

Front Desk Warning Signs that Cry

"HELP!" —Part 2

It's true: if patients have a less than satisfactory front desk interaction, they may choose not to return.

BY LYNN HOMISAK, PRT

This is part 2 of a two-part article

To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Topic: Top Ten Front Desk Warning Signs that cry "HELP!"—Part 2

Dear Lynn,

On a scale of 1-10, (10 being extraordinary; 1 being frightful) how well should I expect my front desk to function?

My previous answer? "Shoot for a 10. You deserve nothing less!" (And I'm sticking to it.)

If you recall, the first five signs involved:

- 1) Mishandling of phones (the lifeline of your practice)
- 2) Careless, random scheduling
- 3) Misplaced staff
- 4) Inconsistent, unwritten or unenforced policies
- 5) Absence of necessary success tools

Now, on to the final five signs and recommendations for damage control.

Sixth Sign: Inadequate (or Lack of) Proper Training

Maybe you are familiar with this typical (improper, yet common) training strategy for new employees: "Follow Gail around and she'll show you what to do and (hopefully) how to do it."

Are you really banking on "hopefully" to meet your highest expecta-

tions. While Gail can be an asset to a new employee's development and might serve as an excellent mentor, shadowing the doctor and receiving his or her one-on-one instruction outperforms all other training methods. In addition to hands-on demonstrating, doctors can encourage and answer questions, explain and clarify

Putting together a solid training program takes time and effort upfront and, once developed, needs only routine updating.

tions? While Gail has been your 'go to' for many years and considered your number one skilled assistant, she may not be an effective teacher. Hard as it is to accept—second-hand (second-rate) instruction often produces just that—second hand, second rate. This leads to shortcuts, misunderstandings, and inadequate results. Don't misunderstand. Shadowing other staff has an important role in the training process. New employees need that and more. More than watching or being told how something is done.

Telling is not teaching. They need to be educated. How to perform tasks that meet your approval, how to correct and learn from mistakes, and how to professionally interact with

WHY something is done a particular way and WHY it is important.

Other effectual training approaches include note taking, necessary references such as detailed written job descriptions, employee handbooks and procedural manuals, scripting guidelines, performance reviews, and continuing education opportunities (seminars, reading materials, webinars, etc.) to expand employees' knowledge.

Putting together a solid training program takes time and effort upfront and, once developed, needs only routine updating. Remember that employee education shouldn't stop after a 30-day probationary period, or after a year, or after ten years, for that matter.

Continued on page 62

THE CONSULTANT IS IN

HELP—Part 2 (from page 61)

Learning and monitoring their progress is an ongoing exercise. The more you are able to commit to it, the more you will appreciate the incredibly satisfying, worthwhile return on investment—that of a high-quality, efficient, productive (and HAPPY) staff and practice.

Seventh Sign: Internal Communication Breakdown

Three common communication breakdowns that can occur on a daily basis are front-back office conflict, doctor-staff miscommunications and doctor-patient misunderstandings. All need to be addressed. Sidestepping these issues due to fear of awkward confrontation, conflict, or pushback simply creates space for certain consequences



associated with constantly repeating instruction. This redirects that misused brain power back to patient care, where it belongs, supporting the team and the practice.

3) *Convincing patients to “buy into” recommended medical procedures, orthopedic devices/supplies, and*

tough”, or just plain silence goes hand in hand with high accounts receivable. The individual in charge of collections must be capable of getting the job done, fully accountable for accurate record keeping and documentation, and still demonstrate empathy.

Additionally, they should proactively and continuously educate patients about their financial responsibilities. Yes, collecting money involves someone who can effectively deliver a measured level

of compassion to the patient while also enforcing clear-cut practice financial policies. Again, not everyone fits that mold. Some tools that can help them successfully balance the two are scripted response algorithms to specifically address patient pretexts for non-payment, coupled with regular attendance at local or online seminars focusing on strategies that strengthen increased collections.

Having everything organized and in its place makes a claim for efficiency, cleanliness, and competence.

es: medical errors, patient non-compliance, incomplete follow up, long wait times, a frustrating environment, patient loss, staff retention, etc.

