

TELEPHONE ETIQUETTE

WARNING: Up to 50% of the new patients calling your office may be lost due to the way your team handles that all-important initial phone call!

At the MasterPlan Alliance we taped “new patient” phone conversations with over 180 of our practices. Each day we have the opportunity to call many of your offices and the results are *very* interesting and vary from “outstanding” to “poor”. Never has the saying “you never get a second chance to make a first impression” been more important than at the initial phone call between a new patient and your office.

Have an adequate number of phone lines

In a busy practice, it is necessary to have an adequate number of phone lines, typically 4-5. There is nothing more frustrating to a patient (or a busy specialist returning your doctor’s call) than getting a “busy signal” numerous times. The new patient will assume your office is “too busy” and will move on to the next one.

Lines 1-3 should roll over and be for incoming calls ONLY. Line 3 is also used for outgoing BUSINESS calls. Line 4 is a separate line, for the doctor’s private calls. (Personal calls should be made during breaks or lunchtime, using line 3). Line 5 is a separate, dedicated line for sending and receiving faxes. If you have a FAX/phone, this can also be used for OUTGOING personal calls at the appropriate times.

Have enough team members to do the job

As competition for new patients increases so does your marketing budget. You cannot afford to invest marketing dollars to attract patients and then have them turned off before they even meet you because you don’t have enough people to do the job correctly.

Train every team member who will be answering the phone

Some offices have the last person hired answer the phone, thinking that “anyone can answer a phone,” but there is no job in the office that is more important or more difficult. Practice and perfect verbal skills by role-playing before you use them on patients.

Answer the phone by the third ring

- The scheduler should answer the phone by the 3rd ring and have the time to handle the call.
- Sometimes this may not be possible, so any other team member that answers the phone should have the proper training and verbal skills to handle the call.

Answer with a SMILE!

- Project a high level of enthusiasm with a sense of warm, caring concern.
- Take a deep breath, slow down and *smile* before you pick up the phone.
- Get a small mirror and stand it by the phone to remind you to “put on a happy face” prior to answering the phone.
- Check personal baggage at the door. The patient doesn’t care if you’re having a bad day or if your child threw up in the car on the way to school.
- Thank the patient for calling.

Greet the caller, thank them, and introduce yourself

- *“Thank you for calling Silverado Dental Care. This is Sharon.”*
- This response avoids fumbling over whether it is morning or afternoon)
- Keep it short and sweet (the K.I.S.S principle).

Offer your help

- *“May I help you?”*
- *“I can help you with that”*

Actively Listen to the patient and obtain their name the first time

- Do not say “what was your name again?”
- If you do not get their name the first time around, ask them *“would you please spell your last name for me?”*
- Address the patient as Mrs., Mr. or Ms. until the patient gives you permission to call them by their first name. This is professional!
- Use the patients name during the conversation (patients love to hear it!).

Give the caller your *full* attention!

- Avoid impatience
- Do not interrupt the caller

Never put a patient on hold if at all possible

- If you must put them on hold, ask for their permission
- Always use the “hold” button
- And don’t put them on hold for more than 20 seconds

Never interrupt the patient you are scheduling face to face, to answer the phone

- Have a daytime message on an answering machine that can start within 3 rings and delivers the following message:
- *“Thank you for calling Silverado Dental Care, office of Dr. Right Thinker. Our team is working with patients at the moment. If you will leave your name and phone number, we will do our best to get back to you in the next 3-7 minutes. Thank you so much for calling”*. BEEP
- Patients will appreciate not being put on hold and that you are *“working with other patients.”* Most patients will not mind waiting 3-7 minutes. (When you say *“we’ll get back to you as soon as possible”* does that mean in 5 minutes, ½ hour or tomorrow?)
- Do not forget to return their call!

Use a phone slip

- Predetermine the information you will need.
- The reason for scripting and checklists is so that the information is gathered the same way every time and nothing is forgotten.
- Have your information slip and schedule book nearby so you won’t have to put the patient on hold to get it.
- Don’t tell the patient you have to “fill out a form”.

