

PRESENTS

Beyond Benchmarks:

Unleashing your Practice's Revenue Potential



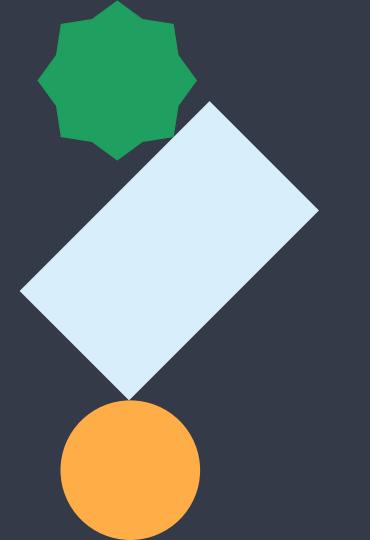
In the spirit of reconciliation, HotDoc and Cubiko acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Today's Agenda

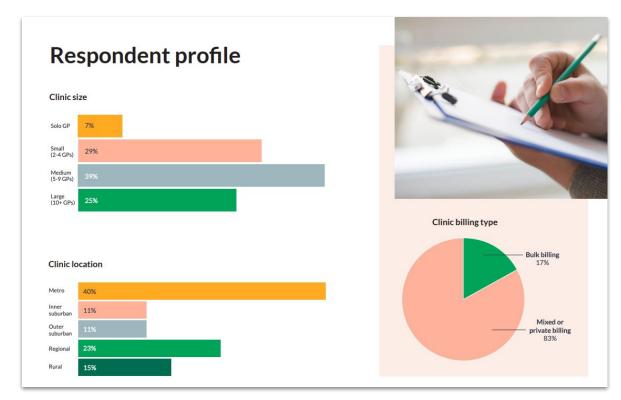
- 1 Introduction to the research
- 2 Benchmarks and Insights
 - Growing Billings
 - Virtual Care and the rise of alternative providers
 - The patient as 'consumer' how to keep patient outcomes
- 3 Tracking the results
- 4 Conclusion

The Research



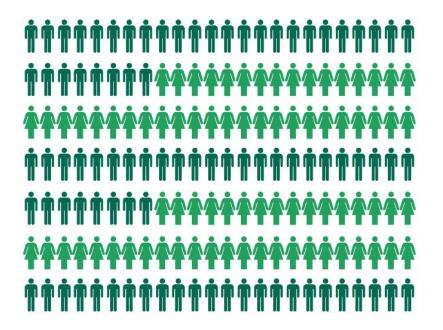
The Data Set (HotDoc)







The Data Set (HotDoc)

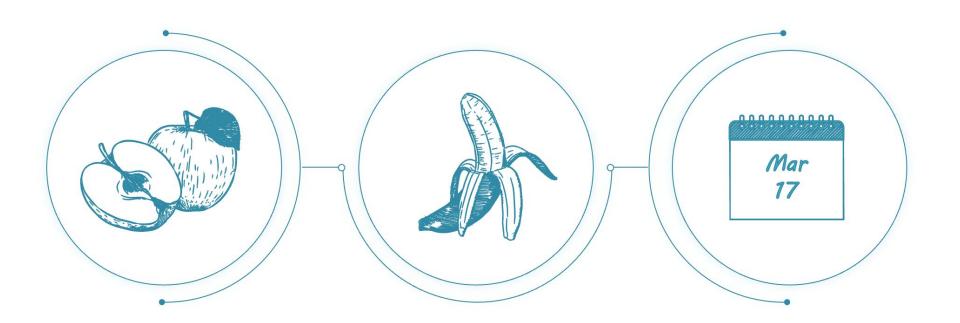


We ask our **clinics** for regular feedback which result in **1000+** responses quarterly for us to capture insights from.

We ask our **patients** for regular feedback via post appointment booking surveys which gives us **1000+** responses each month to gauge patient needs and sentiments

We do **research** on the regular, our recent white paper research gave us **700+** responses from clinics along with **1000+** responses from patients on the **Changing Landscape in General Practice**











