

# Improving Telephone Management in Your Practice

George Conomikes



*With a few simple changes, you can give your patients better service and your staff a break.*

**A**lthough telephones are intended to provide physicians and patients with a convenient means of communication, both callers and staff often get lost in the morass of calls. For example, callers get busy signals, calls go unanswered during normal business hours, callers sit on hold for long periods of time, receptionists sound hurried and patients don't get their questions properly resolved. The result? Frustration for everyone involved.

Telephone mismanagement problems are just as acute today as they were 10 or 20 years ago, as evidenced by the high turnover rate for receptionists in physicians' offices. However, implementing the recommendations below will result in better phone service to your callers and lessen the pressures on your receptionist.

## Perform a telephone traffic study

To help you address the problems related to phone management, consider performing a telephone traffic study. Design a worksheet with spaces for one-hour periods throughout the workday. (See an example on page 51.) Ask your phone receptionist to record each incoming call with a mark in the appropriate time slot. This will show you the number of incoming calls each hour. Use a separate sheet every day, and record all calls for four to six weeks. If your practice experiences seasonal peaks, study phone traffic during those periods, too.

A phone traffic study will help you determine whether you have enough staff and phone lines and whether you have the right phone-related processes in place to manage your incoming calls effectively. Once you have identified your times of heaviest traffic, you will be ready to take appropriate action.

## Increase your phone availability

A number of practices answer their phones from 9 a.m. to 5 p.m. and are "closed" for an hour at lunch. This means that the office is available to take phone calls for just seven hours per day. However, this does not match the calling pattern of your patients.

In primary care, most of the early morning phone traffic is forwarded to answering services and answering machines. These



*George Conomikes is president of Conomikes Associates Inc., medical practice management consultants. The firm's headquarters are in Los Angeles. Conflicts of interest: none reported. © 2005 George Conomikes.*



Physicians' offices are often unprepared to handle the large quantity of phone calls they receive.



Tracking incoming calls with a phone traffic survey will show you how many phone calls your office answers over a period of several weeks.



Your phone traffic survey will help you plan what times of day you need more staff available to answer calls.



If your office closes for lunch, consider having one employee available to answer the phones during that time so that patients won't have to leave messages.

callers are often working men and women who do not want, or are unable, to call you from work. They may prefer not to have their co-workers overhear their medical problems, or they may not have access to a phone at work. For the same reasons, a number of your patients may prefer to call you during their lunchtime or at the end of their workday, after 5 p.m. If you are not available during these times, your patients will be leaving many messages. (Be aware that new-patient callers are not likely to leave messages or call you back.)

To increase your phone availability, have an employee available to answer the phones approximately one hour before the office opens, one hour after it closes and during the hour your office might be closed for lunch. For most practices, this means having one person answering the phone a bit earlier and someone else answering the phone a bit later. Many offices also find it helpful to stagger the staff lunch hours to create phone access during lunchtime. This will increase your phone availability from seven hours a day to nine or 10 hours a day. That's an increase in availability of 30 percent to 40 percent at no additional cost to the practice.

Another way to increase your phone availability to patients is to train referral specialists to call you during non-peak hours. For example, you may be difficult to reach by phone on busy Mondays and Fridays. The best times for them to call your office might be at the end of your morning appointments or the end of your afternoon appointments.

## Carve out small periods of time in the appointment schedule for the physicians to return calls.

### Channel your calls appropriately

You can reduce the phone traffic for your receptionist by adding phone lines that patients can call directly. Extra phone lines usually cost about \$15 to \$30 per month. These lines will divert calls to the appropriate person and lessen the volume of phone traffic that needs to be managed by the front desk receptionist. It is important to stress to your staff that these special lines should not be used to make outgoing calls. They should be kept available to allow callers to get in. Here are some lines that have worked for many practices:

**Billing office line.** This line goes

### KEY POINTS

- Practices that lack proper phone management systems often experience unnecessary stress when handling incoming calls.
- By conducting a phone traffic study, practices can see which times of the day and which days of the week experience the heaviest phone traffic and can plan accordingly.
- To maximize telephone efficiency, consider adding extra phone lines and designating special call-back times in your appointment schedules.

directly to your billing staff and should be listed on your patients' statements and any communications with health plans. If the billing receptionist is busy, a voice message can be activated, announcing: "This is the billing office of Dr. Hart. I'm sorry we are either away from the desk or on another call. Please leave your name and number, and we will call you back soon."

