

# 12 Ways to Supercharge Your Practice in 2012: #10 Fix the Phones

✘ Any time I ask a practice about their pain points, they invariably name “the phones” as one of their toughest problems to solve. Phone calls are escalating as many patients are trying to avoid going to the doctor. That means instead of making an appointment, patients are calling hoping to be given advice or a prescription over the phone.

Staffing up to answer the phones is rarely an option for most practices. In many cases, there is no compensation for healthcare via the phone, therefore adding more staff for no additional compensation is not tenable. This is just one example where the physician is feeling the bite of having to pay more for a practice that produces less income.

There is no best practice for number of phone receptionists to number of physicians and non-physician providers. Every practice is different based on the specialty, the practice culture and staffing structure.

When the problem is the phones, the issue is complex. Doing a poor job of answering the phones not only causes patient dissatisfaction, it snowballs as patients call back again looking for answers, causing confusion and inefficiency. Poor phone management also has the potential to compromise care if a patient’s question goes unanswered.

Where do you start to tackle the problem with the phones?

## **Contact your local phone service provider and order a phone study.**

Make sure you include all primary phone numbers that your main number rolls over to so you get a solid study. Exclude direct numbers that patients have unless it is routinely published. For instance, if each provider assistant takes patient questions directly from provider's patients via a direct number, that number should be included in the study. If a billing person occasionally gives out their number to a patient having a problem, no need to survey that number.

Make sure the week that will be surveyed has no holidays. The survey will probably be scheduled about a month out and may take an additional several weeks to get back to you.

Different companies call these studies different things – it could be called a busy study, a volume study or a traffic study. Whichever it is, it should include detailed information about everything that comes through your phone system in aggregate form, and by individual number.

## **Do your own side-by-side study during the same week.**

Measure the incoming calls for the same week as the service provider so you have comparison data and so you can break your data down into the specifics you need to determine what types of calls you are getting in what volume.

Have everyone who is receiving calls on the lines you identified for the service provider document the calls that come in on those lines in categories such as:

- Address request
- Fax number request
- Forgot their appointment

- Make an appointment
- Change an appointment
- How to get a form completed
- Check on a form being completed
- Lab or procedure results
- A question for the nurse
- A question for the physician
- A billing question
- A medical record request
- A practice manager question (sales, complaint, question)
- Refill or question from the pharmacy
- Question from home health
- Question from nursing home
- Question from hospital
- Verbal lab or test report
- Call from another physician or provider
- Other calls specialized to your practice

Make your own spreadsheet with the reasons applicable to your practice. Have staff count the calls for each type of call for each day of the week. Have the staff start this a few days before the date the study starts so everyone has a chance to get used to it and build it into their routine. Make sure staff covering others for lunch and job-sharers know how the study works and can continue it.

Make sure staff know how important the in-house study is and how it must be correct. Let them know that this is a dual study and you will be comparing their numbers to the phone company's numbers. Chances are, if you are having phone problems, they will be supportive of any means to correct the issue.

## **Analyze your data**

Once the two studies are completed, you'll have lots of data to review. You will see when and why calls are coming in and

will be able to strategize to address your practice's needs.

Here are some of the most common results of phone studies and some potential ways to mitigate problems:

**Problem: Extreme swings in phone traffic based on time of the day and day of the week**

**Solutions:**

1. Hire a part-time person who is assigned to the phones during these high traffic swings (most phone systems allow a phone to ring or not ring at a desk during certain times.)
2. Have a person who works at home on back-up responsible to answer the phone when it rings more than 3 times.
3. Have a full-time person assigned to the phones during peak times and to a different duty during non-peak times.
4. Have a call center or answering service as back-up during peak times.

**Problem: Lots of phone calls about basic practice information**

**Solutions:**

1. Add a front-end automated attendant that offers patients an option to receive basic information about the practice including directions and hours
2. As part of the greeting, give patients the address of your website for basic information
3. Have a chat feature available on your website for patients to ask basic information (not medical questions)
4. Have a map feature on your website so patients can map their travel from their home to your office

**Problem: Lots of phone calls about lab and test results**

**Solutions:**

1. Give patients a card telling them when to call if they haven't heard back about results
2. Send results to patients by snail mail
3. Notify results to patients via email (requires a secure portal)
4. Give patients a dial in number for an automated system that gives them their results

**Problem: Lots of calls from other healthcare facilities and physicians needing to speak to your physicians**

This is one of the trickiest areas to resolve as you need to know exactly how your physicians want these types of calls handled. Most physicians want to speak to other physicians if they call, but may or may not want to be interrupted while in an exam room. The most direct way I've found (short of a direct, secure solution like **qliqsoft**), is for the clinical assistants (nurse, MAs, etc.) to get these calls directly if the physicians do not give out their own cell phone numbers.

You can have a hotline/private line for physicians, and have it forwarded to whichever clinical assistant has that responsibility for the day. Or the hotline phone can be passed around from assistant to assistant based on the day. Having the hotline answered by someone in the front of the practice, who then has to leave their seat to find someone in the back of the practice (because clinical assistants are rarely sitting) is not efficient.

Unless you are a very small practice with limited staff, the goal is always to keep staff in their seats doing their primary duties as much of the time as possible.

## **Setting Patient Expectations for Callbacks**

One of the keys to conquering the phone problem is setting

realistic expectations and reinforcing those expectations. If patient calls are rated as HIGH, MEDIUM, or LOW urgency, staff can let patients know how soon their question will be answered. HIGH urgency might be a 4-hour callback, MEDIUM may be answered by the end of the day and LOW may be answered within 24 hours. If the practice can determine which calls fall into each category, and train the staff to identify the call correctly, patients can be told when their call will be returned.

Then these expectations must be met or exceeded.

## **A Few Other Tips on Resolving Phone Issues**

- Everyone prefers to speak to a person, but asking patients to leave a message is not always the wrong choice. Especially for questions about billing, medical records and other non-care issues, a voice mailbox can be a good choice.
- Electronic medical records and paper records have two distinctly different workflow styles, and you will need to design different solutions for each type of practice.
- Use your patients to help everyone understand your phone issues and to help design your solutions. **Read my post on a patient advisory board here.**
- Use a patient satisfaction survey to assess satisfaction with phones before and after you implement solutions. Patients will appreciate your efforts to acknowledge the problem and to deal with it head on.
- Train staff to get patient information from a phone call without reducing efficiency. Patients can use a phone call as social time, so staff need to be trained to walk the line between being professional and being rude.
- If at all possible, take the responsibility for the phones away from the check-in and check-out desks and

place it in a quiet, confidential area.