

Title: Appreciating the Patient Experience: The Path to Improved Outcomes and Practice Growth

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Moderator: Hello and welcome to today's webinar, Enhancing the Patient Experience, the Path to Improved Outcomes in Practice Growth. This webinar is paid for by Power Diary, an electronic health record software providing practice owners with a secure business-ready system comprising of a wide assortment of cloud-based tools that make running a health practice more efficient. Some important points before we get started. Damien Adler, the presenter for today's webinar, is the co-founder of Power Diary. As such, he has both a financial and intellectual interest in the content.

The purpose for this presentation is to provide a balanced view on the enhancement of the patient experience. APA does not endorse any products or services. The content was created by Power Diary and does not reflect the views of APA or its editorial staff. Email advertising at apa.org to learn more. Next, this program does not offer CE. However, we will email everyone watching live today a certificate of attendance. Certificates will only be issued to those who watch for a minimum of 45 minutes. A recording of the presentation will be emailed to everyone in two weeks' time. The recording will include the presentation slides.

During our time together, you will be on mute. You can communicate with us using the Q&A box located on your webinar screen. Have a question for our presenters? Type them in using the Q&A box located on your webinar screen. A link to the presentation slides will be posted in the chat box of your webinar screen. If you miss them, don't worry. We will email them to you with the recording. Now, let me introduce our presenter. Damien Adler is a registered Australian psychologist, entrepreneur, and co-founder of Power Diary, a global practice management software.

He comes from a background in health administration, previously holding senior positions in the public health sector. He later founded a successful group, Private Practice, and it was here that Damien discovered his passion for utilizing technology to make life easier for health practitioners. These days, Damien dedicates his time to improving healthcare practices through technology. His unique insights stem from working closely with thousands of practitioners worldwide, from hospital settings to private practices, allowing him to identify universal challenges and opportunities within allied health.

A blend of practical experience and technological insight makes him a respected figure in advancing healthcare practice efficiency and effectiveness. Welcome, Damien Adler.

Damien Adler: Thank you very much, and thank you very much for having me. I'm really excited to present on this topic, which is a real passion topic for me. To kick off, let's answer the first question about why listen to me. We've touched very briefly on my background, but just to follow that in a little. For those that may not be familiar with the Power Diary and the backstory, my wife, who's also a psychologist in Australia, we started a private practice back in about 2009.

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We grew really quickly, and we were onboarding more practitioners, and we were getting lots of business both from government and corporate sector, as well as providing individual psychology services to patients. What we realized is that we needed a solution to help us manage the practice, a technology solution, and there just wasn't anything available. We tried different things. We found that the paperwork and managing insurance and payments and patient notes, everything was really going to be taking a huge amount of time and really affecting our capacity to grow.

When we realized that we couldn't find a solution, then I partnered with my brother, Paul, who has a very strong history in technology, and we co-founded Power Diary. Our goal really was to build an EHR and practice management system that actually made it easier to run practices, instead of it making it more complicated, and instead of having lots of different systems that didn't talk to each other. That's how Power Diary originally started.

Initially, we started in Australia, which you can probably tell from my accent. What we found is very quickly, our approach to practice management and the way that we were building the technology really resonated outside of Australia to both the United Kingdom and to Northern America. In fact, the USA and Canada is now our fastest-growing market segment when we look at the proportion growth each year. It really has been adopted worldwide.

Right now, there are thousands of practices around the world that are using Power Diary. The way that we've achieved this has really been by listening to our customers, studying and learning what are the key ingredients that make practices successful, and then on our platform, building those tools that support those practices. Now, what I'm going to do today in our time together, the best as possible to try and distill a lot of those learnings into actionable insights that you can use for your own practice. The way that we've structured that is-- I'll just get the slides to turn for us.

There we go. Always takes a second for that to work. The way that we've structured today's talk is really to break it down over the patient life cycle. Looking at awareness, inquiry, intake, treatment planning, and look at all the way through to the post-discharge and also getting feedback. We'll do that. I'm going to do this in about 45 minutes. Ideally, we're going to leave a little bit of time for some questions at the end. Without further ado, let's jump straight into it and start looking at this awareness and inquiry. Looking at that initial phase.

