OCCUPATIONAL MEDICINE

Customer (and Patient) Service is Key in Occupational Health

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"Let salespeople sell" should be more than a cliché; it should be a way of life. Unfortunately, though, many occupational health sales professionals spend a disproportionate amount of time engaged in client maintenance and customer service at the expense of direct sales.

This is not to say that customer service and patient service are unimportant, however; in truth, maintaining good relationships both with customers and patients is crucial to the success of every occupational health program and should involve every member of your organization.

Client Maintenance

"Client maintenance" involves working with your existing client base to monitor satisfaction and to cross sell additional services.

Several principles should apply:

■ **Vertical sales is market specific.** The amount of time one should spend selling new services to existing clients (as opposed to horizontal sales, which involves selling your core services to non-client prospects) is related to market size.

For example, the larger the market (e.g., Chicago), the greater the emphasis on new prospect sales; the smaller the market (Yazoo City), the greater the emphasis on maintaining and selling new products to your existing customer base.

Other variables also play a role.

A program with a new product should spend more time with its existing client base. Or, there may be some high-volume clients in your market that simply require ongoing contact.

You should review relevant variables, decide where your program fits on the client maintenance/new sales continuum, and act accordingly.

■ **Don't put out fires that you didn't start.** Sales professionals often assume the role of firefighter, going back to clients that they secured to address operational problems that have occurred since the sale. However, problems that are operational in origin should be addressed by an operational person.

■ **Maintain relationships in a time-effective manner.** A sales professional should keep tabs on a client's satisfaction shortly after the sale and periodically thereafter.

Such maintenance, however, seldom requires a face-to-face visit. Try an e-mail or after-hours voicemail message, such as "Checking in to see how things are going with our occupational health program. Let me know if you have any special needs or problems you would like to discuss."

An e-mail or voicemail takes about a minute, while a personal visit could take more than an hour (including transport time).

Patient Service

Nothing is talked about as much, but proactively addressed as little, as patient service. As with customer maintenance, however, several elements should be involved in a patient service program:

■ **Hire appropriately.** A program should start by hiring the right people.

Although experience counts, resist the tendency to "hire the resume" rather than the person. Rely more on your intuition when evaluating job candidates for positions that involve patient service.

For example, friendliness is the foundation of patient service and should be the most important criteria of the hiring decision. What the candidate would do for you is

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CODING Q&A

lated E/M service by the same physician during a postoperative period) in this situation, but in the case of Medicare this would not be an appropriate use of modifier -24, as a wound infection is actually related to (i.e., a complication of) the original procedure. ■

Q. **I recently attended the UCAOA Conference in Chicago. In one of your seminars, we discussed new vs. established patients.**

Our facility uses physicians that have their own separate practices. It is my understanding that if a physician has seen a patient in his or her office and then that patient is treated here by that physician, then for coding purposes the patient is treated as an "established" patient.

Since we do not have access to the other records, how are we protected with such a limited exam? How do we support the documentation of an established visit when they are essentially a new patient?

One of our challenges is determining if and when they have been seen at the other practice. Since there is no relation between the two practices, we would have to depend on the physician's memory, the patient, or request records from the office.
- Questions submitted by Abbi Olson, Urgentcare/Corpcare

A. The provider should do whatever history/exam is indicated (whether the patient is new or established) and code accordingly. The fact that the patient is "established" does not mean the provider should do a limited exam. A full history and physical may be necessary.

You will need to make your "best reasonable" efforts to determine if the patient is new or established with any provider. The method that you describe may be the best approach that is actually feasible in real life.

It would be ideal to get a full database of the patients from the other practice where the provider works. That would give you a full proof method to check for established patients. Absent receiving an actual patient database, maybe you could ask the other practice to check each day's list of patients against the other practice's patient database. ■

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often more important than what they've done in the past. Ask applicants questions pertinent to their prospective position and to your circumstances.

■ **Develop a written plan.** A patient service plan is as important as a marketing plan. However, practices with occupational health programs rarely have such a plan, assuming that their staff can manage things effectively.

However, a plan defines an organized approach and instills a sense that your patient service ethic is more than lip service.

■ **Involve everyone.** A patient service ethic should be instilled in everyone who comes into contact with a patient. This includes physicians, other care providers, receptionists and clerks, clinic or program directors, and sales and marketing personnel. Optimal patient service should be expected from all members of a clinic or program team.

■ **Set the bar high.** "Patient satisfaction" can be misleading. The absence of documented dissatisfaction (i.e., complaints) may be misconstrued as your clinic having a high degree of patient satisfaction.

In occupational health programs, "just OK" is not OK.

Your clinic should go beyond patient *satisfaction* and strive for the highest possible degree of patient *loyalty*. Your program must upgrade from "standard" to "above reproach."

■ **Conduct patient service training.** New employees should go through a 60-90 minute customer service training period during their first day or two on the job. All employees should undergo refresher training once a year. Common scenarios should be reviewed and role-playing should be encouraged.

■ **Evaluate.** Frequent feedback at both the employer and patient level is likely to preempt patient service deficiencies before they become chronic, while also providing positive reinforcement of deeds well done.

Try to quantify as much satisfaction data as possible (e.g., "Were you satisfied with our services?" should be rephrased as "On a scale of 1 to 5, how satisfied were you with our services?") in order to develop "report cards" and measure secular trends.

■ **Reward.** Try to make patient service fun. Post a graph with changes in daily patient satisfaction scores in a prominent place. Provide a "patient service act of the month" award. Instill the ethic each and every day in a meaningful manner. ■