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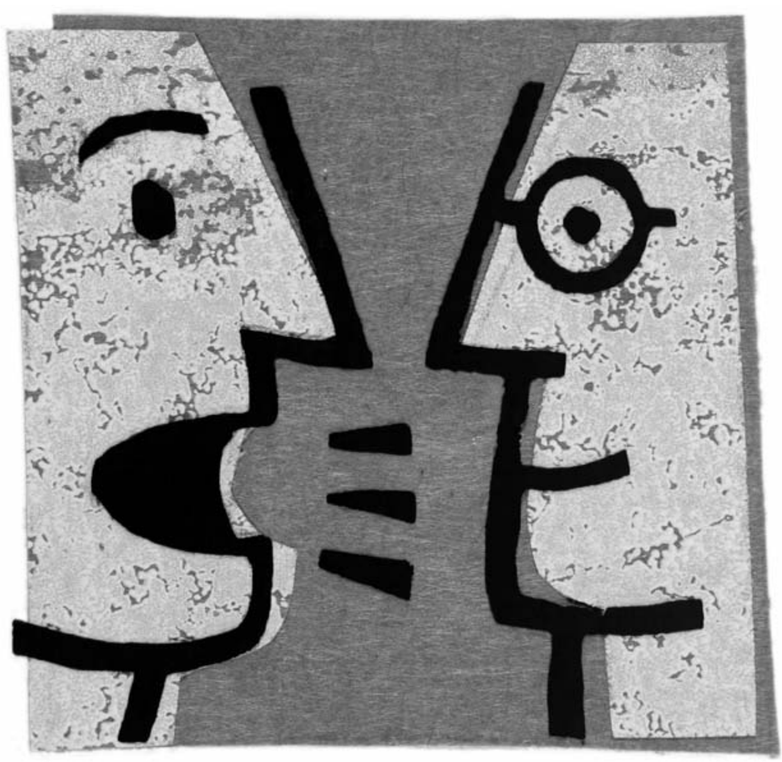
Rx for success:
communicating to reduce risk



a TMLT risk management publication

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Contents

Introduction

Attention to quality service has seen a dramatic increase in many industries, including hospitals, but some medical offices have been slow to change in the area of quality service.

The management skills of physicians and office staff are frequently learned by accident, rather than purposefully developed. Inexperienced and poorly trained staff are put in positions for which they are not prepared. Inadequate skill in communication and patient relations, as well as in appointment management and complaint resolution, often result in staff members becoming as frustrated as patients and problems remaining unsolved. In the long term, this lack of attention to staff development and quality service results in poor financial returns.

The good news is that staff members want to learn better techniques for resolving patient problems. And patients want to be served by physicians and staff who are responsive, reliable and empathetic. This book is written to provide a resource for addressing the many patient problems that occur every day, using communication techniques that demonstrate respect and helpfulness toward patients, and generating respect and results for the staff. This assertive balance of demonstrating respect for self and respect for others is fundamental in achieving positive solutions to recurring problems.

Each situation described in this book was presented in writing during risk management seminars offered in Texas and Indiana over a four-year period. They reflect a cross-section of questions and issues raised by office staff from large and small practices, from clinics and hospitals, from experienced and inexperienced staff, and from physicians, receptionists, nurses, technicians, billing and insurance specialists and medical assistants. We offer these techniques and recommendations as one way to increase the quality of day-to-day interactions between patients and the staff dedicated to serving them well.

Before you begin, this risk management publication is not intended as legal advice. When dealing with specific legal issues relating to risk management, please seek the advice of professionals.

This publication has been reviewed by Texas Medical Association's Advisory Committee on Risk Management — Joe Mendoza Jr, MD, FAAFP, chairman; and TMA's Office of General Counsel.

Basic communication skills

Do you look at a patient as just another body in the waiting room or an individual with specific medical and human needs? Do you hate the part of your job in which you have to discuss fees? Are you easily manipulated? Are you hesitant or uncomfortable when confronted by a demanding patient? Do certain kinds of people make you angry? Does this anger show on your face and in your tone of voice when these patients are in front of you? Of course it does.

Attitudes show up physically before you even begin to speak. The look on your face, eye contact or lack of it, a smile or lack of one, and your posture all communicate your feelings about patients. Three techniques can help improve your relationship with patients.

An attitude of respect and helpfulness

The first communication technique to improve your ability to work with patients is this:

1. Choose to display an attitude of helpfulness and respect.

That attitude will look like this: you'll have an appropriate expression on your face, perhaps a smile or a look of concern. You'll look the patient in the eye. Sit or stand erect. These acts convey to the patient that you are friendly, confident and willing to help them resolve whatever issue comes up. No matter how you feel inside, deliberately display a helpful, respectful attitude on the outside and maintain that attitude throughout the conversation.

Positive thoughts

Speaking of how you feel on the inside, here's a second technique to get your mind under control:

2. Think positive thoughts about your job, your patients, and your skills.

We all have those voices inside our heads that are constantly telling how good or how bad we are at whatever we're doing. Your voice probably tells you all sorts of negative things, like how these techniques will never work, how awful Mrs. Jones is to talk to, or how terrible it is that these people won't pay their bills. Turn that negative voice off. Instead, choose to hear comments like these:

- "*Our appointment policies are clear and fair. They work for the patient and for us.*"
- "*I'm good at helping people work out ways to pay their bills.*"
- "*Mrs. Jones needs a little more understanding than other patients do.*"

The impact of thinking positively about ourselves, our skills and our patients really is amazing. And the impact on the patient when you smile and present yourself with confidence and competence is very powerful. Patients don't argue as much with a person who appears to be in control.

