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### ABSTRACT

With the number of overdue patients running into the thousands at many practices, the current methodology for reactivating these patients does not provide the desired results. Practices often fall short when attempting to reconnect with patients in need of care.

This in-depth study of patient reactivation strategies points to a number of factors which drive optimal patient reactivation. These are:

- It is statistically viable to make at least six contact attempts with overdue patients
- Employing multiple contact methods improves reactivation rates
- Email and text contact attempts are hampered by low reach. In order to increase the effectiveness of these low-cost contact methods, collection of email and text-friendly numbers must be emphasized
- Staff calls continually drive the highest reactivation rates

While these findings may indicate a policy change for many practices, implementing data-backed best practices points toward improved patient-practice relationships. Through these strategies, the gap between practice and patient may be closed. At-risk patients can be better served by their practices, and practices will be burdened by fewer costly open appointments or the need to recruit new patients.

### INTRODUCTION

An estimated 25% of patients are overdue at their practice. Overdue patients are patients who should be seen by their practice but have no appointment or pending recall. This includes patients with known disease states, as well as those who have cancelled appointments, ignored previous recalls, or should be seen for a check-up according to practice policy.

Overdue patients are not only not receiving the medical attention they need, they represent a lost source of revenue for practices. Overdue status threatens the long-term health of patients and the viability of practices positioned to serve them. Patient reactivation is the process of contacting overdue patients with the goal of returning them to the practice.

While some patients are never contacted for reactivation,

many are. However, many practices employ reactivation methods without a defined patient contact strategy. These ad-hoc patient reactivation efforts often conclude before patient reactivation is achieved, contributing to the large number of overdue patients and abandoning these individuals. Evidence suggests that by making several contact attempts over an extended period through multiple contact methods, patients are returned to practices at much higher rates.

### MATERIALS AND METHODS

In 2019, Brevium, Inc. supported a study of 102 US-based ophthalmology practices, focused on measuring the efficacy of overdue patient reactivation efforts across several contact methods and strategies. Practices were included if they had been making contacts for patient reactivation for the previous six months and had made contacts within the last month. This ensured both sufficient historical data for analysis and that the selected practices were actively pursuing patient reactivation.

#### Study Sample Size

For the purposes of the study, patients were defined as individuals that had an appointment with the practice within the past five years. Providers were defined as care-givers who had a future appointment scheduled at the time of the study.

When these constraints were applied, the median practice size within the study had approximately 30,000 patients and 11 providers. Not all practices had patients that met all criteria for each query in the study. Therefore, some results represent a subset of practices and patients.

#### Calculating Contact Method Reach

Because the study focused on the effectiveness of different contact methods in patient reactivation efforts over time, a practice's ability to reach patients by each contact method had to be determined. The five contact methods included in the study were staff calls, autocalled, text messages, postcards, and emails.

Accordingly, the patient sample pool was analyzed to determine what percentage were reachable by email address, mailing address, phone number, and textable phone number.

All patients with an entry in the email field within the practice management system (EPM) were considered

reachable by email. Similarly, any patient with input in address line 1, city, state, and zip code fields in the EPM was determined to be reachable by mail.

Any patient with a ten-digit phone number was determined to be reachable via staff call and autocall. Reach via text was determined by sampling and testing all phone numbers because EPM annotations are not uniform.

A patient was considered “reactivated” if an appointment was created within two months of contact and the patient was billed within six months of contact (i.e., the appointment was kept). If multiple contact attempts were made prior to reactivation, the last one chronologically was considered to be the one successful for the purposes of reactivation rate calculation.

### Calculating Found Revenue

All revenue-related findings presented within the study represented the total billed amount recorded in the practice EPM, that is, the sum of paid and owed amounts. Drug and appointment costs were not considered in revenue findings. Additionally, in order to calculate found revenue over a twelve-month period, only patients reactivated twelve months or more prior to the date of the study were included.

