



CHAPTER

7

Telephone Techniques

Learning Objectives

After completing this chapter, you should be able to:

- 7.1 Define and spell the terms for this chapter.
- 7.2 List proper telephone techniques when answering the telephone in the health care setting.
- 7.3 Identify guidelines to follow when placing callers on hold.
- 7.4 List the steps of taking a detailed telephone message.
- 7.5 Outline HIPAA guidelines regarding patient privacy when making phone calls.
- 7.6 Explain how to handle various types of telephone calls that are common in a health care setting.
- 7.7 Identify information needed when handling phone calls related to patient prescriptions.
- 7.8 Describe the medical assistant's role in telephone triage.
- 7.9 Explain how to deal with a difficult caller.
- 7.10 Describe special considerations when placing conference calls.

Case Study

Carmine DiStefano has been looking for a new physician. He decides to try Pearson Physicians Group because the practice is near his office. When Carmine calls the office to set up an appointment, he is first greeted by an answering system. After he has been given many options, he decides to press “2” to schedule an appointment. Carmine then waits as the system transfers him to the appropriate person. When the transfer is done, he is greeted by Tonya Michaels, a new medical assistant with the practice. Tonya greets Carmine by saying, “Good afternoon. Pearson Physicians Group. This is Tonya. How may I help you?” Although Carmine is left with a cold feeling because he detects an insincere tone in Tonya’s voice, he decides to go ahead and schedule an appointment. Tonya then tells Carmine to hold. When she finally returns after more than two minutes, Tonya does not give Carmine a reason for the wait—nor does she offer an apology. Carmine feels annoyed and frustrated and informs Tonya that he will seek services from another physician.

Terms to Learn

answering service	conference call	queue
automated assistance program	enunciation	referral
caller ID	inflection	telephone triage
clarity	pitch	voice messaging system

The telephone is one of the most vital tools used within the medical office. In addition, both the person answering the telephone and the communication used can “make or break” the practice. We have all been at the receiving end of poor telephone etiquette at one point or another. The key within the medical office is to ensure that every telephone encounter is not only courteous but also efficient, accurate, and professional. Many times the patient’s first impression of the office is based on the initial interaction with the individual who answers the telephone. Attention to detail is required when answering the telephone, especially when taking important messages or requests for prescription refills.

TELEPHONE TECHNIQUES

If you work in the front office area, much of your day will be spent on the telephone. A fundamental rule to remember when answering your medical office’s telephone is that you are in a professional setting and not simply answering the telephone as you would at home. When talking on the phone at home, the conversation is generally more informal and chatty than the style of conversation that is expected in a

medical office. It is inappropriate to answer the office line with personal greetings, such as “Hi” or even “Hello.” Most offices will provide a script for you to follow when answering the telephone. A pleasant but professional persona and voice must always be presented to your callers.

Telephone use in the medical office should be in an area where other patients and visitors are unable to hear the conversation, determine the nature of the call, or discern who the person is on the other end of the call. Most reception areas are located a short distance from the waiting area so that conversations and phone calls cannot be overheard or, if it is a small office, there may be a window surrounding the reception area to provide privacy for conversations and calls.

Answering the Telephone

Your manner of answering the telephone frequently determines how the conversation will flow. It is also the first impression that callers, including potential new patients, receive of your office. The following are some important techniques that will assist you in answering your medical office’s telephone in the most pleasant and professional manner.



FIGURE 7-1 A pleasant smile can go a long way, even through telephone lines.

Smiling

Always answer the telephone with a smile. A human voice has so many nuances that most callers will be able to sense warmth or indifference in your voice. Until you can become comfortable with smiling when answering the telephone, you may want to look in a mirror as you answer so you can observe yourself and your facial expressions as you speak (Figure 7-1).

Greetings

When the telephone rings in the medical office, it is important that it be answered quickly, generally by the third ring. The medical office supervisor will teach you the office's preferred method of answering the telephone. An appropriate greeting includes the following:

- The name of the office or the physician
- Your name
- Asking the caller how you can be of assistance

An example of a typical office greeting might be "Good morning. Pearson Physicians Group. This is Jessica. How may I help you?" A greeting such as this will help make the patient feel comfortable about contacting your office.

Speech

Many times people overlook the importance of speaking clearly on the telephone. However, speaking clearly is a key element in communicating effectively with patients—on the phone as well as in person. Four elements of speech are commonly considered: clarity, enunciation, inflection, and pitch.

Clarity refers to the quality or state of being understandable. How clear is your voice to the caller? Are you holding the telephone receiver 1 to 2 inches from your mouth so that the best sound gets through to the caller? Many people tend

TABLE 7-1 | Some Words Commonly Misunderstood Because of Poor Enunciation

Word	May be Misunderstood As
Prostate	Prostrate
Ear	Air
Galactorrhea	Galacturia
Homeostasis	Hemostasis
Heart attack	Artifact
Palpation	Palpitation

to drop the receiver so that it sits just below the chin. This does not produce clear sound for the person on the other end of the telephone. The telephone handset should be held in the middle, with the receiver to your ear and the mouthpiece 1 to 2 inches from your mouth. You also must have nothing in your mouth—no gum, candy, food, or liquid—that could garble your words.

Enunciation refers to the clear articulation and pronunciation of words. Being careful not to speak too rapidly helps with word enunciation. Because you may use the same greeting and phrase repeatedly to answer the telephone, it is easy to fall into the habit of speaking too quickly. Slow down and pronounce your words slowly and properly, imagining the person on the other end of the line hearing them for the first time. Correct pronunciation helps minimize confusion for the caller. See Table 7-1 for examples of words that are commonly misunderstood because of poor enunciation. Avoid using regional pronunciations in the office setting. Remember that your patients come from many different cultures and may not understand your particular pronunciation.

Your voice ranges from high to low, depending on how you commonly speak and, often, on the context of your phrase. Have you ever noticed that when you ask a question your voice tends to rise at the end of the phrase? This is an example of the **pitch** of your voice. Be aware of using appropriate pitch when speaking with patients.

Professionalism



An important aspect of your personal success as a medical assistant—and the success of the medical practice—is your communication skills. Improper grammar conveys an uneducated and unprofessional image. It is important to use proper grammar whenever you communicate, either verbally or in writing, with patients, physicians, or coworkers.

Inflection refers to the changes in pitch and tone of your voice as you utter words and phrases. Remember that speaking on the telephone is an opportunity to display excellent customer service. Try to avoid speaking in a monotone (one single tone). The caller may feel you are bored and not interested in helping.

Identify the Caller

Protection of a patient's information is vital in every medical office and health care facility. It is important to remember that some individuals may seek confidential information by unauthorized means, such as claiming to be the patient or even a specialist treating the patient. Therefore, steps must be taken to protect the patient's medical record. For example, each time a person phones and claims to be a patient, ask for identifying information, including both first and last names, the patient's date of birth, and the last four digits of the patient's social security number. You can check this information against the patient's electronic or paper medical record.

Listening

Listening is a critical part of managing telephone calls. Callers do not like to be asked to repeat information or to be interrupted when they call the office. The average rate of speaking is 125–150 words per minute and the average rate of listening is 400–500 words per minute. This means that you are capable of listening to a flow of words that is faster than the way most people speak. This should be an advantage for the caller, because if you are truly listening to the conversation, you will not have to ask the caller to repeat anything. In addition, you are much less likely to interrupt the caller in the midst of something they are trying to tell you. Listening requires focus and undivided attention. When you are talking with a caller on the phone, do not be engaged in other duties that require your attention. A phone call is not a time for multitasking.

The Business Telephone System

Many types of business telephone systems are in use today (Figure 7-2). Most medical offices use some form of multiline telephone. Some of these multiline phones may have all separate lines, where you must press a particular line's button to answer it; others may have a system that will feed calls to you from a **queue**, or waiting line. More and more offices have systems that answer the initial call with a recording and then direct the call to the appropriate person after the caller chooses an option to meet their needs. Procedure 7-1 details answering the telephone and using the hold function in a professional manner.



