is, the more efficient the system will be. As the use of electronic communication increases, this form of recall and patient interaction will not only be preferred by many but also even expected. Of course, an opt-out option should be provided for those who may not prefer to receive this type of communication via e-mail. There are also computer-generated communication methods that can be programmed to the practice phone and e-mail systems that can generate the communication directly to patients in regard to recall, appointment reminders, and product arrival and pick-up. This minimizes practice manpower needs as well.

Setting a Reasonable Recall Schedule

Recommended guidelines for the examination of children and adults, drawn from the consensus of opinion in the profession, have been established by the American Optometric Association (AOA). These clinical practice guidelines generally require different recall periods for asymptomatic individuals who are not at risk than for individuals who are at risk for ocular disease (Table 21-1).

Use of Computers to Facilitate Recall

Using a computer can be as useful, if not imperative, for recall systems as it is for other areas of office management. Every practice should have some type of computer system. Since specific information pertaining to patients can be easily identified by using a database, it is simple for staff members to produce a list of patients due for recall. Additionally, staff members can measure the effectiveness of the patient recall

TABLE 21-1

AOA Clinical Practice Guidelines for Examination of Children and Adults

Patient Age	Examination Interval	
	Asymptomatic/Risk-Free	At Risk
CHILDREN		
Birth-24 months	By 6 months of age	At 6 months of age
2–5 years	At 3 years of age	At 3 years of age or as recommended
6–17 years	Before first grade and every 2 years thereafter	Annually or as recommended
ADULTS		
18–40 years	Every 2-3 years	Every 1–2 years or as recommended
41–60 years	Every 2 years	Every 1–2 years or as recommended
61 years and older	Annually	Annually or as recommended

From American Optometric Association: *Clinical practice guidelines for comprehensive adult eye and vision examination and for pediatric eye and vision examination.* St. Louis, updated 2007.

system by using the computer to create information that can be easily read and interpreted (see Chapter 20).

One of the advantages of computer recall is that mailings can be personalized. Specific messages can be addressed to individual patients, creating a personal touch that assists in the effort to get patients to respond. Computerized recall also works well with preappointment systems, but such a system does require operation by a knowledgeable staff member. As discussed earlier, new technology allows patient communication and education to be accomplished very easily. The result will be a better and more effective recall system.

When Patients Ignore Recall Attempts

Patients have a variety of reasons for not responding to recall notices. Common reasons for a patient's failure to make recall appointments include shortage of financial resources, satisfaction with vision, perception that the optometrist's fees are not competitive, or dissatisfaction with the optometrist's practice.

The most effective way to determine why a patient has not returned for an appointment is by calling the patient. A telephone call under such circumstances requires the office staff to be tactful. When making such a call, the staff member first inquires about the patient's well-being in general and then explains that a review of the person's file indicates that the patient has not been in the office for a significant period and that this has caused some concern. Next, the staff member suggests that the patient come in for an examination. If the patient's response is not positive, the staff member attempts to learn whether the patient would like another reminder at a later time. If the patient does not want further communication, the call is ended and the communication is documented in the patient record.

When a patient decides to remain inactive, an exit survey should be sent. A letter stating that the optometrist is looking for ways to improve the delivery of health care and asking that the patient complete the survey anonymously should accompany the survey. The survey should be concisely written and contain a limited number of multiple choice or true-false questions and should elicit responses about the optometrist's fees, location and physical facility, convenience and availability of appointments, professional demeanor, staff, parking and public transportation, services, insurances accepted, selection of eyewear and contact lens, and other services. A self-addressed, stamped envelope should be enclosed with the survey for the patient's convenience.

If a patient is being recalled to provide follow-up for an eye problem and the patient fails to keep the appointment, the practitioner should have a staff member call the patient to make sure the patient is doing well and then determine why the appointment was not kept. Rescheduling of the appointment should be made at a convenient time for the patient. If a patient with a problem fails to appear despite repeated efforts to schedule the patient for follow-up, the practitioner should send the patient a letter (by certified mail with return receipt requested if documentation of receipt is necessary). The letter should advise the patient of the necessity for further examination, describe the possible complications that might result if an examination is not performed, and urge the patient to call to schedule an appointment. A copy of the letter should be retained in the patient's record.

CONCLUSION

Patients tend to make appointments when they recognize a vision problem or have some uncertainty about their vision or eye health. Many patients would not return for regularly scheduled examinations without receiving a recall notice. Therefore a recall system is important, but its effectiveness depends on the practitioner's and staff's understanding of the system and the ability of the office to adhere to its procedures.

To be successfully implemented, a recall system must not only be appropriately structured but also provide a true benefit for the patient. This value to the patient is the most important element of any recall system.

ACKNOWLEDGMENTS

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