

The Front Office: Window to Your Practice

Urgent message: Patients will return again and again—and tell their friends, too—if your center’s manager and employees are unfailingly courteous, competent, and thorough.

Alan A. Ayers, MBA, MAcc

If you’re planning to own and operate an urgent care center, you’re probably not thinking about managing an administrative office. Instead, you envision yourself hurrying between exam rooms, suturing cuts, setting fractures, and dispensing orders. Digging your way out of paperwork, refereeing staff disputes, tracking down cash, and assuring supply cabinets are stocked are probably not in your dreams.

The front office of an urgent care center isn’t only the first and last place patients interact with the practice: It’s critical to assuring that the center gets paid for every visit and has all the resources it needs to run smoothly.

But despite its importance, all too often the front of-



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office is the least funded and most neglected part of the urgent care operation. By focusing on the management, staff, processes, and physical environment of the front office, an urgent care center operator can potentially improve the performance and morale of the entire facility.

Your Key Employee: The Center Manager

Most urgent care centers employ a full-time manager, although the scope of his or her duties may vary depending on daily patient volume, owner-

ship structure, and the extent of external billing and operations support. In a freestanding, independent urgent care center, the manager is typically a “jack of all trades” who oversees day-to-day operations, imple-

ments marketing programs, provides financial reports, and supports the delivery of urgent care services. In a multicenter network, tasks like marketing, accounting, training, and billing may be consolidated into a centralized structure that supports each individual center. In these networks, the managers function in more of an administrative role.

As you'll see in **Table 1**, an urgent care center manager has a full plate of responsibilities. In many centers, the manager is trained in all support functions and fills in as a medical assistant or front desk attendant as needed.

The ownership and volume of the practice will also determine the skills and experience required of an urgent care center manager. This person's background may range from a Registered Nurse or MBA graduate, to a technologist or medical assistant with on-the-job training. As with any position, it's important to assure that the center manager has the knowledge, skills, and experience to be effective and take the facility to the next level. This position requires someone with extensive experience in human resources, clinical operations, billing, customer service, and physician relations. Many centers choose to promote from within, which can be a good practice, but it should be done with consistency and based on merit—job qualifications must be met as if hiring someone from the outside. When a center manager's duties are administrative in nature and this person lacks the experience, authority, or management training to make operational decisions, his or her impact on the overall business may be greatly diminished.

Whether promoting from within or hiring externally, qualifications for center managers typically include:

- Associates/bachelors degree
- Health care experience (3-5 years)
- Supervisory/management experience (1-2 years)
- Human resources experience
- Strong work history/references from previous employers
- Customer service experience
- Professional presentation

Center managers must be able to perform with min-

Table 1. Day-to-Day Responsibilities of the Urgent Care Center Manager

- Interview, hire, orient, train, and develop staff and assure all HR policies are followed.
- Develop staff schedules, review time cards, and compile payroll.
- Hold staff meetings, recognize staff achievements, and address staff concerns.
- Conduct performance appraisals and provide mentoring/coaching to staff.
- Review daily balance sheets, reconcile the cash drawer, and make bank deposits.
- Review invoices and prepare accounts payable packages.
- Manage medical and office supply inventory; place, check, and stock orders.
- Assure chart documentation is complete and submit charges for billing.
- Research billing issues, identify causes of errors, and adjust or re-bill accounts.
- Assure medical and clerical equipment is maintained and in working order.
- Assure facility is clean, maintained, and all systems are functioning properly.
- Check alarm system, security cameras, and videos.
- Review center logs, including lab, x-ray, narcotics, reportable incidents, and daily duties.
- Respond to patient feedback and resolve customer service issues.
- Assure compliance with all operating standards, policies and procedures, and laws/regulations.
- Identify, organize, and participate in grassroots marketing activities.

imal supervision and understand that “contributing” means doing more than their assigned tasks—it means having a measurable impact on the company's bottom line by putting the right team members in place, maintaining quality standards, meeting patient needs, and controlling costs.