Modified Monash Model



Primary Health Network



Billing model

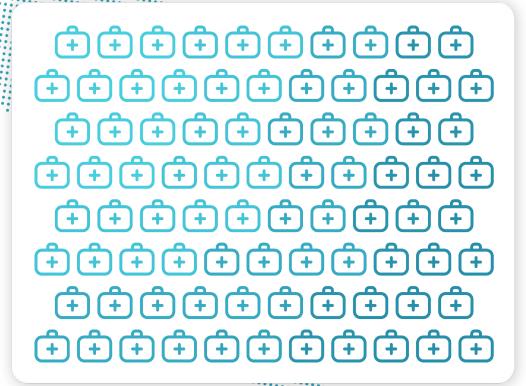


Teaching Practices



Doctor FTE Size





The Touchstone Data Set

750+

Total number of practices

A cross section of practices



The Data Set

A year ago



43% Mixed / Private billing



57%
Bulk billing



The Data Set

A year ago



43% Mixed / Private billing



57%
Bulk billing

Now



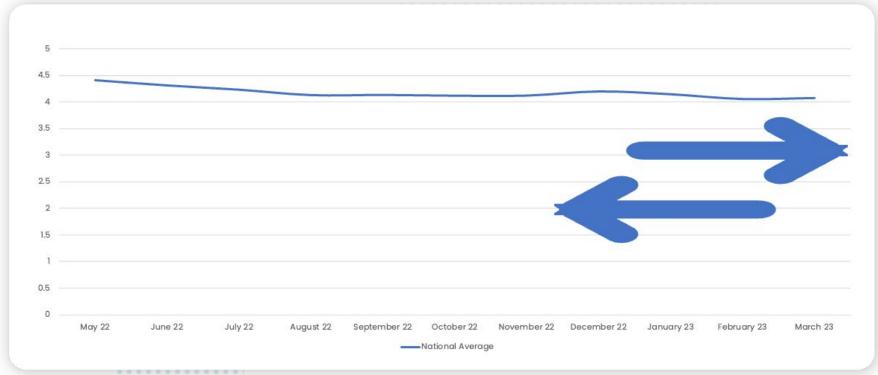
72%
Mixed / Private billing



28% Bulk billing

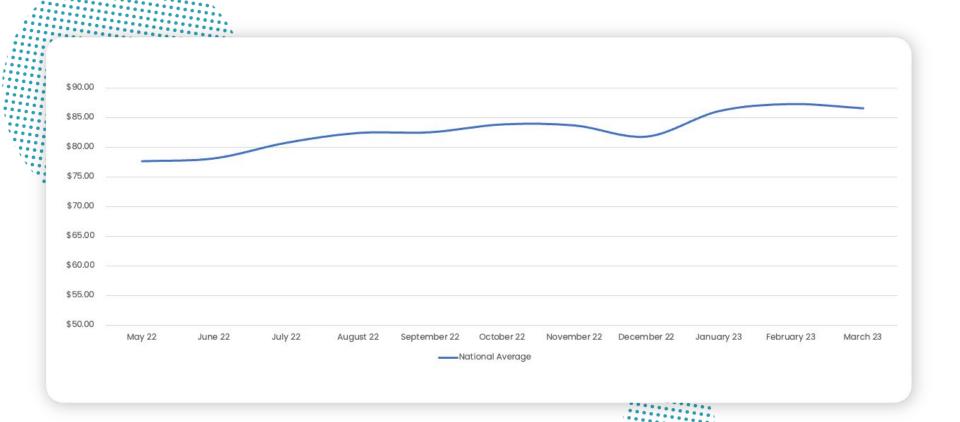






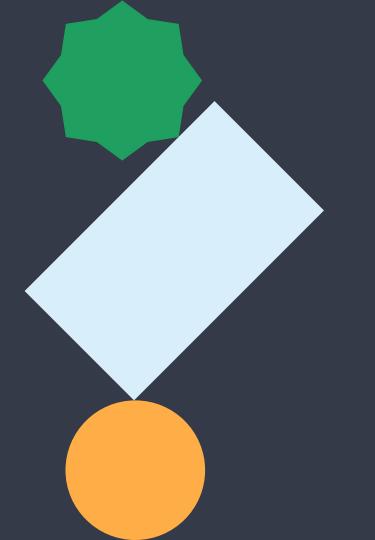








Growing Billings



Keeping our practices sustainable is difficult in 2023

Practices are considering their options to increase revenue aligned with cost of operations

66%

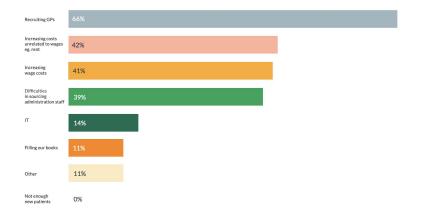
Of those surveyed, an overwhelming 66% stated that recruiting and keeping GPs was the biggest challenge

