



BY CHARLES A. SCOTT, M.D.

EFFICIENT PEDIATRICIAN PRACTICES

Who Should Answer?

Where should the phones ring in your office, and who should answer them? In most practices, incoming calls are answered and handled by the staff at the front desk, a place that arguably may

be the busiest site in your office. If you are fortunate enough to have an incredible, multitasking front desk staff, then it makes sense to maintain the status quo. But as the practice begins to grow—and as the volume of calls increases exponentially—changes may need to be considered.

Although it means hiring an additional employee, consider a dedicated telephone operator who does nothing but direct incoming phone calls. During less busy

phone times, the operator can confirm the next day's appointments, pull or prepare new patients' charts, and perform similar tasks. The operator's primary duty, however, is to ensure that callers get an immediate human response, and then to transfer the call to the appropriate recipient: the billing office, the referral center, the front desk for scheduling checkup appointments, or the advice nurses who do same-day triage.

The point is to not let the callers languish on hold before their calls are directed to the right department.

Ideally, the telephone operator should sit away from the front desk. There is enough front desk chaos associated with insurance verification, identifying and collecting copayments, scheduling future checkups and follow-up visits, and other tasks.

The operator should sit in a quiet room; the clinical triage staff can be there as well. Such proximity allows an easy transfer between the operator and the triage staff.

Without phones ringing at the front desk, the chance of computer errors—especially with regard to the input of CPT and ICD-9 data—will be reduced. This obviously affects the bottom line, and may offset some of the phone operator's salary. I don't have statistics to back this assertion, but common sense would dictate that the multitasking front desk staff might make fewer errors than they would if they were also responsible for managing the switchboard.

What training does the phone operator need? The obvious characteristics would include a pleasant voice and a courteous, empathetic personality; both traits are critical. The operator is the key initial contact person whom new patients—or established and frantic ones—will encounter, and first impressions are lasting ones!

Medical training is not essential; I would rather employ a nurturing operator than a highly qualified nurse to initially answer the phones, especially with respect to salary considerations.

As for the staff members who perform clinical triage on the phone, several important characteristics should be considered. The top criterion would be clinical expertise. Remember that the telephone represents a major source of liability exposure: Advising a parent not to bring in a mildly febrile 1-month-old would be a huge mistake, and a layperson usually does not have the training to perform appropriate triage in a constantly varying situation. Every phone call may have nuances that need to be recognized and potentially critical questions that need to be answered. Standard, acceptable protocols need to be followed, but unless you employ the "if they call, they must come in" philosophy, proper triage requires clinical training and competence. Consequently, my suggestion is to have a nurse do phone triage.

Another mandatory quality is a nurturing and empathetic manner. The parents of a sick child need comfort as well as advice. The reason they are calling is to get help for the most precious person in their lives and to restore some sanity to what may be a crazed situation. A calming, reassuring, competent person who uses appropriate clinical judgment is essential to the triage process. ■

Next month: What do patients/parents listen to while they are on hold?

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Clearly ahead

DESCRIPTION

PATANOL® (olopatadine hydrochloride ophthalmic solution) 0.1% is a sterile ophthalmic solution containing olopatadine, a relatively selective H₁-receptor antagonist and inhibitor of histamine release from the mast cell for topical administration to the eyes.

INDICATIONS AND USAGE

PATANOL® (olopatadine hydrochloride ophthalmic solution) 0.1% is indicated for the treatment of the signs and symptoms of allergic conjunctivitis.

CONTRAINDICATIONS

PATANOL® is contraindicated in persons with a known hypersensitivity to olopatadine hydrochloride or any components of PATANOL®.

WARNINGS

PATANOL® is for topical use only and not for injection or oral use.

PRECAUTIONS

Information for Patients: To prevent contaminating the dropper tip and solution, care should be taken not to touch the eyelids or surrounding areas with the dropper tip of the bottle. Keep bottle tightly closed when not in use.

Patients should be advised not to wear a contact lens if their eye is red. PATANOL® should not be used to treat contact lens related irritation. The preservative in PATANOL®, benzalkonium chloride, may be absorbed by soft contact lenses. Patients who wear soft contact lenses and **whose eyes are not red** should be instructed to wait at least ten minutes after instilling PATANOL® before they insert their contact lenses.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Olopatadine administered orally was not carcinogenic in mice and rats in doses up to 500 mg/kg/day and 200 mg/kg/day, respectively. Based on a 40 µL drop size, these doses were 78,125 and 31,250 times higher than the maximum recommended ocular human dose (MROHD). No mutagenic potential was observed when olopatadine was tested in an *in vitro* bacterial reverse mutation (Ames) test, an *in vitro* mammalian chromosome aberration assay, or an *in vivo* mouse micronucleus test. Olopatadine administered to male and female rats at oral doses of 62,500 times MROHD level resulted in a slight decrease in the fertility index and reduced implantation rate; no effects on reproductive function were observed at doses of 7,800 times the maximum recommended ocular human use level.

Pregnancy: Pregnancy Category C. Olopatadine was found not to be teratogenic in rats and rabbits. However, rats treated at 600 mg/kg/day or 93,750 times the MROHD and rabbits treated at 400 mg/kg/day or 62,500 times the MROHD during organogenesis showed a decrease in live fetuses. There are, however, no adequate and well-controlled studies in pregnant women. Because animal studies are not always predictive of human responses, this drug should be used in pregnant women only if the potential benefit to the mother justifies the potential risk to the embryo or fetus.

Nursing Mothers: Olopatadine has been identified in the milk of nursing rats following oral administration. It is not known whether topical ocular administration could result in sufficient systemic absorption to produce detectable quantities in the human breast milk. Nevertheless, caution should be exercised when PATANOL® is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 3 years have not been established.

Geriatric Use: No overall differences in safety or effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS

Headaches have been reported at an incidence of 7%. The following adverse experiences have been reported in less than 5% of patients: Asthenia, blurred vision, burning or stinging, cold syndrome, dry eye, foreign body sensation, hyperemia, hypersensitivity, keratitis, lid edema, nausea, pharyngitis, pruritus, rhinitis, sinusitis, and taste perversion. Some of these events were similar to the underlying disease being studied.

DOSAGE AND ADMINISTRATION

The recommended dose is one drop in each affected eye two times per day at an interval of 6 to 8 hours.

HOW SUPPLIED

PATANOL® (olopatadine hydrochloride ophthalmic solution) 0.1% is supplied as follows:
5 mL in plastic DROP-TAINER® dispenser.
5 mL NDC 0065-0271-05.

Rx Only

U.S. Patents Nos. 4,871,865; 4,923,892; 5,116,863; 5,641,805.
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References:

- Lanier BQ, Abelson MB, Berger WE, et al. Comparison of the efficacy of combined fluticasone propionate and olopatadine versus combined fluticasone propionate and fexofenadine for the treatment of allergic rhinoconjunctivitis induced by conjunctival allergen challenge. *Clin Ther*. 2002;24:1161-1174.
- Berger W, Beck M, Kimura S, Westbrook T, Storms W, Galant S. A multicenter, open-label, crossover, environmental model evaluation of the effect of an adjuvant therapy of Patanol® (olopatadine HCl 0.1%) ophthalmic solution on quality of life of patients with allergic rhinitis using systemic and/or nasal therapy. Submitted for publication.

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