FIGURE 7-2 Choose the telephone unit that offers the features needed in your office.

Whether you answer initially (without an automated system) or an automated system answers (calls are queued), follow the rules for greeting callers stated in Procedure 7-1.

Making Calls

You will have to make calls as often as you answer them. On most business telephones, you will be required to dial 9 to get an outside line, but some systems have an outside line button that you push in order to dial an outside number. Depending on the office's location, you also may need to dial the area code with all calls. Large cities have begun to make this a common practice because of the existence of multiple area codes within a local calling zone.

The telephone calls that you make in the office should be limited to business calls. All offices have different policies regarding the use of the office telephone for personal calls. Some may prohibit them entirely, whereas others may allow them in limited number, or may ask that any personal calls be made on a private line, which may also be referred to as the back line. It is important to keep in mind that the office telephone is for patients and emergencies, so you must keep the lines open and available for business calls only.

Using the Hold Function

One of the most sensitive issues relating to telephone courtesy is the use of the hold function, which permits keeping more than one call on the line at a time. Holding a call is permissible when you are speaking with a caller on one line and another call comes in as long as the situation is handled courteously for both callers. You should never put a call on hold before you have given the caller a chance to say it is an emergency.

Be very mindful of how the hold function is used. Calls should never be left on hold for indefinite periods of time. If

PROCEDURE
7-1

Answering the Telephone and Placing Calls on Hold

Objective ♦ *Ensure that the telephone is answered in a professional manner and that, if necessary, callers are placed on hold appropriately.*

EQUIPMENT AND SUPPLIES

Telephone; message pad; pen; notepad

1. Answer the telephone by at least the third ring, with the mouthpiece 1 to 2 inches from your mouth.
2. Smile and speak clearly, using inflection, a pleasant tone, and a moderate rate of speech.
3. Answer using the greeting your office prefers (e.g., "Thank you for calling Pearson Physicians Group. This is Carlos. How may I help you?").
4. At this point, callers will typically identify themselves. If not, ask callers to identify themselves by their first and last names. Then, if it is an established patient, verify the patient's birthdate or other identifying information against the patient's medical record.
5. Listen to the caller closely to verify the reason for the call, which may include, but is not limited to, the following:
 - A patient calling to schedule an appointment
 - A patient calling to request a prescription refill
 - Another physician's office calling about a mutual patient
 - An insurance company calling regarding a patient's claim
 - A relative or friend of an office employee or physician
6. Once you have determined the reason for the call, act accordingly while providing excellent customer service. In busy offices, you may need to answer more than one incoming telephone line. When this occurs, you will combine the procedure just described with the following steps:
 - When you are speaking with one caller and another incoming line rings, you must notify the current caller that another line is ringing and ask if the current caller can hold. Wait for the caller's response, then place the first call on hold.
 - Answer the second call following the procedures described above, ask if the second caller can hold, wait for a response, and then place the second call on hold. *Note:* If the second call is an emergency, you would not ask the person to hold but would assist the caller immediately.
 - Return to the first call, thank the caller for holding, and continue assisting the person. *Note:* When you return to that caller, do not ask "Who are you waiting for?" because it conveys the impression that you have forgotten about that person.
 - Once the first call is completed, return to the second call, thank the person for holding, and continue assisting that caller.
 - If the caller asks to speak with another employee who is not readily available and it is necessary to place the call on hold, be sure to check back with the caller about every 30 seconds. This lets the caller know you are actively working to be of help, and it also provides an opportunity for the caller to leave a message instead of continuing to hold.

you anticipate that the call may need to be placed on hold for a long time, offer the patient the option of either continuing to hold or having their call returned.

If you are already speaking with a caller when a second call comes in, it is proper to ask the first caller if you may place her on hold for a moment in order to answer the second call (review Procedure 7.1). Once you have asked this question, be sure to listen for the caller's response before automatically placing the call on hold. It is possible the first caller has a billing question, in which case you may transfer the call instead of placing the caller on hold. It is discourteous to handle the second caller before returning to

the first call. An example of a typical hold-conversation follows:

TO FIRST CALLER: "Mrs. Miller, may I place you on hold for a moment? I have another call."

MRS. MILLER: "Yes, I can hold."

TO SECOND CALLER: "Good afternoon. Pearson Physicians Group. This is Tonya. How may I help you?"

MR. THOMPSON: "This is Bobby Thompson, and I need to make an appointment to see the doctor."

TONYA: "Mr. Thompson, can you please hold?"

MR. THOMPSON: "Yes, I can."

TONYA: "Mrs. Miller, thank you for holding."
(Tonya continues with this first call as efficiently and expediently as possible without hurrying the caller.)

When you answer a second call and discover it is an emergency, you must take care of it before returning to the first call. If it is not an emergency, finish the first call before moving to the second. With all calls that you place on hold, try to keep the wait time to a minimum. Nobody likes to be on hold.

Other situations also may require you to place a caller on hold. For example, you may need to access information from the patient's medical record so you can answer a patient's question. When this happens, explain what you need to do and then ask if you may place the patient on hold while you do it. Always wait for a response, then retrieve the information in the timeliest manner possible. If you have trouble getting the information and need more time, let the caller know and offer the option of calling back once you have found the needed information. If the patient agrees it would be best for you to call back, be sure you do just that.

Never leave callers on hold without checking back with them. Communication is key, and it is important that patients understand you are working to help them. To avoid forgetting about a caller on hold, be wary of distractions and do not complete any tasks that are unrelated to helping that caller.

Another situation that requires you to put a caller on hold is when a patient must speak with the doctor or another staff member who is not readily available. In this situation, follow the protocol used in the office where you work. Many physicians only accept calls from other physicians or family members while they are busy seeing patients. Physicians may choose to return patient phone calls during a specified time of day. If this is the policy in the office where you work, let the patient know the physician is seeing patients and when he generally returns calls. If the physician answers patient's calls while seeing patients, make sure the caller is aware that there will be a wait and offer to take a message and relay it to the physician. As much as possible, it is best to keep the telephone lines open. If the caller chooses to wait, you must check on the caller approximately every 30 seconds. Let the caller know that the physician is still unavailable. Then ask if the caller would like to leave a name and phone number so the call can be returned.

Transferring Calls

As you field calls in the medical office, you will find that it is often necessary to transfer or send them from one telephone extension to another extension in the same office. Most business telephones have a transfer feature. You should follow certain steps to make this a smooth transition for the caller:

1. Once you have identified the person to whom you will be transferring the call, tell the caller the name of this person. This lets the caller know who to expect on the other end of the line as well as who to call back in case the call is disconnected during the transfer process. If you have an extension number available, it is also helpful to provide that number to the caller before transferring the call.
2. When you start the transfer, make sure the caller is aware of your actions. Do not transfer the call without the patient's prior knowledge and consent.
3. Most telephone systems allow you to announce a call that you are transferring. Let the person to whom you are transferring the call know the caller's name and the reason for the call. That person may tell you that she is unavailable to take the call.
4. Do not hang up before you know if the person was available to help the caller.
5. If you get a busy signal when you transfer the call, let the caller know that the line is busy and offer to take a message or let the caller leave a recorded message.

Taking a Message

Medical offices are busy places. Medical assistants often take messages from patients, other physicians, health care facilities, and businesses. Electronic medical records allow telephone messages to be entered directly into the patient's medical record. Many medical offices that don't use electronic records have preprinted telephone messages or notepads used for recording telephone messages. Most calls can be documented in the space provided on the pad. It is important to use the form as a guide for gathering all pertinent information. Occasionally, patients provide much more information than necessary, and you may not know what is pertinent until you near the end of, or have completed, the call. To provide all the necessary information, yet be brief, write down all information provided by the patient and transfer it (in bullet points) to the message screen or preprinted form or, if it is too lengthy, attach it to the message form. Make sure that the intended recipient receives the message.