42%

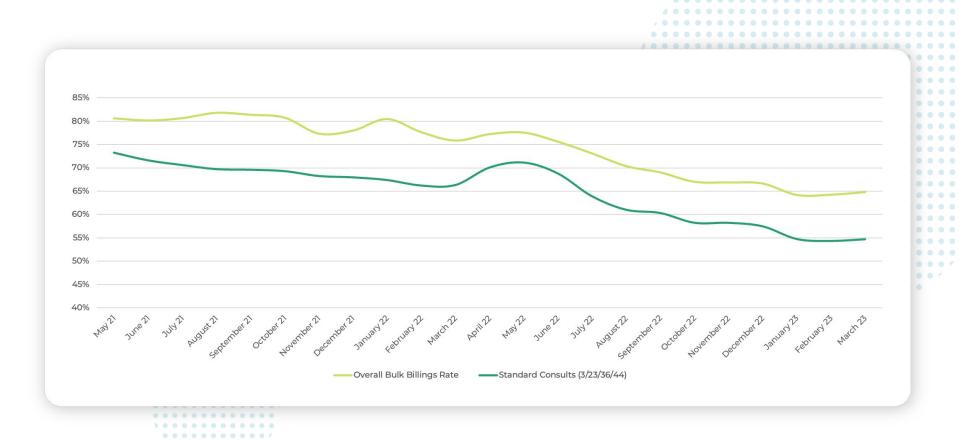
42% of clinics identified increasing costs unrelated to wages as one of the biggest challenges they faced

32%

Our survey found that almost a third (32%) of bulk billing clinics had concrete plans to move to a mixed or private billing model













Touchstone: No Show / DNA



Appointments marked as DNA

Total Counted Appointments



Touchstone: No Show / DNA

Mixed / Private Billing

2%

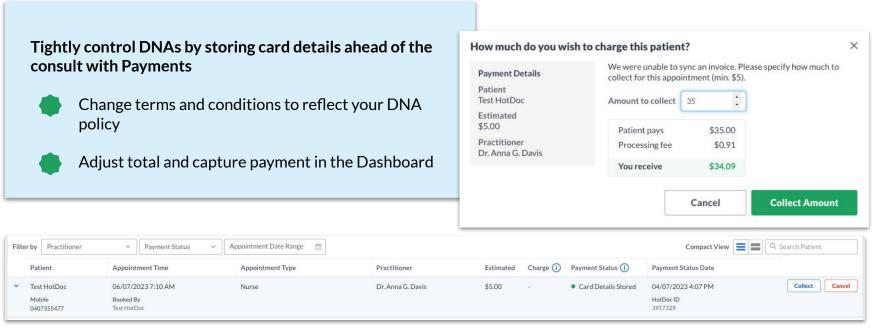
Did not attend rate

Bulk Billing

4%

Did not attend rate





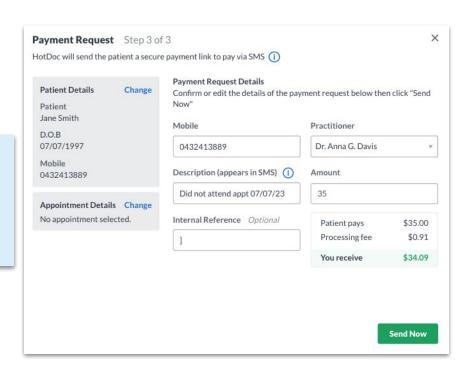


Request Manual Payments

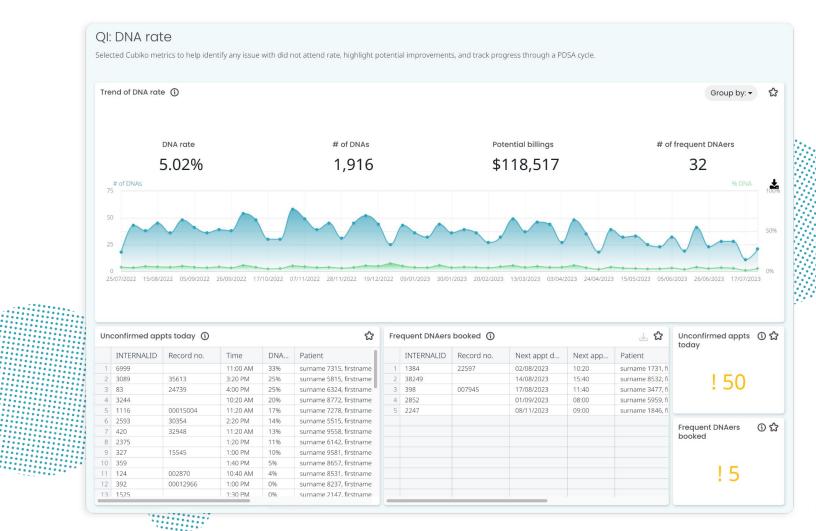


When a DNA does occur and card details have not been stored, request manual payment with a method which is easy to pay for the patient