What we're going to talk about really is around the differences, the trends that we're seeing and that are developing over time. In this section, what we've found that in the past, the most dominant referral pathway to how people would find a practitioner was often through their primary care physicians, and they would go there as a first-quarter call for referral options. Of course, that still happens today, but we're seeing a change. That's where patients are increasingly doing their own research and they're searching online. They're asking family and friends for recommendations on who they should use.

What happens when they're doing that is they're really trying to answer this question about, "Will I connect with my psychologist?" There's people we're noticing that

patients are becoming increasingly discerning and this idea of connection and being able to develop a really good therapeutic alliance is becoming increasingly important. Of course, it's always been important, but we're seeing a shift in the way that this is viewed and the way that patients are looking for this at the very beginning of their practice journey.

If we have a look at some stats around this, we can see that patients are looking not only for that connection with the practitioner, but also the preferences about the method in which they connect is changing. I'm sure that you will have seen this around-- and this is some interesting stats, around 75% of millennials will actively avoid phone calls. How people make contact with that practitioner when they're seeking healthcare is changing and they don't want to use the phone. 67% of patients prefer online booking and 81% of millennials, it gets to the extent that they're feeling anxious about making that initial phone call.

We know that patients are often initially anxious booking in, particularly if it's their first time going into therapy or seeing their mental health professional. That 81% are anxious, that outside of the context of an anxiety provoking call, this is actually just even utilizing the phone normally. We've got to factor in these changes into our thinking. It's certainly been behind some of the changes that we've been making in terms of the technology platform. If we have a think and have a look at what are the key ingredients of success then in that initial engagement phase, that initial booking and awareness, we can distill it down to a few key things.

First of all, having a digital presence becoming increasingly important. This doesn't have to be complicated. A simple Google business listing to make sure that you come up in the search results, a basic website, and we've found that it's really important to include photos of yourself as the practitioner, but also if you do have admin support, to include photos of the team members on those websites, because it's part of the way in which patients form this initial impression or idea. about whether they're likely to connect with that practitioner. We find having photos of the admin team reduces anxiety because if they're attending in person they already feel familiar, they know what to expect.

A basic social media presence is also important but if you're not someone that likes social media, even having a very basic profile there so you have a presence and then redirect them to either your website or to an online booking form and so forth just so that if patients go to a social media platform as their default way of finding services that you don't miss out on that patient segment and we're seeing increasingly that's the way that or one of the ways a segment of the population are seeking services.

Now on your website or on your social media, whatever your preferred method is, it's important to tell the story about who you are individually and your treatment approach, or philosophy. What makes you different? There's a risk that as practitioners if we don't make that distinction we can be seen as a commodity and then people will make decisions based on things other than the connection they have or the type of treatment that we provide.

What we find is that practices that really individualize the information and articulate what their approach is, what they're about, what they're passionate about, there's better engagement and better alignment between the patient and the practitioner because they're self-selecting to practitioners that they are going to resonate with. Of course, ensure that you've got multiple ways to be contacted. We were talking before about the issue of phone calls, so making sure that you've got a phone number of course for those who still use phones but email contact, a Contact Us page as well as allowing online booking.

Having an online client portal for instance where patients can book their own appointments. We find that that's often very helpful, particularly for those that are anxious and are concerned about making that initial contact. We see differences when we look at the data between our practices, our customers that have the client portal function turned on and use it, and those that don't. We can see differences in the way in which they attract patients. It's becoming increasingly important as time goes on. Next, let's look at the next phase, if we look at the intake and assessment phase of treatment.

This is what we know about what patients want in this phase. First of all, and it's quite simple luckily for us, they want a very smooth and easy experience. They want that initial contact to be something that doesn't involve a lot of paperwork, doesn't involve waiting on hold for a long period of time. They want it to be done smoothly and easily. They also don't like coming into practices and filling in a lot of paperwork. Sitting there. Some people have different literacy skills, some people are feeling quite anxious, they don't like sitting there and filling in paper forms.

Trying to be mindful of that in terms of how we set up that intake process. During the first appointment, we also know that they're asking themselves some questions. The key questions that patients are asking in that initial appointment is, "Do I connect with this person? Do they understand me? Do they know what to do to help?" They're really going through and thinking about this level of connection and this is something that we've got to make sure we are absolutely attending to. Ultimately patients are looking for hope. The patients come to us because they're looking for a change. There's something that they want to improve and they want to see a difference.