A caring tone of voice

Add to your powerful image the control of your tone of voice. Communication research has shown that much of what we communicate is interpreted through our tone of voice. We can use the same words with different tones and mean very different things. Think of this phrase,"You'll have to see the doctor before he'll renew your prescription, Mrs. Jones." We can sound sarcastic or caring or impatient or bored. Consider the impact of a sarcastic tone versus a caring tone, and the reaction we're likely to get as a result.

While we can't control the patient's response to us, we certainly can influence it. If that influence is positive, it will significantly reduce the level of negative response we get in return. So here's the third technique:

3. Consistently use a calm, confident and respectful tone of voice throughout the entire conversation with the patient.

Avoid the temptation to sound parental or sarcastic or bullying. Likewise, don't sound weak or hesitant. And especially, don't lose control of yourself if the patient becomes upset or angry. If you feel your defensiveness rising, slow down, take several deep breaths and regain your control. Maintain confidence in your ability to handle the problem and continue to show respect for the other person. Focus on responding calmly rather than reacting defensively.

These three techniques — physically presenting yourself with straight posture, good eye contact and a smile; mentally preparing yourself with positive thoughts; and vocally expressing yourself in a calm, confident and respectful tone — combine to present a professional, powerful demeanor and set the stage for successful patient interactions.

These techniques add strength regardless of your age, stage in your career, or position in the practice.

Handling patient objections

Patients can be very creative in their attempts to have exceptions made to policies and practices. Here are some basic techniques you can use to respond to the patient situations outlined in the next chapters.

As you prepare to communicate with more difficult patients, be sure to maintain an attitude of respect and dignity toward them, regardless of their behavior. Do not let an angry or manipulative person trap you into a fight, where you might lose control or give in. Maintain the attitude that the patient has a number of options, and that you are more than willing to negotiate within those options.

Keep your tone of voice calm and firm. Use humor when appropriate, but be careful not to demean or anger the patient with teasing humor that might be interpreted as sarcasm. Maintain direct and firm eye contact and a straight posture. These actions all communicate strength and control.

Know how to get backup from other staff or your supervisor when you need it. Talk over difficult situations as you anticipate them and be prepared to make a referral to another person to resolve an especially difficult problem. Keep developing your own skills so that you are comfortable and confident in your abilities to work out problems.

The four-step process to problem solving

When faced with a highly emotional patient, our tendency is to be logical, quoting policy and trying to reach a solution so we can get the patient out of the office. But, when emotions are high, logic is low. So our first task is to lower the emotional level of the patient so a reasonable solution can be negotiated.

The second task is to determine the real problem, then define an appropriate response rather than a knee-jerk reaction. Both tasks can be accomplished by using the four-step process to problem solving. It is a very useful tool to work out all kinds of problems, big and small. The four steps are:

1. Listen attentively
2. Show concern
3. Clarify details
4. Respond assertively

1. Listen attentively

First, spend several minutes letting patients tell their story. Let them tell the whole story without interruption. Be careful not to become defensive about your policies or practices, react sarcastically, or appear rushed. Use good eye contact and take notes, if appropriate. If the patient gets off track, use phrases like these: "Tell me more about . . . " "Then what happened?" or "How did you feel then?" These phrases invite patients to continue their story, albeit in a specific direction, rather than disrupting the story and causing them to start over.

2. Show concern

After patients have completed their story, show appropriate empathy or understanding for their situation. Use phrases such as:

- "*I can see how you might have gotten that impression of us.*"

- “*It must be really difficult for you right now.*”
- “*I can see why you're concerned.*”
- “*I'd feel that way, too, if I were in your shoes.*”

You don't have to agree with the patient's story or point of view. Simply show understanding for the situation. The benefit of listening and showing empathy is that the patient begins to feel understood and respected as a person, and emotions usually are lessened. You get a better perspective on the situation and probably some ideas for potential solutions, and the patient is less likely to react defensively.

3. Clarify details
The next step is to clarify any details or points in the story that are important to reaching resolution. Focus on those items that will give you information and clues about how to approach a solution.

4. Respond assertively
Finally, once you have a clear understanding of both the facts and the emotions of the situation, you can choose an appropriate response. Use an “ideal solution” question:

- “*What would you like me to do to solve this problem?*”
- “*What would be your ideal solution to this problem?*”

The patients' responses may surprise you; they may already have worked out a perfectly acceptable solution. Using their responses as a starting point, you negotiate the best possible agreement, being clear about your policies and possible exceptions, outlining the patient's choices, and working toward a solution.

The purpose of these four steps is to give you a structured way to approach problem solving — a way that is safe, respectful and productive for you and the patient. This method doesn't take much time and reduces the stressful emotions to a manageable level.

Three useful techniques

Some patients object when a change in policy or in the patient's financial situation occurs, or when a surprise they didn't expect happens. These objections can be controlled by making sure changes are communicated clearly, as we discussed earlier.

Others occur when the patient is inconvenienced by a policy, such as making an appointment for a checkup before refilling a prescription. If you communicate in ways that show empathy for and understanding of patients' situations, even though you may not agree with their point of view, you will stand a better chance of reducing tension and resolving problems.

“Wish I could”
Here are three good techniques to use when handling minor objections. The first technique, “wish I could,” is an empathetic way to say no. Use it like this:

- “*I wish I could do that for you, Mrs. Cole, but our policy is very clear.*”
- “*I really would like to be able to handle your bill that way, but I’m not able to.*”

Use this technique with a sincere tone of voice to let the patient know you would really like to help them, but you can’t.

Agree in principle
The second is agree in principle. Rather than arguing with patients over an issue, use this technique to suggest that their point of view is possible, which shows empathy, then present what you are willing or able to do.