All messages should include the following information:

- First and last names of the caller (with spelling verified)
- A telephone number including area code at which the caller can be reached for a callback
- The reason for the call
- The name of the person the caller is trying to reach
- The date and time of the call

If at any time you do not understand what a caller has stated, you must clarify the message with the caller. Repeat the message to the patient to ensure accuracy, and always emphasize repetition of the callback number. Inform the patient of a time frame within which they can expect a return call. Double-check that the patient will be able to be reached at the phone number provided during this time frame. If not, obtain an alternative telephone number. If a callback does not occur because the phone number was recorded incorrectly, the caller may interpret it as disrespect or a lack of concern.

All telephone messages regarding a patient should be documented in the patient's medical record as an interaction that occurred between the office and the patient. This may be important should the patient's record be subpoenaed for any legal reason.

It is very important not to throw away but to shred anything that contains patient information. Even the written notes you use to take messages must be shredded if they contain any patient information. It is a violation of the Health Insurance Portability and Accountability Act (HIPAA) privacy rule to place any patient information directly into the trash.

See Procedure 7-2 for instructions on how to take telephone messages.

The Voice Messaging System

In the medical office, you will usually work with a **voice messaging system** for both incoming and outgoing calls. A voice messaging system allows messages (voice mail) to be left or recorded when the medical assistant is unavailable to answer the telephone. If your office uses such a system, inform callers in the initial greeting to hang up and dial 911 if they are calling because of a medical emergency.

You may have to record a message for incoming calls that will be forwarded to voice mail. If you are using such a system, include your full name and request that the caller leave a detailed message including a phone number for a return call. It is also helpful to let patients know, in the voice mail message, the time when calls are usually answered. Your voice messaging system should also allow for the caller to dial 0 for immediate assistance.

Professionalism The Law



Medical assistants must use a level of caution when speaking with patients over the telephone. Never diagnose a patient or give medical advice—only the physician can diagnose and treat patients. When handling calls, always follow your office's protocol manual. Document every call that you have with a patient. Document all details—even seemingly insignificant ones. Never discard any patient information in a trash can. When disposing of patient information, shred it.

When calling patients, you will find that most of them have some form of voice messaging system. This does present a possible problem in the context of patient privacy, because someone other than the patient may pick up the message. Know both your office's policy regarding what kind of message should be left on a patient's voice messaging system and how to adhere to HIPAA guidelines when doing so. This is also discussed later in the chapter.

Call Forwarding

The call forwarding feature allows for incoming calls to be forwarded to another telephone. For example, a physician may wish to forward cell phone calls to a home telephone. You will often use this feature if your office uses an answering service. (Answering services are discussed later in this chapter.)

Caller ID

Caller ID is a popular telephone option. This function allows telephone owners to know who is calling each time the telephone rings. In the office, it is unlikely that you will have caller ID, but many of your patients may have this telephone feature. It is important to understand that a medical office may need to block the office number from showing up on the patient's caller ID. This is because most offices often have multiple telephone lines, some designated for incoming calls and others for outgoing calls. Each of these lines may have a different telephone number. Back lines—those meant only for incoming calls from patients—should be left open at all times. A patient who has caller ID may get the number to one of your back lines. This can become very confusing to both the patient and the staff. Maintaining patient privacy is another reason commonly used to block the medical office's telephone number.

Privacy Manager

Privacy manager is an addition to the variety of telephone options. It allows patients to block access to their home

PROCEDURE
7-2

Taking a Telephone Message

Objective ♦ *Ensure that correct and relevant information is retrieved when taking a telephone message.*

EQUIPMENT AND SUPPLIES

Message form or pad with carbon or carbonless for duplicates; pen; electronic health record, if available

1. Smile before answering the telephone and, in a warm voice, properly answer the telephone.
2. Use a message form to keep a record of the message, or document it directly into the electronic health record.
3. Record the date and time of the call.
4. Record the caller's full name and a callback number with area code for use during office hours. (Always ask the caller to spell his or her name and provide another identifier, such as date of birth or the last four digits of a social security number.) If recording the message in an electronic health record, verify that you have the correct patient record.

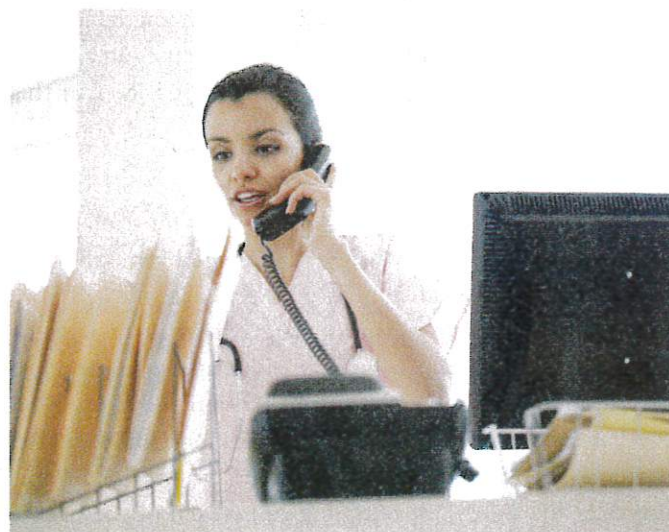


FIGURE A All messages must be documented and placed in the patient's record.

5. Document for whom the message is intended.
6. Document the complete message (Figure A). Avoid using abbreviations other than accepted medical abbreviations. Include symptoms (e.g., temperature, rash, vomiting, and duration of symptoms).
7. Repeat the message to the patient to ensure clarity, and emphasize that the correct callback number has been obtained.
8. Thank the patient for calling, inform the patient when to expect a return call, and, before hanging up the telephone, ask if there are any other questions.
9. To indicate that you are the one who took a handwritten message, either write out your first and last name or record the initial of your first name and your last name spelled out. If using an electronic health record, save the message and forward it to the intended recipient.

CHARTING EXAMPLE

Patient Name: Carl Toper Date of Birth: 9/12
Date: 10/29/20XX Time: 9:15 A.M. Physician: Dr. Verde
Patient's Telephone Number (Home): 213-555-3424
(Other): 213-555-5946
Medical Record Number: 99574 Allergies: Penicillin
Pharmacy Name: Dispense for You
Pharmacy Telephone Number: 213-555-2359
Prescription Number: N/A
Message Taken By: Tonya Blue, RMA (AMT)

MESSAGE

Patient called stating he has had nausea and diarrhea since he returned from seeing his grandkids in Seattle last week. On questioning, the patient stated his granddaughter had a fever the day he left to return home. Mr. Toper is wondering if the nausea and diarrhea will cause any problems with his insulin dosing. Per the patient, he will be home all day.

telephones. When you call a telephone number that has privacy manager attached, you will be asked to state from where you are calling, by simply saying the name of the medical practice. Once you have given this information, unless you are cleared, you will be directed to a voice mail system, where you will leave a message.

Headsets

At times you will need to free your hands for administrative duties while still being available to answer the telephone. In such instances, you can use a headset.

Headsets free your hands so you can document calls (Figure 7-3). They are ergonomically correct, as they do not



FIGURE 7-3 Headsets are ergonomically correct and allow the medical assistant or receptionist to use both hands for administrative duties, while still being available to answer the telephone.

cause the neck and shoulder injuries that can result from cradling the receiver on the shoulder. Keep the headset microphone close to your mouth so the caller does not have difficulty hearing or understanding you.

Most telephones have a built-in speakerphone or microphone and speaker. The speakerphone allows you to hear and speak without having to pick up the handset of the telephone. The speakerphone has a few drawbacks, however: Others nearby may overhear your conversation, or the caller on the other end will be able to hear background noise. Patient confidentiality should be a foremost concern when using the speakerphone. It is never appropriate to answer incoming patient calls using a speakerphone unless you are in a private office with the door closed.

