

## **Telephone Triage:**

*Determining the Best Option for your Health Center*

### **What is MedVia?**

*Created with the needs of [CommonWealth Purchasing Group](#) members in mind, MedVia supports a range of clinical and administrative activities to help your health center improve performance and manage costs. MedVia can handle many routine tasks, such as appointment reminders, rescheduling, and freeing up vital staff time for direct patient interaction. The vendors included in the MedVia portfolio have directly contracted with CPG to ensure that their services are brought to every member at the lowest price possible.*

We live in a super connected 24/7 world where consumers demand instant access to customer service and solutions.

Healthcare is no exception. And this paradigm benefits both the patient and the provider.

After all, health centers want patients to call with questions and concerns in-between visits. Not only does this improve patient outcomes, it improves overall patient's satisfaction levels.

So, how can your health center address patient needs when your staff is not able to take the call? Let's explore some options.

When a patient has a clinical question outside of regular business hours, there are typically four common choices:

1. **Wait until the office opens** - This is risky if the question is time sensitive. Many patients don't want to bother anyone with something that is not obviously a 911 call. It's also risky because the patient may not take the time the next morning to make the call at all.
2. **Go to a hospital emergency department** - Patients struggle to decide about the necessity of an ER visit. An unwarranted ER visit is problematic because of cost (to health system and patient) and because unnecessary visits slow down care to truly emergent patient issues. Plus, ER encounter details are poorly captured in the patient's primary care medical record.
3. **Go to an urgent care center** - Unlike emergency departments, urgent care centers are not 24/7, making this impractical in many instances. And if the urgent care center is not affiliated with your health center, encounter details are poorly captured in the patient's primary care medical record. Urgent care centers are a good option for "fast-track" issues like flu symptoms and sprained ankles. Beyond basic care, most urgent care facilities don't have the right equipment or staff, which may ultimately result in an ER visit.
4. **Call your office and have a provider call back** - For the patient who makes this call, it's the best option for good patient care. The patient may be known to the provider, the provider can read and write to the patient chart, the provider can consult with others as needed, and both patient and provider do not need to be physically present.

**PROS AND CONS OF PROVIDERS ON CALL:** Nearly every health center requires providers to take after-hours call but the burden of call varies greatly. Typically, the more providers, the less the frequency of being on call. Call assignments might be blocks of one week, 3 days, or 1 day, or any variation thereof, putting a provider on call once every 7 weeks, 3 weeks or every 7 days, respectively. Building, publishing and maintaining changes to the call schedule is often an administrative challenge.

Whoever is on call takes the after-hours calls for all of the providers' patients. Often the result is that the on-call provider might take 10 calls in an evening, get woken up in the middle of the night once or twice, and be tied to his/her computer all weekend. A common frustration is being unable to reach the patient, or time-wasting telephone tag. On a busy night, a single provider is unable to return patient calls in a timely manner. Provider satisfaction is negatively impacted if being on-call is too frequent and/or too heavy, or if the calls are [not serious]

**PHONE MENU BEST PRACTICES:** Providing [appropriate and useful] phone menu options improve the patient experience after hours. After analyzing who is calling, why, and when the calls are coming in, your after-hours phone menu should answer as many questions as possible without having to speak with a live agent. From a customer service perspective, advising callers to "call back when the office is open" is less than ideal. Also avoid prompting callers to leave voice messages; they are very time consuming for the staff and are unlikely to lead to timely response. Instead, answers to common questions should be supplied, callers directed to your patient portal or website, and your after-hours answering service should be prepared to route the caller's inquiry to the correct staff.

## **IMPROVING THE ANSWERING SERVICE DECISION TREE:**

Most answering service providers have two responses to callers: “I can send a message to the staff” or “I can send a message to the on-call provider.” The caller chooses one or the other, depending on experience, personality, and perceived urgency. Regardless, messages are composed of exactly the same [fields], no matter the topic:

- date/time
- name
- DOB
- phone number
- message

A better process provides call-handling guidance to the answering service, prompting the agent to ask the caller a series of questions which map to a health-center specific resolution. Depending on the guided responses, clinical questions can be directed to the on-call provider or for some categories of calls, to an on-call nurse triage service. Similar to the handling of calls in the office, a team of nurses can triage calls, directing patients in self-care, advisability of an ER visit, and prescreening the calls requiring the on-call provider. The nurse triage service completes the call by recording a telephone encounter in your medical record.

If the call-handling guidance directs that a message be taken, the message collects all of the relevant data. To illustrate, consider relevant data for a call about a referral:

- date/time
- name
- phone number
- patient name

patient DOB  
referring provider  
referral to/for  
message

With all of the necessary information, follow up calls made the next business day will be more efficient and productive.

The primary improvements results are:

provider satisfaction and retention

patient satisfaction

timely care after hours

[capturing after-hours clinical care in the patient chart]

staff productivity and satisfaction

reduced/appropriate emergency department visits

An unanticipated advantage of applying a decision tree to calls is the ability to analyze the resulting structured data for trends and measurements. For instance, if the analysis shows that patients call at 7:30am to cancel or reschedule appointments, your answering service could help with scheduling. That's a topic for another day. What

How does your health center address after-hours calls? We'd love to hear your thoughts and feedback.

Looking for Call Center Solutions? MedVia can help.

**Contact Joan Menard today to learn more:**

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