

PRACTICE PEARLS

Stop playing phone tag with patients

We were having a hard time reaching our patients with the phone numbers in their records and were tired of playing phone tag. By training our front-desk staff to ask patients, "What is the best number you can be reached at if our medical staff needs to speak to you?" we have dramatically increased our ability to contact patients on the first call.

Mario Rosario
Pawtucket, R.I.

Apply petroleum jelly to lesions before treatment

We see a lot of patients who require cryotherapy for various lesions. I use a cotton swab to apply petroleum jelly around each lesion that I plan to treat with the cryotherapy gun. This creates an enclosed area (a sink) so that there is no overspraying of the liquid nitrogen, and it also helps me locate each lesion.

Karen M. Bigby, MD
St. Petersburg, Fla.

Receive feedback gracefully

It's often easier to give feedback than to receive it. Yet, in order to develop ideas and gain skills, it is essential to listen to feedback and learn from it. Here are some tips:

1. Be willing to hear what's being said.
2. Don't get defensive or attack the person providing feedback.
3. Ask clarifying questions.
4. Separate yourself from the criticism.
5. Be appreciative of constructive feedback.
6. Make a plan to put the feedback you receive into action.

Source: Hills L. Giving and receiving constructive feedback: a staff training tool. *J Med Pract Manage*. May/June 2010:356.

Q & A

Reducing phone tie-ups associated with open access

Q Our office recently switched to open-access scheduling. When we open at 9 a.m., we are flooded with phone calls from patients seeking same-day appointments. This ties up our phone lines. Do you have any suggestions or solutions for this problem?

A There are multiple (but not always accurate) interpretations of the term "open access," and two of these interpretations could be creating the problem you describe.

The carve-out model. In this model, the practice begins with a saturated schedule and then "carves out" or saves some same-day capacity in order to accommodate patients who are sick that day. Staff members instruct patients to call "first thing in the morning" to obtain one of these appointment slots. However, if demand for these same-day slots exceeds capacity, then the phone lines will be overwhelmed and the practice will not be able to accommodate patients' needs. Additionally, if the practice fails to modify its staffing levels to meet the anticipated increase in calls, then the telephone staff will be overwhelmed.

Practices must also keep in mind that when they carve out time for same-day appointments, the wait time for future scheduled appointments increases. This causes more patients to want a coveted same-day appointment slot, thus increasing the number of calls.

The access-by-denial model. In this model, a practice becomes "open" by not making any future appointments. I believe this is a mistake. Because the schedule appears to be completely open to patients, not allowing them to schedule future appointments is, in a sense, psychological denial. Patient demand exists, but the practice is simply ignoring it. Eventually, the pent-up demand for return appointments plus the demand for same-day appointments will hit the schedule at 9 a.m. The breakdown in this approach occurs because of one or more of the following:

1. The demand for appointments exceeds the capacity because the panel size is too big.
2. The capacity and demand may be balanced, but a backlog of "old" work is hidden within the demand.
3. Natural variations in demand and artificial variations in capacity (e.g., absences) create temporary mismatches of demand and capacity.

Keep in mind that there is no shortcut to an open schedule. The demand for appointments must be balanced by the capacity of the practice to deliver those appointments. This balance requires measurement of the patient panel size. Any backlogs need to be eliminated. Finally, a practice needs to plan for and adjust to any predictable variations in demand or supply. For more on the tactics I've described here, see my article "Same-Day Appointments: Exploding the Access Paradigm," *FPM*, September 2000, <http://www.aafp.org/fpm/20000900/45same.html>.

Mark Murray MD, MPA
Sacramento, Calif.

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