It's important that we really consider and address at that very initial contact the idea of what is the patient seeking to gain from the session and really coming at it from a very basic patient-centric view. The other thing that they're looking at and that they're asking and we need to really address in that initial session is, if this treatment was successful, what would it look like to the patient? Our intake processes have really got to support that smooth experience but also address this concept of the patient's hope and really building that hope in that initial session and making sure that we're really getting that from the patient and being able to be clear that we can provide that reassurance.

That doesn't mean providing false promises of treatment outcomes or anything like that but it's about communicating that we understand why they're there, what they're looking to get out of coming to see us, and what success would look like. If we get hope improved, then everything else in the treatment tends to flow much better for

this stage. An experience we had when we were running our practice, we had one of our practitioners that we found had very poor attention rates between the first and say third session and so patients for this particular person just really weren't coming back. We didn't really have a good understanding explanation.

The practitioner we knew to be very skilled, was lovely in terms of her interpersonal manner, but we had this problem. We would run reports in our practice management system and we could see that the engagement and retention, was really bad. We ended up sitting down and looking at this data with her and going through exactly what she did in each of the stages, that initial contact and the initial session.

What we found is that at the end of the session, she wasn't effectively communicating and outlining some basics around treatment, building hope, and being able to reflect back and say, "Hey this is what I've heard, this is what I've heard you would like to achieve and here are some ideas about how we might go about achieving this." Building hope to say, "Hey, this is not the first time I've heard this. I have strategies that we can work on together to help improve and help you achieve the treatment goals that you have." It was absolutely remarkable the turnaround that this particular practitioner had.

She went from our worst performing, and in fact, we were considering that we may have to let her go, to one of the most outstanding practitioners that we had and she stayed with us for an extremely long time, promoting with us for seven or eight years. Really, building that hope is something that we just cannot underestimate and again we see this with our practices, our customers about how they put up their processes, and what makes a difference.

If we're looking and breaking that down into the key practical things that you can do to give a really positive initial experience and make sure it's smooth, you send the online forms out using your practice management system online before the first appointment and you can set that up so it's automated. When an appointment's booked, then that form goes out. They're not completed in the waiting room, they're not handwriting under pressure, and from an admin point of view, you're not double-handling any of this work.

Get the demographic history and some history and also you can go through the informed consent form and have that sent out in advance as well and have that electronically signed. Second thing we know makes a big difference is having the online booking so that people can book in smoothly.

They don't have to use the phone if they don't want to and then next we look at having semi-structured assessment forms, that initial intake form that you have that the practitioner is using to make sure that you've got the key sections that you want covered articulated, and by using a semi-structured form it means that you won't forget it but also if you have other practitioners joining you and you want things done in a particular way, it means that you can ensure consistency in how that's done. Importantly you can make sure at the end of that initial intake form that you've got a prompt there to remind yourself or your practitioners to provide the feedback and to build hope.

What we've found is that when practices have some of these key ingredients built-in into their processes, practitioners become habituated to do it, they do it without having to think about it and you tend to get the best first experiences that you can deliver to your patients. Let's move on next to treatment planning. This is moving on to the next stage and having a look at what really makes a difference here. What we're seeing is that increasingly, patients are seeking value as well as active participation in their treatment.

To put a little context around that, we know that and we're seeing this globally that disposable income is reducing, people are feeling under a lot of financial pressure, particularly with inflation, and what that means is they're actually becoming more discerning in relation to the way that they're spending money. Even if there's partial coverage by insurances, the co-pays are still out of pocket and that's becoming more relevant globally for people. If treatment isn't being seen as effective and there isn't that buy-in, then treatment tends to get deprioritized and it's one of the causes that we see dropout.

One of the reasons that we see dropout from treatment is due to that pressure because they're not seeing the value or not feeling that they are actively participating in the treatment. We need to make ways to consider the treatment always from the patient's perspective and think about the questions that they're asking themselves because they often don't articulate this to us but they're asking themselves, "Is the treatment worth it?" Often that's financially but also in terms of time and effort, and, "Am I making progress?" Those things we know that are there in the background and one of the things that is driving that engagement or alternatively disengagement.

