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On the topic:
Telephone Etiquette: Vitally Important, Yet Often Overlooked
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Telephone Etiquette: Vitally Important, Yet Often Overlooked

Large Health Care Organization (that operates hospitals and ancillary care facilities in 17 states) found:

- 74% of patients have experienced rude behavior in their health care provider’s office

- Almost 90% of people feel kind treatment by their health care provider is as, or more important, than cost or distance to office

- 90% willing to travel further to receive kinder more mannerly care!
- Rude staff behavior
- Rude telephone behavior
- Disrespecting people’s time

Patients talk!
We spend millions on marketing when usually, the first impression of any business is the telephone!

79% of people still prefer to do business by phone
The Vocal Handshake

- Can create a “special patient-centered” impression
- It sets the tone
- May help to soothe an angry patient

Mystery Patient Shoppers indicated they were likely to seek future care with an office based upon one phone encounter.

- A single phone call may be the only time you have to impress a caller.
- Patients typically will generalize the kind of encounter they have over the phone to the potential treatment they’ll receive in person.
1st Impression sets the tone for the entire practice

“We’re honored to have you as a patient,”
Or
“You bother us.”

Nonverbal.....

When speaking, what % of your words contribute to the meaning of your message?
About 7%

One of the biggest patients complaints...

Lack of eye contact!

“They didn’t look at me.”
But what if they can’t see you?......

- Only 16% of your message is attributed to your words!
- 84% depends on quality of voice...speak clearly, it’s true you can hear a smile over the phone.

Person who answers the phone is the image of that business!

In fact:

- Some voice consultants say that within the first 6 seconds of a phone conversation, callers make impressions about the person answering the phone including what they look like, as well as how intelligent they are!
Yet, how much time do we spend on the importance of the phone?

Health industry survey firm found that almost three million patients complained of poor telephone behavior
Pay for Performance?

Heard of….?

- HCAHPS-Hospital Consumer Assessment of Health Care Provider Systems
- CG-CAHPS-Clinician & Group (Ambulatory) Practice Consumer Assessment of Healthcare Provider Systems
Touch Points

A Professional Telephone Approach

How to create a warm and caring atmosphere ...........
Voice Quality

Lower tone projects and carries the voice better

Also it is calming and gives more room for reflection
Use the caller’s name
No matter how brief the call may be....

Smile!
It’s true that you CAN hear a smile hear the phone
Smile!

- It affects the “inflection” of your voice...it is not psychological, it is PHYSIOLOGICAL!

- When you smile the soft palate in the back of your mouth raises resulting in more fluid sound waves

- Call centers use mirrors at each desk!

What you see is what they hear!
Breathing

- Long, slow, deep breaths help warm your tone

- Under pressure we take small shallow breaths which cause our vocal cords to tighten causing a strained voice

Sound Relaxed!

- No matter how busy—remember you’re dealing with sick people, parents, family members....

- Watch “Emotional Leakage” —patient should not sense frustration or stress.
Think about the first 10 words a patient hears

“Doctors office please hold,”
Or
“Good Morning ....”

Inflection

- What would **YOU** like me to do? = defensive

- What would you **LIKE** me to do? = curious
Phone Procedures

Set Protocols
Hold a brainstorming session

- Identify how to answer
- How to answer most frequently asked questions
- Develop procedures on how to handle them

Have procedures and guidelines for

- Urgent problems
- Missed appointments
- Testing
- Consults
- Prescriptions
- Schedule changes
Patients prefer a LIVE person on the other end of the phone!

If office must use voicemail, then keep it to 3-4 options!

Patient's should not have to speak with several different people, each time repeating their symptoms, etc..
During the initial call ask,

- Name
- Best number to call
- Pharmacy
- Description of symptoms/problem
● Answer in no more than three rings.
● Try to maintain a constant distance from the mouthpiece.
● Don’t engage in nonverbal communication with someone in the room while you are on the phone (grimacing).
● Summarize the call-commitments, tasks agreed upon, document.
● Thank the caller.
● Wait for the caller to hang up first.

● Turn away from desk or other work.
● Focus your attention on the caller.
● Ask, “To whom am I speaking?”
● Enunciate clearly.
● Avoid medical jargons or acronyms.
 Always speak calmly. Never let them hear you sweat.

 Watch “Can I” vs. “MAY I” ask who is calling? MAY I help you?

What to Say...

1. “Good Morning (or thank you for calling), Merry Medical Practice, This is Jane” ...(keeps your name in patient’s memory and prompts caller to say their name).

2. Don’t have to ask “How may I help you?” We know you are there to help. Avoids too many words and inefficiency.

3. “May I ask to whom I am speaking?” If you can, try to say their name at least once during the conversation-helps to create an emotional attachment.

