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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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