Let's look at the ingredients of how we can improve those things. First of all, using templates to guide the treatment itself is helpful. In the way that you can build out the templates, you include goals that are written from the client's perspective. What does success look like in behavioral terms, in practical terms and utilizing their language. "Hey, what would this look like if it was successful?" Of course, we want to document the planned interventions and develop some agreed indicators and how the progress will be measured and then also having the client or patient buy into that treatment plan by having them sign the form.

You can send that out to them online or have them do it in your clinic or in your therapy but get that buy-in. Now it's very clear that you're aligning the treatment and the way in which it's going to be measured to what the patient actually wants. Ultimately you're building the template. You're always hitting the right marks. You're hitting the right things but you're doing it in a way that's routine and you don't have to think about it. If we have a bad day or having a bad month as practitioners, those things are automatically built into what we're doing and therefore we're not going to drop the ball or get distracted by other things that can come up which we know is very easy to do.

Let's move on and look at intervention and treatment, so stage four. We know that patients actually rely on practitioners for the structure to the therapy and also for the progress towards goal achievement. I'm sure we've all had this experience many, many, many times that patients may take these sessions in other directions and they

may talk about things that are not central to the core goals but at the end of the day, patients are going to hold us accountable if there's a lack of progress or stagnation.

Now, of course, there are very appropriate times where we may want to deviate from the planned treatment because it's clinically indicated it's a sensible thing to do but we want to make sure that we're doing that in a very conscious way and if we're deviating from what's been agreed, we're open about that we may be resetting the goals or resetting the expectations so that we maintain the alignment between what the patient's looking for and what's been agreed to and how treatment is progressing. We also know that patients not only want involvement in the setup of the goals but they also want it in any of the ongoing treatment decisions.

The research is fairly clear around that, that people want to be part of that. They don't want the practitioner taking a different tact without it being discussed and without having opportunity for involvement in that. We also know that when it comes to the intervention treatment phase patients want technological options to assist with their health care. Now what we're seeing-- of course during COVID we saw telehealth really become very popular. What we were expecting behind the scenes-- we built telehealth functions that are compliant, secure, meet all the regulations globally so it covers everything that needs to be covered.

What we assumed was that telehealth would really spike during COVID and once COVID resolved, that telehealth would drop off significantly. In fact, we haven't seen that. What we saw of course is telehealth really grow, but then because both practitioners and patients got used to telehealth, we're seeing telehealth grow further and further. We're investing more and more into telehealth because it's so increasingly popular and patients love it for all sorts of reasons but we're seeing that. We're also seeing that practitioners are using telehealth to reach patients in different geographical areas that they wouldn't normally provide services to.

This is of course throwing up all sorts of things for how insurance works and so forth but we're seeing that telehealth is being used in these kinds of ways and patients are more willing to engage telehealth services and to see someone that might be out of their geographical area. When we're looking at how we manage treatment and keep treatment progressing, even though patients are ultimately responsible for engaging in the therapy and certainly for attending appointments, their expectations of us using technology is increasing.

They expect for instance to have automatic appointment reminders. If you ever had maybe a patient-- if you do use automatic appointment reminders, so you use text messages, have you ever had a patient who didn't turn up and they claim that they didn't get the text message. We see this a lot that if someone-- the expectation is so high that they'll often even use that as a reason because you see that dependence on technology and this default expectation that practitioners are providing technology to support the practice.

What we tend to find is that the most successful practices, they place a very strong emphasis on the responsibility of the patient to actively participate and be accountable for their role in treatment. We're not at all moving away from that, but they need to attend, they need to pay, they need to engage and be honest. We see

the most successful practices have a balance of that as well as using the technology to support the patients to fulfill their obligations. By providing various ways of attending their appointments, by sending out those reminders, by using online forms, and so forth, it makes it easier for the patient to do their part in treatment.

Breaking that down into the key success ingredients what we find is set up those progress and review timings up front. Make it based on session numbers of when you're going to review or make it based on timing if you like but just set up some indications about when you're going to review progress. Set up the appointment reminders to support attendance. In our platform, but perhaps if you're using a different platform, you may also have the capacity to set up multiple reminders at different time points.

