



Sample Scripts for Appointment Clerk and Receptionists

Scripting at the Front Desk

When groups/practices get their wait times down to zero, have identified panels, have a commitment to finish all the work each day, and limit the restrictions on appointment types, the scripting is simplified. It takes less time to book an appointment when the key issues are really “Who is your doctor and when do you want to be seen?”

While we want to identify the primary doctor, and we want to pull the appointment work into today, we want to first **guide** the appointments to the most appropriate place for them and second, we want to plan and to **prepare** for the visit.

Critical Elements for Front Desk

1. Standardized greeting
2. Identification of caller/patient
3. Confirmation demographics
4. Confirmation the name of the primary provider
5. Identification of the intent of the call (is the call for an appointment, message, refill, information, etc. (this may be done with auto attendant)
6. Make appointment with appropriate provider.
 - a. If the patient’s provider is not present, offer an alternative. The first alternative is to wait for the patient’s own provider; the second alternative is to offer an appointment with another provider (make this distribution fair and even - not just based on first open appointment).
 - b. Then determine the reason for the visit:

"In order to be prepared for your doctor today, he/she and his/her team would like to know why you are coming in."

I know there is a tension here: do we do this before we make the appointment or after? We do NOT want to ask a series of questions in order to determine IF the patient will be seen today. This type of triage is wasteful. If we have appointments we ought to do all the work each day and not expect the phone agents make the patients “qualify” for an appointment or even transfer the call to the nurse for triage and ask him/her to “qualify” the patient.

We also want to identify any "hot" issues - anything that would require the patient to call 911, go to the ED instead of coming to the clinic or any issues that would require the patient to come to the clinic immediately. These last hot list issues can be handled by the nurse as triage but we don't want all appointments to have to go through the nurse. With long waits and delays this is what tends to happen.

7. To confirm the appointment, make the patient repeat the day and time
8. Give the patient a cancellation number and say "if you can't keep this appointment you will let us know at this number, won't you?"
9. End the call with a "sale" - it sounds like this appointment is important to you and I know your doctor is looking forward to seeing you.
10. Ask if there is anything else the patient needs.
11. Thank the patient and use their name.

The order of the above steps is not as important as the content. Create a script that works for you, agree to it, practice it and manage to it. Use "secret caller" calls to monitor performance. Let the staff know you will do that.

Scripting

1. When a patient calls the appointment line, the first question asked by the appointment clerk is, "*Who is your primary care provider?*" If the patient does not know the provider's name, the appointment clerk will inform the patient of the information on his/her provider listed in the EMR.
2. The second question asked of the patient by the appointment clerk is, "*What day do you want to be seen? And then, '(your provider) is available at ___ on that day. May I book you to that appointment?' (ON HOLD: 'Would you like to be seen TODAY?')*"
3. Following confirmation by the patient that the offered appointment is accepted, the appointment clerk will inquire, "*So that we can better meet your needs during your appointment, for what purpose are you requesting this appointment?*"
4. When a provider is on leave or otherwise unavailable to the clinic on the day the patient prefers to be appointed, the appointment clerk will ask, "*(your provider) is not in the clinic on (that day). Would you like to wait until he/she returns on (whatever day/date) or would you like to see somebody else?*"
5. For patient requests noted on the nurse management list, the appointment clerk will ask a brief triage question:
"(Your provider) usually manages these concerns over the phone. May I forward your call to his/her RN?" If the patient concurs, the call will be forwarded for RN telephone management. If the patient declines, the patient will be appointed as above.

6. For patient requests noted on the emergency management list, the appointment clerk will direct the patient to the nearest Emergency Room for care or direct the patient's call immediately to the RN for disposition and management,
"(Your provider)'s instruction for this type of complaint is that you proceed directly to the Emergency Room for care. Do you have transportation? (If no, call 911.)"
7. For patients declining times for appointments offered in the future, the appointment clerk may offer *"Since you have ___ days to prepare for your appointment, you should consider what arrangements might need to be made in advance so that you can be scheduled during this available time."*
8. For patients persistently declining times for appointments, a PEF will be forwarded to the care team and the appointment clerk will respond to the patient, *"We are sorry that we are unable to satisfy your appointment request. Please be assured that a message will be forwarded to your primary care team who will manage your needs within the schedules currently booked."*

When an appointment is booked, the appointment clerk will quote one time only to the patient, stating specifically, *"Your provider team will expect you at ___ AM/PM on (whichever weekday) on (whatever date). Will you bring any medical and shot records that you may have at home?"*

Guide

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

Prepare

- While we want to eliminate distinctions and restrictions on appointment types and we want to manifest this by not asking multiple questions to see if patients "qualify" for an appointment and to ensure that they meet the criteria for our appointment type, we want, at the same time, to get enough information to prepare appropriately for the visit.
- First we want to identify the need as an appointment need. If the patient wants an appointment, we want to arrange that. If the patient wants another type of service, we want to arrange that. Then we want to guide the appointment to the best time for that demand to match with our supply.

