Optimizing the Role of the Front Desk Staff

Moderator:
Katie Coleman, MSPH, MacColl Center for Health Care Innovation at Group Health Research Institute

Speakers:
Katie Bell, Chief Operating Officer, Neighborcare
Prathiba Pinnamaneni, Process Improvement Manager, Neighborcare
Optimizing the Role of the Front Desk Staff

Katie Coleman, MSPH
MacColl Center for Health Care Innovation
Group Health Research Institute
Interventions to Improve Chronic Care

<table>
<thead>
<tr>
<th>Quality Improvement Strategy</th>
<th>No. of Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Changes</td>
<td>26</td>
</tr>
<tr>
<td>Case Management</td>
<td>26</td>
</tr>
<tr>
<td>Patient Reminders</td>
<td>14</td>
</tr>
<tr>
<td>Patient Education</td>
<td>38</td>
</tr>
<tr>
<td>Electronic Patient Registry</td>
<td>8</td>
</tr>
<tr>
<td>Clinician Education</td>
<td>20</td>
</tr>
<tr>
<td>Facilitated Relay of Clinical Information</td>
<td>15</td>
</tr>
<tr>
<td>Self-Management</td>
<td>20</td>
</tr>
<tr>
<td>Audit and Feedback</td>
<td>9</td>
</tr>
<tr>
<td>Clinician Reminders</td>
<td>18</td>
</tr>
<tr>
<td>Continuous Quality Improvement</td>
<td>3</td>
</tr>
<tr>
<td>All Interventions</td>
<td>66</td>
</tr>
</tbody>
</table>

![Chart showing the effects of various quality improvement strategies on HbA1c levels.](chart.png)

Greater Care Complexity

Preventive Care
7.4 hours

Evidence-based Care
10.6 hours

Continuous and Team-based Healing Relationships

2 Implementation Guides

- Part 1: Improving Patient Care Through Teams
- Part 2: Elevating the Role of the Medical/Clinical Assistant: Maximizing Team-Based Care in the Patient-Centered Medical Home

3 Webinars

- Optimizing Your Care Team in the Medical Home
- Knowledge Building Session: How to Deploy Teams that Provide Continuous Team-Based Care
- Structured Communication Methods to Enhance Team-Based Care

Continually adding to a database of job descriptions

Available at: http://www.safetynetmedicalhome.org/change-concepts
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The Safety Net Medical Home Initiative
Webinar: Optimizing the Role of the Front Desk Staff
Thursday December 15, 2011

Presented by Neighborcare Health in Seattle Washington:
Katie Bell, Chief Operating Officer
Prathiba Pinnamaneni, Process Improvement Manager

Moderator:
Katie Coleman, MSPH, MacColl Center for Health Care Innovation
Group Health, Seattle, Washington
Key Objectives

We will describe how we have organized and optimized the role of the front desk staff. Discussion will include:

- The essential roles of front line staff (the hardest job in the clinic)
- How the work is organized and managed
- How other support staff play a key role in PCMH transformation
- Incorporating front line staff into the care team
Who is Neighborcare Health

- Neighborcare Health
  - 49,000 unique patients
  - 450 Staff
  - Medical, Dental, Midwifery, School Based Health, and Homeless Programs
  - 18 Sites in the city of Seattle
  - Our patients speak 50 different languages and dialects and our staff 20
RN redesign project

• Why redesign
  – Post EMR and flow was a problem
  – Solution was – send all incoming calls to RN
  – RN satisfaction was low, turnover was high

• Teams spun off
  – MA
  – Front Desk
  – Provider
Medical Clerk

- Mailing and faxing
- Initiate the paperwork flow
- Direct clerical support for back office
- Enter medication refills requests in EHR
- Call for outside records
- Did not add FTE, MA certification required going forward, we grandfathered some non-clinical folks at a couple of sites
Medical Assistants

