

MEDICAL CALL CENTER NEWS

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Don't Call Me Patient – Call Me Customer!

By Tripp Babbitt

I recently saw an ad in my newspaper for a Heart Scan at a local hospital. It sounded like a good idea and for \$49 I thought, "Let's do this thing." Even though I am an avid runner, this sounded like a smart thing to do because "good shape" doesn't always mean "good condition."

I made the call to set up my appointment and was greeted with my personal favorite, an IVR explaining what the heart scan does. I didn't want to hear the thirty-second pitch, but since all I had was a recording on the other end of the line, starting an argument seemed rather one-sided.

The lines were busy and the recording asked me to leave a name and number and someone would call me back... at their convenience. This is representative of what I hate about the new technology that calls you back when contact centers are busy. Customers call when it is convenient for them and this callback-so-you-don't-have-to-wait-on-hold thinking allows the contact center to call you back when it is convenient for them.

I got a call back a day later. The representative asked me about setting up an appointment, with one small catch: it would be *two months* before they could schedule me. As a speaker and a consultant, I don't know always know where I will be next week, but it's *their* system. Me, I'm just a customer that has things to do, and that certainly isn't important to them.

I was told to arrive an hour before my appointment to fill out the paperwork. This seems to be an unwritten standard in healthcare –you have to arrive an hour before your appointment and then wait because they are running behind. I've been told that because physicians don't want to have gaps in their appointments (it wastes their time), they overbook appointments. What about *my* time? Who is the customer here?

Predictably, as my appointment time drew near, I realized that I would be out of town that week and needed to cancel or reschedule. I decided to cancel after a conversation about appointments in August (another two-month wait).

A week before the scheduled (now canceled) appointment, I received a phone call to remind me about my appointment next week – a complete waste of time. What started as a promising health check turned into a customer service nightmare.

I read recently that 12,000 Minnesota hospital nurses were on strike because they believe they are understaffed. With the poor work designs and waste in today's hospital systems, it's no wonder. Huge sums of money in healthcare are being wasted, and hospitals play a large part in this.

The whole hospital system has an inside-out, top-down, and command-and-control mentality. An outside-in approach to see their system end-to-end from a customer perspective would give them an idea of costs – and the causes of costs, which are in the flow (economies of flow) and not the scale of activities.

Hospital administrators could start by understanding the “what and why” of current performance from an end-to-end systems perspective. They could begin to develop an understanding of what matters to customers (customer purpose) and deriving customer measures from that purpose. Armed with this information, they would be able to discover new methods for a better work design with less waste and more customer focus.

In the end, I want healthcare professionals to stop calling me a patient or an appointment and start calling me by my real name...Customer.

This article was originally published in [Customer Management IQ](#).

Phone Etiquette for the Medical Call Center Agent

By Patti Wood, M.A.

As a medical call center agent, do the nonverbal messages you give over the phone make a good first impression? Are you energetic, respectful, and professional? In a caller's mind, the nonverbal message is just as important as the words an agent says. There are certain techniques you can use to improve your effectiveness and positivity on the telephone:

Answer Calls Promptly. When someone is calling with a question or a concern, the longer your phone rings, the more the caller's concern can grow. Answering quickly helps callers perceive that you are quick and efficient.

Use a Warm, Sincere Voice. Friendliness and genuineness make your callers feel safe.

Give the Caller Adjustment Time. Give the caller time to adjust to your voice before going on to the most important part of the call.

Speak Slowly. A rushed voice creates a perception in the mind of the caller that you're busy, or stressed. Use normal conversation speed.

Speak clearly and articulately. If you have a significant accent, accent-reduction classes might help your phone voice as well as your career.

Match Voice Tone, Volume, and Rate of Speech. Matching the nuances of the person's voice puts a caller at ease.

Avoid Background Noise. Multitasking can seem rude, unprofessional, and disrespectful.

Don't Interrupt Your Caller. Wait until it is clear that the person has finished speaking before responding.

Practice these skills to establish and maintain good first impressions. Strive to keep your tone, energy, and the speed at which you speak the same for every patient. Every caller deserves to feel appreciated and satisfied.

Learn more at www.pattiwood.net.

September Is National Preparedness Month

Disasters can strike quickly and without warning. National Preparedness Month (NPM) is held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses, and communities. As part of National Preparedness Month, the nation's emergency physicians once again urge the public to have a plan in place and know when to execute it if and when the time comes.

"Even though tornadoes differ from hurricanes, floods, earthquakes, or terrorist attacks, many of the ways to prepare are the same," said Dr. Angela Gardner, president of the American College of Emergency Physicians. "Preparing your family in advance is the best protection in an emergency."

The public can join the preparedness effort at any time by following these steps:

- **Get a Kit:** Include the basics for survival: fresh water, food, clean air, and warmth.
- **Make a Plan:** Sit down with your family and decide how you will contact each other, where you will go, and what you will do in an emergency.
- **Be Informed:** Check all types of media. During an emergency, your local emergency management office will give you information on such things as open shelters and evacuation orders, if needed.

LLS Pushes Reimbursement for Healthcare Language Access Programs

Language Line Services (LLS), a provider of interpreting and language solution services, announced that Douglas Green, founding board member and director of outreach for the Texas Association of Health Care Interpreters and Translators (TAHIT), and Oscar Arocha, director of Boston Medical Center's Interpreter Services Department, have joined the company as the newest additions to their growing healthcare division. Green and Arocha will help Language Line Services continue its public policy push towards reimbursement of healthcare language access programs and a requirement that all interpreters working in the hospital setting be certified medical interpreters.

