Finding the Hours in Your Back Office

AI Essentials for the Busy Clinician · Brian Whittaker · RRM Academy

Orientation

Maybe Module 4 left you thinking "then I just will not use AI at all." Fair, and here is what that decision would cost you: the entire business side of your practice, where patient data never comes up and the wins are biggest. This module is the tour, plus a fifteen-minute audit that maps your own back office.

Lesson

The green lane

Everything in Module 4 was about the patient-data boundary. Flip it around: **every task with no patient in it has no boundary to worry about.** Running a small practice generates an enormous amount of exactly that kind of work, and it is usually the work that keeps the clinician and manager at the desk after close. This is the safest possible place to build your AI habit, and for a clinic manager it may be the whole job description.

What the back office hands you, task by task

Procedures and training.

- The practice runs on things only one person knows. Dictate for five minutes on how a task is done ("here is how we handle new patient calls..."), then: "Turn this into a step-by-step written procedure a new hire could follow." Repeat until the practice is documented.
- Training checklists, onboarding plans, cross-training guides, all drafted from the procedures you just created.

Hiring and staff.

- Job postings, interview question sets, working-interview scenarios, offer letters, review templates.
- The employee handbook: paste your current one, ask what is missing, outdated, or contradictory, then draft the fixes. (Facts checked by you; it is your handbook.)

Patient-facing materials with no patient in them.

- Website service descriptions, FAQs, welcome packets, appointment-prep instructions, no-show and payment policies, all at the reading level you choose.
- Announcements and newsletters, holiday-hours notices, a plain-language explainer of your practice's approach.

Operations and money.

- Policy drafts: phone triage scripts (business logic, not clinical advice), refund policy, records-request procedure.
- Template letters: insurance appeal templates, prior-auth letter skeletons, records cover letters. Built once as blank templates, filled in later inside your own systems, so nothing identified ever touches the AI.
- Vendor emails, price comparisons ("here are two quotes as text; build me a comparison table"), meeting agendas, and minutes from your dictated recap.

None of this required a single fact about a single patient.

The fifteen-minute back office audit

Do this with your manager. List the ten writing-and-admin tasks the practice repeats most. Mark each:

- **Green: pure business.** No patient in it. Start using AI on these this week; this is most of the list.
- **Yellow: patient-shaped but abstractable.** Works fine once de-identified (Module 4's skill) or turned into a blank template.
- **Red: identified patient data required.** BAA-covered products only, or no AI.

Most practices discover their list is seven green, two yellow, one red. The anxiety was about the red; the hours were hiding in the green.

Who owns this

In most small practices, the clinic manager should be the back-office AI power user: they own the green lane end to end without a single clinical judgment call. A manager who works through this course and runs the audit typically finds several hours a week inside the first month. The clinician's job is simpler: agree on the three lanes, and stay out of the manager's way.

Scenario: try it yourself

Setup. A solo clinician tells you: "My manager and I are drowning: no written procedures, hiring takes forever, the handbook is ten years old, and our patient instructions read like a legal contract. But after that privacy module, I do not want AI anywhere near this practice."

Task. Two or three sentences that honor the caution and hand them the green lane.

Model answer. "Everything you just listed is back-office work with no patient in it, which means the privacy rule you are honoring does not restrict any of it. Run the fifteen-minute audit with your manager: procedures, hiring, handbook, and instructions will all come up green, and your manager can start on them this week without touching a single patient detail. The caution stays exactly where it belongs, on the red lane, while the drowning stops."