

Medical practices

THINK OF THE LAST TIME YOU WERE IN A MEDICAL OFFICE.

Remember how many patients came and went while you were there? Efficiency and accuracy are critical. In order to sell a system to a medical practice, you must first understand **how** this type of **professional corporation** operates, and the unique challenges it faces. Armed with this information, you can close more business in this vertical market by convincingly demonstrating how you can improve the medical office's business.

Always position a system sale based on **applications** that are **specific** to your prospect.

Why does the potential client NEED the system? Think in terms of the prospect's needs — not simply in terms of what you can offer. **If the prospect lacks a clearly defined need, your chance for success is greatly diminished.**



This is certainly true when you're offering the ESI product line and your services to a medical facility. **Do your homework** in advance of your information-gathering meeting. (*Single practitioner? More than one office? Association with a lab or other medical adjunct enterprise?*) Be sure, **before** you arrive, of the **type** of medical practice on which you'll be calling. (*A family practice is likely to have four times the call volume of a typical surgical center.*) Check your company's **client list**. (This will prepare you to offer other, similar physicians' offices that have been helped by an ESI system, and provide a common ground to use as an icebreaker.)

Common characteristics

Medical practices tend to share a number of **common traits**. By understanding the impact these traits may have on them, it makes you a more knowledgeable sales consultant and your needs analysis more relevant to the prospective client. Some of the common traits include these facts:

1. A high percentage of incoming calls deal with office hours, prescription renewals, and directions to the facility.
2. Medical personnel and staff members must routinely speak directly with other medical offices: doctors' offices, testing labs, hospitals, extended care and rehabilitative facilities.
3. Since patients become ill day or night, on weekend, and holidays, doctors and nurses are often on call and must be reached after normal office hours.
4. The office must handle appointments efficiently and without error.
5. Insurance billing is a very important but difficult task within a medical practice.
6. Many practices maintain multiple offices locally or across several states.

Getting in the door

First things first. You can use many approaches when contacting a medical practice. Your method will vary, depending on whom you contact.

Receptionist

The front desk receptionist is usually the “gatekeeper” to the office. It’s a good idea to observe her activity for a few minutes. Is incoming call traffic heavy? Do waiting patients get in quickly? Can you see other personnel and their activity? Is there more than one doctor? Are there other medical professionals on staff, such as physicians’ assistants?

Once you have a feel for the office operations, ask for an appointment to meet with the doctor, and whether you may schedule a few minutes with the office manager while you’re there — this is respectful of everyone’s time.



Office manager

Contact the medical practice by phone and ask to speak with the office manager. This person is typically responsible for establishing office policies and procedures, controlling costs, and managing the office. This position is vital to the efficiency of the practice.

The best approach with the office manager is to discuss your experiences with your own doctor, and compare it to the office of your potential client: “Our company has researched the medical field and has designed several solutions customized for medical offices. There are a few things I can suggest to help you streamline your practice by increasing productivity or perhaps even improving some of your processes.” Then ask for the best time to schedule an appointment.

Doctor

This is the toughest place to start, but if you can speak directly with him or her, you are likely speaking with the decision-maker. Do a little research beforehand: look in your company’s client database for one or more doctors’ offices that has an ESI system installed. (If you have no previous medical customers, your script will be more generic.*) Then, place your call. If you get through to the doctor, your script might be something like:

“Good afternoon, Dr. X. Thank you for taking my call. I’m contacting all the medical practices in your area to introduce the new custom solution from our manufacturer, ESI. It’s designed to improve the efficiency and help control costs for medical practitioners. We deployed it for one of our other clients, Dr. Y. His office staff is happier, his patients are receiving better service, and his total cost of ownership for his new system should save him over \$1,500 this year. Perhaps you have some free time later this week to meet with me. I’ll only need about 15 minutes of your time. I’d also like to observe the operation of the office so I can recommend a solution based just on your practice. If I can’t help you, I’ll tell you that, too. Would next Tuesday morning be OK, or is the afternoon better for your staff?”*

* If you can’t cite a specific doctor among your client base, you may wish to say something along these lines:

“The feedback has been quite positive across the US since ESI released this medical package. Many doctors’ offices have already taken advantage of this custom ESI solution, with an average savings of \$ [amount].”

Common potential challenges and solutions

During your information gathering process, you may observe several of the following conditions. It's important to understand the impact of each problem. You must be able to translate your prospect's comments into real-world challenges you can cure via your customized solution.

For each typical challenge in the following discussion, we suggest several solutions. It's **your** challenge to determine the best design for your client.

Challenge #1:

Staff members are often busy fielding incoming calls.

Solutions

1. An **auto attendant** can route callers to the correct party or department. Beyond the main greeting, branches may be created off each dial command (1–8) to create more detailed routing schemes. As an example, the auto attendant can give the caller the option to dial **5** to reach the business office; this choice may route the caller to a second menu which gives a list of departments within the business office.