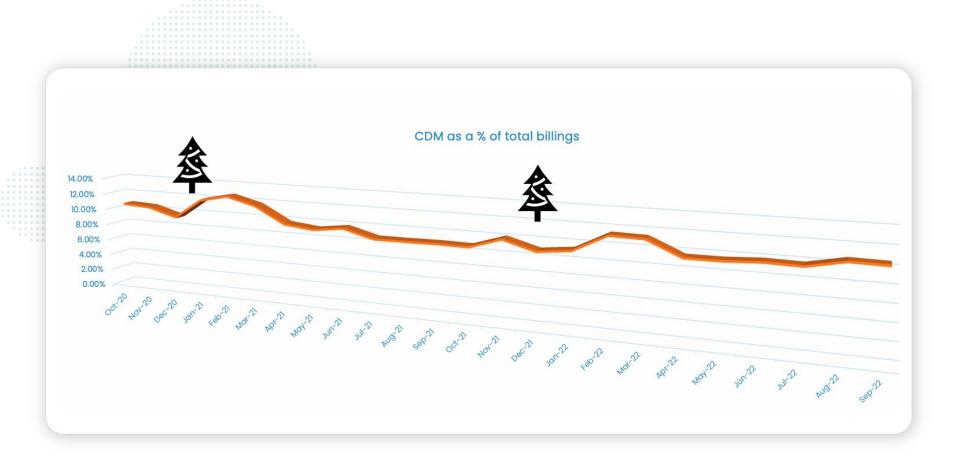












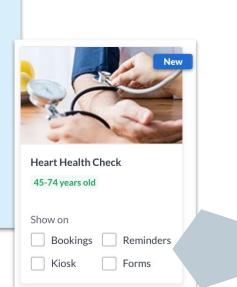


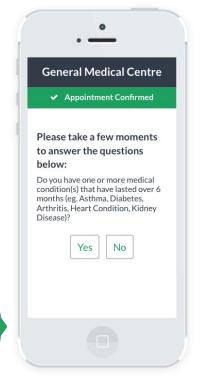
Find ways to drive patient interest in other billing options to increase revenue through:



Inform Promotions and Activations

Increase awareness through a promotion and target specific billables towards the right demographic for higher conversion





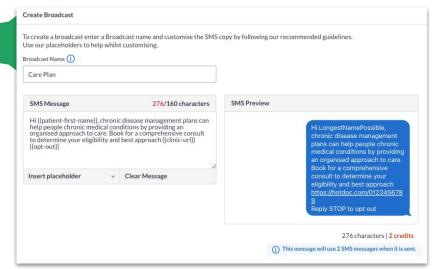


Find ways to drive patient interest in other billing options to increase revenue through:



Care Plans

Extract data using a tool like Cubiko to feed into Broadcast to blast applicable patients, target for demographics specific to billable opportunities



"Broadcasts [helps us] to connect with our patients for reminders for cares they are due for. Its quick, effective and I can send the message to multiple people at once."



Patients who may be eligible for 75+ Health Assessment

Eligibility is based on previous billings of health assessments, these include both VR and non-VR item numbers.

Possible 75+ HA billings (i)

Possible

Possible patients 75+ HA (i)

\$100,894

Item 703 fee: \$145.80

692

List of patients for possible 75+ HA (1)