Douglas Green has spent much of the last eight years championing the cause of quality and accessible healthcare for limited-English speaking patients; Oscar Arocha brings more than twenty-five years of experience in the healthcare sector.

"We are proud to welcome Mr. Green and Mr. Arocha to the Language Line Services team," said Louis Provenzano, president and COO of Language Line Services. "Their depth of experience and shared passion to improve healthcare for all patient populations will be an invaluable asset to our current pursuit of federally mandated reimbursement for the services of certified medical interpreters."

ATA Midyear Meeting Sept. 27 and 28

The ATA (American Telemedicine Association) Summit 2010 will be held as part of the ATA Midyear Meeting Sept. 27 and 28 in Baltimore, Maryland. This event contains two main tracks and an exhibit hall that run concurrently. It will feature leaders who are changing healthcare in the US. Top administrators from the CMS, FDA, FCC, and NIH will discuss the government adoption, promotion, payment, and regulation of telemedicine services. Industry pioneers will explore the opportunities and barriers to improved telemedicine systems. Attendees will hear about telemedicine's role in the future of healthcare.

Back-To-School Stress Is More Than Mental

For some, back-to-school means back to rushing through early-morning routines and struggling to remember the little details of the day before. With all the anxiety that comes with this constant stress, it shouldn't be surprising that all of those worries can have a damaging effect on the body.

According to the American Heart Association, extended periods of stress can be a cause of concern for the entire body. Distress initiates a response from the body that contributes to blood vessel constriction and an elevated heart rate. Jonathan Fong, MD, of the Venice-Ocala Heart Institute adds, "There is no conclusive evidence that shows there is a link between heart disease and stress. What the evidence does suggest, though, is that constant anxiety can influence cardiovascular risk factors."

Behaviors influenced by stress:

- Temporary rise in blood pressure
- Unhealthy eating habits
- Smoking frequency
- Physical inactivity

Stress signals you may not recognize:

- Tight or clenched muscles
- Stomach irritability
- Fatigue
- Depression
- Forgetfulness

"What's equally as important when it comes to stress is how people deal with it," says Fong. "Sometimes anxiety causes people to lose sleep, overeat, or drink excessively. This is where stress can become dangerous."

Aspen University Announces Accredited Online Master's in Nursing

Aspen University, a provider of affordable online education, is lowering its tuition for its CCNE accredited Master of Science in Nursing (MSN) program. The program now has a total tuition cost of \$4,800. Aspen is a 100 percent online, accredited university with a rich history dating back almost forty years.

"The MSN program at Aspen University is great for nurses who want to further their career and who need the flexibility to balance professional, educational, and family obligations," noted Kathleen Schachman, RN, PhD, and dean of Aspen's School of Health Professions and Studies. "The potential for upward mobility provided by a graduate degree in nursing opens up many opportunities. With the recent addition of an RN-to-MSN 'bridge' program, Aspen University continues to seek new and exciting avenues to reach out to nurses who are interested in advancing their career."

The program addresses the needs of the practicing professional nurse seeking to attain an MSN degree with the flexibility of online delivery. Theory courses combine the foundation of traditional education in a convenient distance-learning format, enabling practicing nurses to meet their academic, professional, and personal goals.

Schachman added, "The nursing program at Aspen University offers small class sizes, which allows for individualized attention from faculty with diverse areas of expertise in nursing."

“Cyberchondriacs” on the Rise

The latest Harris Poll, measuring how many people use the Internet to look for information about health topics, finds that the numbers continue to increase. Harris first used the word “cyberchondriacs” in 1998, when 50 million American adults went online to look for health information. In their latest poll, the number jumped to 175 million from 154 million last year, possibly resulting from the healthcare reform debate. Furthermore, frequency of usage has also increased. Thirty-two percent of all adults who are online say they look for health information “often,” compared to 22 percent last year. Other findings include:

- Fully 81 percent of all cyberchondriacs have looked for health information online in the last month; 17 percent searched for health information ten or more times in the last month; the average frequency for all cyberchondriacs is six times a month.
- Only 9 percent of cyberchondriacs report that they were somewhat (6 percent) or very (3 percent) unsuccessful; just 8 percent believe that the information they found was unreliable.
- Just over half (53 percent) of all cyberchondriacs have discussed the information they found online with their doctors; 51 percent have searched for online information based on discussions with their doctors.

These findings show that people are increasingly using the Internet to look for health information, and the majority find what they want.

Sports-Related Concussions to Be Studied at U-M

Christopher Roth doesn’t remember the train wreck on the practice field. As a University of Michigan fullback, he and another player were running at each other from about ten yards apart. The resulting collision left him stumbling around, unaware of what he was doing. Like 3 million athletes every year, Roth had suffered a concussion. It wasn’t the first time, but this injury ended his football career.

“It wasn’t until someone physically grabbed my helmet and took it away that I stopped. I tried to hide my injuries,” said Roth, who earned his MD at U-M and is now a neuroradiologist at Duke University. “Had the physicians at U-M not stopped me, I would have kept going, and I would not be where I am today.”

Just how concussion affects the brain has been a hot topic in recent months – both the National Football League and National Collegiate Athletic Association have established committees to study how to best protect their athletes.

As football season begins for high school and college competitors, those hits to the head are happening daily on practice fields. At the University of Michigan, researchers and physicians are taking a new approach to diagnosing, preventing, and researching concussions at a new clinic dedicated to a neurological strategy: the Michigan NeuroSport Concussion Program (neurosport.med.umich.edu).