

50 Places Your Rejuvenated Practice Brochure Should Be and Yes! You Still Need a Practice Brochure



I admit to being a great fan of electronic media for healthcare. My fandom, however, does not mean that I believe all paper and ink informational and marketing mediums are dead.

Because most practices have some portion of their patient population depending on paper for information and may also market to that population (whether patients or referrers), my opinion is that the practice brochure remains a viable and important piece of paper. You might want to give yours an update, though, to make it more usable and meaningful to everyone.

Using your brochure for your patients – new, established and future

- **ABOUT** – a brief sentence or two making it clear what ages, genders and types of problems your practice works with. You might also want to note if you do not see your patients in the hospital. A Mission Statement is a waste here – the reader wants facts. A history of the practice is also a waste here – save this for your website. You don't even really need to itemize your providers here. Think of someone who knows nothing at

all about you. Their first question is “Is this a practice I need and want?”

Your ABOUT could even be on the front of the brochure, so the patient doesn't have to spend time reading the entire brochure if they are not a fit for your practice. Here's an About Example: ***Main Street Urology helps men and women ages 18 and older with problems such as urinary infections, kidney stones and prostate problems. We see patients in our two offices, as well as at XXX and XXX hospitals.***

- **NEW & ESTABLISHED PATIENTS** – Answer the second most common question next, which is “How do I get services?” Try to make this brochure as applicable to as many people as possible, so do not assume that the person reading the brochure has already signed on as a new patient. Consider the person that knows nothing about you and briefly describe all ways people can contact you to become a patient.
 - **Your website** – do people complete their registration electronically and you call them to set the appointment or do they request an appointment and you email a response? How is it done?
 - **Your phone number** – hopefully you are in step with the modern world and know that people don't always think about establishing or following up on medical care during office hours. Do you have a way besides your website for patients to request appointments that are not urgent? Can they call and leave a message or do they get your answering service asking them to call back during office hours?
 - **Stop by the office** – largely discouraged by most offices, patients in the rural communities I've worked in know that stopping by the office is the

quickest way to get service. Do you welcome that “interruption”?

- **Walk-in hours, work-ins, or same-day sick visits** – what is appropriate for a same-day visit? When should patients go to the emergency room or call 911?

- **PRESCRIPTIONS** – The third most-common question is about getting new prescriptions and refills. With most people hoping to get a prescription without an office visit charge (who doesn’t want to save that co-pay?), requests for prescriptions are one of the primary reasons most specialties are struggling to keep the phones answered (read my post on phones [here](#).) If you are not going to prescribe a new medication without an office visit, put it in writing. If all refills are obtained by calling the pharmacy, say so, and state how long it typically takes to get an existing prescription refilled. If you require a visit every 6 months for chronic illness medications, and a visit every month for chronic pain medications, say so. For practices with large numbers of chronic pain patients, spell out your terms including pain medication contracts and periodic laboratory tests.

- **PAYMENTS** – Now is a good time to state your payment policy. What is due at time of service? What kinds of payments do you accept? Do you require a credit card on file? Do you collect deductibles and co-insurance? Surgery or procedure deposit? Fee for no-shows? Fee for forms completion? Fee for NSF checks? Do you give discounts for self-pay patients? Do you have a sliding scale for financial need patients? Do you send statements? One of my big management philosophies is: **Don’t Surprise The Patient**. Don’t think it indelicate to

discuss money before the visit. It is a business transaction and it is only fair to let the one paying the bill know and understand your policy upfront before the service has been rendered. Read my post on developing your financial policy [here](#).

- **COMMUNICATION** -This is where most misunderstandings take place. How can you provide as many straightforward means of communication between the practice and the patient as efficiently and productively as possible?
 - **Main practice number** – should get the patient to a real person during office hours and give an alternative after hours. Malpractice companies will tell you that patients should not be able to leave a message on the main practice number as they may assume it is monitored and your practice may have liability. For routine questions, let your answering service take a message to be passed along on the next business day, or have voice mail box for the answering service to utilize.
 - **Automated attendant number** – some patients will prefer the automated attendant, especially if your options are published on the website or in the practice brochure and patients can call any time to leave a message.
 - **Website** – should have detailed information about contacting the practice during and after office hours. If you allow or encourage non-medical emails from patients, let the writer know how and when a response will come. Make clear what types of questions are appropriate in non-encrypted email and use a secure portal or encrypted email for emails with protected health information (PHI.)

More tips for your brochure

- To be as inclusive as possible, do not use medical terminology, abbreviations or jargon and aim for a readability level of 6th grade. Use the active voice and simple, short declarative sentences, a font of 12 or more and use as few multi-syllabic words as possible. If you wonder how your brochure readability stacks up, you can paste your text [here](#) for a free analysis. Microsoft Word 2007 and newer has a function you can turn on for a readability score at the conclusion of your spelling and grammar check.
- Use as little text in paragraphs and use as many headings and bullets as possible.
- Don't cram the brochure with every little detail you can think of – keep it simple with plenty of white space.
- A map is always a good idea.
- Your practice name, website, phone numbers and office hours should appear at least twice – maybe on the inside and the outside. Having the basics on both sides is helpful to patients who place your brochure on their refrigerator or tape it inside the kitchen cupboard for easy reference.
- This article assumes a tri-fold brochure, but your brochure could be bigger or smaller. A tri-fold is not only easy to fold in half and stick in a pocket or a purse, it is also feasible to produce yourself.
- A digital copy should be available on your website for patients to print out, either in the tri-fold style, or on standard 8 1/2" x 11".

