Answering the Call: Improving Telephone Management in Your Practice

Authors:

Syed Hussain, MD, GI Associates LLC, Kenosha, Wisconsin

Sapna Thomas, MD, FACG, University Hospitals, North Ridgeville, Ohio

Introduction

So much depends upon the phone. Even in this age of social media, mobile devices, portals and websites, telephones remain the backbone of communication with our patients. Although search engines and the internet have become the first "contact", phone calls remain the most common first two-way interaction between a medical practice and patients. Well-managed phone processes will improve practice operations and strengthen the patient-provider relationship. This toolbox article seeks to provide a practical guide to optimize telephone management in your practice.

Overview

Phone Calls Bring A Staggering Variety of Issues

Phone calls reveal or create important issues for a practice to act upon and resolve. Unfortunately, attempts to simplify telephone management are often frustrated by several realities. First, medical practices receive calls from a great variety of sources. These include patients and their family members, the practices own staff, other medical professionals, various medical facilities, vendors, payors and many others. Second, the variety of reasons for these calls is extensive. Major categories include scheduling and cancellations, care coordination, follow-up on results, prescription medication issues and patient satisfaction. Even inside these categories, the situations and requirements for a successful resolution of the issues vary tremendously. Simple automated phone-tree solutions will never fully account for this variety. A comprehensive strategy is required.

Phones – A Vital Hub for the Entire Operation

How telephone calls are handled, routed and categorized is a major contributor to a successful operation. Clinical personnel must often give full attention to patients currently in the office. Intermittent or continuous interruption of those duties results in poor care, reduced patient satisfaction and staff frustration or burn out. Phone calls are often a major source of those frustrations. The phone

hub or "call center" in your practice must function to resolve issues as quickly as possible, rout calls and messages to appropriate personnel. If many questions and issues are resolved immediately the rest of the operation will benefit.

Phone Management: Open Access, Call Centers and IVR Systems

Some practices continue to rely on open phone lines answered by the first available employee. This may be called "open access". The result of this approach, however can be a highly inconsistent and cause significant operational difficulty. Not only does this approach fail to account for factors such as call volume variation throughout the work day and staff availability, staff members will almost certainly vary in their talent in answering calls and questions. For these reasons, the open access model is usually replaced by one of two approaches: Automated systems using Interactive Voice Response Systems (IVR) or dedicated call centers (phone hubs) with staff specifically trained and dedicated to appropriately answer calls, take messages, answer questions and rout messages to appropriate locations.

Goals of the Phone Hub
To resolve call issues as quickly and effectively as possible
To limit distraction to patient care by clinical staff and physicians
To improve office operations
To satisfy patients

Advantages and Disadvantages of Phone Management Types

	Open-Access Phones	Automated	Phone Hub
Advantages	• No Specialized Staff • No Special Technology • Immediate access to human staff	• No Specialized Staff • Immediate access to automated answering	• No Automated systems • Immediate access to human staff • Superior routing • Accounts for variation in call types

Disadvantages	• Variation in staff availability	• Menus may confuse patients	• Requires specialized staff
	• Potential interruption in clinical duties	• Voice prompts may be difficult to understand	
	• Inefficient	• Inappropriate routing	
	• Variation in staff training and ability	• Delays in issue resolution	

Automated versus Human

Generally, practices attempt to resolve telephone management with either one or more staff members to directly answer calls (Phone Hub) or an automated system to receive and route calls to the appropriate people. The phone hub should be more affective dynamic in effectively dealing with the tremendous variety of calls but requires trained and dedicated staff. If the people answering calls are simultaneously expected to carry out other duties, such as with the open-access model, the results will usually be inefficient. Dedicated phone staff may not be realistic for very small practices. Automated systems have the benefit of continuous availability but leaves incoming callers to navigate imperfect options and waiting for issue resolution later. Improperly routed calls reduce office efficiency and frustrate callers. It is critical to recognize that automated systems cannot work alone. Most issues raised by calls will eventually be resolved by providers or staff.