Pagers and Cell Phones

Although pagers may not be as commonly used as cell phones, you must know if any physician in your office carries a pager. Most pager systems are easy to use. You simply call the pager number and, when instructed, enter in the callback telephone number. Some offices may use a coded message system. For example, certain numbers may be designated for different types of emergencies or situations. Using a specific number will give the physician a heads-up about the nature of the call. You must learn how your office uses its pager system if it has one; additional information would be found in the office policies and procedures or protocol manual.

Cell phones have become fundamental to business and social life. Most physicians and office managers now use cell phones to conduct day-to-day business (Figure 7-4). Most have replaced their pagers with cell phones, because most cell phones also have a pager function.



FIGURE 7-4 Many physicians use cell phones to stay in touch with their offices.

Different types of cell phones are available, offering a wide variety of functions. All cell phones provide incoming and outgoing call capability as well as texting. Texting replaces voice mail by allowing the sender to type a message instead of speaking it. This is a preferred practice when the person receiving the call is in a location that does not allow vocal conversation. Smartphones combine the features of a cell phone and a minicomputer and have access to Internet applications and e-mail. Medical offices may use patients' e-mail or texting applications to send appointment reminders to patients.

Cell phones do have a significant disadvantage in that they can interfere with electronic monitors, and for that reason they are not allowed in parts of certain hospitals or procedure rooms of medical offices. Most medical offices prohibit the use of cell phones in the waiting room, not only because of the interference they may cause but because it is not proper etiquette to use a cell phone around other persons. Usually, signage clearly designates where cell phones are and are not allowed. In most cell phone-free zones, pagers are allowed. To understand and keep up to date with rules regarding cell phone and pager use, check frequently with hospitals with which your office regularly communicates.

Proper cell phone etiquette is important everywhere. When receiving or placing a cell phone call, it is recommended that you be at least 10 feet from others and use a low voice when talking.

HIPAA COMPLIANCE

One of the most important considerations for a medical assistant who is making a telephone call to a patient is to remain HIPAA compliant at all times. HIPAA compliance must be exercised when returning a call to a patient, calling a patient with test results, and even calling a patient for an appointment reminder. Each of these scenarios will be discussed.

Return Calls and Callbacks

As a medical assistant, you often will be asked to return calls to patients or other callers. For instance, messages left by patients may contain a question for the physician or a prescription refill request, and your callback will relay the physician's response. Occasionally the physician will ask you to do a follow-up call to a patient to check on the welfare and status of the patient's condition. It is a good measure, before phoning a patient, to review that person's medical record to establish who has been given permission to receive information about the patient. Most medical offices have patients update their privacy notices each year. During the time of this update, the patient can identify who is allowed to receive messages on their behalf regarding their confidential health information.

The first thing to do when phoning any patient is to make sure that it is the patient with whom you are speaking. Start every patient callback by identifying yourself, then asking to speak to the patient. You should not indicate why you are calling until you have the patient on the phone. If the person who answers asks you why you are calling, explain that confidentiality laws prevent you from revealing that information to anyone other than the person you have asked to speak to, unless they have specifically been identified by the patient as someone who may receive confidential information on the patient's behalf.

Leaving a Message

If the patient is unavailable, ask to leave a message to have the patient call you back. You may also have to leave a message on a patient's home telephone or cell phone. Even though cell phones are considered more private, the message must still remain confidential. You must consider the patient's privacy, and if you were to leave a self-identifying message such as "This is Cathy from Carsonville OB/GYN," you may have disclosed confidential patient information. To leave a message, yet maintain patient privacy, consider this appropriate example:

"This is Cathy from Dr. Smith's office, and this message is for Charlene. Please return my call at your earliest convenience. You may reach me at 555-987-6543."

Guidelines to follow when leaving a message for a patient with another person, or when leaving a message on the patient's answering machine or voice mail, remain the same:

- State your name.
- State the name of the patient's doctor for whom you work, *not* the name of the practice.
- State the phone number where you can be reached.
- Do not leave any additional information as it could be a breach of confidentiality laws.

The only time it is acceptable to leave a detailed message with someone other than the patient is if the patient has explicitly stated and has given written permission for messages to be left with specific individuals, as stated in a patient privacy notice. A patient may also state that a phone number, such as a cell phone, is a secure line and it is acceptable to leave a detailed message.

Test Results

A patient may have testing done to confirm a diagnosis or to determine if a treatment is successful. Often patients are eager to receive the results of any tests, whether it is blood work, diagnostic imaging, or other tests ordered by the physician. A medical assistant may be permitted to call a patient with the results of tests that have been performed. However, it is important to note that results may not be divulged until the physician has reviewed the results and has given verbal or written permission for the medical assistant to share the information with the patient.

Test results are highly confidential information, and patient privacy should remain the utmost concern. When calling a patient with test results, the same protocol should be followed as when leaving a message for the patient. Always make sure that you are speaking with the patient before divulging where you are calling from and why you are calling. Never leave a message that includes the actual test results, even if the patient has given permission stating detailed messages are allowed to be left either with specific individuals or on voice mail. When the patient is unavailable, but a more detailed message is allowed, consider the following example:

"This is Tavia calling from Dr. Smith's office. Shannon, please give me a call at your earliest convenience to discuss your test results. My number is 555-123-1234."

Appointment Reminders

Most offices call patients to remind them of upcoming appointments. Patients should be contacted at least the day before their appointment; however, some offices call patients a week in advance. Calling to confirm appointments is one

way to ensure proper management of the physician's schedule. Some offices send e-mail or text message appointment reminders. In order to use text or e-mail appointment reminder systems, the patient must sign an authorization form allowing this method of contact. These methods help reduce breaches of confidentiality because the information is sent directly to the patient.

When a medical office uses telephone-call appointment reminders, the same guidelines should be followed. Although it seems repetitive to mention, the importance of understanding HIPAA compliance and patient confidentiality can never be overstated. Again, HIPAA compliance requires the following:

- Never divulge any information to anyone other than the patient.
- When someone answers the phone, ask for the patient by name. "May I please speak with Mary Anderson?"
- If asked for additional information by the person answering the phone, state your first name and the name of the doctor, not the practice. "This is Lydia calling from Dr. Wellington's office."
- Do not leave additional information, unless specific permission has been given by the patient. If allowed, you may state, "This is Lydia calling from Dr. Wellington's office. I'm calling to remind Mary of her appointment. Please have her call the office if she needs to reschedule." By not stating the appointment date and time in the message, you are providing additional patient information. The patient will either remember the time of the appointment or will call the office to confirm the appointment time.

Documentation

All telephone interactions must be documented in the patient's medical record. This is especially important when leaving a message for the patient. It is important to always make a note in the patient's medical record indicating the date and time the message was left. Also include the name of the person with whom a message was left. A patient may call the office angry because they expected a call and never received one. If a call was made to the patient, and a message was left, the documentation in the medical record will help the medical assistant provide the patient with the exact time and date the message was left.

TYPICAL INCOMING CALLS

will receive many types of calls in the medical office. The following are some types you will handle on a daily basis.



FIGURE 7-5 The medical assistant spends many hours on the telephone assisting patients.

Patient Calls

Most calls coming into the medical office will be from patients (Figure 7-5). They may be calling for an appointment or about insurance, billing, fees, office hours and directions, laboratory results, or prescription refill requests.

Appointment Requests

Appointment requests are among the most common types of calls you will receive in the medical office. These calls often come from patients with health problems of varying degrees of severity or urgency, so you need to follow telephone triage procedures (discussed later in this chapter) to schedule them appropriately. The caller may be a current patient or a new patient. For patients who need routine appointments, offer an appointment time that is convenient for both the patient and the medical office.

Insurance and Billing Questions

Medical offices get many calls from patients with questions about what procedures are covered under their insurance plan, concerns about their billing statement, and many other questions regarding financial aspects of their health care. You may be able to answer some of these questions, but you will direct most callers who have this type of question to the billing department for assistance.