- “*It may seem that way sometimes.*”
- “*I can understand how you might see it that way.*”
- “*I know it may sound as though we’re only concerned about money, Mr. Smith. We just feel that you and our other patients are better served if we’re as clear about financial issues as Dr. Michael is about medical care and treatments.*”

Broken record
The third technique is the broken record. This technique is most effective with patients who won’t give up, who keep trying to get you to do something their way. Your response is to stay firm, using a calm tone, and repeat over and over what you are willing or able to do. You don’t need to come up with new excuses or reasons why. Just repeat your position politely and calmly. It sounds like this:

- “*Mrs. Wilson, with this particular medication, the doctor requires patients to come in for a checkup before refilling the prescription. Is 2 p.m. tomorrow a good time?*”
- “*Mrs. Wilson, I know it would be easier for you just to get a refill, but it is very important that Dr. Case check your condition first. Will 2 p.m. work for you tomorrow?*”
- “*Mrs. Wilson, I know this is frustrating for you. If you can come in tomorrow, you’ll be able to talk to Dr. Case about the need for a refill based on your condition. Shall I put you down for 2 p.m.?*”

By the way, this technique is particularly effective with patients using abusive language either in person or on the telephone. Make sure your tone is firm but calm.

- “*Sir, I’ll be happy to help you as soon as you stop swearing at me.*”
- “*Sir, if you continue to swear, I’ll have to hang up.*”
- “*Sir, you’ll have to call back when you’ve calmed down. I’m hanging up now.*”

These three techniques, "wish I could," agree in principle and broken record allow you to stay in control of the situation, while showing concern and respect for the patient.

The three-step assertive response

As objections become stronger, patients become more emotional, or situations become more serious, use a three-step assertive response:

1. Show empathy for the patient's situation
2. State how you can help them resolve the problem.
3. Describe the benefit to patients if they take your suggestion.

Here are some examples:

Staff member: "*Mrs. Thompson, I can see that you're upset about the diagnosis and concerned about your treatments. Why don't you come into my office for a few minutes? You'll be able to regain your composure, and I'll answer your questions about the treatment plan. We want to be sure you're more comfortable and understand the treatment before you leave.*"

Patient (angrily): "*You used to bill me, and I always paid on time. How come you won't do that anymore? Don't you trust me?*"

Staff member: "*Of course we trust you, Mr. Emmons. And I know you miss the convenience of billing. We changed our policies because some didn't pay. And we don't want to raise our fees to cover the costs of those who didn't. We've worked out some alternatives which are just as convenient. May I tell you about them?*"

By staying calm and helpful, showing understanding for the patient's situation and describing the benefits to the patient, you increase your chances of gaining cooperation with your policies. You are preventing small problems from turning into big ones later on.

Angry, belligerent patients

On occasion, patients will become angry, stubborn, uncooperative, manipulative and even abusive. Great control is needed to maintain your composure with these emotional people, but keeping your cool is important. Remember that patients will do this to anyone they can, not just you. This is not personal!

Be prepared

Be prepared to communicate with difficult people, as we discussed earlier. First, monitor your physical and emotional reactions. Do you become flushed? Does your stomach churn or your shoulders get knotted up? Do you lose your temper quickly when challenged, or get sarcastic and nasty right back?

Your body reacts quickly to challenge; its natural tendency is fight or flight. Some people start fighting when confronted; others flee, by hiding, giving in to the strong demands, or finding someone else to handle the problem. Learn to recognize your physical signs as soon as they begin to appear so you can make changes as necessary.

Also, recognize the negative or fearful messages you may have in your head. Stress management techniques like taking several deep breaths or giving yourself positive messages such as,"Our policies are fair to our patients," or "I'm capable and confident of handling this person," can help you stay in control. Imagine a clear acrylic shield protecting you from the patient's slings and arrows.

Strengthen the three techniques

The techniques we have described previously, the four-step process, "wish I could," agree in principle, broken record, and the three-step assertive response will work with more difficult patients with a few adjustments. Your tone of voice becomes slightly firmer — not necessarily louder, just firmer. Be careful to keep a calm, businesslike tone; don't give in to the temptation to be sarcastic or patronizing. Keep direct eye contact and a straight posture. Put yourself at the same eye level as the patient. If the patient is standing, stand up; or if the patient is sitting, sit down. By the way, if you are much shorter or smaller than the patient, they may perceive themselves at a physical advantage. Sitting down reduces that difference.

If possible, move an angry or disruptive patient to a private office so that other patients and staff are not disrupted. Asking the office manager to join you or take over the problem may be an option, but always use the situation as a learning experience so you will be able to handle similar problems on your own. Remember that solving patient problems is part of your job, so learn to be an expert!

Now let's see how these techniques work in real patient situations.

The following pages include the most often asked questions from medical office staff, submitted in risk management workshops over a four-year period.

Appointment making and breaking

Problem
"I give patients one or two choices of appointment times, and they still are not happy. They want to be able to tell me when they want to come in."

Solution
Of course they do. Most people have to schedule appointments around work, family, and personal commitments in order to manage the rest of their lives. Don't worry about why patients can't fit your schedule. Just focus on meeting their needs. Make appointment setting simple for you and the patient.

If the need is not urgent, ask patients what days of the week and times of day are most convenient. Find at least three times in your appointment book that most closely match their need and ask if any of them would be convenient. If none work, try three more. Keep trying until you find a match. Maintain a helpful tone in your voice, especially on the telephone.

You show empathy for patients' situations by asking for their preference first and giving them several choices. You'll also save time for both of you.

Problem
"How can we explain to patients that while testing, e.g., for cervical cancer, is important, it's not an emergency and we still have to work with our appointment schedule?"

Solution
In this situation, you must put yourself in the place of patients. Think how frightened they must be with even a remote possibility of a cancer or any other serious disease. The patient certainly considers the test an emergency, even if it doesn't meet the office definition. Staff responses must focus on empathy and assurance. Using a warm, concerned tone of voice, start with empathy statements:

- "*I know how concerned you must be. We'll do everything we can to get you in as soon as possible.*"

Then, give three choices as indicated in the previous situation. If they want to get in sooner, tell them you'll call them if you have any cancellations. Use wish I could statements to assure them of your concern:

- "*I wish I could find you an earlier appointment, Mrs. Johnson. I will be sure to call you if we have any cancellations. I know you're concerned.*"

If possible, offer to have a nurse give them additional information about test procedures, time needed to process results, and how and when patients are informed of results. Sometimes information will reduce fear. The contact with the nurse may help to reassure them that they are in good hands.

