

Miko Clinical Concierge Automation Suite

Primary Objective:

Eliminate speed-to-lead failure, standardize medical intake, and protect surgeon time by automating decisions and workflows 24/7.

SYSTEM PRINCIPLES (NON-NEGOTIABLE)

1. **Speed beats persuasion** → respond in <60 seconds
 2. **Automation before humans** → humans only handle exceptions
 3. **Medical safety > sales** → AI stops when risk is detected
 4. **Surgeon time is sacred** → only qualified, confirmed patients reach the calendar
 5. **Everything logs to a single source of truth**
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WORKFLOW A — “Instant Capture” Engine

Purpose: Kill delayed responses + eliminate inbox chaos

Repetitive Actions Identified

- Manually checking email, DMs, voicemail
 - Copy-pasting lead info into CRM
 - Calling missed numbers back days later
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AUTOMATION DESIGN

Triggers (n8n)

- Webhook → Website Form
 - Meta Webhook → Instagram / Facebook DM
 - VoIP Webhook → Missed Call
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Decision Logic

IF current_time ∈ (Mon–Fri, 9:00–17:00)

→ Daytime Mode

ELSE

→ After-Hours Mode

Automated Responses

Daytime Mode (Immediate Engagement)

- SMS + Email within 60 seconds
- CTA = conversational qualification

After-Hours Mode (Expectation Setting)

- SMS only
 - Frames automation as “priority intake system”
 - Sets psychological momentum before Monday
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Efficiency Gains

- Response time: **24–48 hours** → **<60 seconds**
 - Staff workload: **–90% lead handling**
 - Lead decay eliminated
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DATA OUTPUT

- Lead stored in **Supabase: leads**
- Fields:
 - name
 - phone
 - source

- timestamp
 - status = "captured"
 - time_bucket = "daytime" | "after_hours"
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WORKFLOW B — AI Triage & Qualification Agent

Purpose: Replace inconsistent staff intake with medical-grade AI triage

Repetitive Actions Identified

- Asking same intake questions
 - Manual note-taking
 - Escalating complex cases late
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AUTOMATION DESIGN

Trigger

- Incoming SMS reply from patient
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AI LOGIC LAYER (LLM)

1. Intent Recognition

- Procedure classification
- Confidence scoring

2. Dynamic Question Tree

Procedure-specific medical questions:

- BMI
- Smoking status
- Prior surgeries

- Revision indicators

3. Medical Decision Gate

IF risk_keywords OR revision_flags detected

→ STOP automation

→ Tag "Urgent Medical Review"

ELSE

→ Continue to scheduling

Outcomes

Outcome	Action
Qualified	Send self-scheduling calendar
High-Risk	Escalate to human immediately
Unqualified	Graceful rejection + education

Efficiency Gains

- Intake time: **20 mins → 0 mins**
 - Consult quality: **↑ dramatically**
 - Surgeon protected from low-fit cases
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DATA OUTPUT

- Supabase: **patient_profiles**
- procedure_type
- bmi
- smoker (true/false)
- revision_flag

- qualification_status
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WORKFLOW C — Retention & Anti-No-Show Protocol

Purpose: Protect booked revenue + surgeon schedule

Repetitive Actions Identified

- Manual confirmations
 - Reminder calls
 - Last-minute no-shows
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AUTOMATION DESIGN

Trigger

- Calendar event created
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Timed Automation Sequence

Immediately

- High-authority confirmation email
- Reinforces surgeon value + scarcity

T-48 Hours

- Preparation guide (psychological commitment)

T-2 Hours

- SMS requiring active confirmation (“Reply C”)
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Decision Logic

IF no confirmation received

→ Flag as "No-Show Risk"

→ Alert staff

Efficiency Gains

- No-shows: ↓ **significantly**
 - Front desk calls: **-100%**
 - OR time protected
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DATA OUTPUT

- Supabase: **appointments**
 - confirmed (true/false)
 - confirmation_timestamp
 - no_show_risk_score
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CENTRALIZED COMMAND DASHBOARD

Purpose: One screen for total operational visibility

Dashboard Sections

- Live lead intake feed
 - Qualification status funnel
 - Calendar utilization
 - No-show risk alerts
 - Escalated medical cases
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Net Impact Summary

Area	Before	After
Lead Response	24–48 hrs	<60 sec
Intake Time	15–20 min	0 min
Qualification	Manual & inconsistent	Medical-rule driven
No-Shows	High	Actively mitigated
Staff Load	Reactive	Exception-only

FINAL ARCHITECTURAL TRUTH

This system does **not replace staff**.

It replaces:

- Waiting
- Guessing
- Repetition
- Risk

It ensures:

- Dr. Obeng only sees **ready, qualified, confirmed patients**
- Staff operate in **control mode**, not firefighting
- Revenue is captured **the moment intent appears**