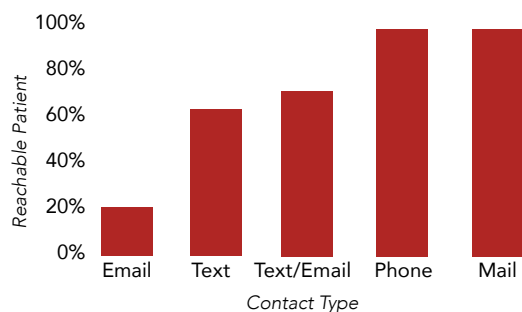
## RESULTS

The study findings were mined for insights related to patient reactivation strategies, patient behavior patterns, and the value delivered by successful reactivation. Individual contact methods, as well as contact method combinations, were compared to determine effectiveness. Patient reach by contact method was also analyzed, which gives insight into the data subsets that arose within the study.

### Practice Reach by Contact Method

Median reach by phone call and mail within the study both topped 95%. However, only 64% of patients were reachable by text and 20% were reachable by email (Figure 1.). Combining email and text did not substantially increase reach as a significant overlap in reachable patients was observed. Consequently, outreach using a combination of text or email missed 30% of patients.

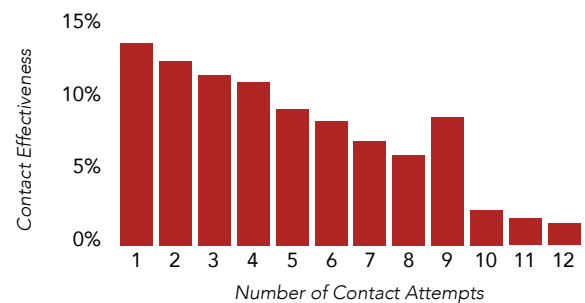
**Figure 1: Reachability by Contact Type (Median)**



### Contact Effectiveness Per Attempt and Elapsed Time Between Initial Contact and Reactivation

Repeated contact attempts to overdue patients yielded a median of 13% of overdue patients reactivated after the first contact. However, reactivation rates continued to perform above 7% through the sixth attempt and only dipped below 4% following the ninth attempt (Figure 2.).

**Figure 2: Contact Effectiveness Per Contact Attempt (Median)**



When examining the effectiveness of repeat contact attempts, it was found that a median of 13 weeks elapsed between the initial contact attempt with an overdue patient and that patient’s successful reactivation. Additionally, over 20% of patients were reactivated 30 weeks after the initial contact.

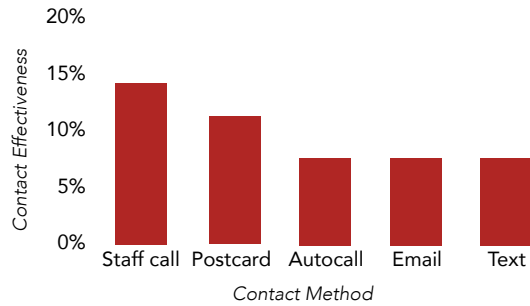
### Repeated Contact Attempts – Staff Calls vs. Automated Methods

In order to determine the most effective contact method for reactivation, the five contact methods included in the study were compared against one another. Additionally, contact methods that required practice personnel to perform them (staff calls) were compared against automated contact methods (autocalls, text messages, postcards, and emails).

Staff calls proved to be the best performer, with a median conversion rate over 14%. Postcards followed at 10%. Text message, email, and autocall all performed at 7% (Figure 3.). There was a correlation between contact methods with the best reach (phone number and mailing address) and contact methods with the highest effectiveness.

Additionally, staff calls outperformed automated methods in repeat contact attempts. Although staff call conversion rates dipped following the sixth attempt, their effectiveness hovered around 5% through the eleventh attempt. In comparison, automated methods showed a conversion rate decline below 3% following the sixth attempt, with rates normalizing between 1 and 2% on further attempts.

**Figure 3: Contact Effectiveness Per Contact Method (Median)**



### Multi-Method Practice-to-Patient Contact

Where employed (due to practice limitations and available patient data), when multiple automated contact methods (email, text message, autocall, postcard) were employed in reactivation efforts, they outperformed a single-method approach. Median conversion rates only surpassed 9% when three or more contact methods were used. In comparison, conversion rates hovered between 3% and 8% when two or fewer methods were used and two or fewer contact attempts were made.

### Found Revenue

Within the constraints of the study, reactivated patients were found to generate a median of \$173.52 in revenue on their first return appointment and an additional \$284.34 in the twelve months following the first appointment, resulting in a total median revenue of \$457.86 over the twelve-month period. These results indicate that reactivated patients returned for subsequent appointments and necessary procedures rather than a single return appointment.