In our system, practitioners can set it up so that maybe a week ahead they send an email, maybe two days ahead, they'll send another email and then 24 hours before the appointment, they send an SMS. You can configure that in whatever way makes sense, but having that increases attendance rate exponentially. You can also use things like the communication functions in your platform, if you're using one, to follow up in between. Using SMSs and emails to follow up and check in with patients between sessions. That can be appropriate or not, depending on the circumstances and the patients that you're seeing, but can really help with some patients to keep them on track. Again, you can automate that in some systems.

Finally, make telehealth available. Even if you don't view yourself as a telehealth service provider, at least make it available for patients when it's more convenient for them. Things that we notice where practitioners who maybe not even-- They don't typically like it-- If they don't like telehealth and they don't see themselves in that way, when they activate telehealth and give it as an option, if a patient is sick, for instance, they'll still attend the appointment via telehealth instead of missing it. They might have a sick child at home that they need to look after, and they can still attend their appointment.

Keeping that as an option, even if it's not a dominant way you provide treatment, is very helpful. We find also that for patients that are time-poor, maybe have difficulty commuting and getting from work to therapy, for instance, and back, and just don't have the time to do that, will really appreciate having telehealth as an option. Finally, we see the segment of patients that are anxious, that are engaging in telehealth services who wouldn't normally engage in therapy.

We've seen this, particularly in the younger population. Teen patients, young adolescents who were having difficulty attending treatment, would feel anxious leaving their environment, we've found will actually engage in telehealth where they wouldn't. Perhaps their parents would have trouble getting them into therapy, but from the comfort of their own environment, were actually happy to engage in telehealth. That's something that we certainly didn't expect when we started to build out our telehealth functions, that there would be these use cases that we really hadn't anticipated.

It's great to see these things, when they surprise you. Let's move on now to the next stage and looking at reassessment and review. Overall, globally, we're seeing an

increased trend towards-- I guess a nice way of putting it would be to say accountability. We're seeing an increased trend towards monitoring what practitioners are doing and looking at, the outcomes of practitioners. This is very much a double-edged sword. We're seeing this with funding bodies, with insurance providers, that there's an increased interest around what's happening in treatment, what the effectiveness is of treatment, and the efficiency of treatment.

This is something that we're seeing, and like I say, somewhat of a double-edged sword, but it's something that we need to be keeping an eye on and being able to ensure we're set up in a way that supports that and doesn't cause any issues. We should also think about reviewing patient treatment. Of course, it's not just an administrative process that's forced upon us. I'm sure in all of our training, the idea of reviews is something that has been highlighted. Genuinely, patients do better when progress and feedback is given. We see a reduction in dropouts when there is regular progress and feedback because there's a really good feedback loop back to the patient.

Again, if we've set up treatment in the way that we were describing earlier, then the goals, the indicators, the way that's going to be measured is articulated. Now we're looping back full circle and checking in on that. We see this reduction in dropouts. It goes both ways that you're reviewing treatment and seeing that the person is not progressing and that's an indication of at least having a discussion about perhaps changing elements of the treatment.

Also, and I'm sure we've all seen this, where the patient's actually progressing quite well, but their subjective experience is that they're not progressing because perhaps they've got some depressive cognitions or they have some personality characteristics that mean it's hard for them to see progress and they see only what hasn't yet been achieved. By ensuring that we're reviewing progress is not just to detect when someone isn't moving forward, but to make sure that the patient is aware of the gains that they are making. We know that, of course, improves motivation, engagement in future treatment.

Again, coming back to what do successful practices have in common that have a review process that is genuine and measures against the patient's goals. Overall, if we plan treatment and we review progress, we tend to get that reduced drop out, we get better engagement, we get more progress, we get better alignment, we get more satisfied clinicians, which is super important, of course, and we get proactive identification of any barriers to treatment. Getting that means that you remain or maintain that alignment between what you said you were going to do and agreed to do together and where you are as you go.

To break that down into practical things that you can do, assess the patient against their goals, utilize standardized measures where you can, obviously not always possible, but where you can, and track that so that you can report on that. Discuss those results with the client. Use online forms wherever you can, which just makes that collection process a lot easier. You can get a lot of those measures and send them out via online form, which means they don't have to be completed in the rooms, they can be done from home. Of course, use progress note templates that ensure that you are prompted to check on progress.

