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Turn to the telephone to dial up practice efficiency

Practice Management. By [Pamela Lewis Dolan](#), AMNews staff. May 28, 2007.

Relying on new technology and costly solutions are not the only ways to improve efficiencies in your practice.

Experts say many efficiencies can be gained by assessing and improving the use of one of the most basic pieces of office equipment -- the telephone.

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While not all calls can or should be eliminated, studying the flow of calls and the time spent on each one could be the key to saving time, experts say. Developing a more efficient phone-use system should start with an analysis of how phone calls are handled at your practice.

Telecommunication management systems can help a practice easily ascertain things like the number of callers in a day, the time spent on each call, where callers end up in the system or the call volume by time of day, according to Dona Sandefur, who is on assignment as chief operating officer of the Queens-Long Island Medical Group for Pivot Healthcare, a practice management firm based in Brentwood, Tenn. Managers at the Long Island clinic track call flows in real-time on a computer screen using a telecommunication management system that can also generate phone usage reports. But the same level of analysis can also be done manually if an automated system is outside of the budget, Sandefur said.

Each person in the practice who answers the phone could be given a legal-size sheet of paper with a vertical column listing times of day, and a horizontal column listing reasons for calls (prescription refills, nurse, appointment, test results, etc.) Each logged call can be noted as to whether the answerer took care of the caller, transferred the call or took a message.

A week-long analysis of phone calls can help practice managers determine staffing needs as well as assess how effective staff is at resolving matters quickly with as few transfers as possible.

Ron Wince, president and CEO of Guidon Performance, a health care consulting group based in Mesa, Ariz., said an analysis should determine how many calls could have been resolved without the patient speaking to a live person. For example, if several callers in a typical week

only need directions or office hours, an automated response system can be set up through your local phone service provider at minimal cost.

The same type of system can get callers to the appropriate person without being placed on hold or transferred, Wince said. An analysis will show where most transferred calls end up so the number of options on an automatic system can be minimized.

Sandefur said efficiencies could also be gained by having the staff initiate calls to patients. For example, many practices receive several phone calls per day from patients who want clarification on what the doctor told them. Instead of staff trying to track down available nurses, a nurse could set aside time to initiate follow-up calls to the sickest patients or those who were prescribed new medications. This may result in more phone conversations overall, but they will take up less time and be less of a burden. Patients also appreciate this kind of personalized service, she said.

Physicians can help eliminate phone calls, too, by providing patients with more information as they leave, Sandefur said. Brochures about medications or conditions will help eliminate confusion, and the physicians can write down any verbal instructions given to patients.

The success of any new system really depends on the practice putting itself in the patient's shoes, Wince said.

"If it doesn't add value to the patient, don't do it." For example, an automated phone system might be great for reducing staff time on the phone. But a system with too many options will only frustrate patients, he said.

An automated system for test results also needs to find that balancing point between convenience and frustration, he said.

While it may be easy to set up a system that gives patients results over the phone, experts say that system would work best only for routine or nonthreatening results.

Instead, a personal identification number system could be set up, and if the test is negative, the patient is told via automated response. But if the result is positive, the patient would instead be asked to call the office.

But even without an automated system, patients can be trained by the practice to call less, Sandefur said. If a practice tells a patient what time to expect a test result, it will eliminate the need for the patient to call repeatedly until the results arrive. But the practice must hold its part of the bargain and provide the test results at the stated time, she said.

The Internet also provides several low-cost opportunities for reduced phone calls, said Don Thomas, president of Softlight Development, a technology consultant and vendor that doesn't sell telephone technology but recommends systems as part of an overall strategy to improve practice efficiencies.

HIPAA-compliant scheduling systems can be set up on a practice's Web site, allowing the patient to search availability or request appointment times, he said. General information such

as office hours and directions can also be posted online.

Although inexpensive solutions are usually the preferred method and can many times produce great results, practices shouldn't rule out technology, Thomas said. Cost versus benefit should always be evaluated, he said.

One of the more popular examples is e-prescribing systems. The act of traditional prescribing almost always leads to numerous phone calls to and from the practice to the pharmacy. All of those calls could be eliminated with an e-prescribing system. And systems that were out of reach a few years ago have now become affordable, Wince said.

Almost every front-desk function can be turned over to an automated equivalent, Thomas said. "But you never want to completely eliminate the human element."

Dolan covers practice management issues. You can send her tips or suggestions by [e-mail](mailto:pamela.dolan@ama-assn.org) (pamela.dolan@ama-assn.org) or call her at 312-464-5412.

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