One of the most frequently asked questions is "Why did I get a bill?" Many patients have the misconception that their insurance company will pay the entire bill. You may need to explain to the patient the details of what was billed. In your explanation, you will need to include what steps the insurance company has taken in regard to covering the charges. This could include discussing deductibles, copayments, and coinsurance.

You also may need to explain reasons for denial of certain charges. If you are unable to help with questions

concerning insurance coverage, you may refer the patient to the insurance company or employer's human resources department. All of these concepts are discussed later in this textbook in the chapters on medical insurance, billing, and coding issues.

New patients often call before scheduling an appointment to inquire about whether the provider participates with their insurance plan. The medical assistant should have a list of the most common insurance plans with which the practice is affiliated. Specific patient questions regarding provider participation should be directed to the insurance company.

Fees

Specific questions about fees should always be referred to the billing department. Keep in mind that you will usually be unable to give any exact figures until the patient has been seen by the physician.

Office Hours and Directions

Most offices now include the office hours and directions in the office's automated assistance system. However, you may have to handle some of the calls yourself. You should have your office address and hours posted near your telephone for quick reference. It is also a good practice to have directions posted near the telephone. The directions should include routes to the office from all directions—north, south, east, and west.

Follow-Up Calls from Patients

It is common for a physician to have a patient call the office as a follow-up to certain procedures and to relate the status of certain problems. When these calls come into the office, the medical assistant must take a message and convey this information to the physician. Always obtain as much detail as possible from the patient regarding his or her condition when taking messages of this nature.

Referral Requests

Many insurance companies require a **referral** (which documents authorization) from their primary care physician by telephone or fax before patients see a specialist. Referrals are always required for patients in health management organizations (HMOs). Thus, patients may phone to request that a referral be arranged. You must get all the information necessary to place the referral, including the name, address, and telephone number of the specialist's office. This information may be found in the local telephone book, on the

Professionalism

The Workplace



Keep in mind that some calls may be unpleasant. The person calling might speak with a raised voice, cry uncontrollably, or express fear. Everyone responds differently to stressful situations. The caller may be upset for a variety of reasons, but typically they are not upset with you. Respond appropriately in a kind, calm, professional, and empathetic manner while attempting to help the caller, or refer the caller to someone who can help.

Internet, or in the insurance company's provider book. You also will need to find out the reason the patient is seeing the specialist. You may obtain some of this information from the patient, and you also may need to check the patient's medical record for the diagnosis that the referral references. All referrals need to be approved by the physician before being completed and released to the patient or, as is sometimes required, sent directly from your office to the specialist's office.

Patients Who Refuse to Identify Themselves

Occasionally, you will encounter patients who refuse to identify themselves to you. You must let the caller know that you will not be of assistance without having that person's name and reason for calling. Inform the caller that the physician will not return calls to patients who refuse to identify themselves. If the caller continues to refuse to state his or her name, some offices will ask that the caller write a letter addressed to the physician.

The Persistent Talker

Every medical office has patients who call and draw the staff into long conversations. Because your time is limited, you must end such conversations kindly but promptly. You may simply state to the patient that you are busy helping another patient and apologize for the inconvenience.

TDD Calls

The TDD, telecommunications device for the deaf, is a teleprinter or electronic device for text communication over a telephone line. The caller can type in a message, and the person who receives the call can do the same. This is a very efficient way to communicate with deaf or hearing-impaired patients and clients. Some cell phone companies offer a data-only plan for those who do not need or require verbal communication. Text messaging by cell phone or smartphone can fill the same need.

Nonpatient Calls

Not all telephone calls to the office are from patients. You will find that a large number of calls come from salespeople, hospitals, other physicians, and other health care facilities.

Sales Calls

Answering calls from sales representatives is part of the medical assistant's telephone responsibilities. You may have to become the wall between the salesperson and your physician and office manager. Most physicians will not take any type of sales calls while seeing patients. They may ask you to take messages or ask the sales representative to fax or e-mail the information to them. The same will probably hold true with office managers. They will ask you to take messages for most sales calls so they can return the calls at a more convenient time.

Reports from Hospitals and Other Patient Care Facilities

If your physician has patients in a hospital or nursing facility, you will likely receive calls from those facilities. The facilities often call with reports on the patients' status or changes in their conditions. In many cases, you will interrupt the physician for such calls. To do so, you should knock on the examination room door and let the physician know an important call is on hold. Sometimes you will need only to take a message for the physician. The message may contain information to relay to the physician or may be a request that the physician return the call. In either case, you always should immediately notify the physician so she can determine whether the call should be returned sooner rather than later.

General Office Matters

Some calls received in the office deal with general office business, including telephone calls from accountants or calls regarding suppliers or rented office equipment. These calls should be handled on a case-by-case basis. It is important to carefully screen calls from the office's suppliers. Make sure to obtain the supplier's name and the business's name, address, and telephone number. It is best that the office manager or person responsible handle calls regarding office equipment or supplies.

Physician's Personal Calls

The physician also will receive personal calls in the office. Physicians work long hours and often encourage family members to call them at the office. Most physicians will instruct you how they wish their personal calls to be

Professionalism The Law



It is always best to err on the side of caution when discussing a patient with someone other than the patient. Be familiar with HIPAA as it applies to the patients seen in your office. For instance, when a patient under the age of 18 seeks medical advice regarding psychiatric evaluation, the patient's information is protected even from the parent or guardian. If any question arises regarding whether you should release the information to the parent or guardian, it is best not to release it and seek guidance from the physician.

handled. In some cases, they will want you to knock on the examination room door and simply state, "Doctor, you are wanted on the telephone." In other cases, physicians may ask you to give them telephone messages as soon as they come out of the examination room. Generally, family members do not wish to interrupt the physician during a patient examination.

Calls from Other Physicians

The physician will let the office staff know how to handle calls from other physicians. The physician may wish to take such calls right away or immediately when finished with an exam. Such calls may relate to a patient consultation and require an immediate answer. In certain circumstances, such as a consult on a patient, the physician receiving the call may want to have the patient's medical record available.

Obscene or Prank Calls

It is not uncommon for offices to occasionally receive an obscene or prank phone call. Hang up immediately if you receive such calls. Inform the office manager of the incident so the manager is aware, especially if it may happen to others in the medical office who answer the telephone. You also may report the call to the telephone company, especially if it is an ongoing problem that seems to involve the same caller. Usually, the telephone company can trace the call.

PRESCRIPTION REFILL REQUESTS

Phone requests for prescription refills are commonly received in medical offices. Because of the high volume of such calls, many offices have a voice mail system to answer most of these calls. The medical assistant is often responsible for taking messages off the voice mail system and responding to them at least twice each day, sometimes more frequently.

The physician must sign off on all prescription refill requests. The physician needs to review the patient's medical record when determining their response to prescription refill requests.

When taking messages of this nature, specific information is required in order for the message to be handled in an efficient manner. See Procedure 7-3 for important information about taking a prescription refill message.

Calling the Pharmacy with a Refill Request

The medical assistant is often responsible for calling the pharmacy with a prescription refill request. However, increasing

use of electronic medical records and computerized order entries have decreased the number of times the MA has to call the pharmacy. Rather, the physician reviews the request for a prescription refill and automatically submits the prescription refill request to the pharmacy electronically, eliminating the phone call.

Some offices still use paper records, and sometimes wireless connections and Internet services are interrupted. In these instances, the medical assistant needs to call the pharmacy to submit a refill request. Procedure 7-4 outlines the steps to follow when calling a pharmacy with a refill request.

PROCEDURE 7-3

Taking a Prescription Refill Message

Objective ♦ Ensure that correct information is obtained when refilling a patient's prescription.