Phone Management and Practice Size

Phone management solutions can vary based on your practice size and structure. A trained phone specialist (operator) can handle and rout between 75 and 100 calls per day, but phone hubs that completely depend on one individual are susceptible to significant disruption if that employee becomes unavailable. Therefore, the phone-hub model works best for practices of at least 4 to 5 providers and requires two or more operators. The hub may be expanded based on call volume or as the number of providers increases. Many phone systems now can help track volume, wait times and other metrics to help organize your plan and staffing needs.

Solo-practice physicians and very small practices are more likely to use an open-access structure, but automated systems are usually still an advantage for them. Since most calls must eventually be handled by staff, the difference in staffing may be nominal. Even small practices that have a receptionist receiving all initial calls usually benefit from an automated system that uses prompts to rout calls and triage issues. Most larger practices with separate departments also use automated triage capabilities. It is recommended that the merits of each model be evaluated carefully considering the practices needs and resources.

Disadvantages of Automated Systems

The greatest disadvantages of IVR systems is that people *do not* like talking to machines. Many patients have a hard time following menus and instructions. Patients may become frustrated with the slow process of working through menus and choosing options and choose options that promise access fastest. Long menus of options are usually counterproductive, and we recommend a menu of no more than four choices. As previously discussed, many issues do not fit neatly into one of those options and voice prompts can be difficult to choose. Practices will need to be prepared for a high percentage of incorrect choices and inappropriate routing. The quality of voice prompts is also important. Professional voice talent may help craft and read more effective prompts. Poorly managed IVR systems will result in improper routing of calls, frustrated patients, failure to resolve important issues, poor patient satisfaction and can even have negative impact on your medical care.

Initial Call Structure

Automated IVR systems use a choice architecture driven by recorded prompt**s**. We recommend the use of a simple decision tree, with an early option to reach the physician representative (MA, RN) to address medical questions and concerns. Staff members with clinical responsibility must have the training to recognize significant issues and the ability to triage the call and contact the physician or another appropriate provider throughout the work day. The other prompt choices such as scheduling, billing issues, and prescriptions will route calls to their respective departments. It is important that the automated triage connects the caller to a live person within a few minutes.

SEE SAMPLE CHOICE ARCHITECTURE: FIGURE 1

The IMPORTANCE of Training

Answering phone calls properly in a medical practice is a critical task. It is vital for staff to be trained in active listening and be equipped with the tools necessary to handle the most common types of phone calls. They must also be familiar with practice operations, call schedules, clinic schedules, and organizational structure. Certain 'soft skills' need to be taught such as handling an upset patient and diffusing a crisis. Newly hired staff should be trained by an experienced manager who orients them to the practice telephone policy and carefully supervises the process. Script options for common questions and situations are especially valuable. These scripts must be written to streamline answers and minimize hold time. Training should be ongoing and coaching and follow up supervision are critical. Structured metrics such as wait-times, issue-resolution and patient experience can be measured and used for process improvement. We also recommend the physicians (yes, doctors) remain involved in the process and participate when appropriate. Providers must be alert to call-related complaints and communicate them to administrators. Finally, value an excellent telephone employee highly! Customer service by phone is a valuable skill that practice's must not underestimate.

Setting Patient Expectations

A great deal of stress and hassle is potentially avoidable when customers know what to expect when they call. With every new patient and established patient, the practice should provide a summary of the telephone policy with hours, expected time required for returned calls and frequency of voicemail checks. A summary of the policy can be included in the post-visit clinical summary and on the practice website. Patients should be encouraged to use other methods of contacting the practice as well. Patient portals provide a convenient method of contact for non-urgent medical questions and concerns. Providers may also benefit by a policy that differentiates medical concerns that will require office visits. Since patients will also use websites and social media to contact practices, access to the practice through these methods must be carefully monitored. In the end, patients will choose the pathway of least resistance to get access to your practice. Considering the notion that 90% of calls are made by 10% of the patients, it is important to manage a patient's expectation and support our multi-tasking staff.

Managing Physician Referrals

A direct prompt should be available to address physician referrals and consultation requests so as not to inconvenience referring providers. Minimize friction on these important calls. We recommend requiring only minimal information such as patient identifiers, location, reason for consultation, and urgency (same day, within 24 hrs.). Easy access to a practice is a major marketing strength, especially in highly competitive environments.