Productive, happy employees generally feel they're making unique contributions that provide a sense of personal pride. If a center manager has the necessary resources, he or she should be able to work independently—anyone who has worked under a dreaded micro-manager understands the motivating power of a leader's trust. When the center manager makes decisions, urgent care providers and the center's owners shouldn't interfere. This doesn't mean to abandon accountability—such as weekly update meetings and

Table 2. Front Desk Processes

Patient Greeting: Patients should be greeted in a welcoming and professional manner as they enter the facility. When there's a wait, the front desk should ask the patient his or her first name and write it on the waiting list, along with the arrival time. Check-in time should be the time the patient arrives, not when he approaches the front desk to complete registration.

Registration: Front desk staff should explain each form and its purpose to ensure understanding and to limit the patient's time spent filling out the forms. Patients are typically given a registration package that includes demographic/insurance information, medical history, HIPAA acknowledgment, and the center's financial policies. Information on secondary insurance and any guarantor should be obtained from all patients. For existing patients, the staff should review information in the computer system—such as address and insurance plan/group numbers—to assure nothing has changed. Asking the patient if anything changed since his last visit is insufficient because he may not know what information is already in the system.

Insurance Verification: Insurance verification should occur prior to every physician encounter. This crucial step can be facilitated by providing links to insurance websites on the registration PC desktop, a list of verification phone numbers, or by subscribing to an online verification portal. Staff should verify plan participation, urgent care co-pays, and any unmet deductible.

Payment Collection: Staff should collect either the deductible portion or co-pay at the time of service. Payments are typically collected prior to the visit for co-pays and outstanding balances. For past balances, the registration staff should be versed in the reasons insurance companies deny claims. For deductibles and self-pay patients, patients are typically escorted by the clinical staff to the discharge counter where charges can be calculated and the correct amount collected after the visit.

Charge Entry/Coding: Depending on the practice management system in place and whether the urgent care center performs its own billing or outsources to a third party, the front desk may code charts and calculate charges. Physicians generally complete documentation for the visit, including entering ICD-9 and CPT codes. The front desk should be aware of ICD-9 and CPT incompatibilities, which can create delays in getting claims out on a timely basis.

written status reports—or to withhold guidance on critical decisions. While each center manager will have a unique style, personality, and talents, the owners still set the overall tone and direction of the practice.

The manager's office is typically located near the front desk to oversee the registration staff, answer questions, and resolve customer service issues as they arise. Center managers typically work a 40-hour week, during daytime hours, although they may occasionally fill in for absent staff members on nights and

weekends. Larger urgent care centers may employ multiple managers who oversee administrative functions and coordinate clinical support, as well as shift supervisors who have management responsibility when the center manager is away.

Greeting the Patient: Registration Staff

Like the center manager, patient registration staff must juggle a variety of tasks while assuring patient needs are met. The front desk is the patient's first interaction when entering the urgent care center and sets the tone for the entire visit and experience. To assure a positive experience, the front desk staff must act as:

- Diplomat—Handle difficult situations and patients with tact.
- Listener—Pick up on unspoken messages.
- Problem Solver—Handle each patient and situation efficiently and courteously.
- Crisis Counselor—Calm troubled or angry patients with compassion and reassurance.
- Time Saver—Reduce the number of unnecessary questions or issues for staff and physicians to deal with.
- Public Relations Expert—Present the most positive image of the center.

But the role of the front desk doesn't stop with great customer service. The staff has to be knowledgeable and comfortable with insurance benefits and how they're administered, acting in the following capacities:

- Investigator—Decipher information from an insurance card, website, or telephone call.
- Validator—Access, obtain, and understand information about insurance and benefits eligibility.
- Enforcer—Collect patient balances in a professional, yet “forceful” manner.

In short, the front office staff needs to be trained well enough to understand insurance terminology and explain it competently to patients. Moreover, if patients don't understand their benefits, the front desk staff must be willing and able to help.