EQUIPMENT AND SUPPLIES

Message pad or paper; pen

1. Document the name of the patient. (This name may be different from the name of the caller.) Always ensure the proper spelling of the name because many names are similar.
2. Document the patient's telephone number or callback number.
3. Document the name and dosage of the medication being requested. Ask the caller to spell the medication name if you do not understand what the caller is saying.
4. Document how long the patient has been on the medication.
5. Document the patient's symptoms and why the prescription is still needed.
6. Document the patient's age and (if a child) weight.
7. Ask for the name and telephone number (including area code) of the pharmacy and the prescription number if available.
8. Let the caller know you will forward the message to the physician.
9. Let the caller know you will call back if the prescription cannot be refilled or if the physician has any questions.
10. The refill request must be reviewed by the physician. If the office uses an electronic health records system, the

refill request may be documented in the patient's electronic record and the physician would be notified to review the message in the EHR. If the office uses paper records, attach the telephone message to the patient's medical record and give both to the physician to review.

CHARTING EXAMPLE

Patient Name: Lucy Coles Date of Birth: 4/20/67
Date: 10/24/YY Time: 10:05 A.M. Physician: Dr. Rudy
Patient's Telephone Number (Home): 213-555-1234
(Cell): 213-555-3496
Medical Record Number: 89564 Allergies: NKDA
Pharmacy Name: Dispense for You
Pharmacy Telephone Number: 213-555-2359
Prescription Number: CC5679
Message Taken By: Tonya Blue, RMA

MESSAGE

Patient called requesting refill on Celexa 20 mg. Patient stated she is doing well on the medication with no side effects. Patient scheduled for follow-up visit on 12/10/YY. Patient will be at home telephone number until 4:45 P.M.; after that, please call cell phone number above.

PROCEDURE
7-4

Calling the Pharmacy for a Prescription Refill

Objective ♦ Use the correct procedure to call a pharmacy to refill a patient's prescription.

EQUIPMENT AND SUPPLIES

Patient medical record, either electronic health record or paper chart; physician-authorized prescription refill request; telephone

METHOD

1. Review the order for the prescription refill. This is either in the patient's electronic medical record or on the message sheet that was used to take the patient's request for a refill. Make sure that the request includes the following information:
 - Patient's first and last names
 - Patient's date of birth
 - The pharmacy name and phone number
 - The name of the medication, dosage, and instructions—for example, Glucophage XR, 1000 mg, once daily
 - The number to be dispensed and the number of refills allowed—for example, dispense #30, with two refills
 - The prescription number that was previously assigned to the patient's prescription
2. Review the prescription refill request to be certain it was signed and authorized by the physician.
3. Call the patient's pharmacy. When indicated, press the option that will allow you to speak with a pharmacist.
4. State your name and the name of the doctor's office. Inform the pharmacist you are calling to refill a patient

prescription. For example, you might say, "This is George calling Dr. Robinson's office with a prescription refill for Brenda Atkinson."

Note: For clarity, it is often helpful to spell the patient's last name to avoid any confusion.

5. When prompted, provide the pharmacist with the patient's date of birth.
6. Provide all of the prescription information to the pharmacist. A succinct way to state the information is as follows: "Dr. Robinson is ordering Glucophage XR, 1000 mg to be taken once daily. Dispense 30 pills with two refills."
7. The pharmacist will repeat the prescription information to you. Listen closely to make sure there are no errors.
8. If necessary, provide the pharmacist with the prescription number of the patient's original prescription.
9. Thank the pharmacist, and restate your name and the office telephone number in case there are any questions after the phone call is completed
10. Document the phone call in the patient's medical record.

CHARTING EXAMPLE

11/25/20xx ,11:45 A.M.: Prescription refill phoned into Rightway Pharmacy. Rx was authorized by Dr. Robinson; Glucophage XR, 1000 mg, taken once daily, #30 x 2 refills.—George Beachly, CMA (AAMA)

TELEPHONE TRIAGE

Triage is a process used to determine the order or sequence in which patients should be seen for treatment. The severity of the patient's illness or injury determines the order of treatment. **Telephone triage**—determining the order in which to take patient calls—is an issue for the telephone screening process. By asking specific questions, the medical assistant can determine how to handle a patient's problem. Each office should have a policies and procedures manual that provides information regarding the office's preferred method of screening telephone calls.

Most patients call because they feel they need to see the physician. It will be one of your responsibilities to see that the patient is helped in the most appropriate manner. You

will need to gather information from the patient. As with all telephone calls, the first thing you'll need to find out is the patient's name and telephone number, in case you become disconnected. Have the patient spell out his or her name to avoid mistakes. During the course of your conversation, ask for some basic demographic information in addition to medical information. Box 7-1 lists information that you should request from the patient. When scheduling the patient, enter the information you received from the patient in the appointment screen and save it in the patient's medical record.

As a medical assistant, you must be careful when screening patients on the telephone. You will be assessing a patient's symptoms. This, however, is very close to exceeding the medical assistant's scope of practice. Make sure that

BOX 7-1 | Information to Request from Callers

- Patient's name
- The caller's name, if different from that of the patient
- Telephone number, including area code
- The patient's physician, if a multiphysician practice
- Any medications that the patient is taking
- Any allergies the patient may have
- The patient's insurance
- The reason the patient wishes to see the physician, including type and duration of symptoms

you are closely following the established telephone protocols that were agreed on by the physician. If ever a situation arises that is not covered in the policies and procedures manual, the medical assistant must ask the physician how to handle that particular problem. Follow only the protocols that the physician has approved.

Handling an Emergency Call

Every office should have a written protocol for handling emergency calls. Because you cannot see the telephone

Professionalism

The Life Span



When handling pediatric cases, the information received about the patient will most likely be from a parent or guardian. You will find that first-time parents may call frequently. As the primary contact in the medical office, the medical assistant must always treat parents and guardians with respect and patience. Remember that what may be perceived as a minor health situation for most people can be perceived as a major health situation for first-time parents.

caller, it can be difficult to determine a true emergency when talking to someone over the telephone. It is critical to get the caller's name and telephone number immediately in case you are disconnected. You will then proceed by asking the patient specific questions. Examples of questions you may ask, depending on your office's procedure, are listed in Box 7-2. If an emergency is taking place during the telephone call, alert the physician immediately.

In some cases, the patient may be hysterical or crying. Your job, in a situation such as this, is to calm the patient. If your voice remains calm and reassuring, you may be able to soothe the patient. If the caller is extremely upset, ask if someone else can come to the telephone. Your role is to get as much information from the caller as possible so that the emergency can be handled quickly. Following are some types of emergencies you may face:

- Allergic reactions (anaphylactic shock)
- Asthma
- Broken bone
- Drug overdose
- Eye injury or foreign body in the eye
- Gunshot or stabbing wound
- Heart attack
- Inability to breathe, or difficulty breathing
- Loss of consciousness
- Accidental poisoning
- Premature labor
- Profuse bleeding
- Severe pain, including chest pain
- Severe vomiting or diarrhea
- Suicide attempt or suicide threats
- High temperature

Professionalism

Cultural Considerations



You will encounter an array of cultural differences when fielding calls in a medical office. When dealing with a patient, it is always best to speak directly with him to get the best information. However, some cultures may not allow direct contact with certain members of the family. Even though it is often difficult to obtain vital information by proxy (a third person), it is sometimes necessary to do so to avoid cultural clashes.

You also may deal with patients with very poor English speaking skills. Sometimes a translator is necessary. If your office is affiliated with a hospital, the hospital has a list of available translators in your area. When the non-English-speaking patient schedules an appointment, the translator also should be scheduled. Sometimes it is not advisable to have a patient's family member translate. Consider the effect of the family member's emotions if the physician has to ask the family member to translate and convey that the patient has a serious or terminal illness. If translators are not available in your area, contact the telephone company, which may be able to provide a dual phone system.

Your main goal when taking calls is to make the patient as comfortable as possible while providing appropriate assistance.