4. At the conclusion, say “Mrs. (Ms., Mr. ?), thank you so much for calling Merry Medical Practice” or “Ms. (Mr., Mrs.) Thank you for letting us help (or serve) you today.”
Personal who makes frequent outgoing calls such as those dealing with insurance companies or pharmacy etc, should have their own dedicated line

Never make a patient feel like an interruption!
Be an active listener

- Rephrase info to ensure complete understanding.
- Use reflecting language such as “yes,” “hmm,” “I see,” etc.
- Try not to interrupt.

Also......

- Never give medical advice.
- Avoid pet names. Never call a patient “honey,” “sweetie,” “Pops,” etc.
Transferring Calls

- Transfer only when necessary.
- Avoid the word transfer, use “I’m going to connect you with.”
- Explain why you are connecting the call.
- Give the caller the person’s name.
- Stay on the line and introduce the caller.

When putting on hold

- Ask first, then wait for the answer.
- Explain how long hold may be (approximate a little longer).
- If the caller is placed on hold, then keep checking with them. Offer to call them back if wait is too long.
Caller should never be on hold for more than 40 seconds.

Research suggests they are less likely to hang up within this time.

When calling to remind of appointment, instead of saying “I am calling to remind you,” say “I am looking forward to seeing you...”
Evaluate your answering service

- Efficient
- Courteous
- Accurate
- On hold?

Avoid saying.....

- “He’s/she’s in the bathroom.”
- “They’re not here yet.”
What Not to say! (actual responses)

- “Before you go into detail, this is the clinic and I can’t help you.”
- “Maybe you should just Google that.”
- “Hold a sec, Hon.”......watch the slang

Also steer clear of:

- *Sounding rushed or annoyed*
- *Speaking too quickly*
- *Chewing gum, eating, or drinking*
- *Curt greetings*
- Abrupt holds
- Long holds
- “I don’t care” attitude
- Ignoring patient to hold a personal conversation with another employee or person
- Unreturned phone calls

Actual Patient Complaints;

- “I was left feeling like she was more interested in getting me off the phone than helping me. There is no way I would consider this clinic for my care.”

- “She was unfriendly, abrupt, and left me feeling like I was an interruption. I would not want to deal with this facility at all based on this encounter.”
The Difficult Patient

Patient is always right?

No!!!

They do deserve to be heard and, if possible, a solution to their problem
Many are frightened, confused, or depressed.

These emotions may be expressed as anger.

IRATE

I “rate”….please just listen or acknowledge me…i want to be heard!
“You can’t help me, until I know you have heard me.”

*Empathy NOT Sympathy*
Lend them an “EAR”

E=Empathize

A= Acknowledge (or apologize)

R= Rectify

"LEAPS"

- Listen
- Empathize
- Apologize when appropriate, even if the problem is not your fault, you can say, "I am sorry this has happened" and mean it.
- (Be) Positive
- Solve
**How to respond...**

“I am sorry you feel that way.”

“Thank you so much for bringing this to my attention.”

“I know how frustrated you must be.”

“So that I make sure that I hear you correctly, let me repeat this back to you.”

“What would it take to...”

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**Avoid the Five Forbidden Phrases**

There are two ways to say anything.....
• “I don’t know.” Instead, offer some form of help. Say something along the lines of, “That’s a great question, let me find out.”

• “I/We can’t do that.” Again, offer some form of assistance. It is better to say, “What we **CAN** do” or “The best way for me to help you right now is to...”

• “You’ll have to...” Better to say, “In order to help you, we’ll need this information...,” or “Here’s what I’ll need to help you.”

• “Just a second...” Be honest and try to give them a reasonable time you will get back with them.

• “No.” Try to find at least some solution.

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Recovery should take place within 48 hours.

**After 72 hours, it is very hard to fix.**
* Don't overreact—especially if they use words or phrases that “push your buttons.”
* Listen completely to the complaint. Avoid argument and criticism.
* Avoid blaming anyone—the caller, yourself, or someone on your staff.
* Rephrase the caller’s comments, and ask questions. Restate the problem as you understand it.
* Offer solutions and, if appropriate, offer alternatives.
* Confirm the solution with the caller. Make sure the caller agrees with what has been decided.

**Difficult Patient Checklist**

- Did you speak in a calm voice?
- Did you listen w/o interrupting?
- Did you promise more than you can deliver?
- Were you clear about what you were going to do next?
- Did you check to see if patient was satisfied?
Keep a Service Recovery Log

Monitor common complaints and successful actions taken

Miscellaneous
Background music when on hold?

The Bottom Line...

A single phone call may be the only opportunity you have to impress and engage a patient...how are you doing?
How do people answer the phone in different parts of the world?

- In Spain they say "Get on with it!"
- In Italy they say "Ready!"
- In the Czech Republic they say "Ahoy!"
- In Japan they say "Mushi-mushi"
- In New Zealand they ask "Are you there?"
- In Hong Kong they say "Waay!"
- In the Netherlands they say "With..."
- In Finland they state their full name

Thank you!