GUIDE 12 / VENTURE DECISION

When Should You Keep Going?

What a missed referral can teach you about the business

AFTER THE PILOT

Daniel was waiting weeks for a kidney appointment. His primary care clinician gets written advice through an eConsult. The nephrologist recommends a visit. Daniel gets a call explaining why, but he still needs the appointment.

The founder expected fewer unnecessary referrals. In reviewing the pilot, the clinic finds some recommended referrals were never placed. The founder has a new promise to test: give every patient a clear plan and help those who need a specialist get seen.

The decision. Should the founder sell access to specialist advice, add help getting necessary referrals through, or test both before choosing?

This case is fictional. The counts, timing, and prices are teaching examples.

WHAT THE PILOT MISSED

Find the referrals that went missing

18 of 20 requests got specialist advice within two business days.	A reply is one step. Did someone act on it?
16 of 20 patients were told their next step within three business days.	What happened to the other four? Did follow-up happen later, go undocumented, or get missed?
Only 10 of 20 had both documented follow-up and a referral placed during the pilot.	How many needed a referral? How many referrals were scheduled and completed?

Review all 20 cases. Have the clinical team check which patients needed a referral. Among those patients, track how many had it ordered, scheduled, and completed within an agreed window. Separate referrals never placed from those that stalled later. Record unknowns and why they're unknown. For patients staying in primary care, check that the plan was communicated. In the next test, record the clinician's referral plan before and after the eConsult to see which referrals it prompts or avoids.

THE PAID OFFER

Give the buyer two offers to react to

Offer	What the buyer gets	What would make it worth paying for?
Specialist advice	A focused answer and a documented plan the primary care team can act on.	Clinicians can manage suitable cases locally and recognize when an in-person visit is needed.
Advice plus referral follow-through	The same advice, with a named person tracking needed referrals through scheduling and attendance.	More patients who need specialty care get seen, and the clinic can see where cases stall.

Put a price beside the work. At $3,200 per month for 40 consults, the advice offer leaves $700 after $2,500 in direct monthly costs ($1,800 for specialist time and $700 for coordination and backup). With $1,200 in setup spread over three months, $300 a month remains before overhead. If referral coordination adds $500 per month, the same price leaves a $200 monthly shortfall before overhead. Ask the network buyer which offer they would fund, from which budget, and who can sign. Price coverage or coordination without rewarding higher referral volume.

THE NEXT 90 DAYS

Make the next 90 days a test

When	What to do	What would move you forward
Days 1 to 30	Review the 20 cases. Ask the clinic and network buyer where they see the most value.	A clear account of which referrals were missed and where. A buyer willing to review both offers.
Days 31 to 60	Try referral follow-through at a second practice, with a named clinic owner and backup. Agree on what to compare.	More needed referrals reach a visit within the agreed window. Track wait time, added staff effort, and whether cases that can stay in primary care still do.
Days 61 to 90	Compare patient results, what each offer costs to deliver, and what a buyer will commit to.	A signed paid commitment for the offer that helps patients and covers the work.

The call for now. Keep the service small and test the two offers. Keep advice alone if the clinic can reliably handle referrals and will pay for the advice. Add follow-through if referrals are getting lost, the service gets more of those patients seen, and a buyer will pay for the added work. Set a time and spending limit. Pause expansion if needed referrals still go unaddressed or neither offer earns a commitment that covers delivery.

WORKSHEET / TEN MINUTES

Write your decision memo

Bring one idea to a 90-day decision review. State the patient benefit you can show and the business model you still need to test.

1 **Patient result.** Who got the care they needed? What remains unknown?

2 **Where care stalled.** Which step failed, and who will check what happened?

3 **Two offers.** What could a buyer pay for, and which budget would cover it?

4 **Cost to deliver.** What does each offer add in setup, staffing, or founder time?

5 **Decision and plan.** What evidence would make you keep, change, or pause the offer?

First Move workshops and sample exercises
Visit julienpham.com to explore First Move or bring it to your team.

Clare Liddy and colleagues, Prevention of Delayed Referrals Through the Champlain BASE eConsult Service · eConsults can prompt referrals that clinicians hadn't planned. The study did not establish whether patients completed those visits.

Institute for Healthcare Improvement and National Patient Safety Foundation, Closing the Loop · Follow referrals from the decision to the patient's care plan.

Steve Blank, Why the Lean Start-Up Changes Everything · Test business assumptions with customers.