1) *Quarrels between the front and back office personnel are not rare.* If it's not happening in your office, consider yourself fortunate because not only does it translate as unprofessional; it's totally unproductive. While each “side” has reasons for not co-operating with the other, the self-created “power struggles” are key disrupters. Structured communication systems must be put in place to help mitigate any signs of internal feuding—i.e., staff meetings, cross-training practices (encouraging greater perspective of one another's responsibilities), morning huddle discussions, and a mutual awareness and acceptance of the mandated scheduling protocol.

2) *Reviewing procedure protocols and instructions with staff will help them prep rooms and patients more effectively.* Thoroughly explaining why and how you want certain things done limits “decision fatigue”

follow-up care demands persuasive presentations. Patients who leave the office without understanding medical advice will often disregard it; worse yet, not return. And even worse, return with bigger problems (or their lawyer)! If presentations are not delivered in a powerful, clear way—emphasizing the patient's best interest—perhaps they need to be restructured. Staff get feedback from patients that doctors do not receive. Tap into that knowledge and re-assess your communication skills (listening, facial and body language, energy, WORDS) that will strengthen your presentation for increased patient acceptance.

Eighth Sign: Careless Collection Protocol

Not everyone is good at collecting money. Accommodating patients is one thing; allowing them to manipulate your office is another. Delivering easy-going comments such as, “Can you pay your co-pay or outstanding balance today?” or “Sure, we are happy to bill you!” or “I understand payment is hard today, times are

Ninth Sign: Disorganization

One of the first things patients observe when they enter a medical office is the physical state of the front desk and reception area. Disorder equals disorganization. In their minds, “if the practice can't LOOK organized, how organized can I expect them to be with my records and my care?”

Maintaining a neat front desk, especially on those crazy, chaotic days, is not always easy. However, it's important enough that it should be an area of attention throughout the day. When visiting a restaurant you don't want dirty dishes and crumbs on your table. Likewise, healthcare facilities are expected to meet certain criteria. Your practice should be shouting “hygienic and sanitary here!” At the very least, having everything organized and in its place makes a claim for efficiency, cleanliness, and competence.

Make it a daily responsibility for everyone to straighten out their work area, clear cluttered counters, tend to unanswered correspondence, file away or shred miscellaneous documents, and tidy up the reception area before leaving for the day. This one simple, time-management undertaking assures

Continued on page 64

THE CONSULTANT IS IN

HELP—Part 2 (from page 62)

that doctors and staff can start fresh in the morning, raring to go, without having to first clean up yesterday's mess.

While patients only see what they can see, it should be noted that organization of a medical office goes way beyond the physical appearance of the front desk and work areas. In terms of risk management, it necessitates keeping an orderly patient schedule, an updated doctor's calendar, staff and administrative files, essential HIPAA and OSHA records, an efficient filing system, and pre-planned emergency and accident protocols.

Tenth Sign: Data Input Errors (Lack of Attention to Detail)

Multitasking is one of the biggest reasons that mistakes occur. If attention to detail suddenly drops and errors appear to be increasing, you'll want to take a look at whether or not job duties have (realistically) become too over-

whelming. Are staff members trying to do too many things at once? Or are they just unfocused? Do they enjoy their job, or are they just there for the paycheck?

An "acceptable" error rate is said to be between 3-5%. Does your practice fall within that range? How many claims come back as denied because of errors in data entry? Simple key-stroke errors (e.g., transposed numbers or letters) result in a claim taking up to four times longer to be paid and that kind of mistake (especially when multiplied) has a negative cash flow impact too great to ignore. One way to determine an error rate relative to insurance claims is to create a "reasons for denial" chart. Claim problems that can be identified can be fixed. More generally, encourage staff to double check their work, create helpful checklists to self-monitor their productivity, and advocate for accuracy over speed. Set motivationally charged goals for them with a more positive spin. For example, incentivize staff to shoot for

a >97% accuracy rate instead of a <5% error rate. Then monitor progress monthly and reward accordingly.

These signs are merely indications that something is not functioning as effectively as it should. So, if you see something, do something. With all systems go, you won't merely wish for that exceptional front desk—you'll actually have one! **PM**

.....



Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of *Podiatry Management's* Lifetime Achievement Award and was inducted into the *PM* Hall of Fame. She is also an Editorial Advisor for *Podiatry Management Magazine* and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.