Example: "Dial **1** for accounting, or **2** for insurance."

2. **Flexible ringing plans**, which your technical staff can develop, can route incoming calls. This unique feature lets a call ring one or more stations as a first choice, then switch to ringing a second station or group. Ring plan choices include a station, hunt group, ACD group, auto attendant menu or branch, and/or any other system on an Esi-Link network.
3. **Information mailboxes** more efficiently handle repetitive requests for the same information — e.g., spoken directions to the office, telephone numbers for labs or testing facilities, office hours, and accepted insurance carriers. Whether the automated attendant or a live attendant originally answers the call, the system transfers the caller into the appropriate information mailbox.
4. A **Q&A mailbox** can handle calls that require patient interaction. Typical uses might be prescription refill requests or employment pre-screening. For example, a patient wishing to request a refill of a prescription can leave his information in the Q&A mailbox:
 - What is your name and callback number?
 - What is the prescription name you wish to refill?
 - Which pharmacy originally filled the prescription?
 - What is the telephone number of the pharmacy?
 - When do you need to pick up this prescription?

The Q&A mailbox stores the caller's response to each question. The medical office can assign a staff member to retrieve all prescription refill responses and contact the appropriate pharmacies (if the request is not approved, a staff member calls back the patient). Multiple stations can be notified of the waiting message by a flashing **VIRTUAL MAILBOX** key.

Challenge #2:

A physician's hectic schedule can make "consults" difficult to arrange, resulting in multiple call attempts.

Solutions:

To break the "telephone tag" syndrome, the ESI system offers several solutions.

1. If the doctor's colleague returns his call during office hours, a staff member can simply transfer the call to the doctor's phone. If he's not at his desk, and his telephone is forwarded to voice mail, his voice mailbox personal greeting #2 might instruct the caller to dial **4** to route the call to his cell phone (or any other outside number).

The advantage of utilizing the doctor's personal mailbox to perform the notification is that **he** can readily change the notification number. He may program his mailbox to call his mobile telephone while he's on his way home. Then, at home, he can reprogram the number to be his home phone number. (The system always re-routes an unanswered call to the doctor's personal voice mailbox.)



2. If he's in the office but with a patient, his station will display a flashing **MISSED CALL** key (available on IVX/IP E-Class and IVX X-Class, and — if *VIP*-equipped — IVX S-Class). If the Caller ID name and number displayed is that of the consulting doctor, he simply presses the **REDIAL** key to return the call. Otherwise, he can use the scroll keys to locate the desired number from among the 10 most recently missed calls.
3. If he's in the office but on another call, he'll still be able to see the second call's Caller ID information. He can choose either to end his current call or use the **VIRTUAL ANSWER** key. For the latter case, he may choose between two prerecorded greetings to send to the caller. For instance, pressing his **VIRTUAL ANSWER 1** key may tell the caller that, because he knows she's on the line and he does want to speak to her, she should stay on hold just a bit longer. Similarly, pressing his **VIRTUAL ANSWER 2** key could tell her that, since he does see her CID information (but can't get off his current call right now), he is forwarding her call to someone else (e.g., a nurse) who can speak to her immediately.
4. If the nurse takes the call, she can **record** the conversation to provide the doctor with verbal documentation. At the end of the conversation, she can move the recording to the doctor's mailbox on the fly by using the **Quick Move** feature. If, during the conversation, the nurse sees the doctor has become available, she can easily add him to the conversation with the **conference** feature.

Note: At some point in the sales process, be sure to explain how easy it is to add participants to a conference call, particularly with *VIP*.

After establishing the conference call, the nurse may either remain as part of the conference or pass secure control of the call to the doctor. Remember also that ESI system users can record conference calls, too.

Challenge #3:

It's necessary to reach medical personnel when they're away from the office, or in the case of emergency.

Solutions:

