Warm Reception

Your doc’s receptionist can be a secret weapon in the HIV wars. Here’s how to keep ’em on your side.

June 1, 2005 By Bill Strubbe

In her 17 years as a medical-desk receptionist, the unflappable Jo Dunham has encountered every species of patient. So as April 21, 2004—Secretary’s Day—neared, her colleagues at the Center for HIV Prevention and Care in Santa Rosa, California, didn’t know how to surprise her. “But then,” says case manager Brian Griffiths, “we figured it out.”

On the big day, as Dunham and the other receptionists gathered behind the counter, a door burst open. A chorus of HIVers—10 men and two women, all clients at the center’s counseling group—cavorted in. Each was dressed as a prototypical “problem patient.” The “Shy Guy” covered his head with a

Five keys to the front desk’s heart

1.Barring an act of God, cancel any appointment at least 24 hours in advance. And if you’re running more than 10 or 15 minutes late, remember our friend Mr. Politeness—and ask the receptionist if another time might be better.

2. Drop the inflexible act: You can’t always get the time slot you want. Mark some recurring free time for possible emergency visits.

3. Don’t wait until the last minute for a prescription refill. Again: 24 hours, please.

4.Though caring and concerned, most receptionists need to hear only enough of your medical history to justify an appointment. They’re not nurses—but they can help find one.

blanket. “Overbearing Mother” henpecked and hovered. “LA Queen”—well, you get the idea. Declaring themselves the Sisters Sludge, the 12 crooned a heavily medicated “We Are Family” that ended: “I got all the front staff with me / We are family / Get up every day and sing!”

"They’d obviously thought this out and practiced it,” Dunham says. “It was very touching.” Adds Griffiths, who helped coach the sisters and is positive himself, “It was their way of thanking Jo and the others for the comfort they’ve given them.”

While your HIV clinic and doctor’s office may not be as freewheeling, it may offer opportunities to develop receptionist relationships that exceed the typical “your copay is $15” exchange. Receptionist Jeana Giglio, for instance, who works at My Doctor, in Cincinnati, met HIV patient Mark Reed, now 43 and a prevention educator, in 1995. “We clicked immediately,” says Giglio.“We grew up on the same side of town. I have a gay brother who came out about the same time we met. I instantly felt Mark was like a brother.” This and other patient relationships have helped inspire Giglio to broaden the warm-and-fuzzy skills she acquired on the reception frontlines. Though not a nurse, she knows her way around a stethoscope,expanding the therapeutic dynamic she and Mark share.

Such dynamics reach far beyond the office. Tamela Hopkins, also a My Doctor receptionist, recalls shopping with friends and bumping into two clients, whom she immediately hugged. “My friends were surprised I did that, but that man had brought me vegetables from his garden,” she says. “Our clinic is small. We know everyone personally and care what happens to them. The waiting room is so social.” Hopkins adds that she fills any lulls in her day by placing calls to elderly patients just to check in. She considers mind-reading part of her job description: “When patients walk in, I can tell right away if something’s wrong.”

Those who haven’t met the earnest fresh-faced Hopkins may dismiss her comments as Pollyannaish or self-serving—if her patients didn’t swear by her. And she’s hardly unique. In HIV clinics large and small, rural and urban, doctors and clients alike often speak of their receptionists in the reverent tones reserved for spiritual advisers (or personal trainers).

The reasons are many, but Douglas Magenheim, MD,who runs My Doctor, pinpoints a huge one: “Many patients, not just HIVers, are stigmatized by their medical conditions. They may not feel comfortable talking about many personal situations—especially sexual matters. A first exposure to happy and energetic staff members makes patients feel more at ease, and more likely to talk with me as well.”

Just imagine most doctors, even the most personable, parroting the long-held credo of receptionist James Forney, a 30-year-old volunteer at the Light Foundation AIDS Service Organization in Oahu, Hawaii. “I’m a big hug person,” Forney says, “and like to greet everyone with a big one.”

All this love can include tough love, too. “Because the patients do trust me,” Dunham says, “I can speak my mind. When they confide that they’ve done something they shouldn’t have done, I say,

‘What the hell are you smoking?’” Receptionists say this trust is vital—patients may feel uncomfortable telling their docs they’ve missed meds or had risky sex. Many patients rely on receptionists as a mediating third party, asking them to convey sensitive information to the clinician.

Indeed, your HIV clinic or doctor’s office ignores receptionists’ power at its own peril—as do you. Ken Howard, an HIV positive therapist who has spent years working with fellow HIVers and observing front-deskers as the point of first contact, says: “A sensitive and caring receptionist can become a support system, but an abrupt, inappropriate receptionist can undermine the good work of a therapist, doctor or nurse.” He adds: “Clinical administration must also realize that receptionists aren’t paid or trained enough to be counselors in their own right. Unlike, say, law-firm receptionists, they need to be taught how to deal with the impaired and difficult patient.”

In some instances, it maybe the receptionist who is impaired and difficult (for tips on winning over even the steeliest Nurse Ratchet, see “Five Keys to the Front Desk’s Heart”). Beyond complaining to your doctor, you should also know that your privacy and confidentiality, as well as your medical records, are protected by law (see “Intimacy Issues” below).

In rural areas, where access to treatment information may be limited, HIV doc receptionists wield even more power. Judd Davenport, 31, who has been HIV positive for nine years, lives in Hartshorne, Oklahoma, a 90-minute drive from his Tulsa doc. “It’s horribly stigmatic for HIVers here in southeastern Oklahoma,” says Davenport. “This is the boonies,and AIDS isn’t treated here—it’s like all mention of it has been blocked out.” He depends on his Tulsa receptionist, Dorinda Jones, for referrals and med info, an abiding friendship and mutual respect. “Dorinda’s my everything,” he says. “You don’t know what it’s like to finally meet someone who won’t whisper that you’re HIV positive behind your back.”

Receptionists insist that the office environment provides more than a psychological lift. “If the patient loves the office, it’s sometimes one of the strongest reasons for them to hang on,” says Dunham. As Cincinnati’s Mark Reed was battling opportunistic infections and weight loss, “Jeana would tell me how good I looked. And when I called her on it, she said it was the real ‘me’ that made me look so beautiful.” When Reed and Giglio both turned 40, Giglio treated him to dinner and tickets to Rent. “I believe she’s added years to my life,” Reed says.

As miraculous as such relationships can be,working at an HIV practice is often demanding and draining, even in this age of “AIDS as a manageable disease.” Dunham recalls a patient,whose partner had just died, who slipped in through her clinic’s back entrance and insisted that the death certificate be signed immediately. “In his anger and grief, he screamed and yelled,” she says, “and scared the shit out of me. Eventually, he apologized, but we changed the locks.”

Intimacy Issues

Just because you and your receptionist play Uno every Wednesday night doesn’t mean the front desk can dish about your medical history. The Health Insurance Portability and Accountability Act

of 1996 (HIPAA)created standards to protect personal medical information when new technologies threatened privacy. HIPAA guidelines prevent docs,pharmacists and insurance companies from sharing your info with others.

It guarantees: Access to records: You can request copies of your medical records and correct errors.

Notice of privacy practices: Health plans and care providers must tell you how personal medical information is used.

Limited use of information: Your consent is required before identifiable information is shared or used.

Confidentiality: You can insist that your insurance and doctors ensure confidentiality.

Marketing restrictions: Pharmacies cannot use patient information for marketing purposes without consent.

Complaints: You can file a complaint if your health information was wrongly revealed within the past 180 days. Drop by www.hss.gov/ocr/hipaa, or call 866.627.7748.

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