There is no substitute for Tussionex®

Recent FDA Action¹
As of March 31, 2008,
manufacturers were
mandated by the FDA
to cease shipment of
unapproved hydrocodone
antitussives



- The only FDA-approved **12-hour** Rx syrup antitussive
- Still available in pharmacies
- There is no AB-rated generic equivalent to TUSSIONEX®



INDICATION AND IMPORTANT SAFETY INFORMATION

TUSSIONEX® is indicated for the relief of cough and upper respiratory symptoms associated with allergy or a cold in adults and children 6 years of age and older. Each 5 mL of TUSSIONEX® contains hydrocodone polistirex equivalent to 10 mg hydrocodone bitartrate and chlorpheniramine polistirex equivalent to 8 mg chlorpheniramine maleate.

TUSSIONEX® is contraindicated in children less than 6 years of age due to the risk of fatal respiratory depression, and in the presence of known allergy or sensitivity to hydrocodone or chlorpheniramine. The most common adverse reactions associated with TUSSIONEX® are sedation, drowsiness, and mental clouding, which may impair the mental and/or physical abilities required for potentially hazardous tasks such as driving or operating machinery. TUSSIONEX® should not be taken with alcohol or other CNS depressants. TUSSIONEX® is dosed at 5 mL every 12 hours in patients 12 years of age and older, and at 2.5 mL every 12 hours in patients 6-11 years of age. Overdose with TUSSIONEX® has been associated with fatal respiratory depression. Patients should be advised to measure TUSSIONEX® with an accurate measuring device. A household teaspoon is not an accurate measuring device. As with any other drugs in this class, the possibility of tolerance and/or dependence, particularly in patients with a history of drug dependence, should be considered.



Please see full Prescribing Information on reverse.

Reference: 1. US Food and Drug Administration. FDA takes action to stop marketing of unapproved hydrocodone products [press release]. Available at: <http://www.fda.gov>. Accessed June 6, 2008.

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(hydrocodone polistirex/
chlorpheniramine polistirex)
Extended-Release Suspension

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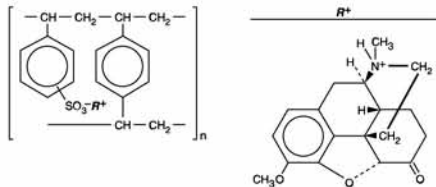
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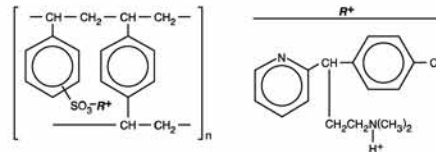
Rev. 01/2008 1E
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DESCRIPTION: Each teaspoonful (5 mL) of TUSSIONEX Pennkinetic Extended-Release Suspension contains hydrocodone polistirex equivalent to 10 mg of hydrocodone bitartrate and chlorpheniramine polistirex equivalent to 8 mg of chlorpheniramine maleate. TUSSIONEX Pennkinetic Extended-Release Suspension provides up to 12-hour relief per dose. Hydrocodone is a centrally-acting narcotic antitussive. Chlorpheniramine is an antihistamine. TUSSIONEX Pennkinetic Extended-Release Suspension is for oral use only.

Hydrocodone Polistirex: Sulfonated styrene-divinylbenzene copolymer complex with 4,5 α -epoxy-3-methoxy-17-methylmorphinan-6-one.



Chlorpheniramine Polistirex: Sulfonated styrene-divinylbenzene copolymer complex with 2-[p-chloro- α -[2-(dimethylamino)ethyl]-benzyl]pyridine.



Inactive Ingredients: Ascorbic acid, D&C Yellow No. 10, ethylcellulose, FD&C Yellow No. 6, flavor, high fructose corn syrup, methylparaben, polyethylene glycol 3350, polysorbate 80, pregelatinized starch, propylene glycol, propylparaben, purified water, sucrose, vegetable oil, xanthan gum.