I'm sure we all know how easy it is for one session to roll to the next, to roll the next, and we get distracted by the different issues of the day and forget to step back and do that review of progress. Building that into treatment note templates, which you can set up in your EHR and set up to say that every X number of sessions, for instance, you could develop a template that incorporates that formal review of the goals and carry those goals through so that you can measure against them. Makes it nice and simple, doesn't become too onerous.

Let's then move on to discharge and transition. In this stage six, what we are looking at here is the need to ensure that we give as much care to the disengagement or the conclusion of treatment as the rest of the treatment that we've just discussed. Ideally, I'm sure we'd all agree that discharge should occur when the treatment goals are met and the risk of relapse, where that's a factor, has been minimized. We want to get those two things, that the person's achieved what they were looking for, as well as making sure that whatever it was that made them vulnerable or that susceptibility they may have has been attended to, so they're less likely to need to come back.

I think the idea that we have is that we want to be well, and of course, we want to stay well. We need to ensure that if there is a deviation from that, that both the patient as well as the referrer, so if they were referred by a primary care physician, for instance, they know what to look out for, that there's an indicator to re-engage in treatment. We also know that when there is a tidy conclusion to treatment and really well-defined re-intervention plans or relapse prevention plans, it actually leads to less stress for practitioners because treatment ends in a neat way, there's a positive outcome, there's a nice conclusion to it.

Also if patients know what are the indicators that might suggest they need to re-engage in treatment, they're more likely to re-engage in treatment early in a relapse if that's occurring for them rather than late in treatment, which means that practitioners tend to get less urgent, need-to-attend to PATH patients. We know that's a source of stress when-- if a PATH patient is relapsing or is experiencing a difficulty, we often have that pressure to see them because we have that pre-existing relationship and responsibility. It benefits everyone involved if we can get that treatment exit done in a planned and structured way.

The key points here, really are to make sure that there's following up proactively throughout treatment. If someone is disengaging, we want to jump onto that early and pick up on that. If someone, for instance, doesn't attend an appointment, that we actually reconnect with that person and don't let it go too far because the person is more likely to disengage from treatment. Using online payments, and it might seem like a strange one to have in here, but the reason behind that is that if a patient ends up with an amount outstanding with a practice, for whatever reason, what we know is they can sometimes get embarrassed about attending to that outstanding payment if they're behind on payments.

Let's say they've missed an appointment and there's a no-show fee that they have to pay, not attendance fee, they will actually disengage because they're embarrassed, they don't want to have to come in and make that payment. Using online payments, we find it actually improves engagement and connection. They can settle any outstanding invoices online without having the embarrassment of that phone call.

Having early management intervention plans and having an early relapse prevention plan can also help. Then finally, communicating with the referrer.

If they were referred by a primary health care physician, that that primary health care physician has the same information. Of course, assuming consent and everything is in place, but letting them know, "This is how treatment concluded, the person's doing well. However, if you were to see these signs, this would be an indication to re-refer them and re-engage them or send them back to re-engage in treatment." Some nice, simple things there that can be done that will make a significant difference. Then let's look at this post-discharge follow-up and look at what this actually looks like.

Ultimately, we want to keep the door open here to allow that easy pathway back. To keep that pathway open for re-engagement, we want to make it clear that they're welcome to come back and make sure that they understand that if there are these sorts of changes, then we want to minimize the resistance or the barriers for them coming back. Let's say a patient has been disengaged for a year or two and something changes in their life and we need to re-engage them. They may feel hesitant if they haven't had any contact from us at all in that time.

At the same time, of course, we don't want to be keeping in contact with all PATH patients, directly and personally, and that, in fact, of course, might be quite inappropriate in some circumstances too. There are ways that you can do this without it being onerous. There are some key things that we see practitioners do and practisers do to ensure that the door is kept open, but also not having it where there's ongoing need for direct contact. You can use email templates to ensure that at the conclusion of treatment, the patient has all the information they need to know how to re-engage if they need to.

Using recall functions in the practice management system. If there is an agreement to check in or to check in on progress personally, at a certain point in time you can use recalls in your system so that it actually pops up and says, "Hey, this person's due to have some contact." Where we see practitioners use this effectively as well is where there may be no one stresses or anniversaries that come up for patients. Part of the discharge planning can be that, "How about I check in on you prior to whatever that stressful anniversary may be that's coming up so that there's that connection there made prior to experiencing that?"