Problem
"Our doctor is a general surgeon and is often late arriving at the office. Our worst problem is trying to deal with angry patients who put the blame on the office staff."

Solution
Surveys have found that having to wait for doctor's appointments is one of the most frustrating issues for patients. And we know it frustrates staff, too. One recent survey showed patients think 20 minutes is a reasonable wait. How does that compare to the average wait in your office? Patients expect to wait; however, they become frustrated when the wait is excessive, if they could have been informed, or if they could have made changes in their schedules. Take a look at the appointment-making system first to see if any changes need to be made in the way patients are scheduled.

Do you see a semi-predictable pattern to the doctor's schedule? For example, is he or she always at least 30 minutes late on the days he or she schedules surgery and generally on time on the days he or she doesn't? If so, make adjustments in the appointment schedule to accommodate that pattern. Can the physician advise you the day before of any delays expected the next morning because of changes in patient conditions or scheduled surgery? Ask the doctor to call you from the hospital each morning to tell you his or her expected arrival time.

If you make reminder calls to patients, you can tell them of any delays you expect so they are prepared. It may take a little more time the day before, but it will be worth the time and energy you'll save the next day when you don't have to deal with angry patients. Be sure to apologize for the delay and show empathy and concern in both your words and tone.

When patients are waiting in the office, keep them informed regularly (when they sign in and about every 15 minutes thereafter) of the anticipated waiting time. If you make the effort to keep them up-to-date, showing empathy and concern for their delays, they'll feel as though you care about their needs. While it won't keep them from getting frustrated, it might reduce the level of their anger and help them see that you're doing all you can to ease the situation. Treat patients like adults — give them choices like rescheduling or going for lunch or coffee while they wait. If they live or work nearby, offer to call them at their home or office when the doctor does come in.

Problem

"We get frustrated when friends of the doctor or regular patients walk in with no obvious problem and expect to be seen without an appointment. They know full well we work by appointment only. How do you make it clear to them to call for an appointment first?"

Solution

If you do see those patients, even once in a nonemergency situation without an appointment, you are reinforcing that behavior by letting them know it's okay not to schedule in advance. They'll drop by on the odd chance that you'll let them in again.

First, make sure the patient has no urgent medical condition; perhaps a nurse needs to assess the patient. Then use the "wish I could" technique:

- "*Gee, I wish we could get you in to see the doctor today, but we're completely booked. We do have an opening on Thursday, if that would work for you.*"
- "*I'm sorry you were inconvenienced today. You'll recall that we work from appointments. Here's our card with the phone number. Next time, just give us a call first to see if we can work you in. It'll save you a trip.*"

Focus on the benefit to them of making an appointment, rather than getting angry with them for not cooperating.

If the patient is a friend, check with the doctor to see how he or she would like you to handle the situation. Perhaps the doctor suggested that they drop by the office. If that's the case, show the doctor the schedule for the rest of the day, indicate the current delay for patients in the waiting room, and ask him or her to determine when to work in the friend. If the doctor isn't able to see the friend, use the techniques above to schedule an appointment.

Problem

"We have problems with patients who call and insist on being seen right now! They call at the close of the day even though they have sometimes had the problem all day or for several days."

Solution

People will delay calling the doctor for a variety of reasons. Perhaps they thought they could control the problem with over-the-counter medications, or that the problem would resolve itself quickly. The reasons aren't important — don't worry or argue about them or ask why they didn't call earlier. Problems get scarier late in the day or at night so that's when some people call.

Do what you can for the patient at this point. It is important to have a nurse or doctor evaluate the patient's condition to determine if he or she needs to be seen immediately and where he or she should be seen —

the office or the emergency room. Don't assume the problem isn't serious or your doctor might end up in the courtroom. If the problem is not critical, offer the patient the next available appointment as you would with any patient. Watch your tone of voice — late in the day, your voice shows that you are tired, irritable and ready to go home! Show empathy, use wish I could or broken record techniques and keep your tone friendly and concerned.

If this is a recurring problem with a particular patient, the office manager or nurse may want to speak to the patient about it when he or she comes in for an appointment. Sometimes calling attention to the behavior and reminding patients of alternatives can work. The conversation might go like this:

- "*Mr. Jackson, the last three times you've had a problem, you've waited until almost 5 p.m. to call us, wanting to come in to see the doctor. We've had problems trying to work you in and get you treated. If you would call earlier, by noon or so, we would be able to avoid hassles and take care of you much more effectively. Would you consider doing that the next time you're not feeling well?*"

Telephone troubles

Telephone fundamentals

When you are speaking on the telephone, your tone of voice and your choice of words are the two means of communicating with the caller. The tone of your voice is magnified because it is the only nonverbal clue the caller has about your willingness to help with the problem. Be on guard when answering the phone; make sure your tone stays warm and friendly and that your responses to the patient are professionally helpful.

Be especially observant of your tone and responses toward the middle to end of the day or when you are rushed. Office staff often are accused of being rude on the telephone when the real problem is weariness or stress.

Always answer the phone with the name of the practice, your name, and the phrase “How may I help you?” or “How may I direct your call?” Adding “how” to “may I help you?” conveys a strong willingness to be of service to the caller and sets a positive first impression.

If the practice name is long or cumbersome, use an abbreviated form which communicates the nature of the practice. For example, “family practice clinic” or “oncology center” is better than “doctor’s office.”

