



Toward a Happier World: The Art of Patient Service

■ FRANK H. LEONE, MBA, MPH

Customer service is a trendy theme in virtually every business these days.

However, the gap between “woulda, shoulda, coulda” and reality is invariably significant. Simply put, the concept of customer service is given universal lip service, but it is rarely incorporated into the fabric of an urgent care clinic.

An effective patient service program requires five core elements: planning, training, execution, evaluation, and reward/recognition.

Planning

Your program should have a well-designed plan that addresses training, execution, evaluation and recognition. Unlike a *marketing* plan, the development of a *patient service* plan need not be an annual event. Rather, it should be a singular, dynamic document that requires updating only as new ideas or policies come to the fore.

Include the following in your clinic’s customer service plan:

- An overview of patient service responsibilities. Where does the proverbial buck stop?
- An overview of training procedures. How will new employees be trained? Who will conduct the training? How will current employees be refreshed? How will you evaluate the training?
- An index of patient service protocols. Your staff should embrace these protocols in their daily work to ensure that various constituencies are wowed by your program’s dedication to their needs.
- An index of how staff is expected to respond to common displays of patient discontent.
- An overview of patient service evaluation methods. Who will evaluate your performance? How will you ask them?



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When will your clinic conduct such evaluations?

Training

Does your clinic systematically train new employees and periodically refresh existing staff on basic patient service? Or does your clinic simply *assume* that staff will say the correct thing or react in the right way?

New employees are often asked to absorb your clinic’s patient service ethic via osmosis—by watching their more experienced brethren deal with patients. However, a new employee seldom stands around for long since they are needed on the front lines. Thus, an unprepared new employee is forced to deal with patients right off the bat, creating a likelihood that an issue will come up and be mishandled.

Set aside time during every new employee’s first few days so they can study your clinic’s patient service plan. I recommend that the new employee take an oral patient service exam on the last day of their first week in order to appraise their mastery of patient service protocols. Typical questions might begin with: “How would you respond when...?”, or “What is the standard or benchmark for...?”

Existing staff also need to be reminded periodically of the importance of maintaining a strong patient service ethic. I recommend quarterly customer service meetings involving all staff. You should:

- Review protocols added since the last meeting.
- Review employer and patient evaluations received during the last quarter.
- Recognize the patient service “moment” of the quarter.
- Discuss pressing patient service issues as appropriate.

Execution

To execute a patient service plan at the highest level you should:

- Hire positive, people-oriented personnel.
- Set the bar high. Your clinic should go beyond satisfaction and strive for the highest possible degree of patient loyalty.

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The 1997 guidelines have several problems:

- They are virtually impossible for a physician to master due to the scores of bulleted items that are only valid for certain types of exams (examples: musculoskeletal vs. eye vs. genitourinary, etc.)
- The 1997 guidelines generally work with specialized electronic medical records systems or with multiple pre-formatted templates that include the required bullets. It is virtually impossible to accurately extract the 1997 bullets from a dictated chart; if this extraction is done, physicians will invariably not document to appropriate levels due to the punctilious specificity of the bullets.
- When followed to the letter, the 1997 guidelines reduce revenue by making a truly compliant comprehensive exam virtually impossible in the real world of medical practice. When I fully explained what a comprehensive general multisystem exam entails as defined by the guidelines, one physician exclaimed, “Why, no doctor ever does all that!”

Using both sets of guidelines can bring improved revenue to urgent care centers. Thus, it makes sense to be aware that, for any given chart, the guidelines that you use may often make a significant difference in the final E/M code.

As a consultant, you are merely suggesting that the hospital follow accepted best practices. Since this hospital administration (on the advice of one or two well-meaning coders) is deviating from generally accepted practice, I would encourage you to ask the administration for a statement from some official organization that recommends that hospitals deviate from CMS’s official position.

Q. How does one code for a one-view radiograph of the thoracolumbar spine? The code (72080) clearly states that it includes “two views.” In the past, we marked the actual number of views and then appended modifier-52 (reduced services). Is this correct or is there another code that we should use?

Question submitted by Julie Gretchmann, Physicians Immediate Care, Rockford, IL

A. You have been coding correctly. Another way to code this would be using an “unlisted services” code. But this would require appending documentation, and reimbursement would be hit or miss, depending on the payer.

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- Reinforce patient service daily. It is far easier to design a patient service plan than to continuously maintain a genuine patient service ethic. Create constant reminders of your clinic’s commitment to the highest standard of patient service. For example, use some form of the term “service” every time someone answers the phone (e.g., “Hello. Midtown Urgent Care. My name is Judy. How may we serve you today?”)

Evaluation

Assessing your performance is paramount to a strong patient satisfaction program. Your clinic should:

- Embrace the “customer-driven” concept that relies on patients’ input to garner ideas for additional protocols.
- Assess patient satisfaction daily.
- Send out a questionnaire to employer clients yearly.
- Conduct a quarterly telephone blitz with top clients.

Rewards and Recognition

Add a little fun in the form of rewards and recognition. Not only do rewards provide gratification to those doing a good job, but they keep the concept of exemplary patient service on the front burner. For example, a “patient service moment of the month” might be rewarded with a gift certificate for a local restaurant. The patient service employee of the year could be acknowledged with a reserved parking spot.

Outstanding patient service provides its own intrinsic daily reward: a sense of immediate gratification and satisfaction that you can see in your constituents’ faces. Over-the-top customer service requires an ongoing, systematic, and proactive approach.

Sample Protocol: Handling a Disgruntled Patient

Inevitably, a patient will become upset and express open concern in the clinic. Clinic staff should follow these steps:

- Never show anger or contempt, no matter how irrational the behavior.
- Escort the angry patient to a quiet, neutral place.
- Ask the patient to thoroughly express their concern.
- Probe to acquire more details about the concern.
- Show empathy (“I can understand your concern, Mr. Dunn”).
- Ask what you can do to “make things right.” (Caution: never offer a solution; let the other individual propose one first.) If possible, quietly meet their request. Ask if they are satisfied with your resolution.
- Follow-up later, via e-mail, voicemail or letter, and express that you are sorry there was a problem and pleased that “we were able to work it out.”

Remember, your biggest critic often becomes your greatest advocate if you are willing to go the extra mile. ■