- To prepare for that visit, some groups use a script: "In order to be prepared for today's visit with Dr Gretsky at 3 PM, Dr Gretsky and his team would like to know the reason for your visit" Most of the time, the appointing scheduler already knows from previous conversation the main reason for the appointment. This script clarifies the reason. If the reason sounds clinically worrisome (chest pain, asthma attack, etc.) the scheduler can transfer the call to a higher level of clinical professional: "For this problem, I would like to have you talk to"
- Once the reason for the visit is elicited, then it is typed into some form of "reason field" on the computer schedule. In this way the practice team is informed in advance of pending needs. The scheduler needs to be sensitive not only to specific needs attached to this visit (symptoms, diagnosis, complaint) but also to other issues related to this visit (e.g. warnings about pending blood tests, potential equipment needs etc.). In addition, we want the scheduler to be aware of and to elicit other potential needs for additional non-related services (e.g. cervical smear, tetanus shot, forms that need to be completed, refills, etc.). This can be scripted: "Are there other needs that you wish to discuss with your doctor?"
- Preparation also includes a prompt from the computer that tells the practice team in advance of
 - pending appointments
 - chronic disease issues (lab tests needed etc)
 - needed or up to date preventive services
- Preparation also includes scripts around arrival time prior to scheduled time, the need to bring all meds, outside lab tests, forms, refill requests and (if needed) financial information required at the visit.
- The script for cancellations is included: "If you can't keep this appointment you will let us know won't you? The number to call is 1-800-IWANTCX and your doctor is looking forward to seeing you" (decreases no-shows).

All this information informs the team and provider in advance, informs the daily practice huddle, and assists the nurse in front of the doctor to prepare for the visit.

Confirming the Appointment

(After determining the date/time/provider)---*"Mr. Green, in order for Dr. Red and his/her care team to prepare for your appointment, can you tell me the reason for your visit? Thank you. Your appointment is scheduled for 2:00 PM on Wednesday, October 6 with Dr. Red. Will you call us if you cannot keep the appointment? Our cancellation phone number is xxx-xxxx."*

Late for Appointment

"Mr. Green, your appointment was scheduled for 10:00, and your doctor has moved on to the next patient. However, we will try to work you into the schedule in the event of a cancellation, late arrival or unkept appointment by another scheduled patient. If this does not happen we will

see you at the end of the session. We certainly understand if you wish to reschedule instead, but we will make every effort to see you today."

Provider Late

(Either on check-in, or if the receptionist learns of the delay after check-in)--- "Mr. Green, we regret to tell you that Dr. Red is running about 30 minutes late. We apologize for this delay and will keep you informed. In the meantime, is there anything we can do for you?"

Reminder Call

"Mr. Green, we want to remind you about your appointment with Dr. Red tomorrow, Wednesday, October 6 at 2 PM. Will you be able to keep the appointment? Will you call us if you find that you cannot keep the appointment? Our cancellation phone number is xxx-xxx-xxxx."

If caller is contacted:

"Hello, my name is (your name) from (clinic name). "May I speak with (patient name)?"

"I am calling to remind you of your appointment with Dr. (provider name) on (date) at (time)."

"Will you be keeping your appointment?"

If caller not contacted/voicemail:

"Hello, my name is (your name) from (clinic name)."

"I am calling to remind you of your appointment with Dr. (provider name) on (date) at (time)."

"If this appointment is not convenient for you, please call (phone number)."

Unexpected or Delayed Patients

1. Patient arrives at front desk without/past scheduled appointment.

2. Front line personnel respond:

"We understand there are many reasons that may result in (your delayed arrival) (a schedule error). Please have a seat and be assured that (your provider)'s nurse will see how we can best manage your concerns today.

3. Nursing assessment and management is completed as indicated.

4. If indicated per RN management, patient continues check in with MOA/LPN with vital signs per routine. Provider is notified that patient is to be seen.

5. Patient is placed in exam room per routine process.

6. From doorway, provider acknowledges nursing management and performs/verifies history and examination as indicated. He/she then asks “How can I quickly help you today?” Gives diagnosis and any additional treatment as indicated.

Greeting:

“Good morning/afternoon/evening, welcome to (*clinic name*).

1. “How may I help you today?”
2. “Do you have an appointment?”
3. “With which doctor?”

If patient states they don’t have an appointment and are a walk-in:

4. “May I have your clinic and insurance card?”
5. “Have you moved or changed your phone number, since your last visit?”
6. “Please have a seat and the nurse will call you soon.”

Screening Calls

Clerk:

“Good morning/afternoon. This is (*clinic name*).” “My name is (*your name*).” “How may I help you?”

Patient:

“May I speak to Dr. _____?”

Clerk:

“Dr. _____ is unavailable at the moment (state reason).” “Is there anything I can help you with or would you like to leave a message?”