Practice Improvement for Phone Management

Like any aspect of your practice, telephone management should be audited internally by an assigned manager. There are several measurable metrics that can used for constant and ongoing quality improvement.

1. On-hold times and the time taken to either call patient back or connect with a scheduler or provider.

2. Evaluating staffing ratios by performing a 'traffic study' to evaluate the average call volume at certain times of the day

3. Seek feedback from referring providers to assess ease of consult calls and urgent office visits.

4. Incorporate patient feedback and allow comments regarding the telephone system
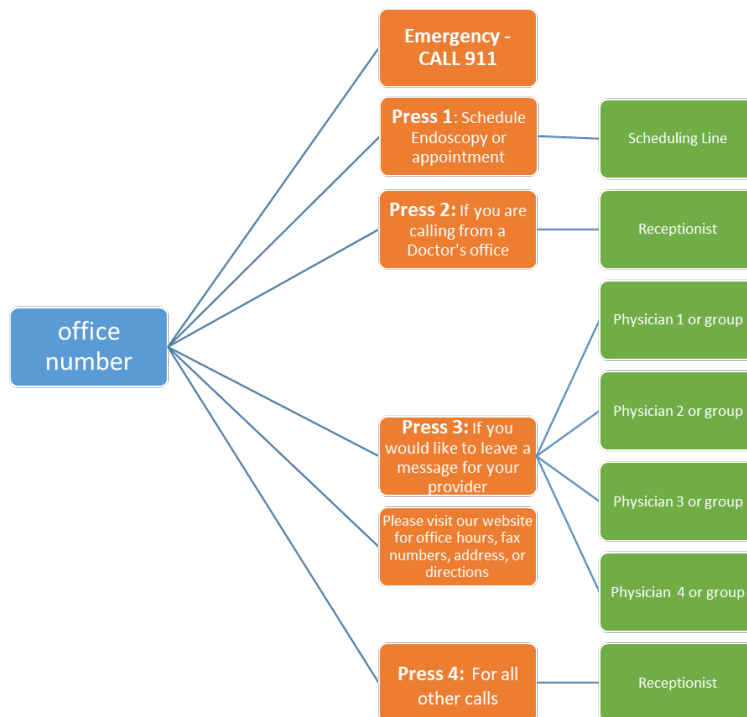
New Opportunities to Supplement Telephone Access

Recent events have rapidly pushed telemedicine to the forefront in medical practice. Many patient interactions are being routed to telemedicine as a better way for providers to resolve issues and directly provide care. We strongly encourage readers to refer to ACG Practice Management Committee Toolbox article 'Essential Guide to Telemedicine in Clinical Practice: EASY STEPS TO RAPID DEPLOYMENT'. The

rise of Internet communication and social media is also undeniable. Details on these opportunities and best practices are outlined in the ACG toolbox article 'Marketing Your Practice in the Digital Era'.

Summary

Despite the advances in technology, the telephone call remains a vital line of communication for any medical practice. A "one size fits all" approach is not practical and each practice should develop a system that works for their team members and patients. Internal audits with measurable metrics can be useful for annual staff reviews, recognition, or bonuses. Prompt and efficient telephone management can strengthen the entire practice by minimizing frustration of all involved.

Figure 1: CHOICE ARCHITECTURE FOR AUTOMATED PHONE MANAGEMENT

-

office number

Emergency - CALL 911

Press 1: Schedule Endoscopy or appointment — Scheduling Line

Press 2: If you are calling from a Doctor's office — Receptionist

Press 3: If you would like to leave a message for your provider — Physician 1 or group / Physician 2 or group / Physician 3 or group / Physician 4 or group

Please visit our website for office hours, fax numbers, address, or directions

Press 4: For all other calls — Receptionist

References

1. https://www.physicianspractice.com/managers-administrators/telephone-etiquette-tips-medical-practice-staff

2. Elnicki D, Ogden P, Flannery M. Telephone Medicine for Internists. J Gen Intern Med. 2000; May; 15(5): 337-343

3. AAFP Guide for Improving Telephone Management in Your Practice: https://www.aafp.org/fpm/2005/0500/p49.pdf

4. AHRQ Toolkit for Telephone Quality Improvement: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2_tool7.pdf