

## Smart Telephone Behavior

Press 1 if you think patients should receive prompt, personal attention when they call your practice.

By Rochelle Nataloni, Contributing Editor



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*Even in our high-tech text-tweet-post-link world, the telephone remains the center of communication for the medical practice. This month's focus is on how the telephone can—and should—be used as an effective communication tool. An ongoing assessment of telephone skills has proven that most practices do not invest properly in staffing and training to create a strong positive connection with the caller. The cost? Fewer people are willing to come to the practice.*

*I am not a fan of automated systems that ask me to “press 1.” Although they are labor saving, striving for efficiency in the context of the telephone often ends up being totally ineffective (for example, the caller hangs up). As the experts interviewed this month state, there is simply no substitute for human contact, and during the past several decades, people's contact with fellow human beings has been significantly reduced (one example is the automated teller machine versus an actual bank teller). You can change how you answer the telephone! Read on to learn how some premium practices regard the telephone; the accompanying sidebar has some great words and phrases for your voicemail message.*

—Section Editor Shareef Mahdavi

Every day, eye surgeons and practice administrators intent on expanding their share of the premium IOL market make critical decisions about website development, social networking strategies, and search engine optimization tactics. The common element in all of these relatively recent communication initiatives is the tried-and-true telephone. A practice's phone number is the bridge to information sought by prospective patients, but experts say that, all too often, the result is a major disconnect.

According to Bob McDaniel, the president of Houston-based Practice Marketing Pros ([www.medicalpractice-marketingpros.com](http://www.medicalpractice-marketingpros.com)), approximately 30% of callers hang up when an automated phone mail system greets them. One of the services his company provides is a telephone tracking and staff coaching program. Mr. McDaniel says,

“We understand the challenges faced by busy office staff. How do you answer the phones promptly and still best answer new patients' questions? How do you book [consultations] when callers are just price shopping? How do you limit no-show [consultations]?” Practice Marketing Pros' program is built around recording incoming telephone calls to the practice and using them to make improvements. “We use automated tools to track the important metrics in your business.” Mr. McDaniel says. “Once gathered, we analyze and compare that information to a set of standards. Then, we determine what's working in your practice and what's not and provide the most important information as a summary of suggestions. In some cases, if the client agrees, we work with the staff to implement our suggestions. The bottom line is you can't manage what you don't measure.”

## IMPROVEMENT PROGRAM

Automated telephone mail systems with a dizzying list of options and a busy front desk staff who can be less courteous and helpful to disembodied callers than to patients standing in front of them are just two of the numerous reasons that prospective patients move on to the next number on their list when shopping for refractive surgery. InterAction Metrics' Telephone Improvement



Program (TIP), sponsored by CareCredit (<http://interactionmetrics.com/free-solutions.asp>), aims to help medical practitioners who suspect their telephone processes may be hurting more than helping. Developed several years ago by Tony Seymour, senior vice president of CareCredit ([www.carecredit.com](http://www.carecredit.com); a part of GE Capital), in conjunction with *Premium Practice Today's* Shareef Mahdavi ([www.premiumexperiencenetwork.com](http://www.premiumexperiencenetwork.com)), TIP was based on findings of a 3-year study that revealed that most practices do not excel at converting calls to consultations.

"Where we saw a real weakness was on getting people into the office for consultations," Mr. Seymour says. "Physicians are spending a lot of money on attracting patients, but they are not spending the same amount of time and effort on getting them into the office as they are on converting patients and performing surgery."

When practices decide to use TIP, Mr. Seymour explains, "with the practice's permission, Interaction Metrics 'secret shops' [the practice] on five different calls and then grades [the practice] on several different behaviors, including how quickly the phone is answered, how pleasant [staff] are, and how knowledgeable they are about the procedures. Then, CareCredit goes in [to the practice] with the recordings and reviews and discusses them." Several hundred practices have participated so far, and this has enabled TIP to develop a base score. "Typically, practices score about 55 out of a possible 100," he says. "Then, if the practice allows us, we work with the staff and help improve their phone processes, which typically results in approximately [a] 15% increase in their score within a 1- to 2-month period."

According to Mr. Seymour, some of the common missteps with regard to a staff member's telephone behavior are putting callers on hold as soon as the phone is answered, transferring callers to the appropriate source

of information except that they end up in voicemail, and directing callers to the company's website. These occurrences are counterproductive, because they do not convey an appropriate sense of urgency. "You have invested all [of] this money into inviting the person to call, and then [you] don't pay much attention to them when they accept your invitation," he says. "It's like inviting someone to your house and then not being home when they get there."