1. The mailbox can transfer a live caller out of the system to a preprogrammed number. In this method, the ESI system makes a real-time attempt to contact the doctor before the caller must leave a message. If the medical office has (or if your company installs for it) a **PRI** digital trunk, the ESI system can use **Intelligent Call Forwarding™** — the unique ability to pass Caller ID information of the **caller** rather than of the doctor's office. This lets the doctor more easily determine which calls he wants to answer.
2. It's possible to set voice mail notification to call a specified telephone number or pager when a message arrives. Depending on programming, the ESI system will perform the notification on all calls received, or only those messages flagged as urgent.
3. Any station user may forward his/her telephone to an off-premises telephone number. Enabling **call-forward/off-premises** for a station commands the ESI system to re-route **all** of that station's calls to a designated outside number. Alternately, enabling **call-forward/no-answer** for a station makes the system forward only **unanswered** calls to the off-premises number (this allows calls to ring at the office first before leaving the system). Your company can help the client customize flexible call coverage for each system user, even for those cases in which the person is in the office but not available to answer the call.
4. Each mailbox can perform a pager notification — so that, if someone leaves a message for a system user, the ESI system can access an outside line and dials the designated pager number. The system makes several attempts to reach the user. (Alternately, leaving a message in a **cascade paging mailbox** increases the probability of someone responding to the page.)
5. ESI's optional **VIP** application makes it easy to change the forward-to destination number. However, this is just one of **VIP's** many useful call control functions. It also lets you program keys on your station, view incoming call information, re-route calls to fit specific situations, place calls via your *Microsoft® Outlook®* contact list, drag-and-drop numbers from your personal **VIP** Call Log, perform virtually all station features, and retrieve and manipulate voice mails alongside e-mails in the *Outlook* client application. When you're not in the office, you can use **VIP** and *Outlook* to view details of voice mail messages, including their length and Caller ID information.



Challenge #4:

Many medical offices establish an “appointment desk” to ensure seeing all patients and efficiently using the doctor’s time.

Solutions:

1. **Virtual Answer** helps busy offices with high call volumes to prioritize answering order, by placing excess call loads in “queue.” Each station can have up to two **VIRTUAL ANSWER** keys, each of which lets the user offer callers any of four distinctly different operations:

- Continue to hold
- Leave a message for the station (press 1)
- Route to the Operator station (press 0)
- Dial another extension number or department

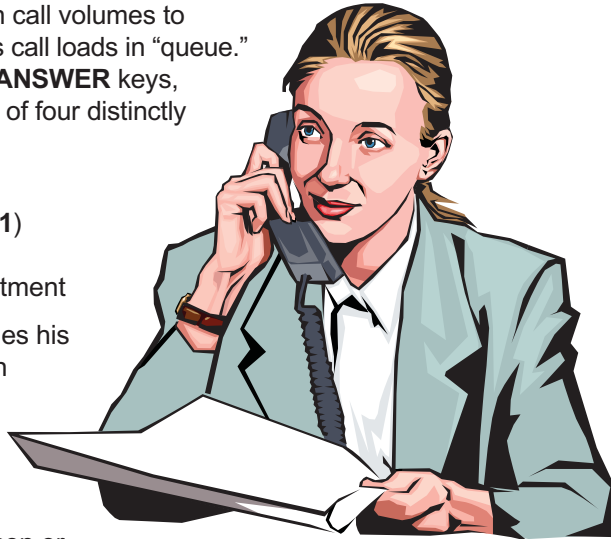
Even if the caller chooses to wait but changes his mind, he may dial **1, 0**, or another extension number while still in the waiting cycle.

2. Each ESI system user also can program a **VIRTUAL ANSWER** key to play a pre-recorded message advising that the user is redirecting the waiting caller to another person or department. For such use, the user would record a message such as: *“Your health is our top priority. In order to assist you sooner, we’re forwarding your call to our receptionist for immediate attention.”*
3. A medical office can use **Q&A mailboxes** to streamline appointment confirmation. A patient who reaches such a mailbox will hear a series of questions such as:
 - What is your name?
 - With whom do you have an appointment?
 - What is the date of your appointment?

When a staff member retrieves a response from an appointment Q&A mailbox, she can press the **REDIAL** key — the ESI system pulls the patient’s Caller ID information from the message and calls patient is called automatically.

Note: As with any Caller ID-related feature, this requires Caller ID service from local telephone carrier.

4. In practices where incoming traffic is especially heavy, the right choice may be **automatic call distribution**. This feature, standard on the E-Class and X-Class platforms, “stacks” multiple callers in a queue and answers them on a “FIFO” (first in, first out) basis. This ensures that the longest held call is answered first. If ACD is the right solution, make clear to the medical office that your competitors should include it in their proposals — which, because ACD is an **integrated** feature of the selected ESI systems, will give you an edge.



Challenge #5:

It's becoming more common for medical practices to maintain multiple offices. It's important to control operating costs, particularly in the early stages of establishing a new office.

Solutions:

The success of a new office is totally dependent on the number of existing patients for whom the new office is more convenient, and the practice's ability to attract new patients in the new area. To control costs, it's a good idea to centralize many of the business aspects of the practice, such as:

- Answering point/operator
 - Appointment desk
 - Billing department
 - Insurance office
 - Appointment confirmation
1. By handling these functions using only existing staff, the office can operate with half the payroll it might otherwise have to bear. Then, with these functions centralized, it's easy to provide telephone service to the new office by deploying one or more **Remote IP Feature Phones**. They provide identical functionality as those in the main location: dialing out, receiving inbound calls, voice mail, programmable feature keys, virtual answer, paging to either location, ACD, and virtually every other standard feature of the selected ESI platform (IVX/IP E-Class or IVX X-Class).