CLINICAL PHARMACOLOGY: Hydrocodone is a semisynthetic narcotic antitussive and analgesic with multiple actions qualitatively similar to those of codeine. The precise mechanism of action of hydrocodone and other opiates is not known; however, hydrocodone is believed to act directly on the cough center. In excessive doses, hydrocodone, like other opium derivatives, will depress respiration. The effects of hydrocodone in therapeutic doses on the cardiovascular system are insignificant. Hydrocodone can produce miosis, euphoria, and physical and psychological dependence.

Chlorpheniramine is an antihistamine drug (H₁ receptor antagonist) that also possesses anticholinergic and sedative activity. It prevents released histamine from dilating capillaries and causing edema of the respiratory mucosa.

Hydrocodone release from TUSSIONEX Pennkinetic Extended-Release Suspension is controlled by the Pennkinetic System, an extended-release drug delivery system, which combines an ion-exchange polymer matrix with a diffusion rate-limiting permeable coating. Chlorpheniramine release is prolonged by use of an ion-exchange polymer system.

Following multiple dosing with TUSSIONEX Pennkinetic Extended-Release Suspension, hydrocodone mean (S.D.) peak plasma concentrations of 22.8 (5.9) ng/mL occurred at 3.4 hours. Chlorpheniramine mean (S.D.) peak plasma concentrations of 58.4 (14.7) ng/mL occurred at 6.3 hours following multiple dosing. Peak plasma levels obtained with an immediate-release syrup occurred at approximately 1.5 hours for hydrocodone and 2.8 hours for chlorpheniramine. The plasma half-lives of hydrocodone and chlorpheniramine have been reported to be approximately 4 and 16 hours, respectively.

INDICATIONS AND USAGE: TUSSIONEX Pennkinetic Extended-Release Suspension is indicated for relief of cough and upper respiratory symptoms associated with allergy or a cold in adults and children 6 years of age and older.

CONTRAINDICATIONS: TUSSIONEX Pennkinetic Extended-Release Suspension is contraindicated in patients with a known allergy or sensitivity to hydrocodone or chlorpheniramine.

The use of TUSSIONEX Pennkinetic Extended-Release Suspension is contraindicated in children less than 6 years of age due to the risk of fatal respiratory depression.

WARNINGS: Respiratory Depression: As with all narcotics, TUSSIONEX Pennkinetic Extended-Release Suspension produces dose-related respiratory depression by directly acting on brain stem respiratory centers. Hydrocodone affects the center that controls respiratory rhythm and may produce irregular and periodic breathing. Caution should be exercised when TUSSIONEX Pennkinetic Extended-Release Suspension is used postoperatively and in patients with pulmonary disease, or whenever ventilatory function is depressed. If respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride and other supportive measures when indicated (see OVERDOSAGE).

Head Injury and Increased Intracranial Pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions, which may obscure the clinical course of patients with head injuries.

Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.

Obstructive Bowel Disease: Chronic use of narcotics may result in obstructive bowel disease especially in patients with underlying intestinal motility disorder.

Pediatric Use: The use of TUSSIONEX Pennkinetic Extended-Release Suspension is contraindicated in children less than 6 years of age (see CONTRAINDICATIONS).

In pediatric patients, as well as adults, the respiratory center is sensitive to the depressant action of narcotic cough suppressants in a dose-dependent manner. Caution should be exercised when administering TUSSIONEX Pennkinetic Extended-Release Suspension to pediatric patients 6 years of age and older. Overdose or concomitant administration of TUSSIONEX Pennkinetic Extended-Release Suspension with other respiratory depressants may increase the risk of respiratory depression in pediatric patients. Benefit to risk ratio should be carefully considered, especially in pediatric patients with respiratory embarrassment (e.g., croup) (see PRECAUTIONS).

PRECAUTIONS: General: Caution is advised when prescribing this drug to patients with narrow-angle glaucoma, asthma, or prostatic hypertrophy.