## DISCUSSION

Currently, many practices emphasize reactivation and patient contact strategies through low-cost contact methods (email, text, autocall) and conclude reactivation efforts after one or two contact attempts are made. Additionally, practices may be hesitant to attempt reactivation through contact methods that failed during recall, which may include one or more notifications about an expected return. The predominant thinking is that since these contact methods were not successful during recall, they will not deliver results during reactivation. Contrary to this assumption, the findings of this study provide evidence that patient reactivation can be optimized by pursuing long-tail, multi-method reactivation strategies.

### Building Practice-Patient Rapport Through Repeat Contacts

While initial reactivation attempts have the highest success rate in patient reactivation, with the first and second attempts having 13% and 12% conversion rates,

respectively, the fact that success rates topped 7% through the sixth attempt indicates that many patients are being abandoned by reactivation campaigns that conclude too soon. While practices may fear that repeatedly contacting patients will result in requests to be removed from contact lists, this is not borne out in the data. Results indicate that patients who receive successive contacts over an extended timeline are likely to return to the practice.

Brevium employs a data-driven solution for contacting patients, optimizing contact timing in order to keep open communication with patients. This approach returns overdue patients that would otherwise slip through the cracks. The study findings suggest the possibility that there is a cumulative effect caused by repeat contact. Although many patients reactivate following the fifth or sixth contact, prior contacts may have played a role in reactivation. By making periodic contact attempts, Brevium builds a rapport with patients that encourages return appointments and minimizes requests to cease communication.

### Reach and Contact Methods - Casting a Wide Net

For cost-savings reasons, many practices rely on automated contact methods when connecting with overdue patients. However, by employing text and email as the only patient contact methods, 30% of overdue patients remain uncontacted. Additionally, employing only two or fewer automated contact methods results in reactivation rates that top out at 8%. Simply by utilizing additional automated contact methods with higher reach (autocall and postcard), more than 95% of overdue patients are reachable. Consequently, reactivation rates rise toward 10%.

If practices wish to rely heavily on automated and low-cost contact methods, the collection and data integrity of patient emails and text-friendly telephone numbers must be emphasized. Otherwise, these options show limited effectiveness, due to their reach.

While practices may wish to avoid using staff calls in reactivation efforts due to increased labor, it is important to understand that the data bear out that these calls are the single most effective method for returning overdue patients to a practice. Not only do staff calls perform at the highest rate from the outset, their effectiveness is also subject to a much slower rate of decay than any other method.

With Brevium, practices are able to define which contact methods will be used on their behalf. Reactivation campaigns can be built around automated contact methods or include staff calls. Brevium recognizes and remembers text-friendly phone numbers and valid email addresses in order to manage automated contact methods intelligently. If staff calls are included in the practice's approved contact methods, they can be facilitated by Brevium's robust caller platform.

In an effort to drive additional value, Brevium's reactivation campaigns can be targeted to specific patient types based on demographics including provider, location, referring provider, insurance, and disease state. In this way, reactivation efforts can be targeted toward at-risk patients or to fill open appointments for a provider.

### **Data-Driven Strategies in Multi-Method Patient Contact**

Brevium's approach to patient reactivation is focused on data-driven analysis and results. Through integration with the practice's existing EPM, Brevium manages reactivation campaigns based on the parameters set by the practice. At the same time, Brevium applies algorithmic strategies for contact cadence and the utilization of enabled contact methods. These are all designed to optimize patient reactivation.

Combining the ability to integrate with existing software with the muscle to leverage a variety of contact methods, Brevium delivers a reactivation solution that matters to patients and practices. Recalled patients generate an average of 2.2 visits, with 62% of revenue coming in the 12 months following the initial appointment. This is a clear indicator that reactivation helps develop an ongoing relationship between practice and patient. This results in better patient care and clear benefits to the practices that employ advanced reactivation strategies.

### **Summary**

Most practices have thousands of patients that are overdue for care. Even practices that recognize they have a problem with lost and overdue patients are often unable to identify effective ways to bring lost patients back into the practice.

The results of this study showed that patient reactivation efforts are most effective when patients are contacted multiple times, using multiple contact methods, over multiple months. It also showed that practices who do not engage in patient reactivation stand to lose large amounts of business and revenue.

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