• Responsible for overall flow of the back office
• Daily huddles with Providers
  – Prep for the day
  – Changes to schedule
• Help make sure schedules are full
• Panel Management
Front office key functions

• Check in
• Scheduling
• Phone answering
• Confirmation calls
• Verifying insurance
• Recalls
• Patient Education
• Chronic Disease Management
• Quality improvement
• Motivational Interviewing
• Team Huddles/Procedures
Tasking Guidelines

• What is a task
• Why this was important
• Redirect box
# Tasking Guidelines

**Front Desk Incoming Phone Call Tasking Guidelines**

*Rev 11/18/2011*

Before tasking read scripts & document specific pt request. Detailed message, specific info, appropriate follow-up questions.

## Call 911
- Profuse bleeding
- Not breathing
- Seizure

## "PAGE STAT" URGENT/CRITICAL LAB CALLS
- Hot List: (pt on phone or in clinic)
- Allergic reaction
- Active Labor/nazer broke
- Loss of consciousness
- Chest pain
- Fever in newborn less than 2 months old
- New numbness/tingling in face or limbs
- Shortness of breath
- Sudden tachypnea (breathe too fast)
- Bun trouble (pale to BN or SW) Any available BN or SW to location
- Trauma or question of broken bone
- "Worst headache of my life"

## TASK HIGHER PRIORITY
- Abnormal blood pressure
- Abnormal blood sugar
- Allergic reaction
- Change in level of consciousness
- High fever
- Plan B
- Severe abdominal pain

## TASK NORMAL
- Pt refuses appx, wants to speak to RN, gives Nurse Advice 800 number
- Patient requesting health education advice
- Question about previous visit
- Nurse asked me to call
- Change in medication dose and patient refuses appointment

## Medical Clerk
- Lost med/s including narcotics
- Pt requests for copy of diagnostic results
- Pt needs to see Dr., Dr. has been called
- Refills narcotic Rx
- Pharmacy calls re-pending Rx and patient in front of them, page team
- Change in midwifery make apprx with provider
- Refills requests greater than 72 hrs after patient called pharmacy
- Non-urgent RX, task the team
- Patient insists on getting lab and x-ray results

## Provider
- Non-urgent provider call, TASK MA
- Questions after receiving letter from PCP
- Patient is in front of you and needs items, ask to collect
- Refills narcotic Rx
- Pharmacy calls re-pending Rx and patient in front of them, page team

## Other Staff
- Pt requests Counseling bleed, please test results, high priority
- Urgent call from provider (MD, PA, or RN), page PCP if no one answers, page MA
- Refills narcotic Rx
- Pharmacy calls re-pending Rx and patient in front of them, page team
- Visiting nurse call or sched and update

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Tasking Guidelines

Front Desk Incoming Phone Call Tasking Guidelines

Before tasking, read scripts & document specific pt request. Detailed message, specific info, appropriate follow-up questions.

Call 911

Tasking Guidelines

Call 911

“CALL 911”

- Procedures pending
- URGENT/Critical Lab Calls
- Not List
- Blood work (Lab or in clinic)
- Abnormal blood pressure
- Abnormal blood sugar
- Allergic reaction
- Patient refusing to speak

“PAGE STAT”

- Last meds including narcotics
- PT requests for copy of diagnostic results
- I need a letter or paperwork - inquire about type of letter or paperwork and follow paperwork guidelines and make appointment accordingly
- PT requests med equipment, DME
- Lab results after 2 wks and no results received by patient
- Request records from outside provider
- After scheduling for F/U from EIR in hospital or at Newtonville
- Patient call for RX results told by outside provider to call as results in yet

“TASK HIGH PRIORITY”

- Patient is in front of you and needs immediate care, get signed ROI and document in HIPAA
- Patient calls RX pending Rx and patient is in front of them, page them

“TASK NORMAL”