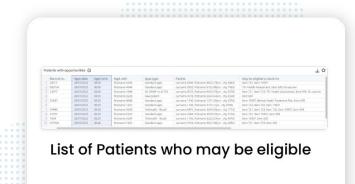


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	INTERNALID	Record no.	Date	Time	Appt with	Appt type	Patient	Days since last hea	Last attended appt
1	3044	34792	27/07/2023	08:00	firstname 1948	N2 new GPMP & new	surname 4377, firstname 6232 (79yrs - city 9854)	Never had a 75+ Health	13/07/2023
2	566	001049	27/07/2023	08:20	firstname 4294	Standard appt.	surname 6691, firstname 1991 (82yrs - city 9233)	Never had a 75+ Health	20/07/2023
3	1176	00015390	27/07/2023	08:30	firstname 3685	Long appt.	surname 4792, firstname 4444 (80yrs - city 5269)	Never had a 75+ Health	12/07/2023
4	446	1496	27/07/2023	08:40	firstname 5783	Telehealth - Recall	surname 1957, firstname 2117 (79yrs - city 9786)	Never had a 75+ Health	20/07/2023
5	629	000200	27/07/2023	09:20	firstname 3685	Standard appt.	surname 7196, firstname 4272 (82yrs - city 4993)	Never had a 75+ Health	29/06/2023
6	3450	35340	27/07/2023	10:10	firstname 3685	Standard appt.	surname 5179, firstname 8963 (94yrs - city 4419)	Never had a 75+ Health	13/07/2023
7	731	3913	27/07/2023	10:50	firstname 6957	N2 Health	surname 8635, firstname 1342 (77yrs - city 7113)	Never had a 75+ Health	21/04/2023
8	786	035871	27/07/2023	11:00	firstname 4294	Standard appt.	surname 2212, firstname 6651 (86yrs - city 7245)	Never had a 75+ Health	04/05/2023



What are the possible service opportunities today What are they eligible for?

