



## Scripting at the Front Desk

When groups/practices get their wait time down to zero, have identified panels, have a commitment to finish all the work each day, and limit the restrictions on appointment types, scripting for the front desk becomes simplified. It takes less time to make an appointment when the key issues are really, “Who is your doctor?” and “When do you want to be seen (today)?” I would not take this literally, though. While we want to identify the primary doctor, and while we want to pull the appointment work into today, we want to first **guide** the appointments to where we want them and second we want to plan and **prepare** for the visit.

### Guide

- For returning patients, we want to sell appointments early in the morning and late in the week (normally the harder to fill appointments) in order to keep the inverse times free since we expect more demand at these inverse times.
- We want to guide return appointments away from days when we know the doctor will be busy with work from patients calling on that day (e.g. the first day back after a single day off in the middle of the week).
- We want to have less return appointments on days when more of the other doctors are gone since we know we will see some of the absent doctors patients’ on those days.
- While we want to respond to patient needs, we want to make sure that we can best satisfy these needs by guiding the work (demand) to the supply.

### Prepare

While we want to eliminate distinctions and restrictions on appointment types and we want to manifest this by not asking multiple questions to see if patients “qualify” for an appointment, and to ensure they meet the criteria for a particular appointment type, at the same time we want to get enough information to prepare appropriately for the visit.

- First we want to identify the need as an appointment need. If the patient wants and needs an appointment, we want to arrange that. If the patient wants another type of service, we want to arrange that. Then we want to guide the appointment to the best time for that demand to match with our supply.
- To prepare for that visit, some groups use a script: "In order to be prepared for today's visit with Dr Gretskey at 3 PM, Dr Gretskey and his team would like to know the reason for your visit." Most of the time, the appointing scheduler already knows from previous conversations the main reason for the appointment. However, this script clarifies the reason. If the reason sounds clinically worrisome (chest pain, asthma attack, etc.) then the scheduler can transfer the call to a higher level of clinical professional: “For this type of problem, I would like to have you talk to ....”

- Once the reason for the visit is determined, then this reason is typed into some form of "reason field" on the computer schedule. In this way the practice team is informed in advance of pending needs. The scheduler needs to be sensitive not only to specific needs attached to this visit - symptoms, diagnosis, complaint - but also sensitive to other issues related to this visit (e.g. warnings about pending blood tests, potential equipment needs, etc.). In addition, we want the scheduler to be aware of and to elicit other potential needs as well as the need for additional non related services (e.g. cervical smear, tetanus shot, forms that need to be completed, refills, etc.). This can be scripted: "Are there other needs that you wish to discuss with your doctor?"
- Preparation also includes the prompt from the computer that tells the practice team in advance of pending appointments
  - Chronic disease issues (lab tests needed, etc.)
  - Needed or up to date preventive services
- In addition, preparation also includes scripts around arrival time prior to scheduled time, the need to bring all meds, outside lab tests, forms, refill requests and financial information required at the visit.
- The script for cancellations is included: "If you can't keep this appointment, you will let us know, won't you? The number to call is 1-800-IWANTCX. Your doctor is looking forward to seeing you." (reduces no shows)

All this information informs the team and doctor in advance, informs the daily practice huddle, and alerts the nurse in front of the doctor when preparing for the visit.

## **Critical Elements for the Front Desk:**

1. Standardized greeting.
2. Identify caller/patient.
3. Confirm demographics.
4. Confirm the name of the patient's primary provider.
5. Identify the intent of the call: appointment, message, refill, directions, etc. (this may be done with an auto-attendant, if available).
6. Make an appointment with primary provider.
  - a. If the patient's primary provider is not present, offer an alternative - the first alternative is to wait for the primary provider, the second alternative is to offer an appointment with another provider (make this distribution fair, not just based on the first open appointment).
  - b. Determine the reason for the visit: "In order to be prepared for your doctor today, he/she and his/her team would like to know why you are coming...."  
*(I know there is a tension here: do we do this before we make the appointment or after? We do NOT want to ask a series of questions in order to determine IF the patient will be seen today. This type of triage is wasteful. If we have appointments we ought to do all the work each day and not make the phone agents "qualify" the patients for an appointment or even transfer the call to the nurse for triage and make him/her qualify the patient. We also want to identify any "hot" issues*

*that would require the patient to call 911, to go to the ER instead of coming to the clinic, or any issues that would require the patient to come to the clinic urgently (which can be handled by the nurse as triage, but we do not want all appointments to have to go through the nurse. With long waits and delays this is what happens).*

7. Confirm the appointment. Make the patient repeat the day and time.
8. Give the patient a cancellation number and say: "If you can't keep this appointment you will let us know by calling this number, won't you?"
9. End the call with a sale: "It sounds like this appointment is important to you and I know your doctor is looking forward to seeing you."
10. "Anything else I can do?"
11. "Thank you....." (use the patient's name).

The order of these steps is not as important as the content. Create a script, agree to it, practice it and manage to it. Use "secret shopper" calls to monitor performance. Let the staff know you will be doing that.