BOX 7-2 | Questions to Ask When Handling a Telephone Emergency

- What is your name?
- What is your telephone number?
- Where are you?
- What is your relationship to the patient? (If a parent, spouse, friend, or passerby is calling)
- What is the emergency?
- When did the emergency occur?
- How severe is the emergency?
- What are the patient's symptoms? (Problems breathing? Bleeding? Extreme pain? Other symptoms?)
- What has been done for the patient?
- Has anyone called emergency medical services (EMS)?
- Who is the patient's primary physician?

Note: Some specialists, such as obstetricians and cardiologists, may have additional questions they wish to have you ask the caller. These will be specifically stated in a triage notebook or office policies and procedures manual.

The office should have a policy in place for how to handle emergency calls when no physician is present. Many times, medical office policies and procedures direct office staff to send the patient to a nearby emergency department. In this situation, *never* hang up the phone with the patient. Instead, while the patient is on the phone, signal a coworker for help and have your coworker call 911 on behalf of the patient. It is important to remain on the line with the caller until emergency medical services arrive. The office should also have the phone number of the local poison control organization in case the emergency is one that needs this service.

Never take an emergency call lightly. Emergencies can be life threatening. Even if you have questions about whether the call is actually an emergency, you must always assume it is and alert the physician. Malpractice suits have been brought against medical assistants who failed to correctly handle an emergency.

HANDLING DIFFICULT CALLS

You are likely to receive many types of problematic calls in a medical office, and the most important thing to remember when dealing with a difficult patient is not to lose your temper. Difficult patients can vary from those who are angry and yelling to those attempting to obtain confidential information. With any difficult caller, you must keep the situation as calm as possible. It is helpful to remember

that the patient, more often than not, is displacing anger and is probably frustrated with some other situation, such as worry over an illness, having had a bad day, or suffering from pain.

When you have a difficult patient on the phone, the best approach is to be empathetic while remaining in control of the situation. Take the time to listen and find out the exact problem. Once you determine the problem, you can begin to help. When patients use inappropriate language, you may choose to tell them that you will not continue to speak with them if they continue to use foul language—if the physician or policies of the office permit you to take such a stand. Everyone, including you, is entitled to a certain level of respect and courtesy. In this case it is appropriate to hang up the call if the caller continues to use abusive language on the phone. Warn the caller that you will take this action before hanging up. Usually the caller will settle down and talk appropriately.

Alternatively, you may choose to ignore the foul language and reply as if the caller has used the most polite and courteous language, maintaining your standards of behavior and ignoring the caller's while attempting to find out if the caller has a real problem you can help with—and with the option to hang up if you determine that person does not have a legitimate problem.

USING A TELEPHONE DIRECTORY

When calling most insurance companies and hospitals, you encounter an automated *telephone directory* or **automated assistance program**—a telephone system that directs callers to the appropriate person through a series of questions.

After the call is answered automatically, the caller is presented with options so that the telephone system can direct the call to the proper person or department. Many large business systems provide additional options. When using one of these systems, it is important to pay close attention to the options that are offered because it can be easy to miss your cue. When you hear an option, the system will instruct you either to press the appropriate button or to state the option verbally. In most systems, if you cannot find an option to fit your needs, you can dial 0 to speak with an operator and direct the call. Document the date, time, and name of the individual you speak with in case you need to follow up in the future. It is also advisable to document a telephone number or extension where you may contact the individual directly.

The term *telephone directory* can also pertain to the telephone book provided to you by your local telephone

company. These directories have two main sections: white pages and yellow pages. Usually, the white pages list the names, addresses, and telephone numbers of telephone service customers; the yellow pages list the names, addresses, and telephone numbers of local businesses. Sometimes a directory also contains a white-page business section. In addition, you will find emergency numbers, local government numbers, national area codes, local ZIP codes, and directions on making long distance calls, including international calls. Telephone directories are also available on the Internet and are becoming less used in the office, being replaced by Internet searches for specific information.

Long Distance Calls and Conference Calls

Occasionally, you will be asked to make long distance telephone calls for office business. In the past, a long distance call would be any call outside your area code. This is no longer true. Many larger cities have added area codes within local calling regions. Thus, you must know what is considered long distance in your area. Long distance calls can be very costly, so your office may limit how many are made. You may also be asked, at times, to set up a conference call, which may involve participants in long distance areas. Some offices assign long distance codes to each employee and, before a call being placed, that employee's long distance code must be keyed in. This measure can be used to track potential abuse of long distance calls.

Telephone Logs

Many offices maintain a telephone log to keep track of the long distance calls being made. When the telephone bill arrives, the log and the bill can be compared. This can help to identify any abuses of the business telephone with personal calls. Many logs have you list the name of the person, the facility or company being called, the number being called, the name of the person placing the call, the date and time of the call, the city and state to which the call is placed, the duration of the call, and the reason for it.

Making a Conference Call

A **conference call** is made when several people from different locations wish to have a joint discussion by phone. This means, for example, two physicians at a distance from each other may speak with a patient at a third location at the same time. These calls are more efficient and can save money in the long run because the participants do not have to make several separate long distance calls to relay the same information.

Most business telephone systems allow you to make conference calls without using a telephone operator. You will

need to determine if your telephone system allows you to do so. If your system is not set up for making conference calls, you may ask an operator to place the calls. See Procedure 7-5 for placing a conference call.

Time Zones

Time zones within the United States and foreign countries must be considered when placing long distance telephone calls or arranging conference calls. The continental United States and parts of Canada are divided into four time zones based on their location in the country: Eastern, Central, Mountain, and Pacific. As you move from east to west across the United States, there is a one-hour difference (earlier) in each time zone. For example, if it is 9:00 A.M. in Ohio (Eastern Time Zone), then it is 8:00 A.M. in Illinois (Central Time Zone).

Keep a time zone map posted near your office telephone (Figure 7-6) so you can plan long distance calls based on office hours in each time zone. A call placed at 3:00 P.M. in California will be received in New York at 6:00 P.M., which is usually after offices close. Also keep in mind that most states observe daylight saving time, when the clocks are set either one hour earlier or later. In the spring, clocks are set one hour ahead and in the fall one hour back. Some areas of the country do not observe the time change.

USING AN ANSWERING SERVICE

Many offices use an **answering service** when no one is available in the office. This service can be in effect 24 hours a day or just at designated times such as during the night, during lunch, or during peak hours of the day to relieve office staff.

The system works by forwarding office calls to the service, which is typically located at an off-site location. Answering service personnel answer the calls and inform the patients that the office is closed. They also take some non-emergency messages, which are delivered to the office when you return phone service to your care. When emergency calls come in, the answering service contacts the physician by pager or telephone. If a patient speaks with the answering service, it must be documented just as it would be if the call were answered by office staff. Most answering services fax the calls received, and physicians in turn document their responses and actions related to the call. Once the physician has completed the documentation, the information should be placed in the patient's record.

A fee is attached to answering services, but many offices consider this a necessary service. Offices have the option of using an answering machine or voice messaging system while the office is closed. This option is less expensive, but

PROCEDURE 7-5

Placing a Conference Call

Objective ♦ Allow for a discussion via the telephone between three or more parties from various locations.

EQUIPMENT AND SUPPLIES

Telephone numbers of participating parties

1. Gather the telephone numbers of all participants before beginning the call.
2. Determine the time that everyone will be available for the conference call. You may have to call or e-mail people in advance to determine a convenient time. Be aware of time zone differences when arranging conference calls.
3. Dial 0 for the operator, and provide the name and telephone number (area code first) for each person to be called.
4. The operator will then place a call to each party. When all the participants are on the line, the operator will come back to the original caller (you) and the conversation can begin. If you are placing this call for your physician, he will pick up on your line (Figure A).
5. If you are setting up the conference call ahead of time, tell the operator when you wish the conference call to begin.



FIGURE A Conference calling by telephone allows three or more persons in different locations to speak with each other at the same time.