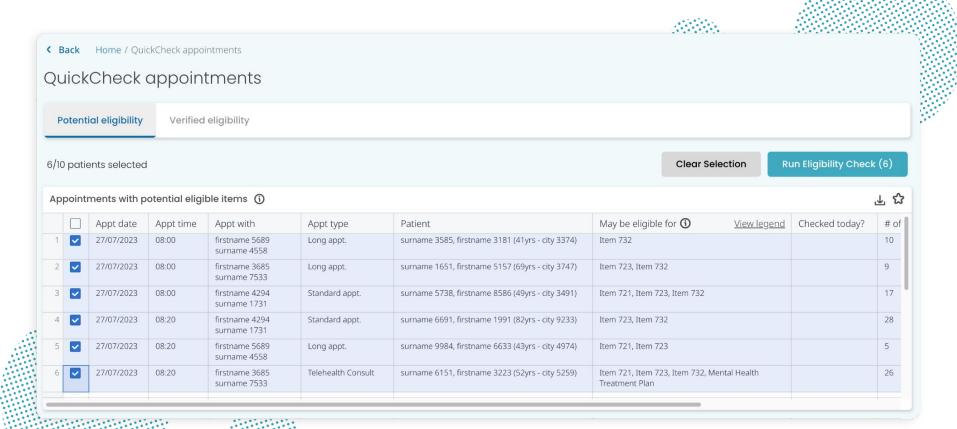




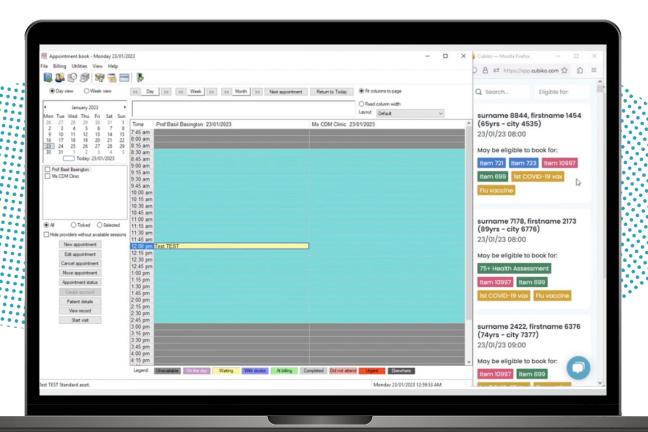






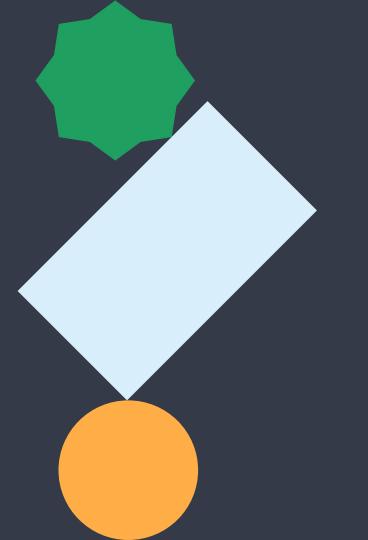








The Rise of Virtual Care



There are more Virtual Care options than ever before

of patients are likely to book a telehealth appointment



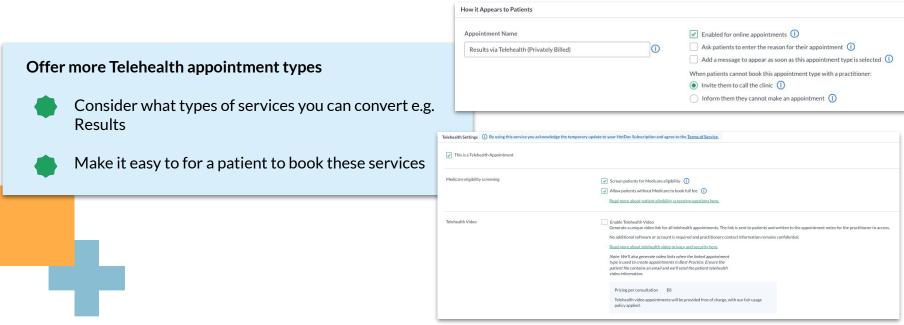
of patients would pay more for the convenience of an after hours appointment

of patients surveyed have used a virtual health service in the past 12 months like **InstantScripts**

*This is even higher in the 18-34 year old age group where 30% have accessed virtual services instead of their usual GP



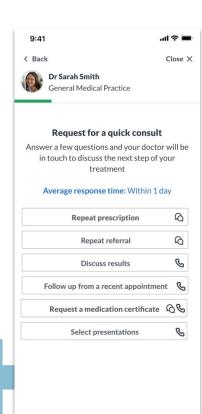
How to do more with less by providing Virtual Services

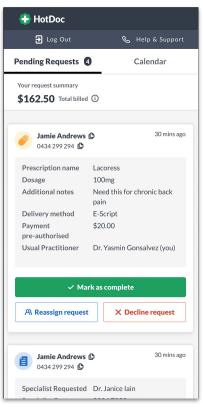




How to do more with less by providing Virtual Services

Offer asynchronous appointment options Use features like HotDoc Quick Consults (launching in the next fortnight) to automate a queue of billable services for the doctor to action in their own time Use Broadcast or Inform to promote the knowledge of the service within your patient base







How to do more with less by providing Virtual Services

Make it easy for patients to pay for Virtual Services Payment for Online Booked Appointments Patients are used to online payments and can often be Request patient's payment method at the time of booking Payment Breakdown frustrated by having to pay for something over the Note: Patients will be required to add a payment method in order to Processing fee is 1.75% + 30c per transaction book an appointment. Payment will be collected once the patient is phone marked as seen. Patient pays \$35.00 Processing fee \$0.91 Cost of appointment (minimum \$5) 35 Set your telehealth or virtual services to online You receive \$34.09 payments to make it easier for the patient to pay **Bulk Billing Payment Exemption** Set your billing preferences to automatically exempt patients who don't need to pay Exempt payment for bulk billed patients Patients who meet bulk billing criteria will not be required to provide a payment method for appointments. Go to Setup > Practice Profile under Billing Information to make **Bulk Billing Criteria** any changes to your Bulk Billing Criteria. *Concession card screening only works for online booked Concession Cards*: Veteran (DVA) Gold Card appointments. (1)

"Just set up scripts and online payments, it has been a game changer!"



Do Online Payments really matter?

Recent survey data shows that the practices using online payments see the following benefits over those who don't

Time savings and boosted efficiency

50%

of clinics said the use of Online Payments reduced the time spent in collecting fees manually and allows the team to focus on other tasks

Enables Great Telehealth Experience

30%

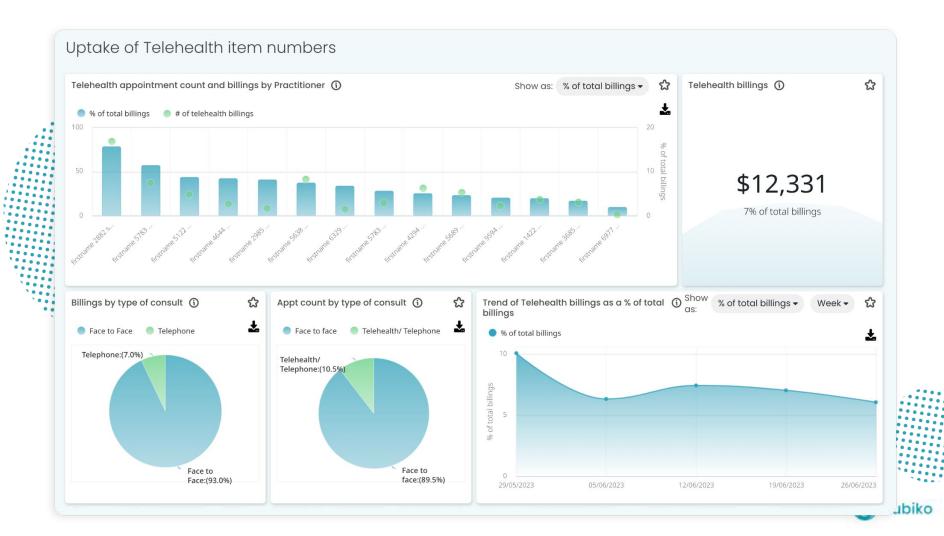
noted that Online Payments is useful for facilitating telehealth appointments in particularly and eliminates the need for follow up calls or no show appointments