Note: 9 1 1 calls are routed and identified from the **main** location, **not** the Remote Phone location.

Once VoIP is implemented in the main system to support the new remote office, this opens the possibility of installing Remote Phones in the doctor's residence, vacation home, hospital office, or any other location where broadband Internet access is available.

2. When additional staff is hired for the new office, you can install a second ESI system. Since the main location already includes VoIP functionality, it's easy to connect the two offices in a private network supported by the Internet. This solution brings many advantages to the multi-office medical practice. Across an **Esi-Link** VoIP network (supported by ESI's E-Class and X-Class platforms), all stations can call each other, forward, transfer calls without loss of Caller ID, be accessible through both automated attendant greetings, and overflow ACD call traffic, all on IP channels.

Challenge #6:
People call doctors, hospitals, 9 1 1, and other public service offices in case of emergency — but what happens if there is an emergency within the medical facility itself?



Solutions:

1. Because medical offices maintain a lower trunks-to-extension ratio than other types of businesses, there may not be an available line for dialing **9 1 1** if an emergency arises within the building. Fortunately, all ESI systems provide the **9 1 1 Alert** function, which forces the last line to disconnect if someone dials **9 1 1** during an “all-trunks-busy” situation — so it’s **always** possible to reach emergency assistance.
2. ESI’s **9 1 1 Alert** feature also supports internal notification. When any station in the system dials **9 1 1**, this notifies a designated station (usually the receptionist’s). When emergency personnel arrive, the person at that station can direct them to the specific area that has the emergency.

Specifically, the designated station receives a ringing call and a visual display indicating which station dialed **9 1 1**. The ringing won’t stop until someone lifts the alerted station’s handset of the alerted station and listens to the entire recorded message, which message further identifies the station that dialed **9 1 1**. (If the alerted station user hangs up before the conclusion of the recorded message, the telephone will begin ringing again until answered, at which point it plays the same recorded message from the start.)

3. During an emergency, people may panic and forget simple things that ordinarily they know — such as dialing the digit **9** to make an outside call. However, when the dialed number string is exactly **9 1 1**, an ESI E-Class or X-Class system recognizes this sequence as the emergency number and selects an available line on which to place the call.

Note: For this to be true, ARS (automatic route selection) **must** be enabled.

Recommended discovery questions

It's important to uncover the correct information so you can create a strategic solution for the medical practice. Your questions should reflect that you understand the practice's challenges and will research **specific** solutions to its needs. The following questions will assist you in uncovering such needs. As a reminder, we have listed specific features or applications relevant to each question.

1. **“Approximately how many calls do you receive in any given day?”**
(ACD, Virtual Answer, hunt groups, auto attendant; ask for a copy of prospect's phone bill.)
2. **“What percentage of incoming calls is for the scheduling of appointments?”**
(Creation of an appointment desk, ACD, Virtual Answer, Q&A mailbox.)
3. **“Describe the call flow within your office: When a call comes in, where does it ring?”**
(Call coverage ring lists, auto attendant with branching, hunt groups, DID service on a digital trunk [PRI] circuit.)
4. **“Are there redundant questions that you routinely answer, such as directions to your office or your hours? Do you receive a lot of requests for prescription refills?”**
(Information mailboxes, Q&A mailboxes, auto attendant branching with single-digit access, Virtual Mailbox.)
5. **“How many offices or branches do you have? Are there plans to expand the office, open additional offices, or merge with another practice?”**
(IP deployment, Esi-Link, IVX platform type, and size requirements for the future.)
6. **“What is your volume of other types of communications with your patients and vendors, such as fax and email? Is any one type a higher priority than others?”**
(VIP, single-line ports.)
7. **“In an emergency, how do you quickly find the doctor within the office? What if he's out of the office?”**
(Paging, off-premises “reach-me” feature, voice mail notification, off-premises call forwarding.)
8. **“Do you close the office during lunch, or does a reduced staff continue to answer calls and schedule appointments?”**
(Call coverage ring lists, hunt groups, ACD, auto attendant branching, day/night tables.)
9. **“Does the doctor have staff privileges at any hospitals? How often is he at the hospital during office hours? Does he maintain an office at the hospital?”**
(Remote IP station deployment, Reach-Me feature, off-premises call forwarding.)
10. **“Do you share facilities with another physician or health care enterprise, such as a testing lab, specialist, counselor, or dietician?”**
(Tenant service, flexible ring routing lists, QuickPage, DSS programming, Esi-Dex, Virtual Mailboxes.)
11. **“Do you confirm appointments a day or more beforehand?”**
(VIP for quick outdialing through Outlook contacts, voice mail outbound notification, information mailboxes, Q&A mailboxes.)