Then having regular email newsletters is a great way to keep PATH patients in contact with you and feeling comfortable with you, but keeping it in a way that also isn't personal and is not time-consuming. It keeps you front of mind. Those email newsletters that go out can be very simple, can be just some tips of the week, tips of the month, can be new research that's come out, anything that you think would appeal to your patient group. There's lots of services online available as well where you can get content to support you in that as well if it's not something that you want to spend time doing.

It's a great way of keeping that connection there. Then, of course, keeping a social media presence, of course, keeping it appropriate, but having a professional profile that you update and that you post to, again, keeps your details, keeps the practice and you as a practitioner front of mind for patients, and again means they're more

likely to re-engage if something isn't going well and they have the need to do that. Nice and simple, but we see it makes a significant difference. Like I said, it makes a difference for practitioners when patients re-engage early rather than late if things aren't going well.

Finally, let's look at Stage 8 feedback and how we handle our referral sources. What we, again, see as a trend globally is that healthcare is becoming increasingly competitive and patients have an ever-expanding range of choices. Originally, patients, they would see practitioners that are in their neighborhood, that were geographically close to them. Then it became that practitioners would provide telehealth services. Patients would engage with providers that are outside their local neighborhood. Now there are also options, of course, and patients have the option to use AI-powered services or hybrid services.

The range of options that the patients have is growing. That means we really need to start thinking about health practices as a business and a business that has customers. I think as psychologists, that can sit uncomfortably sometimes, but we need to get into that mindset and get comfortable thinking about the psychology practice as being a business like any other that does have customers. There's actually two types of customers I would say that a health practice has. The first one, the obvious one, of course, is patients. The other customer group that often we don't think about is actually the referrers. Particularly primary health care providers, primary physicians.

We actually provide a service to them and they are actually a customer of ours if we think about it. We ultimately provide those referral sources with a solution. They have a patient and that patient has a need and by us taking the referral and helping that patient with their mental health or with whatever need they have, we are solving a problem for that referral source. That's what we're providing to them. They provide to us in return essentially a referral, which is equivalent to money. There is this customer-service provider relationship that happens with referrers that often we notice practices don't really think about that.

If we actually think about that the referral sources are a driving engine behind a sustainable practice, we need to really make sure that we're meeting the needs of both those customer groups, so both the patient and the referrer. If we look at how this plays out economically, we know that if we increase the retention rates, and this comes from outside of the health space, that when we increase customer retention rates by a very small percentage, we actually can increase the profit of a business substantially in a disproportionate way. There's a whole lot of reasons behind that which I won't go into.

Ultimately, we need to get feedback from our customers, that's the patient and the referrers, to make sure that we're meeting their needs and their expectations. We need to think about them the same as we would any other business. The more we can retain those customers, both the patient and the referral sources, the stronger the business is going to be. How can we go about doing this in a way that is easy and not too painful? Key strategies that we see people utilizing with great effect. For patients, conducting regular anonymous surveys to get feedback about what matters to them.

Think about things like the ease of finding your premises, the atmosphere within your practice. What does it feel like? When they walk in, they feel comfortable there. What was the customer service experience like for them? How did they find that? Whether their psychologist understands them and where they feel like they are working on shared goals. Actually, even in our own practice, it took us a little bit to dial in to that in our customer feedback, in our patient feedback, is that we would find a difference, again, with our practitioners about those whose patients felt that they were working towards their shared goals and those that weren't.

Yet, of course, if we asked our practitioners, every practitioner would say they're working on the patient goals, but it actually wasn't the way that necessarily the patients saw it. That was very helpful getting that feedback. Making sure that treatment's aligned with them and whether they feel optimistic about their treatment. Again, a great question to ask when you're conducting surveys with patients about whether they feel positive about it, they feel it's going somewhere, they feel good about where it's at. For referrers, these are often a little bit harder to get them to participate in completing surveys and forms.

What I can tell you, though, when we have worked with lots and lots of different referrers over the years, they do want to be informed through each step of the treatment. They don't want any surprises, so they want to know what's happening with their patient, if it's their shared care, or if they have ongoing involvement.