**Pharmacy line.** Pharmacists appreciate being able to call a special line to leave their messages. This line has a voice message that says: "This is Dr. Hart's pharmacy line. Please leave a message. We will be reviewing these messages at 10 a.m., noon, 2 p.m., and 5 p.m." This tells the pharmacies that someone at your practice will review their messages every few hours.

**Nurse line.** This line is especially helpful to practices that have a nurse doing most of the callbacks. If the nurse is busy, a voice

message could request that patients leave their name, number and reason for the call. This allows the nurse to pull charts before returning calls and, if needed, check with the patient's doctor regarding the problem.

**Practice manager line.** Managers receive a significant number of calls that only they can handle, like those from sales representatives and health plan executives. Having a direct line to the practice manager will make your other phone lines more accessible for patients.

**Appointment line.** Some practices have staff other than the front desk receptionist handling appointments. If this is the case in

your practice, consider adding this special line with a voice message if the appointment person is busy or away from the desk.

### Minimize on-hold calls

A significant number of callers want to speak directly to their physician. This is frequently impossible considering physicians' hectic schedules, so many practices put the patient on hold while attempting to find a nurse who can speak with the patient. This process is problematic for several reasons. Back office nurses are usually busy, which means the patient will be on hold for a long period and the phone line will be tied up. Even if located, the nurse may not be able to respond effectively without the patient's chart.

Here's a better process: When a caller asks to speak with the physician (or nurse), the receptionist should tell the patient that the doctor is busy. Then the receptionist should ask for the patient's name, number and problem so that the appropriate person

can pull the chart and return the call.

This tactic avoids lengthy on-hold times and lets the patient know that someone will actually look at his or her chart to make the return call more effective. It allows time for the chart to be pulled and passed along to whoever returns the call. It also cuts down on interruptions to the physicians and nurses. This method could be even more effective in combination with designated call-back times.

### Schedule call-back times

Assigning specific call-back times will help you efficiently cluster your return phone calls and reduce the length of time patients must wait for their calls to be returned. To do this, carve out small periods of time in the appointment schedule for the physicians to return calls. A call-back schedule can be set up to allow physicians 10 or 15 minutes to return calls about every two hours.

Prior to call-backs, if time permits, the

## SPEEDBAR®



Consider scheduling one employee to answer phones an hour before your office opens and another to answer phones one hour after closing.



Adding extra phone lines to your office will help channel your calls to the appropriate person.



Some offices add separate phone lines for their billing office, their nurses or the practice manager.



Try to curb patients' on-hold time by taking messages with their pertinent information and calling back when you have pulled their chart and have time to answer their questions.

## TELEPHONE TRAFFIC STUDY WORKSHEET

**I**nstructions: Record each incoming call by marking in the appropriate time slot. Use a separate sheet for each day of the week, recording all calls for four to six weeks.

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of the week: \_\_\_\_\_

7:00 AM
8:00
9:00
10:00
11:00
12:00 PM
1:00
2:00
3:00
4:00
5:00
6:00



Schedule designated call-back times in your schedule about every two hours to give yourself time to return patients' calls.



If your front desk is too chaotic, consider moving your receptionist to a quieter area, away from patients checking in and out, to improve phone management.

physician and nurse can review the calls together and determine who should return them. In some practices the nurse does the dialing while the physician is talking with another patient on the phone. When the physician finishes that call, he or she can take the next call without delay. In other practices the nurse will do some or most of the call-backs.

Setting up a call-back schedule is much more efficient and effective than waiting for the physician or nurse to have a free moment during the day. It is also a significant patient-pleaser, because patients are given a reasonable timeframe to expect a return call.

### Relocate your phone receptionist

Many practices have found, especially with the advent of managed care, that appointment scheduling over the telephone requires asking patients many questions, especially about their insurance plans. This takes considerable time, particularly if that same employee is checking in patients, collecting co-pays, requesting new-patient data, updating established-patient data, etc.

Because many practices find this is too much for the front desk to handle, some have decided to take phone management or appointment scheduling away from the front desk. This might lead to significant job redesigns for several staff members. It might also lead to the relocation of desks, computer terminals and filing systems, but the trade-off is worth it. Shifting phone duties away from the front desk results in better phone management, better appointment scheduling and better check-in and checkout management.

### The secret to success

If your practice suffers from poor telephone management, try implementing the suggestions above. Once you perform your phone traffic study, you will have a better understanding of the areas in which your office can improve. Practices that apply these strategies will notice a difference; it will make your patients happier, your staff more efficient and everyone less frustrated. **FPM**

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