- Non-urgent provider call, TASK MA
- Questions after receiving letter from PCP
- Patient is in front of you and needs immediate care, get signed ROI and document in HIPAA
- If patient calls to check on status of paperwork check in HIPAA and if no information present task RN
- Pharmacy calls RX pending RX and patient is in front of them, page them
- Change in med/dose make apt with Provider
- Refill RX requests over 72 hours after patient contacted pharmacy
- Non-urgent RX, task the team
- Patient inactive on getting lab and test results

Medical Clerk

- Last meds including narcotics
- PT requests for copy of diagnostic results
- I need a letter or paperwork - inquire about type of letter or paperwork and follow paperwork guidelines and make appointment accordingly
- PT requests med equipment, DME
- Lab results after 2 wks and no results received by patient
- Request records from outside provider
- After scheduling for F/U from EIR in hospital or at Newtonville
- Patient call for RX results told by outside provider to call as results in yet

MA

- Non-urgent provider call, TASK MA
- Questions after receiving letter from PCP
- Patient is in front of you and needs immediate care, get signed ROI and document in HIPAA
- If patient calls to check on status of paperwork check in HIPAA and if no information present task RN
- Pharmacy calls RX pending RX and patient is in front of them, page them
- Change in med/dose make apt with Provider
- Refill RX requests over 72 hours after patient contacted pharmacy
- Non-urgent RX, task the team
- Patient inactive on getting lab and test results

Provider

- PT requests Communication/ Blood thinner test results, high priority
- Urgent call from provider (MD, PA-C or ARNP) page PCP, if no one answers, page MA
- Refill RX requests
- Pharmacy calls RX pending RX and patient is in front of them, page them
- Change in med/dose make apt with Provider
- Refill RX requests over 72 hours after patient contacted pharmacy
- Non-urgent RX, task the team
- Patient inactive on getting lab and test results

Other Staff

- ROI
  - Records Requested
  - TB results copy
  - Immunization Records (Urgent & non-urgent)
  - Copy of diagnostic results
  - Request for chart notes
- Referral Coord
  - Existing Referral question
  - Requesting New referral - schedule with PCP
  - Renewal of referral
- Social Worker
  - Financial or social hardship
  - Suicide Threat (BH or SW)
- Eligibility
  - Insurance qualifications or questions
- Diabetes Group
  - Community Health Educator
- Diabetes Day, shoe, eye check

“I only wanna talk to my doctor”

Scripts: please give us as much information as possible so we can answer your question faster
Provider requests at least 2 business days to return your call (depending on their scheduling).

“I want my diagnostic test results”

Scripts: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Radiology results take 3-7 business days but abnormal results are usually faster.

“I want my lab test results”

Scripts: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Other setups, please allow 3 weeks to be informed of your test results. (See exception for INR results)

“I need a med refill”

Scripts: Call your pharmacy to request the refill. Please allow up to 72 hours for the med refill to be ready.

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- Not breathing
- Seizure

*PAGE STAT*
- URGENT/CRITICAL LAB CALLS
  - Hot List: (Pt on Phone)
  - Abnormal
  - Blood sugar
  - Altered level of self

RN, TASK HIGH PRIORITY
- Pt refuses app, wants to speak to RN, gives Nurse Advice 800 number.
- Patient requesting health education/advice
- Lost meds including injection
- Pt requests for copy of diagnostic results.
- I need a letter or paperwork - require absolute education
- "Non-urgent provider call, TASK MA"
- Question after receiving letter from PCP
- Patient is in front of you and needs items
- Pt requests Counselor, Blood Pressure test results, High Priority!
- Urgent call from provider (MD, PA-C, or ARNP) page

Medical Clerk
- Pt requests Counselor, Blood Pressure test results, High Priority!
- Question after receiving letter from PCP
- Patient is in front of you and needs items

MA
- Pt requests Counselor, Blood Pressure test results, High Priority!
- Question after receiving letter from PCP
- Patient is in front of you and needs items

Provider
- Pt requests Counselor, Blood Pressure test results, High Priority!
- Question after receiving letter from PCP
- Patient is in front of you and needs items