They want any feedback to be timely. They also want any correspondence that we send them to be short and concise and focus on the things that they can utilize and navigate quickly with the patient in front of them. Often we know that if it's a primary care physician, they'll pull up correspondence from the psychologist with the patient sitting there and they want to be able to scan it very quickly. They don't want to have to read long paragraphs and long context. Short and crisp and keep it timely. You'll find that will keep referrers happy and keep them sending patients to you.

That brings us to the end. The takeaway here really is that if you cover off the different elements of that patient lifecycle well, and I'm sure you're doing a bunch of these things well already, but if you've got some gaps in there and you complete that out, you'll end up with happy practitioners, happy referrers, and of course, happy patients. Overall that results in a healthy and profitable and a sustainable practice. That's of course what we all want. I hope that you've found this helpful. Again, thank you for the opportunity to present to you today. I think we will now open up for some questions.

Moderator: Brilliant, Damien, thank you.

Damien Adler: Thank you.

Moderator: We have a question from the audience. It asks, how can novice therapists apply this knowledge?

Damien Adler: That's a good question. Within a novice therapist, there's often a lot of stuff going on in their brain when they're first starting out because nothing has become automated and routine in their own brain. Practitioners who have been

around for some time often will do a lot of these things instinctively and almost as a reflex. For newer practitioners, it's particularly important to have systems and processes that support them doing it.

If they've got lots of things going on and they're really thinking hard about their role in the therapy and their brain's very busy, having it built out, so having templates and having everything structured and as much as possible automated means that those things, hitting these marks will happen automatically and not something that you then have to add to the already busy brain of that novice practitioner.

Moderator: Wonderful. Another question asks, how can we leverage technology to reach and engage with a broader audience while ensuring confidentiality?

Damien Adler: I think there's a few ways to do that. I think that depending on what resonates with the practitioner. We find that amongst the practitioners, some really enjoy social media and they love getting into that and sharing their knowledge via that way. That tends to have a way of broadening the audience and broadening the range of people that are reached. Don't underestimate the role of blogs and emails.

Even though they're perhaps a slightly older school way of communicating information, it's still hugely popular. Particularly if you're talking about and sharing information on things that I think are really passionate, that practitioners are passionate about, that will tend to mean that people will reach a a broader and broader audience. Of course, consistency is the key with any of those things by posting on a regular basis or by sharing your thoughts and writing blogs on a regular basis. That will tend to get information further and further out and reach a broader range of people than they normally would.

Moderator: Brilliant. Another question asks, how do these strategies apply or transfer to larger organizations?

Damien Adler: I think it's a good question. I think they really apply whether they're small or large. In fact, in some ways, the larger an organization gets, the more important it is that they have documented processes and systems for doing things. The things that we were talking about, and if we think about it in terms of scale, if you're a solo practitioner, it's not so hard to-- you can focus on yourself and you've got total control over what you're delivering. As an organization gets larger, you also introduce the risk of increased variability in what's being provided.

I don't just mean style, because practitioners will have different styles within organizations, and that's fine. That's part of the variety and different patients will connect with different practitioners. The things that are common that we've talked about today that the patients like, that ability to engage, to be part of the treatment decision-making, to be able to ensure that treatment's aligned with what they're interested in, those things, they're universal. As you get bigger, it gets harder to ensure the quality of what is being provided by practitioners.

Again, by having it built into a system, by utilizing templates and automatic alerts, reminders, and so forth, coming from a practice management system, what it means is that you're going to get that consistency of the things we've talked about today,

even as an organization grows. We have our range of customers. We have lots of customers that are solo practitioners that are working by themselves. Then we have lots of customers that have multiple locations, and those locations will be all over a country or all over a state. The principles of providing, treatment that's aligned with patients, that's universal, and doing it in a way that makes it consistent makes it a lot easier as you get bigger, and avoid some of the headaches of growth.

Moderator: Wonderful. I think that's all the time we had for questions today. Thank you so much.

Damien Adler: Thank you very much for having me.

Moderator: Thank you so much for joining us, Damien Adler. Thank you to all of our listeners for your participation. We'd also like to thank Power Diary for making this webinar possible. A recording of this presentation will be emailed to everyone in two weeks' time. The recording will include the presentation slides. As soon as the webinar has ended, a short survey will appear on your screen. Please take the survey and give us your feedback. We thank you for your attention and hope you have a great day.

[00:59:01] [END OF AUDIO]