Front Office Autopilot

Every practice runs on unwritten knowledge: how faxes get triaged, how refills move, how a new MA learns the ropes. Most of it lives in exactly one employee's head, and you find out how much the week that person leaves. AI fixes this in an evening. Describe how a task gets done, in plain words, and AI turns it into a step-by-step page you can print and laminate. Everything on this page is free and can be done today.

WHERE AI CAN HELP

The lottery employee. One person knows how new patient intake actually works. She is the single point of failure for your revenue, and the training plan for her replacement is "shadow me for a month."

The 2019 photocopy. The gout diet handout has been copied so many times the header is gray. It is written at a reading level half your patients cannot use, and nobody has 45 minutes to rewrite it.

The 7am inbox. The office manager's first 90 minutes every day is sorting a pile of messages by hand, and the important one is always at the bottom.

> Draft one is never the finish line. It is a conversation, not a search engine, and the follow-up sentence is where the value lives.

THEN ASK THE SAME CHAT FOR MORE

One conversation, four artifacts. Build the SOP with the recipe prompt on the back of this page, then send three follow-ups: "Turn this into a one-page laminated checklist." "Write the 15-minute training script for a new hire." "Now a Spanish version." Never paste patient information into any tool without a signed business associate agreement. Every artifact here is a template. Names get added by a human afterward.

PASTE THIS IN, THEN FILL IN YOUR INFO

TO FIX ANY HANDOUT

"Rewrite this at a 6th grade reading level. Keep it to one page."

TO SORT YOUR WEEK

"Here is everything on my plate: [dump it all]. Sort into must do, should do, can wait, and tell me what I am forgetting."

TO ARM THE FRONT DESK

"Write the phone script for the three hardest calls my front desk takes: angry patient, same-day appointment demand, bill dispute. Warm, firm, two versions each."

FIVE THINGS TO DO TODAY

1. **Build one SOP.**
   The recipe prompt plus two blanks: the task you dread losing, the role that performs it. No task in mind? Use referral fax intake. One page, one single point of failure retired.
   10 minutes

2. **Ask for more versions.**
   Same chat, three follow-ups: laminated checklist, new-hire training script, Spanish version. Four documents from one conversation.
   5 minutes

3. **Rewrite one patient handout.**
   Paste any handout you already use and ask for 6th grade reading level. It is your document, not patient data. The handout gets read instead of skimmed.
   5 minutes

4. **Run the week-sort.**
   Brain-dump everything on your plate and let it sort. The "tell me what I am forgetting" clause is the good part.
   5 minutes

5. **Script the front desk.**
   The three hardest calls, drafted today, then edited by your actual front desk, because they know things you do not.
   10 minutes

This handout is general information, not legal or compliance advice. No patient information enters any tool without a signed BAA.

DEEPER DIVE

Why each one works, and how to keep it working

Know why each document earns its keep, and you will know which one to build next without anyone handing you a list.

1. The SOP KEY-PERSON RISK

Small businesses do not usually die of competition. They wobble when knowledge walks out the door. Writing procedures down was always the fix, and it never happened because writing is slow and clinic days are full. Describing is fast. Ten minutes of describing produces the page that used to take a Saturday, which means it actually gets made. One rule keeps it honest: the person who does the task edits the draft. The AI's version is a conversation starter with your staff, not a decree from a chatbot.

2. Asking for more NEVER ACCEPT DRAFT ONE

The single most transferable AI skill is refusing draft one. Each follow-up costs a sentence and produces a new artifact: same content, new container. Checklist for the wall, script for training day, Spanish for the waiting room. Once asking for more is a habit on office documents, you will find yourself using it on everything else, which is the quiet point of this whole segment.

3. Reading level HEALTH LITERACY

Most patient materials are written years above the reading level of the people they are for, which is why they get nodded at and thrown away. Plain-language guidance for patient materials points to roughly a 6th grade level. The rewrite costs five minutes, involves zero patient information, and is the single highest-return edit in your waiting room. Then ask for the Spanish version, because the same trick applies here too.

4. The week-sort COGNITIVE OFFLOAD

A to-do list in your head costs attention all day. The same list sorted by someone else costs nothing until you need it. The magic clause is "tell me what I am forgetting," because the model is pattern-matching against every week like yours and will name the thing you dropped. Use AI to free your cognitive load for the things only you can do.

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5. Front desk scripts CONSISTENCY

The hardest calls in the practice are routinely handled by the newest employee. A script moves quality from a person to a system: the warm-but-firm version of your policies exists on paper instead of depending on who picked up. Draft it with AI, then let the front desk mark it up, since they hear the real calls.

The SOP recipe prompt. No task in mind? Fill in “handling incoming referral faxes” and “the front desk coordinator.” The ready-to-paste version is on the workshop page.

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Write a step-by-step SOP for [TASK] at a small
private rheumatology practice. It will be
performed by [ROLE]. Include numbered steps, a
checklist of supplies and system access
needed, the three most common failure points
and what to do about each, and when to
escalate to the physician. Keep it to one
page.
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Also on the horizon

AI phone agents that answer front desk calls are arriving. The practices with written scripts and SOPs will be the ones able to supervise them. EHR vendors are adding drafting features inside the chart, which is where patient-specific documents belong. And read the AI clause in every EHR, scribe, and billing contract, since some vendors train on your data unless you say otherwise.

When it goes wrong

If staff pasted patient information into a consumer chatbot, follow the Self-Defense playbook. Do not panic, delete the chat, write down what was shared and when, and tell your privacy officer that day. **If a document shipped with an error,** the fix is the standing rule, not shame: nothing patient-facing or staff-binding leaves unread, because the AI drafts fast precisely so you can spend your time editing. **If the SOP does not match what staff actually do,** good, you just found the gap. Update the page or retrain the habit, but pick one on purpose.

Sources worth your time

CDC and NIH plain-language guidance for patient materials · AHRQ health literacy toolkit (ahrq.gov) · Your own front desk, who know which calls are actually hardest · The Self-Defense handout from this same workshop for the practice AI policy that governs all of this.