Improves debt management

20%

agreed that Online Payments allowed them to better manage debt, recover accounts and reduce the need for following up fees by providing immediate post consultation processing and invoicing





Non Telehealth appointments with Telehealth billings ①								
	Appointm	Appointm	Appointment with	Patient	Appointment type	Telehealth item	\$ billed	
1	Totals:						\$921.25	
2	01/06/2023	09:01:37	firstname 5783	surname 5473, firstname 9515 (65yrs - city 8419)	description 3639	Item 91890	\$75.00	
3	01/06/2023	14:27:21	firstname 5689	surname 9566, firstname 9639 (41yrs - city 2629)	description 3639	Item 91891	\$39.75	
4	01/06/2023	16:49:32	firstname 3685	surname 1323, firstname 5535 (65yrs - city 8547)	description 3639	Item 91891	\$39.75	
5	02/06/2023	09:00:00	firstname 2882	surname 9469, firstname 9722 (65yrs - city 2627)	description 3639	Item 91891	\$39.75	
6	02/06/2023	13:15:01	firstname 1422	surname 6993, firstname 1198 (59yrs - city 9279)	description 3639	Item 91891	\$39.75	
7	02/06/2023	15:43:55	firstname 5689	surname 5446, firstname 7636 (18yrs - city 4524)	description 3639	Item 91890	\$18.20	
8	06/06/2023	08:00:00	firstname 6977	surname 4926, firstname 2488 (51yrs - city 5556)	description 6867	Item 91891	\$39.75	
9	08/06/2023	10:57:42	firstname 5689	surname 4838, firstname 8734 (24yrs - city 2856)	description 3639	Item 91890	\$18.20	
0	09/06/2023	11:47:15	firstname 5122	surname 1894, firstname 2429 (78yrs - city 5212)	description 3639	Item 91891	\$39.75	
1	09/06/2023	12:14:02	firstname 6329	surname 3997, firstname 8838 (85yrs - city 8388)	description 3639	Item 91891	\$39.75	

Appointments that may not be eligible for Medicare-subsidised telehealth services

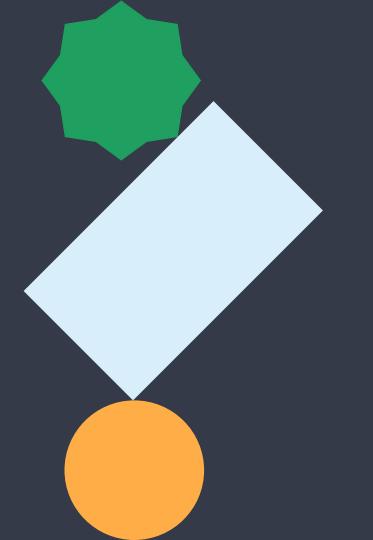
Medicare has announced that from July 20, patients who have not visited the practice for a face to face consult in the past 12 months are no longer eligible for bulk-billed telehealth services. For further information and to check exceptions, click here

	INTERNALID	Record no.	Date	Time	Patient	Practitioner	Appointment t
1	41038		28/07/2023	08:00:00	surname 4793, firstname 9515 (8yrs - city	firstname 2882	description 1745
2	1832	23647	28/07/2023	08:00:00	surname 8882, firstname 2964 (27yrs -	firstname 1422	description 3639
3	41038		28/07/2023	08:00:00	surname 4793, firstname 9515 (8yrs - city	firstname 5164	description 1164
4	41072		28/07/2023	08:00:00	surname 4778, firstname 2664 (44yrs -	firstname 7939	description 1164
5	41072		28/07/2023	08:00:00	surname 4778, firstname 2664 (44yrs -	firstname 5638	description 1745
6	41057		28/07/2023	08:20:00	surname 8239, firstname 5339 (22yrs -	firstname 2882	description 1745
7	41057		28/07/2023	08:20:00	surname 8239, firstname 5339 (22yrs -	firstname 7939	description 1164
8	41042		28/07/2023	08:30:00	surname 6572, firstname 9515 (3yrs - city	firstname 5164	description 1164
9	41042		28/07/2023	08:40:00	surname 6572, firstname 9515 (3yrs - city	firstname 5122	description 1745
10	/10E0		כרחרו דחו סר	00-40-00	curnama 0220. firetnama 0E1E (E2)pre	firstnama 2002	description 2520





Patient as 'Consumer'



Why make any changes?