"These patients are spending thousands of dollars," Mr. Seymour adds. "They should get a customized personal experience. Patients shopping for elective procedures are likely to call the next practice on their list in hopes of finding a more personal experience. Sometimes, it's a jaw-dropping experience for administrators when they hear what's being said on the phone, but in most instances, the behaviors can be corrected relatively easily. In some cases, it's simply a matter of not enough people's staffing the phones."

For every area that TIP judges, there is an available module for improvement. "If [practices are] are weak on answering questions about procedures, we have a module that helps them answer specific questions," Mr. Seymour says. "For every weakness, we have a solution, and the service is free to CareCredit clients."

Patty Casebolt, clinical director of the Medical Eye Center in Medford, Oregon ([www.medicaleyecenter.com](http://www.medicaleyecenter.com)), used TIP and thinks her practice has benefited. "Our long-term goal is to increase the amount of patients who come into the office for a consult[ation]," she says. "With people's busy lives and the ability to quickly access information on the Internet, patients are not as motivated to come into the office. However, we feel it is in the patient's best interest to see the facility, meet the surgeon, and have his or her questions answered by qualified staff. The best way to do that is to come in for an initial consult[ation]. After participating in TIP, we found [that] we were giving out too much information on the phone during the initial call. Our counselors are now aware of how they have been handling the initial calls and have made changes that we hope will result in a higher conversion [rate] from call to consult[ation]."

Ms. Casebolt says she suspected that changes in staffing had affected the practice's ability to field calls effectively, and this led to the decision to use TIP. "In the past, all elective refractive calls were routed directly to the patient counselors," she says. "Now, due to a decrease in staffing, calls go to the main switchboard and then to a counselor, if one is available. I suspected our

### TELEPHONE DOCTOR RECOMMENDS VOICEMAIL T<sub>x</sub>

Nancy Friedman, known professionally as the Telephone Doctor ([www.telephonedoctor.com](http://www.telephonedoctor.com)), has built an entire enterprise around improving the counterintuitive and all-too-common telephone mistakes that businesses make.

In an interview with *Premium Practice Today*, she notes that she is not a fan of automated voicemail. She says that, if medical practice owners and administrators realized that automated call menus were a leading source of frustration for the American public, they probably would not be fans of them, either.

"That being said, we don't tell clients whether or not to use auto attendant," Ms. Friedman comments. "Our job is to help with the wording. For example, take a message says, 'The offices of Dr. XYZ are now closed.' We suggest that, instead of starting with a negative, it would be better to say, 'Thanks for calling Dr. XYZ. We are open from 9:00 AM to 5:00 PM.'"

"To help reduce voicemail frustration, here are the four most frustrating phrases that your callers don't want to hear, plus one tip," says the Telephone Doctor:

1. **I am not at my desk right now.** Let your callers know where you are, not where you are not.
2. **Your call is very important to me.** This is redundant. You do not need this phrase.
3. **I am sorry I missed your call.** Use this time and space for something more valuable like whom callers can reach for the information they are seeking.
4. **I will call you back as soon as possible.** This is probably not true, and "as soon as possible" is an ineffective phrase. All you need is to say, "I will call you back." (Then do it!)
5. **No escape.** Remember to tell callers to hit 0 for the operator if they need more information or give them another name and extension to dial. Always offer an alternative if you are not there.

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internal changes to staffing and operations were having an impact, and I wanted to have an objective outside opinion. With TIP, we received five recorded calls made to our practice over the course of several weeks along with a report that analyzed each call. The TIP report confirmed what we already knew: interested patients were made to wait an extended amount of time before being able to reach a patient counselor. Oftentimes, a message was taken to have a counselor call them back. Having the counselors listen to their own calls allowed them to hear how they were talking with patients and the patterns they had developed that needed to be addressed. They all agree that this exercise has been extremely helpful."