Other Staff
- RXI
  - Records Request
  - TB results copy
  - Immunization
  - Records (Urgent & non-urgent)
  - Copy of diagnostic results
  - (Request for chart notes)

- General Coord
- Referral Add
- Scheduling New APPT
- Renewal of Medical
- Social Worker
- Financial
- Legal/Caregiver

- Eligibility
- Insurance
- Qualifications or questions

- Diabetes Group
- CCH Educator
- Healthy Day
- Shoes, eye check

*I only wanna talk to my doctor!*
Script: Please give us as much information as possible so we can answer your question faster. Provider requests at least 2 business days to return your call (depending on their schedule)

*I want my diagnostic test results*
Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Radiology results take 5-7 business days but abnormal results are usually faster.

*I want my lab test results*
Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Otherwise, please allow 3 weeks to be informed of your test results. (See exception for HIV test results)

*I need a med refill*
Script: Call your pharmacy to request the refill. Please allow up to 72 hours for the med refill to be ready.
Tasking Guidelines

Front Desk Incoming Phone Call Tasking Guidelines
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Before tasking read scripts & document specific pt request. Detailed message, specific info, appropriate follow-up questions.

Call 911
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- Seizure

*PAGE STAT*
URGENT/Critical Lab CALLS
- Hot List: (Pt on phone or in clinic)
- Allergic reaction
- Active Labor/Ch. Delivery

RN High Priority
- Abnormal blood pressure
- Abnormal blood sugar
- Allergic reaction
- Change in level of consciousness

Task Normal
- Pt requests appt, wants to speak to RN, Given Nurse Advisor 800 number.
- Pt requesting health education advice

Tasking Guidelines:

Medical Clerk
- Patient call for test results, told by outside provider to call us, results not in yet.
- Patient insistent on getting lab and x-ray results.
- "I only wanna talk to my doctor!" Script: please give us as much information as possible so we can answer your question faster
- Provider requests refill, please allow 3 business days to return your call (depending on their schedule)

MA
- "I want my diagnostic test results" Script: Our providers review test results daily. If your results are concerning your provider will contact you as soon as possible. Radiology results take 2-3 business days but abnormal results are usually faster

Provider
- "I want my lab test results" Script: Our providers review test results daily. If your results are concerning, your provider will contact you as soon as possible. Otherwise, please allow up to 2 business days.
- "I need a med refill" Script: Call your pharmacy to request the refill. Please allow up to 72 hours for the med refill to be ready

Other Staff
- PO
- Lab results
- Records request
- TB results copy
- Immunization
- Records (urgent & non-urgent)
- Copy of diagnostic results
- Request for chart please

General Coord
- Referral
- Add bugs
- Requesting New Agent
- Module with PH
- Renewal of Chart
- Social Worker
- Financial or Medical Hardship
- Suicide Threat
- DH or RN

Eligibility
- Insurance qualifications and questions

Diabetes Group
- Community Health Educator
- Dishes Day, shoes, eye check

13

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Guidelines

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Tasking Guidelines

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14
Tasking Guidelines

• Annual review

• Development curriculum/training
  – Ask patient multiple questions
  – Send enough details on the task to not create rework
  – Training by RN’s for recognizing important conditions
Paperwork Guidelines

• Why have them
• How paper enters the system, who does what, limit provider time
• What are some key elements
  – DME
  – Disability
  – School and work excuses
  – Letters, letters, letters – jury, electricity cut off, metro, etc
  – Records in and out
Measuring success at front desk

- TOS collections
- Income/bad address
- Denials
- No-shows
- Redirects
- We long for phone measures!
Link to PCMH

• Coordination of care
• Care transitions
• Referral management
• Information flows to the right place within the team
Integration into clinical teams

• When it works
  – Link to diabetes
  – Keeping schedules full
  – Part of the daily huddle

• When it doesn’t work
  – Not my job
  – No real ownership of the panel
Questions?