Special Risk Patients: As with any narcotic agent, TUSSIONEX Pennkinetic Extended-Release Suspension should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy, or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression should be kept in mind.

Information for Patients: As with all narcotics, TUSSIONEX Pennkinetic Extended-Release Suspension may produce marked drowsiness and impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly. TUSSIONEX Pennkinetic Extended-Release Suspension must not be diluted with fluids or mixed with other drugs as this may alter the resin-binding and change the absorption rate, possibly increasing the toxicity.

Patients should be advised to measure TUSSIONEX Pennkinetic Extended-Release Suspension with an accurate measuring device. A household teaspoon is not an accurate measuring device and could lead to overdose, especially when a half a teaspoon is measured. A pharmacist can recommend an appropriate measuring device and can provide instructions for measuring the correct dose.

Shake well before using.

Keep out of the reach of children.

Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when TUSSIONEX Pennkinetic Extended-Release Suspension is used postoperatively, and in patients with pulmonary disease.

Drug Interactions: Patients receiving narcotics, antihistaminics, antipsychotics, anti-anxiety agents, or other CNS depressants (including alcohol) concomitantly with TUSSIONEX Pennkinetic Extended-Release Suspension may exhibit an additive CNS depression. When combined therapy is contemplated, the dose of one or both agents should be reduced.

The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone.

The concurrent use of other anticholinergics with hydrocodone may produce paralytic ileus.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenicity, mutagenicity, and reproductive studies have not been conducted with TUSSIONEX Pennkinetic Extended-Release Suspension.

Pregnancy: Teratogenic Effects – Pregnancy Category C
Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. TUSSIONEX Pennkinetic Extended-Release Suspension should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever. The intensity of the syndrome does not always correlate with the duration of maternal opioid use or dose.

Labor and Delivery: As with all narcotics, administration of TUSSIONEX Pennkinetic Extended-Release Suspension to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from TUSSIONEX Pennkinetic Extended-Release Suspension, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: The use of TUSSIONEX Pennkinetic Extended-Release Suspension is contraindicated in children less than 6 years of age (see CONTRAINDICATIONS and ADVERSE REACTIONS, Respiratory, Thoracic and Mediastinal Disorders).

TUSSIONEX Pennkinetic Extended-Release Suspension should be used with caution in pediatric patients 6 years of age and older (see WARNINGS, Pediatric Use).

Geriatric Use: Clinical studies of TUSSIONEX did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

ADVERSE REACTIONS: Gastrointestinal Disorders: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. Prolonged administration of TUSSIONEX Pennkinetic Extended-Release Suspension may produce constipation.

General Disorders and Administration Site Conditions: Death

Nervous System Disorders: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, euphoria, dizziness, psychic dependence, mood changes.

Renal and Urinary Disorders: Ureteral spasm, spasm of vesical sphincters, and urinary retention have been reported with opiates.

Respiratory, Thoracic and Mediastinal Disorders: Dryness of the pharynx, occasional tightness of the chest, and respiratory depression (see CONTRAINDICATIONS).

TUSSIONEX Pennkinetic Extended-Release Suspension may produce dose-related respiratory depression by acting directly on brain stem respiratory centers (see OVERDOSAGE). Use of TUSSIONEX Pennkinetic Extended-Release Suspension in children less than 6 years of age has been associated with fatal respiratory depression. Overdose with TUSSIONEX Pennkinetic Extended-Release Suspension in children 6 years of age and older, in adolescents, and in adults has been associated with fatal respiratory depression.

Skin and Subcutaneous Tissue Disorders: Rash, pruritus.