Determine the reason for the call

- Check off the reason, using the phone slip.
- It is usually 1) a new patient 2) an emergency or 3) other
- Once the reason is determined, follow the flow of the sheet and gather only the information necessary to get the patient scheduled.

As you gather the necessary information, make it seem conversational, not memorized

- If the scheduling coordinator is busy helping another patient, the incoming call should go to a message machine or voicemail unless another team member is cross trained to schedule the proper appointment.
- *“Leslie handles our scheduling and is currently helping another patient; if I can have the number where you are, I will have her call you back within the next 5-7 minutes”*. Then be sure to do so!
- If you transfer the patient to another team member, be sure to communicate the wishes of the patient to that person so the patient does not have to “re-explain” the situation a second time.

Get permission to ask for and share some practice information

- *“Mrs. Jones, in order to schedule the proper type of appointment for you, may I ask you some questions and share some of our practice information with you?”*

Get the patient scheduled promptly and efficiently.

- Length of conversation does NOT necessarily equal quality of conversation.
- Treat all patients with respect and as a potential “top 20.”

Control your appointment book

- *“Would Tuesday at 3:00p.m. or Thursday at 10:00 a.m. be best for you?”*
(Don’t ask, “When would you like to come in?”)
- Only offer one time slot if you have a specific opening in your schedule that you are trying to fill.
 - You should have pre-blocked new patient appointments in your schedule book so they can be easily and quickly found.
 - Don’t rattle the pages of your schedule book!
 - Tell the patient when you *can* see them, not when you can’t.
 - It is harder to find exam time and hygiene time together, unless preblocked this way.

Reassure the Patient

- This appointment is very important.
- Use the Doctor’s name (don’t just refer to him as “the Doctor”).
- Let the patient know about the positive traits of the doctor or hygienist (skilled clinician, gentle, good listener etc.).
- *“Mrs. Smith, you are really going to like Dr. Jones and the rest of our team. They are really popular with our patients.”*

Reaffirm the appointment

- *“Is there anything else we should know that would make your visit more comfortable?”*
- *“We’ll look forward to seeing you on Tuesday September 23 at 9:00 a.m.”*

Remind the Patient who you are

- *“Again Mrs. Smith, my name is Mary. If you should have any questions prior to coming in, please be sure to call me. I’ll be glad to help you”.*

TELEPHONE MONITOR

Every day your offices receive a tremendous number of phone calls (or busy signals if you don't have enough phone lines available). By tracking the number and types of incoming calls, we can evaluate how effectively you are communicating with your patients in many areas, address these areas and free up a lot of unnecessary phone time each day!

It takes 10-12 minutes to adequately handle the typical phone call. If your team answers 20 calls per day, this is 4 hours spent on the phone!

Get a sheet of paper and along the left margin write down the typical types of phone calls you receive each day. Add additional categories as they occur. Track every call for one month. Each time a call is received make a check mark next to the category.

The majority of calls should be from patients calling to make appointments:

- If patients are calling to verify their appointment times, review how you are communicating this.
- If you receive many emergency calls, review your marketing to see why you are attracting so many emergencies. If these emergencies are from patients of record, analyze your ability to motivate your patients toward comprehensive care, before a crisis occurs.
- If too many insurance calls are received, review how insurance is being handled and communicated.
- If there are many billing questions, review how fees are explained and financial arrangements are being made.
- If questions about treatment received are being asked, review how treatment and expected outcomes are being communicated in the clinical area.
- If many calls are of a personal nature, for Doctor or staff, establish a "personal calls at work" policy. Perhaps a voicemail system can allow friends and family the opportunity to leave a message without interrupting busy team members (particularly the scheduling coordinator who has to "take a message").

ANSWERING MACHINES

Get a good quality machine or voicemail system.

- Do not use an answering service!
- Speak slowly and smoothly when you record your message.
- Call your machine from home and LISTEN to your recorded message for content and clarity.
- Re-record message if necessary.
- Tell patients, *"This machine does not accept scheduling changes. If you need help with scheduling, please call back during normal business hours."*