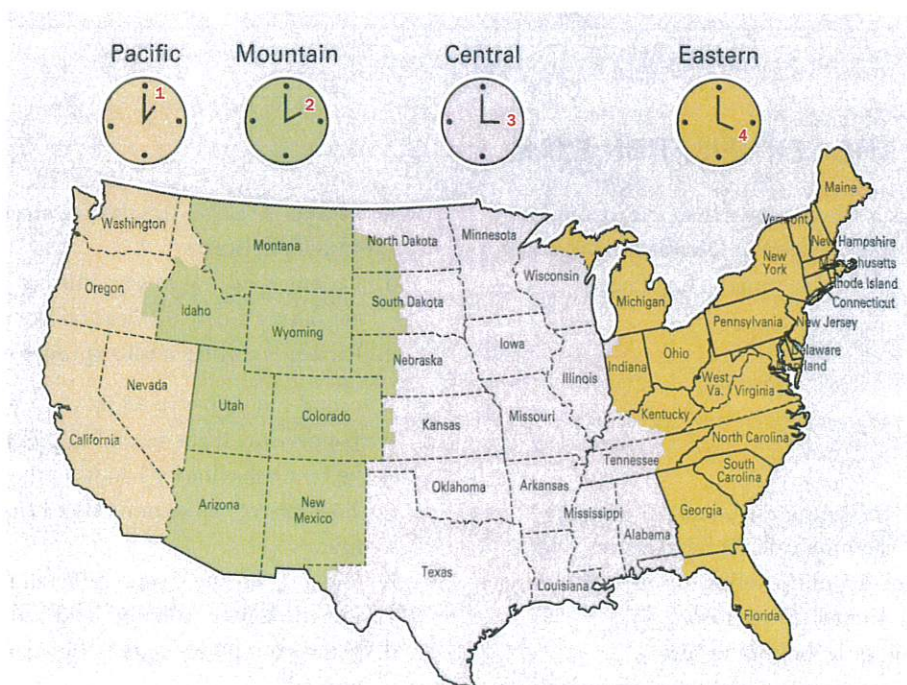


FIGURE 7-6 Having a time zone map located near the telephone will assist you when making long distance calls outside your time zone.

the patients' problems may not be addressed as quickly. If the office uses an answering machine or voice messaging system, you must ensure that the messages are retrieved in a timely manner and that the recorded office greeting provides a number to call in case of emergency.

SUMMARY

Medical assistants devote a good amount of their work day to telephone communication involving incoming and outgoing calls. Most first impressions of the office are generated based on the interaction on the telephone. Always greet

the caller warmly and professionally. On a typical day, the medical assistant fields many different types of calls from patients, insurance companies, pharmacies, and others. Keep in mind that your ability to communicate and your telephone skills greatly affect the way others perceive the office where you work. Attention to detail is required while taking telephone messages. You must understand what information is required in order to complete the message. You are representing your office every time you speak. Take each call one at a time, and use the techniques and procedures presented in this chapter to work more efficiently while maintaining patient confidentiality.

7 CHAPTER REVIEW

COMPETENCY REVIEW

1. Define and spell the terms for this chapter.
2. When it is 9:00 A.M. in New York, what time is it in (a) Pittsburgh, PA; (b) St. Paul, MN; (c) Los Angeles, CA; and (d) Denver, CO?
3. Write a telephone message for a patient who calls for a refill of Estrace 1 mg daily.
4. How might you handle receiving a prank telephone call?
5. Why should you smile when answering the telephone?
6. What do you do when you are helping a patient on one line and another line begins to ring?

PREPARING FOR THE CERTIFICATION EXAM

1. One of your patients is vacationing in San Diego, California, and calls your office located in Detroit, Michigan, at 5:15 P.M. What is the current time in San Diego?
 - a. 5:15 P.M.
 - b. 4:15 P.M.
 - c. 3:15 P.M.
 - d. 2:15 P.M.
 - e. 1:15 P.M.
2. As the receptionist answering the telephone, you are required to triage incoming calls and determine those that are most urgent. From the following list, determine which call requires immediate attention:
 - a. Patient is calling for laboratory results.
 - b. Patient is calling to state her son is very groggy this morning and that he was tackled last night during a football game.
 - c. Patient is calling to schedule an appointment for a school physical.
 - d. Patient is calling to state she has developed hives since beginning a new medication last night.
 - e. Patient is calling with a splinter in his knee.
3. A second call comes in while you are already on the phone with a patient. If the second call is an emergency, which is the best behavior for handling the first call?
 - a. Take care of the second caller before returning to the first.
 - b. Hang up on the second caller and call 911.
 - c. Put the second caller on hold and go back to the first.
 - d. Hand your phone to the physician to handle the second call.
 - e. Tell the second caller to go immediately to the hospital.

4. Which of the following phone calls would necessitate the need to interrupt a physician while they are in an examination room with a patient?
 - a. A prescription refill request
 - b. A call from a patient regarding their progress while using a new medication
 - c. A call from the physician's stockbroker
 - d. A call regarding lunch with a pharmaceutical representative
 - e. A call from a consulting physician regarding a mutual patient
5. When documenting a telephone message regarding an update on a patient's condition, all of the following must be recorded *except* the
 - a. name of the person taking the message.
 - b. patient's telephone number.
 - c. patient's medical insurance copayment.
 - d. time of the call.
 - e. date of the call.
6. When answering the telephone, the medical assistant or receptionist should always pay close attention to the following regarding his or her speaking voice *except* for
 - a. disinterest.
 - b. enunciation.
 - c. clarity.
 - d. pitch.
 - e. inflection.
7. Which of the following is an appropriate greeting for an incoming call?
 - a. Thank you for calling. Dr. Smith's office. Please hold.
 - b. Good morning. Dr. Smith's office.
 - c. Good morning. Dr. Smith's office. This is Jenny. How may I help you?
 - d. Good morning. Dr. Smith's office. This is Jenny. Hold, please.
 - e. Dr. Smith's office. This is Jenny.
8. When transferring a call, the receptionist should do several things, *except*
 - a. notify the caller you are initiating a transfer.
 - b. provide the name of the person to whom the caller is being transferred.
 - c. stay on the line until the call has been transferred.
 - d. transfer directly to voice mail.
 - e. provide the extension number of the person to whom the caller is being transferred.
9. When taking a telephone message for a prescription refill, the following information must be obtained *except* for the
 - a. name of the patient.
 - b. prescription number.
 - c. pharmacy website address.
 - d. pharmacy telephone number.
 - e. name of the medication.
10. When working in a busy office, it is inevitable that you will need to place callers on hold. Once the caller is on hold, how often should you check back with them?
 - a. every three minutes
 - b. every two minutes
 - c. every one minute
 - d. every 30 seconds
 - e. every 90 seconds

CRITICAL THINKING

Refer to the case study at the beginning of the chapter and use what you have learned to answer the following questions.

1. How could Tonya have improved Carmine's experience when she went to place him on hold?
2. What should Tonya have done while Carmine was on hold for two minutes?
3. From the start of the conversation with Tonya, Carmine was displeased. What could Tonya have done to improve her communication with the patient?

ON THE JOB

For more than two years, medical assistant Linda Lewis has been employed by Drs. Norek and Klein, who are gerontologists. Also on staff are two registered nurses, a medical laboratory technician, and a medical social worker.

Linda's daughter of one of the doctor's patients has just called the office. She is very distraught at the seemingly

diminished capacity of her mother and insists on speaking to the doctor.

Linda explains that both physicians only take emergency calls during patient appointment hours but that she will take a detailed message. The caller, however, suggests that not only should her call be considered an emergency

but that she will sue the doctor if the call is not handled accordingly.

1. What should Linda do immediately to diffuse the situation?
2. Is this a case when the call should be passed on to one of the registered nurses or the medical social worker?
3. Is this a case when the physician should be interrupted to take the telephone call because of the threat of an impending lawsuit?
4. How could Linda ascertain whether this is indeed an emergency? Is it up to her, as a medical assistant, to make such a determination?

INTERNET ACTIVITY

Use the Internet and research the ways HIPAA has affected the use of the telephone in the medical office.