The rise of multiple options on the market means the patient has more choice than ever before.

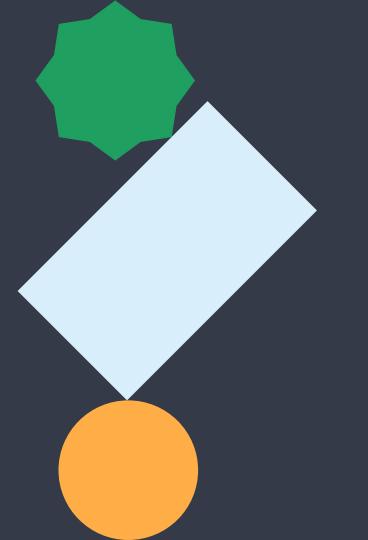
Our patient survey highlighted that **83%** of respondents trust HotDoc, with 62% stating its how they book their Usual GP.

Despite out of pocket costs being the second highest determinant of specialist and allied health practitioner choice, **availability** was first priority with over 60% of patients willing to pay **higher fees** to get an appointment outside of regular business hours.





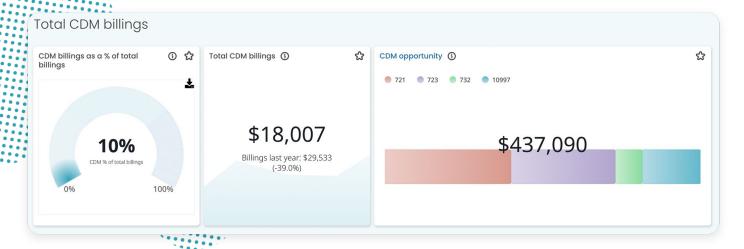
Tracking the results







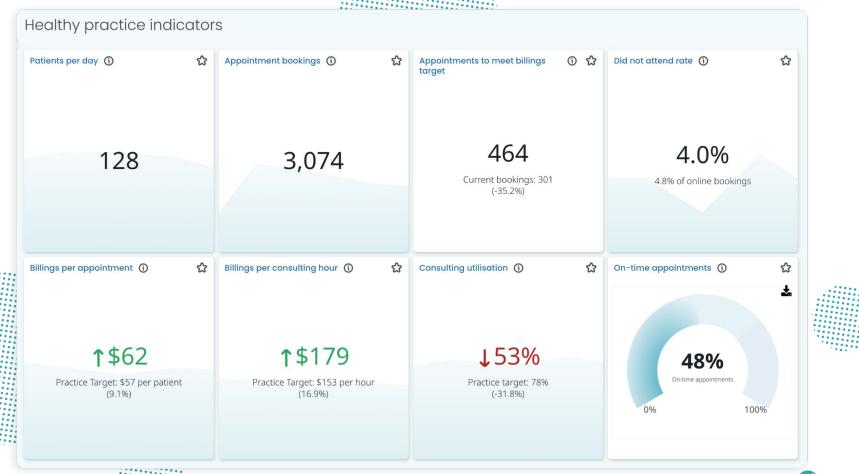




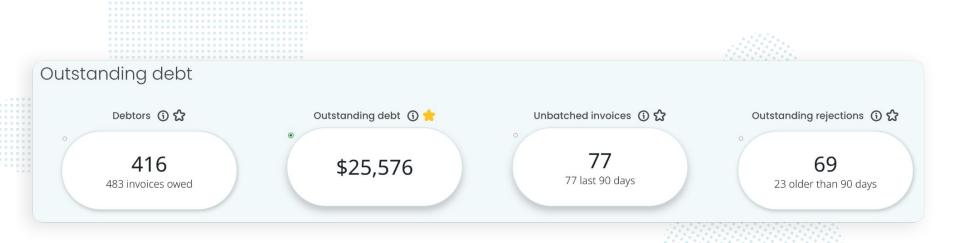














Conclusion

- Increase billings by raising awareness of more appointment type options
- Think of what you can move to virtual or telehealth care
- Incorporate online payments for virtual and telehealth care options
- Prioritise Patient Experience





Thanks for watching

Contact Us info@hotdoc.com.au