Using your brochure as a marketing tool

Make your practice brochures do double duty by providing them to:

1. The Welcome Wagon
2. The Chamber of Commerce

3. Real Estate offices
4. Rental Agency offices
5. Hotels
6. Any location with a display of brochures of local events and services
7. Libraries and Museums
8. Hospitals
9. Urgent Cares
10. Campgrounds, RV sites, theme parks
11. Sporting event locations
12. Spas
13. Hairdressers and nail salons
14. Malls and shopping centers
15. Daycares
16. Continuing Care Communities
17. School nurses
18. Gyms and sports clubs
19. Parish Nurses
20. Churches
21. Any place you give a talk or program
22. Correspondence you send welcoming a new business to the area
23. Chiropractors
24. Complementary Care Practitioners (accupuncture, meditation, etc.)
25. Convention Centers
26. The Health Department
27. Employers
28. The State Welcome Center
29. State Rest Stops
30. Service Clubs (Rotary, Kiwanis, Jaycees)
31. Medical office programs in local schools (high schools, technical schools, vocational schools, community colleges)
32. Nursing programs
33. Other medical offices in your building or medical park
34. Medical employment agencies

35. Home Health agencies
36. The Red Cross
37. Durable Medical Equipment and Supply Stores
38. Dentists
39. Community Centers
40. Afterschool programs
41. Pharmacists and Pharmacy Technicians
42. Physical Therapists
43. Massage Therapists
44. Parks and Recreation Centers
45. Airports
46. Train stations
47. Bus stations
48. Rental car agencies
49. Any business or individual you buy goods or services from
50. Radio and television stations

Bonus #51: Give them to your new staff so they understand the fundamentals about your practice very quickly.

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Six Reasons Why Your Doctor's Office Doesn't Call You Back and a Few Solutions



Patients want to know why they can't get a return call from

their doctor's office – here are six reasons why the calls have increased and physician offices are having trouble meeting the needs of their patients.

1. **Medication questions and requests for a prescriptions change.** The average number of retail prescriptions per capita increased from 10.1 in 1999 to 12.6 in 2009. (Kaiser Family Foundation calculations using data from IMS Health, <http://www.imshealth.com>.) Because it is not easy to access prescription cost by payer in the exam room, medical practices get lots of callbacks from patients asking to change their prescriptions once they arrive at the pharmacy and find out how much the prescription costs. Related issue: Many national-chain pharmacies have electronic systems that **automatically request a new prescription** when the patient is out of refills. Also related: **Patients calling to ask for additional medication samples.**
2. Patients are delaying coming to the physician's office by **calling the practice with questions.** Patients want to forestall paying their co-pay or their high-deductible by getting their care questions answered without coming to the doctor's office.
3. **Patients call back with questions** about what they heard or didn't hear in the exam room. They may not remember what the physician told them, they may not have understood the medical jargon, or they may have a hearing problem and were not comfortable asking the physician to repeat something.
4. Impatience: we live in an instant gratification world and **patient expectations are not aligned** with what physician offices can realistically provide.
5. **Some patients will not leave voice mail messages** and will call back multiple times until they get a live human being or will punch in options until they find someone to answer the phone.
6. **Physician offices are often understaffed.** Physicians

find it untenable to add more staff to do more tasks for less money or no money at all.

And here are some possible solutions:

- 1. Have formularies for all major health plans on hand in the exam room.** These could be paper lists, or electronic lists for the tablet or smartphone. (Note: Epocrates currently has a deal with Walgreen's to support their discount program on the smartphone.) Don't underestimate the patient satisfaction and reduction in callbacks for sending the patient out of the exam room with the right prescription. Automatic refills are not an appropriate function of pharmacies. Physicians should provide samples (check the formulary!) and a prescription to get filled if the samples do the job. If a patient can't afford the brand name prescription, a prescription assistance program is the next step.
- 2. Patients need to be advised appropriately when they need to see the physician and when they don't.** Good triage nurses can be worth their weight in gold, but you can hold the costs down by hiring a triage nurse or several to work from their homes taking calls from your patients. The nurse will need to have access to your practice management system to schedule appointments and to document the conversation if the patient is given advice.
- 3. Provide patients with different modes of assimilating health information.** Some patients are recording office visits via voice or video and one of the goals of meaningful use is providing patients with an office visit summary when they exit the practice. Websites should be loaded with educational information that physicians can "prescribe" to their patients. Some physicians help to cut down on return calls and improve understanding by asking the patient how they'll describe the visit to a family member.

4. Give patients (on the web, in the practice, on your on-hold messages) **realistic timelines for callbacks** and make it so.
5. Yes, some patients will game the system to get their needs met ahead of others. **Ask them to adhere to the practice guidelines.** There will always be some cheaters, but most patients will respect you if you respond to them when you said you would.
6. **The only answer to understaffing is technology.** Use a patient portal to allow patients to request refills, schedule appointments and chat with billing staff or nurses. Replace paper charts with EMR. Use efaxing to eliminate paper faxes. Use the cloud to store information and collaborate.

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