Problem

“I deal with patients who call frequently, demanding to speak with the nurses or doctors immediately, insisting that it is very important. They say they do not have a number at which they can be reached and it’s necessary to speak to someone now.”

Solution

Be very businesslike with demanding callers, maintaining a professional tone and giving clear information and choices. For example, you might say:

- “*Mr. Conner, Dr. Jackson is with a patient right now. It will be about five to 10 minutes until he is free. Do you wish to wait on hold for that long or would you prefer to call back. I can’t guarantee that he will be available when you do call back, but we’ll make every effort to get someone for you to talk with.*”

This is much more effective than simply saying “No one’s available right now. You’ll have to call back.”

You might suggest best times to reach a doctor. Are there any breaks in the schedule? Does the physician or nurse set aside time around noon or the end of the day to return calls? If you can find out the nature of the call, you can pull the file so the physician or nurse will be better prepared to handle it properly.

Problem
"What can you do when a patient will not reveal the importance or nature of the call? I don't know what to tell the doctors, and they get upset because I can't give them enough information. I'm caught in the middle."

Solution
Be very direct with these callers — they may feel that you are trying to screen them out rather than in. Use a caller's name frequently; keep a caring tone in your voice and reassure the caller of your intent to help. Focus on the benefit of the caller giving you more information.

Use phrases to prepare the patient to answer your questions:

- "*Mrs. Dean, the doctor has asked me to get some information about the nature of your problem. Could you tell me generally what the problem is?*"
- "*The doctor can respond to your call more effectively if he knows the nature of the call. Will you tell me just a little bit about your concern?*"

Another option is to suggest the patient speak with a nurse. Some patients aren't comfortable giving personal medical information to a receptionist, but are more responsive to a medically-trained staff member.

Your doctor can reinforce this technique when he returns the call:

- "*I appreciate your telling Mary the nature of your call. It helped me be more prepared to answer your questions.*"

With a patient who would not give information, the doctor could say:

- "*Mrs. Dean, the next time you want me to call, I would really appreciate your telling Mary briefly what you need. Then I'll be better prepared to talk with you.*"

Never tell a patient the doctor won't call them unless they tell you the nature of their call. That might be interpreted as withholding care or abandoning the patient.

Problem
"I have the opposite problem. Some patients go into a long, detailed explanation of their problems when I don't have time to listen or answer questions. How can I handle them?"

Solution
Be sure to let these patients know you care about their problems and want to help them. Brushing off or rushing patients can be risky. You

might miss important details or, at the least, irritate the patient by not being attentive to them. If you are a nurse, be honest with the patient about the time you have available and make arrangements to call them back when you have more time to listen. And make sure you follow through.

If you are a receptionist or nonmedical staff, make a referral to an appropriate person or offer to have such a person call the patient. Stress the benefit to the patient of having the undivided attention of the medical staff rather than being rushed. Use empathy statements, "wish I could" and offer alternatives, in a warm and caring tone. When you return the call, use the four-step process: listen, show concern, clarify details and respond assertively.

Problem
"I would like to be able to handle angry or demanding patients who do not want to be kept on hold. When the person they wish to speak with is on another line or busy, I don't have any other choice."

Solution
You know from your own experience how frustrating it is to be put on hold. And have you ever timed how long your patients have to wait on hold? One minute seems like five when you're waiting on the telephone. As always, watch your tone of voice so you don't sound irritated. That will only aggravate the situation.

Use empathy statements and "wish I could" with these people and offer them choices. Use a phrase like:

- "*I know how frustrating it can be to wait on hold, Mr. Carson. I wish I could put you through to the doctor right away, but he's with another patient. If you want to hold, I will make sure you're the next person he talks to. Or I can have him return your call sometime this afternoon. Which do you prefer?*"

If they continue to object to waiting, use the broken record technique, repeating their choices of holding or getting a return call.

Make sure you check back with callers every 20 to 30 seconds, so they know they have not been forgotten. And each time you speak with them, tell them how long you expect the wait to be and ask if they wish to continue holding or have someone return their call.

Problem
"We have patients who call five minutes before closing on Friday and want prescription refills because they are going out of town for the weekend. Why can't these people call earlier? They know our refill policy!"

Solution
Some people get busy when planning a trip and don't think about medications until they are packing. Others are just last-minute people. Don't spend a lot of energy being frustrated with them.

If the medications are of the type that require a checkup before refills, make an appointment for them as soon after their return as possible. The doctor can prescribe just enough medication to last until that appointment. Otherwise, use normal refill procedures. If drug abuse is suspected, ask the doctor how to handle the request.

Problem
"An aggressive patient called on the phone and used bad language. I asked her not to yell at me. What should I have done?"

Solution
If your tone of voice was firm and professional, you probably did okay. Work on telling patients what you want them to do and describing the benefits of that behavior rather than telling the patients what you don't want. For example, you might have said:

- "*Miss Smith, I could understand your question better if you'd lower your voice*" *or* "*Miss Smith, I'll be happy to help you but you have to stop swearing at me.*"

If they continue their abusive behavior, use the broken record technique to end the conversation.

The noncompliant patient

Problem
"Some patients refuse to give complete information when filling out the registration form. What's the best way to handle them?"

Solution
Confronting the omissions will work with many of your patients. Use a colored pen to mark the items they left blank. In a pleasant but firm tone, say:

- "*Oh, it looks like you missed a couple of items. Would you please fill in the ones I have marked?*"

If they return with one or two still blank, ask them the question and fill in the answer yourself.

Patients may challenge you with statements like "What do you need to know that for?"or "That's none of your business." If they do, use the agree in principle technique and focus on the potential benefit to the patient. For example, you might say:

- "*It may seem a strange thing to ask, but we'd just like to always be able to reach you or a family member in case of a medical emergency.*"

Problem
"I get frustrated when patients complain that they're not getting any better. When I ask them if they're taking their medications the way we instructed, they say 'no.' But they expect to be cured anyway and get angry at the doctors and at us when it's their own fault."

