SECOND OPINIONS

The enquiry most hospitals mishandle

Families with a diagnosis want confidence, not a slot. A separate funnel with its own intake, coordinator and measures.

Swipe →

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WHY DIFFERENT

First opinion vs second opinion

FIRST OPINION	About access: I have a problem, I need a doctor
SECOND OPINION	About confidence: I was told something serious, can I trust it
GOOD RESPONSE	Who reviews, how long, what to send, cost, what happens next
CLUSTERS IN	Oncology, cardiac surgery, spine, neurosurgery, transplant, orthopaedics

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THE PROBLEM

How these enquiries get lost

- Arrive as 'I just wanted to ask', with blurry report photos
- Tagged as general enquiries, routed to a busy queue
- Answered with a slot and a consultation fee
- Nobody knows how many came last month or what happened

The family goes to whoever responded with the most care.

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RECOGNISE

Identify them at first contact

- Cues: existing diagnosis, advised procedure, reports from elsewhere
- Tag in the CRM at the first touch
- Capture specialty, advised treatment in their words, source, urgency
- No clinical judgement needed from the agent

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INTAKE

An intake that respects an anxious family

1. One place to send documents, with clear consent language
2. A specialty document checklist, in their language, from the clinical team
3. A named coordinator who confirms, chases and updates

Families remember the person who called back. They do not remember the portal.

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THE PRODUCT

Clinical review is the product

CLINICAL SETS	Written review, video consult, in-person, tumour board, or a mix
GROWTH PACKAGES	What families receive, from whom, by when, at what fee
PROPOSITION	A senior consultant reviews and speaks by video within agreed days
NOT ONE	Book an appointment

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SILENCE

Turnaround time and the silence problem

- Reports sit in an inbox while the first hospital schedules surgery
- Set a turnaround standard per specialty, agreed with doctors, and track it
- Status updates at predictable intervals, even with nothing new
- Reserve fixed weekly review time or a designated first reviewer

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MEASURE RIGHT

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A hospital that only welcomes second opinions when they convert to treatment is running a sales process with a clinical label.

Measure responsiveness, completeness and satisfaction. Treat treatment as an outcome to observe, not a target.

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THIS QUARTER

Where to start this quarter

1. Add the CRM tag, brief agents on cues, run for a month
2. Pick one specialty with a willing department head
3. Agree offer, checklist, turnaround and fee; protect coordinator time
4. Publish a clear service page and route tagged enquiries

Do not promote widely before coordinators and reviewers can keep up.

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READ THE FULL GUIDE

Second-opinion demand, in full

- Referring doctors, insurers and corporate requests
- Content and search for second-opinion intent
- Monthly review of one specialty
- gauravphogat.com/second-opinion-demand

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