DRUG ABUSE AND DEPENDENCE: TUSSIONEX Pennkinetic Extended-Release Suspension is a Schedule III narcotic. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of narcotics; therefore, TUSSIONEX Pennkinetic Extended-Release Suspension should be prescribed and administered with caution. However, psychic dependence is unlikely to develop when TUSSIONEX Pennkinetic Extended-Release Suspension is used for a short time for the treatment of cough. Physical dependence, the condition in which continued administration of the drug is required to prevent the appearance of a withdrawal syndrome, assumes clinically significant proportions only after several weeks of continued oral narcotic use, although some mild degree of physical dependence may develop after a few days of narcotic therapy.

OVERDOSAGE: Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. Although miosis is characteristic of narcotic overdose, mydriasis may occur in terminal narcosis or severe hypoxia. In severe overdose apnea, circulatory collapse, cardiac arrest and death may occur. The manifestations of chlorpheniramine overdose may vary from central nervous system depression to stimulation.

Treatment: Primary attention should be given to the reestablishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The narcotic antagonist naloxone hydrochloride is a specific antidote for respiratory depression which may result from overdose or unusual sensitivity to narcotics including hydrocodone. Therefore, an appropriate dose of naloxone hydrochloride should be administered, preferably by the intravenous route, simultaneously with efforts at respiratory resuscitation. Since the duration of action of hydrocodone in this formulation may exceed that of the antagonist, the patient should be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration. For further information, see full prescribing information for naloxone hydrochloride. An antagonist should not be administered in the absence of clinically significant respiratory depression. Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated. Gastric emptying may be useful in removing unabsorbed drug.

DOSAGE AND ADMINISTRATION: It is important that TUSSIONEX is measured with an accurate measuring device (see PRECAUTIONS, Information for Patients). A household teaspoon is not an accurate measuring device and could lead to overdose, especially when half a teaspoon is to be measured. It is strongly recommended that an accurate measuring device be used. A pharmacist can provide an appropriate measuring device and can provide instructions for measuring the correct dose.

Shake well before using.

Adults and Children 12 Years and Older: 5 mL (1 teaspoonful) every 12 hours; do not exceed 10 mL (2 teaspoonfuls) in 24 hours.

Children 6-11 Years of Age: 2.5 mL (1/2 teaspoonful) every 12 hours; do not exceed 5 mL (1 teaspoonful) in 24 hours.

This medicine is contraindicated in children under 6 years of age (see CONTRAINDICATIONS).

HOW SUPPLIED: TUSSIONEX Pennkinetic (hydrocodone polistirex and chlorpheniramine polistirex) Extended-Release Suspension is a gold-colored suspension.

NDC 53014-548-67 473 mL bottle

For Medical Information: Contact: Medical Affairs Department / Phone: (866) 822-0068 / Fax: (770) 970-8859

Storage: Shake well. Dispense in a well-closed container.

Store at 20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature].

TUSSIONEX Pennkinetic Extended-Release Suspension

Manufactured for:

UCB, Inc.
Smyrna, GA 30080



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Salaries and benefits are an urgent care center's biggest costs, so the extent to which the center manager can schedule front office staff without compromising service will have an immediate impact on the bottom line. Consideration should be given to seasonal and daily volume trends. For instance, if a center sees most of its patients between 9:00 am and noon, and again between 4:00 pm and closing, there may be times in the afternoon when the registration staff is underutilized. It's the center manager's responsibility to assure time isn't wasted, by delegating tasks such as cleaning, filing, marketing, or patient follow-up during any slow periods. Some centers hire part-time front office staff in the mornings and evenings and then utilize back office staff for patient registration in the afternoon.

Typically, a front office staff member is hired as an entry-level employee who receives on-the-job training and meets the following qualifications:

- Previous health care experience or training.
- Completing and passing of a hiring assessment tool.
- Strong and positive feedback from professional references.
- Professional appearance and positive attitude.

Center managers must understand that hiring for the front office is much more than filling openings—it's identifying and meeting the center's operating needs. Front office staff typically has the highest turnover of any position in an urgent care center. Even if there's a desperate need to get a position filled, hiring out of panic or desperation almost always leads to regret. The costs associated with hiring the "wrong" individuals for front-line positions is more than the time, money, and effort of recruiting, interviewing, and training—it's also measured by future business that may be lost when that employee interacts with customers, the costs of billing and collections errors, and pressures on other employees who must pick up the slack created by underperformers.