### PERSONAL TOUCH

Several physicians and administrators who participated in interviews for this article, from those at the largest hospital-based refractive surgery centers to the smallest family-centered operations, stressed the need for a personal touch. Jasmine Hughes, refractive coordinator at the Cincinnati Eye Institute ([www.cincinnatieye.com](http://www.cincinnatieye.com)), discussed the telephone processes at the facility's three sites that provide refractive surgery. Ms. Hughes says that the practice

averages approximately 140 LASIK-specific calls per month from potential new patients, and the practice does not use an automated phone mail system for incoming calls. Instead, the practice has a call center that receives and transfers calls to the appropriate staff. "Our patients deserve our undivided attention and one-on-one care right from the start," she says. "This gives us the opportunity to answer questions and share the information the patient needs to move forward. All potential refractive procedure patients speak with our refractive coordinator, who answers questions about the consult[ation] needed to establish [the patient's] candidacy, the procedure, and aftercare. Questions on price, insurance coverage, and available financing are also addressed." The staff do not follow a script, Ms. Hughes points out, but they are armed with information sheets so that they can refer to them to ensure that every potential patient is prepared and well informed. "Of course, managing incoming calls has its challenges," she adds. "That's why we have specially trained staff equipped with the tools and knowledge to make the most of every call. Our first priority is always patients. Our goal is to help them make informed decision about their eye care."

## PATIENTS' APPOINTMENT REMINDERS: MAN VERSUS MACHINE

Patients may be more likely to show up for their appointments if they get a telephone call from an actual person as opposed to an automated reminder call, according to a study by Amay Parikh, MD, a fellow at Columbia University's College of Physicians and Surgeons in New York City.<sup>1</sup>

For 3 months in 2007, "no-shows" were tracked at Robert Wood Johnson University Medical Group, an outpatient multispecialty clinic that has several locations in New Jersey. Approximately 23.1% of patients who received no reminder call missed their appointments. This number was reduced to 17.3% if patients were contacted by HouseCalls, an automated appointment reminder system (TeleVox Software Inc.; [www.televox.com](http://www.televox.com)). The no-show number was reduced even further—to almost 13.6%—if an actual staff member made the call.

The lead author speculated in a 2010 *American Medical News* article that connecting to a live person inspires in patients a greater feeling of responsibility to show up for their appointments.<sup>2</sup>

1. Parikh A, Gupta K, Wilson AC, et al. The effectiveness of outpatient appointment reminder systems in reducing no-show rates. *Am J Med.* 2010;123(6):542-548.

2. Stagg Elliott V. No-show rates lowest when patients called by human being. June 28, 2010. *American Medical News.* <http://www.ama-assn.org/amednews/2010/06/28/bisb0628.htm>. Accessed June 4, 2012.

Cincinnati Eye Institute also allows potential patients to request information online. "Patients who cannot call us during the 9-to-5 workday can submit an online request for information and/or an appointment," Ms. Hughes says. "We follow up with the patient via phone or e-mail per the patient's request. This gives the patient the opportunity to take the first step in the comfort of [his or her] own home."

### ABOVE AND BEYOND

Charles N. S. Soparkar, MD, PhD, of Houston-based Plastic Eye Surgery Associates ([www.plasticeyesurgery.com](http://www.plasticeyesurgery.com)) says that his main office receives between 400 and 600 computer-tracked calls per day. "We answer each call personally with six people deep for rollover calls, so there is a minimal number of rings before an answer. We try hard to keep our entire staff well educated through weekly staff meetings, reviewing basic or frequently asked questions received the previous week about insurance, what we do, and postoperative concerns. More complex insurance or clinical questions go directly to one of our insurance specialists, the clinical technicians, or one of our physicians," Dr. Soparkar says. He makes sure to answer every call directed to him by midnight of the day that the call is received. The practice has done its own "mystery shopping" calls over the years and has been able to identify problems and correct them. "Ours is an unusually busy, high-volume surgical practice, but we work hard to make it feel like—and be—personalized service."

Joanna Chmiel, administrator of the Kraff Eye Institute in Chicago ([www.kraffeye.com](http://www.kraffeye.com)), says that all calls are answered by a person at the main and satellite offices. "We receive 300 calls per day to the main office and 150 to the satellite location, and we have never, nor will we ever,

resort to an auto attendant or, for that matter, a call center," she says. "We are very traditional that way." According to Ms. Chmiel, everyone on the staff, including her, answers the phone if there is an overflow. "We have voicemail in place for each department where calls go if all lines are busy, and we check voicemail several times per day," she explains. There are 16 lines at the main site and six at the satellite location.

Although Kraff Eye Institute is traditional in nature, that does not mean it is behind the times. It offers an online portal system for patients who prefer to connect with the practice in that manner or to ask questions online. These inquiries, she says, are answered first thing in the morning as well as throughout the day. "Procedure-specific questions are fielded to specific refractive counselors, and they answer pricing questions as well," she says.

"We have a fairly old, unsophisticated phone system," Ms. Chmiel says, "and a philosophy that it is not the phone system but the people who answer the phone—as well as consistency and follow-through—that make a difference." ■

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