Solution
Noncompliant patients are very frustrating. You wonder why they bother coming in if they are not willing to follow the treatment plan. Be sure to document in the patient's chart any information regarding noncompliance with treatment. Note the date, time and context — office visit, telephone conversation, etc. — the exact words of the patient, and your response. And always report these conversations to the physician so he may take appropriate action. This documentation is essential in the physician's defense should the patient decide to sue for any reason.

Use the four-step process to problem solving to gather information. Try not to sound annoyed or angry with them. You might sound like this:

- "*Mr. Johnson, when you tell me you're not feeling better, but that you aren't taking the medication we prescribed, I get really frustrated. What is it that keeps you from taking the medication?*"

Be sure to pause for the patient's response and listen carefully, showing empathy and clarifying details.

Then focus on increasing the patient's understanding of the treatment process, the benefits of following through, and the health consequences of not following the treatment. Work toward building an agreement that the patient will take the medication as prescribed for a particular time period. You might say:

- "*Do we have an agreement then, Mr. Johnson, that you will take your medications exactly as prescribed for the next 10 days, and if there are any problems, you will call the office. Good. Then I'm going to hold you to your word to keep this agreement.*"

Your focus shifts to patients keeping their word, or being trustworthy. You might want to make a series of reminder or follow-up telephone calls if a patient's condition warrants. If patients do not comply, your next conversation focuses on why they were not able to keep their word and emphasizes the effect on their health.

If the patient continues to be noncompliant, be sure to document in detail your efforts to inform, treat and encourage cooperation.

Problem
"The most difficult patients we have are those who decline to get recommended testing done. They seem to consider all tests as unnecessary and always use cost as the reason for declining, even when they have insurance that will pay 80 percent."

Solution
Unnecessary testing by physicians has gained much publicity. As a result, some patients tend to suspect any kind of recommendation from their doctors. Using cost as a justification is easier than suggesting that they don't trust their physician's recommendation. Try emphasizing the benefits of the tests to the patient, to the improvement of their condition, or to the ability to more accurately diagnose and prescribe treatment.

Sometimes enlisting the help of spouses or family members can work. If not, be specific about the possible consequences on the patient's condition and clearly document the information given and the patient's refusal to be tested in the chart.

Problem
"I was trying to interview a patient to identify the chief complaint for the physician. He first stared out the window, then turned his back. I moved near him to at least try to make eye contact, and said pleasantly, 'I'll move over here by the window so we can converse a bit better.' But he didn't respond. What else could I have done to get him to talk?"

Solution
From the description you give, it appears that the patient didn't want to talk with a nurse, or perhaps to a female, about his complaint. Assuming the patient was not chronically depressed, the only other suggestion might be to be direct about the information you needed. For example, you might say:

- "*Mr. Reynolds, the doctor has asked me to identify the reason you're here. What would you like me to tell him?*"

If the patient still chooses not to respond, note it in the chart and inform the physician.

Problem
"How do you handle noncompliant patients who won't come in for follow-up visits, won't follow the doctors' orders, then won't pay the bill because they are not getting better?"

Solution
If using the techniques above don't get results, the final alternative is to discharge the patient from the practice. This consequence must be a medical decision made by the physician, and the pattern of noncompliance with treatment and follow-up visits should be thoroughly documented in the chart. For more details, see "Discharging patients."

Rude and impatient patients

Problem
"Some of our patients want medical advice outside our surgery specialty. They want to see our doctor about everything, since they've been 'his' or 'her' patients for 20 years. We know they need advice, yet they won't find the proper physician to help them."

Solution
Physicians put themselves in risky situations by practicing outside their specialty. If surgeons so much as write a prescription for a bad cold, they have encouraged the patient's behavior and shown their willingness to treat problems other than surgically-related ones. If it happens once, the patient will try again with other problems.

If the patient persists with the receptionist, a nurse and eventually the surgeon should be very clear with the patient about the limits of the practice. The only advice given should be resources to find physicians in appropriate specialties, such as county medical societies or physician referral services, and the consequences of delaying treatment. This information should be documented in the patient's chart.

The broken record technique supported by empathy statements can be used with persistent patients. The conversations might sound like this:

- "*Mr. Clausson, I know you would like to see Dr. Jones about your indigestion problems, but you really need to see an internist.*"
- "*Mr. Clausson, Dr. Jones doesn't treat stomach problems. Let me refer you to the Doctor's Referral Service at the hospital so you can find another physician to treat that problem.*"
- "*Mr. Clausson, Dr. Jones appreciates the trust you have in him, but he does not treat stomach problems. He's concerned that you get the right treatment from the right physician, so that you get well. Do you have a pencil? Let me give you the number for the referral service.*"

Problem
"We have a lot of angry, older patients who are very demanding and don't want to listen. They talk loudly, even to the point of yelling. How can I keep them from getting to me so I stay in control?"

Solution
Older patients make up a large part of many practices now and will be the fastest growing segment of the population in the coming years. Managing your reactions and communicating effectively with them is a skill critical to your job success.

Start with some empathy for these patients. Consider why these patients might appear to be angry. While great diversity in older patients exists, many are fearful of developing serious illness in their senior years and are concerned about having sufficient resources to care for themselves. If they have recently retired, they may be feeling useless or not needed. Depression is frequently observed in older patients who have lost spouses or friends. They may be confused about Medicare or other insurance coverage or about their finances.

Add to that physicians who may treat their ailments without empathy for their situations, or office staff who are young or impatient with them, or office policies that don't serve their needs. They may get nervous about driving to the office, facing a long wait, and then, in their perception, being rushed by the physician and left unsure about what they have been told. After that, patients have to fill out forms that don't make sense and pay bills that they thought were going to be paid by someone else. All this creates stress, on top of not feeling well!

