

Pearls

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Treatment via telephone: Tips for handling patient calls

Patient phone calls—if handled appropriately—can eliminate unnecessary office visits, prevent relapse, and help you monitor treatment adherence. We offer strategies for turning potential disruptions into opportunities.

Develop a protocol for handling distress calls (and communicate it to staff) to minimize frustration for you and patients who might struggle to reach you. Your protocol could include:

- instructions for patients on how to contact you
- a 24-hour answering service and/or voice mail option during business hours
- how and when staff should connect you to patients during clinic hours
- how staff verifies your office is authorized to communicate with family members who call
- how you or your staff verifies callers are your patients. (In some states you establish a doctor-patient relationship and assume responsibility for care simply by answering a call and identifying yourself as a doctor.)

Some psychiatrists give patients their cell or home phone numbers and/or e-mail addresses. They say most patients find this reassuring and rarely contact them. We recommend offering your personal information on a case-by-case basis.

For billing and medicolegal protection, purchase software that documents patient phone calls and messages and their outcomes and decisions.

'911'. Train staff to triage phone calls from patients with dangerous intentions. Instruct staff to immediately notify you or a covering provider or refer the patient to the emergency room. Check your voice mail several times daily for such calls.

If a patient is in crisis and you are in an appointment, have staff page you a '911.' Avoid talking with one patient in the presence of another. **Scheduled phone calls** can help monitor treatment. Decide whether you or your patient will initiate planned calls. Aim to return all messages the same day or at least within 24 hours.

Although a patient providing callback information implies consent, use caution when identifying yourself or leaving messages, especially if patients give you their work numbers.

Patients with personality disorders tend to consume substantial mental health resources.¹ Scheduling phone calls with such patients, even if they are doing well, provides positive support. If you treat their frequent calls as disruptive, they may feel rejected and seek treatment elsewhere.

Prescribing. Use caution when patients—especially those with addiction problems and/or a history of nonadherence—call in prescription requests. Prescribe opioids and stimulants in person.

Reference

1. Bender DS, Dolan RT, Skodol AE, et al. Treatment utilization by patients with personality disorders. *Am J Psychiatry* 2001;158(2): 295-302.

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