FOLLOW-UP AUTOMATION

Automating follow-up after the OPD visit

Carry out the plan the doctor already made: five journeys, stop rules, human handoffs and a ninety-day build order.

Swipe →

Gaurav Phogat
gauravphogat.com



THE DIFFERENCE

Follow-up is not marketing

TRIGGER	The consultation record, not a campaign list
SOURCE	Review date, tests ordered, procedure advised, referral, prescription
FIRST PROJECT	If the plan is not captured in fields, fix OPD workflow first
GOVERNANCE	Every contact follows a clinical decision the doctor made

Gaurav Phogat
gauravphogat.com



FIVE JOURNEYS

The five journeys that do most of the work

1. The review visit the doctor asked for
2. Tests ordered but not done
3. Procedures advised, decision pending
4. Internal referrals to another specialty
5. Feedback and experience, within NMC rules

Build nothing else until these run cleanly.

Gaurav Phogat
gauravphogat.com



HOW EACH WORKS

What each journey does

REVIEW	Confirm date, prompt to book days before, remind, then a human call
TESTS	Offer a time, home collection, lab-approved prep, reports-ready message
PROCEDURE	Inform, never pressure: explainer, estimate, TPA help, counselling call
REFERRAL	Name the specialist and reason, show slots, coordinator if unbooked
FEEDBACK	No review requests for promotion since October 2026

Gaurav Phogat
gauravphogat.com



DESIGN RULES

Automation patients trust

- Stop rules: every message halts the moment the patient acts
  Needs near real-time reads of appointment and billing systems
- A frequency ceiling across journeys, owned by one team
- Name the doctor, the unit and the specific next step
  Dr Mehta asked to see you again around the fifteenth
- Regional-language templates where patients prefer them

Gaurav Phogat
gauravphogat.com



PEOPLE

Automation reminds. People persuade.

- Escalate when a review is overdue, a reply arrives, a decision stalls
- The agent sees full history and the doctor's plan before calling
- Write for the son who holds the elderly patient's phone
- For procedures, a named coordinator beats any message sequence

Gaurav Phogat
gauravphogat.com



AVOID

Mistakes I keep seeing

- Building what the software demos: birthdays, tips, seasonal campaigns
- Treating orthopaedics, endocrinology and dermatology the same
- Inviting bookings when the doctor has no slots for weeks
- Measuring messages sent instead of care completed

Gaurav Phogat
gauravphogat.com



MEASURE

The scoreboard is follow-through

1. Patients asked to return who came back in window
2. Tests ordered in OPD completed at the hospital
3. Procedures advised that reached a decision conversation
4. Opt-outs, and after which journey

Compare against a baseline period and against departments not yet switched on.

Gaurav Phogat
gauravphogat.com



NINETY DAYS

One department, one unit, three months

1. Month one: fix capture, build the review journey with stop rules
2. Month two: tests journey and feedback loop, templates approved
3. Month three: procedure journey with a named coordinator, first comparison

Keep DPDP purposes separate: care reminders are not consent for offers.

Gaurav Phogat
gauravphogat.com



READ THE FULL GUIDE

Patient follow-up automation, in full

- Capturing the doctor's plan at checkout
- Clinical governance, consent and opt-outs
- The ninety-day pilot that decides scale
- gauravphogat.com/automating-patient-follow-up-after-opd

Gaurav Phogat
gauravphogat.com