To address the needs and concerns of older patients, go through the steps outlined in basic communication skills, checking your attitude, posture and tone. Instead of dreading their visits, think positive thoughts about your ability to make older patients feel more comfortable while they are in the office.

Use the four-step process to manage problems. Many senior citizens feel that no one takes the time to listen to them. Active listening and showing concern and empathy for their situation can pay off for you in reducing their emotions. Make sure you clarify the details of their problems to demonstrate your understanding.

In your responses to them, provide clear information and facts, using educational materials or written notes as aids. Avoid using medical jargon or terminology patients don't understand. To check their understanding of treatments, medications, etc., ask patients to repeat instructions back to you and clarify any misconceptions.

While this process may sound like it will take a long time, think of the time you otherwise spend being frustrated, having patients yelling at you and disrupting the rest of the office. Consider how you would like your parents or grandparents to be treated. As you use the process more frequently, you will find that both your time and energy are conserved, and patients remain calmer throughout the process.

Problem

"We get a lot of patients from employers who require drug screening. The patients frequently are upset about having to take the screening tests and take it out on the receptionists by being rude and obnoxious. It's the employer's requirement, not ours!"

Solution
The patients' true emotions are likely to be embarrassment, fear of not getting a job if the screen should show recent drug use, and possibly concern about the confidentiality of test results. The rude and obnoxious behavior is a typical cover-up of true feelings.

The best way to respond is to remain very professional; this is a business issue, not a personal one. Envision an acrylic shield protecting you from the rude comments. Give very clear instructions about the test, how results are communicated, and any other relevant information. Avoid causing patients any additional embarrassment. Use humor only if you think the patient might respond positively. Move these patients in and out of the office as quickly as you can. The longer you make them wait, the angrier they will get.

Problem
"I find it difficult to handle the impatient patient who never, ever likes to wait, complains about everything and everyone, and most of the time 'forgets' the money or checkbook."

Solution
Impatient behavior is a sign of anxiety about the office visit. Complaining and causing a fuss about someone or something else is easier than confronting one's personal feelings about his or her condition, discomfort with the physician or other staff, or inability or willingness to pay.

Most of all, control yourself. Does anything in your behavior or tone increase people's impatience? Do you ignore them, cut off their complaints, or heave a disgusted sigh when they won't pay? Remember that you can influence a person's response to you by controlling your behavior, both verbal and nonverbal. The patient's behavior isn't directed at you personally; it's directed at anyone who gets in this person's way.

Remain professional and show appropriate levels of concern and empathy for the patient's situation. Use empathy statements, "wish I could," and ideal solution techniques with these patients. Use the four-step process to address their complaints, apologizing and resolving the issues that are legitimate. Review "Appointment making and breaking" to identify ways to handle long waits and "Financial problems" to review procedures for asking for payment from forgetful patients.

Problem
"I would like to learn ways to handle the patient who knows *everything*, from her diagnosis to filing insurance, to how everyone in the office should do their work. She always lets us know we're wrong. She's just too aggressive for me!"

Solution
Aggressive people want to be in control, even when they have no authority to be. Sometimes this behavior is a cover-up for an inner core of insecurity or a need for attention. If your personality is less aggressive, you may feel overwhelmed or manipulated by their controlling, demanding behaviors.

Ignoring her or putting her down sarcastically will only fuel the fire. Have confidence in your skills and in your policies and procedures and stand behind the quality of your physician's practice. Adopt the attitude of "She's not attacking me personally. That's just the way she is with everyone." Put up that acrylic shield and let her attacks bounce off. Be careful to separate any legitimate complaint from her usual critical comments. This type of patient may be quick to sue if real complaints are ignored. Use techniques like agree in principle and broken record to respond to her comments. Treat her very professionally, keeping a calm, firm tone and direct eye contact to show that you are in control.

If she hovers at the reception desk to talk and complain, give her paper and pen and ask her to write out her specific complaints and tell her you'll be happy to forward them to the office manager. You might use comments like these to respond to complaints:

- "*It may seem as though we're disorganized, but I assure you our systems work very well for our patients and for us. If you'll write out your specific concerns, I'll be happy to forward it to our office manager. Just have a seat over there. Thanks.*"
- "*I know insurance forms can be different from company to company. You'll be glad to know our staff has just completed the latest seminar on coding and completing forms properly. Our patients give us lots of compliments on their work.*"

Problem
"The daughter of a nursing home patient calls three to four times a week with complaints about the care her mother is receiving. She expects us to call the home every day to check on her mother's condition. She doesn't feel the staff at the home provides adequately for her mother and wants immediate reactions from us to correct any problems. While she is very aggressive and verbal with us, she doesn't tell the nursing home staff about her concerns, she just puts us in the middle. Her calls are very time-consuming."

Solution
Family members often feel guilty about placing their loved ones in nursing homes and try to relieve that guilt by watchdogging the care received. This person may have a high level of trust in your physician and office staff to take care of her concerns. We assume that the family had a choice or at least a voice in the selection of the specific nursing home in question and that the physician believes the home provides

appropriate standards of care for its residents.

This situation calls for intervention on the part of the office manager and the physician to clarify expectations and to assign appropriate responsibility for problem solving. It must be handled with care to prevent a malpractice claim stemming from a perceived lack of care on the part of the physician.

An appointment should be scheduled with the daughter to meet with the office manager, the physician, and the director or patient care coordinator from the nursing home. They should describe concerns appropriately handled by the physician and then discuss levels of care to be expected from nursing home staff. Be very direct in requesting that she present nonmedical concerns directly to the nursing home staff, giving her specific names and phone numbers.

The physician may want to set up a regular weekly call to discuss her mother's condition. Ask for her agreement to communicate in these new ways.