It's therefore vital to take time to find the "right" personality and skills for front office staff. The capacity and desire for further growth are essential traits—no point in hiring someone who is as "good as they're going to get" or someone who has great potential but no desire to grow in the job. Effective front office staff provides a reliable pipeline for future center managers.

Setting the Front Desk in Motion

Once a manager and front office staff have been se-

lected, the real work begins. People are only effective insofar as good policies, procedures, and processes have been defined, implemented, and consistently executed. In short, staff members who know exactly what they're supposed to do in every patient encounter experience less stress and work more efficiently than those who face their jobs unprepared.

Critical front office processes include greeting and registering patients, verifying insurance, calculating charges, and collecting payment. Staff must be confident in the duties they're assigned, as highlighted in **Table 2**.

Whenever the front office staff seems ineffective, the center manager should watch closely to determine whether it's a "people" or "process" issue. If burdensome documentation and difficult-to-navigate computer systems cause the front desk to get behind and focus more on "processing" than "serving" patients, then an examination of front desk systems might be in order.

If processes are sound but the front office staff isn't motivated to perform, implementing employee incentive programs can help the center achieve its goals. Sample incentives include:

- Lowest number of cancellations in a month (% of hours scheduled).
- Greatest cash collections (% of amount owed).
- Lowest number of registration errors (% of patients registered).
- Highest patient satisfaction (% of patients seen).
- Lowest number of billing errors (% of transactions).

Staff performance can also be improved by focusing on the work environment.

Put Yourself in the Patient's Shoes

Although creating a comfortable atmosphere at the front desk may seem more daunting than providing excellent clinical care, it's really not that difficult—just look at the experience from the patient's perspective. Patients want reassurance that they're going to be treated well and a front desk that's organized, efficient, friendly, and aesthetically pleasing provides cues as to the medical care that can be expected in the back.

First off, watch your signage. Entering a practice where the reception window has multiple pieces of paper taped around it—either handwritten and photocopied notices—projects neither an inviting or professional air. Moreover, signs that communicate what patients can't do (or what they *must* do) often convey a very negative and distrusting tone. The best patient

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Table 3. Front Office Setup and Layout

What does your front office look like? Does it contain a clean and neat reception area that communicates that your center cares enough about its patients to keep its environment pleasant? The following goals should be considered when evaluating your front office:

- This is a professional office, not a home.
- We care that you're comfortable.
- Clutter and chaos do not belong here.
- This is a joyful place for both men and women to work.
- We have planned our office décor.

These goals can be met by avoiding the following:

- Photocopied and handwritten notices to patients.
- Signage that conveys a negative tone.
- Bulletin boards overflowing with announcements and memos.
- Cluttered desks and countertops, making the staff appear disorganized.
- Piles of supplies, giving the appearance of a storage closet.
- Beanie babies, lace doilies, and cheap trinkets.
- Grungy, soiled carpeting and worn furnishings.
- Dead/dying plants or dust-laden fake plants.

communication is face-to-face, so limit signage unless it's absolutely necessary. When signage can't be avoided, it should be professionally made and carefully phrased.

You'll find additional suggestions on front office setup and layout in **Table 3**.

Bringing It All Together

As mentioned earlier, the front office sets the tone for the patient's experience with the urgent care center. To make sure the experience is a patient-centered one, it's necessary to assure the right people, processes, and environment are in place for excellent service. A top-notch front office will not only impress upon patients that the urgent care center is a well-run medical practice, but it's the key to generating positive word of mouth and bottom-line growth.

If you want to sharpen the appearance of your front office, walk into the lobby of an upscale hotel or financial institution and look at its walls, counters, and desks. What impressions do you get? Your urgent care visits are giving an impression, too—make sure it's a positive one. ■