If she continues to call the office for issues not requiring the physician's intervention, have the call directed to the office manager, who can use the broken record technique to request that she comply with the agreement to contact the nursing home staff. The conversation might sound like this:

- "*Miss Grant, I thought we had an agreement about your contacting the nursing home directly with these problems. Is there some reason you can't keep that agreement?*"
- "*Miss Grant, I understand your concern about your mother's treatment. As we agreed, you'll need to contact the nursing home directly to resolve the problem. Do you still have the phone number of the nursing director?*"
- "*Yes, Miss Grant, we do care about your mother and about you. As we agreed last week, the best way to solve this problem is for you to call the nursing director yourself. Why don't you do that now?*"

Angry, aggressive patients

Problem
"I would like to know how to deal with patients who come in for an appointment on the wrong day or with patients whose appointments had to be changed, but we couldn't reach them in time. Whether it's my fault or theirs, it's a problem I find difficult. They really get angry with me."

Solution
Getting angry is a natural reaction for patients who have to arrange their day to get to your office only to find they don't have an appointment after all. What a waste of time when you're not feeling well to begin with. And pointing fingers or placing blame only aggravates the situation.

Apologize profusely, whether the delay is your fault or theirs. Show lots of empathy and use the agree in principle technique, "I'd be angry too, if it were me." Give a brief explanation but don't dwell on it. Shift the focus to giving them choices: working them in as soon as possible that day, seeing another physician, or rescheduling them at their earliest convenience.

If you can offer patients anything special, such as a reduced fee for their next visit or medication samples to tide them over until their prescription can be refilled, you can help smooth over the situation. Make a note on the appointment book or in their chart to make sure it's not forgotten. And make a special effort when they return to keep their waiting time as short as possible.

Problem
"A patient had been scheduled for surgery for weeks and had been informed at that time he would have to come in on a Monday for a preoperative appointment before his surgery on Wednesday. When we made reminder calls, he got very angry and said he had not been informed that he had to come in and that it would disrupt his work schedule. He raved at me for 15 minutes and wanted me to let the doctor know how angry he was. What could I do about it?"

Solution
Examine your reminder system, particularly for patients who schedule surgery three to four weeks or more in advance of the date. Perhaps those patients need a reminder call two weeks ahead to refresh their memories about preoperative routines so they can adjust their schedules more easily than they can at the last minute.

When patients are told they need surgery, the news can be a shock even if it is not unexpected or an emergency. In that state, patients typically do not retain all the information they are given. Written instructions may be misplaced if patients have a long wait before surgery. Taking the time to make several reminder calls is very wise and very caring. It helps patients be properly prepared, both physically and emotionally, and keeps you from having to deal with angry, upset patients or to reschedule surgery.

In this situation, do not accuse the patient of being wrong, even though you are sure he had been informed of his preoperative appointment. Simply apologize over and over for the misunderstanding, assuring him that you understand his anger and that you would be upset, too. Stress the importance of the preoperative appointment and focus his attention on finding the best possible time for him to come in.

Be sure you tell the doctor of the patient's emotional state. If anything should go wrong during surgery or if the doctor isn't perceived to be attentive enough, the patient will be even angrier and may be tempted to sue.

Problem
"We had a patient express dissatisfaction with one of our doctors. He was so loud and negative that his comments were overheard in the reception area where 10 to 12 other patients were waiting. How could we have handled him?"

Solution
Tell the patient you are interested in hearing about his concerns, but he must lower his voice so you can better understand him. As soon as possible, move the patient to the nearest private area with a door, perhaps an unoccupied treatment room or office. Then use the four-step process to uncover the root of the dissatisfaction.

Be sure to inform the physician of the patient's comments and, if possible, have the physician speak with the patient about his concerns. If patients feel strongly enough to speak out about the physician in the office, they may feel strongly enough to speak to an attorney if they don't get an appropriate response from the physician or office manager.

Problem
"How do you handle a patient who won't take 'no' for an answer? We have some patients who aren't satisfied with the answers we give based on our policies or protocols or on what the doctor has told us to tell them. The doctors don't want to be bothered again because they've already answered their questions once."

Solution
Some patients aren't satisfied unless they hear the doctor's voice answering their questions. They want the highest possible authority to respond. Once again, don't take this behavior personally, as questioning your knowledge or capabilities. These patients will use this behavior anywhere they can.

Sometimes techniques such as wish I could or broken record can work with persistent people. Or, use an empathy statement and invoke the name of the doctor. For example:

- "*I know you'd like to hear this from the doctor. Since he's tied up with patients all day, he asked me to tell you that . . .* "

Offer the patient options when possible, such as speaking with the head nurse immediately or leaving a message for the physician who may not be able to return a call until the end of the day.

Be sure to inform the doctor of overly persistent patients. While they can often be manipulative, their real health concerns should not be ignored.

Problem
"A family member of a hospitalized patient came into the office demanding to see the physician immediately. He stated he had not seen the doctor in the hospital for two days and wanted to talk with him now! He told me I might as well call the police in case he got out of control. Help!"

Solution
Obviously the family member was very worried about the patient and perhaps assumed the doctor had not visited the patient during those two days. Use the three-step assertive response to reflect concern, then assure the family member that you will get the physician for him as soon as the physician finishes with the patient in the exam room. Be very professional and businesslike, maintaining a firm, confident tone of voice and direct eye contact. Don't show fear. You might say:

- "*Mr. Keeler, I can see that you're very upset about your brother, and I'm sure Dr. Thomas will want to talk with you as soon as he's available. I'll call our office manager to arrange for you to see him.*"

Remove the family member from the waiting area so they do not arouse the other patients. If possible, invite the person to the physician's office. The office manager or head nurse should begin drawing out the story in order to begin defusing the anger and showing the caring nature of the practice. Use the four-step process — listen, show concern, clarify details, respond assertively. Be sure to get the physician involved as soon as possible or the anger will escalate again. If the physician does not respond to the family member's satisfaction, he or she is more likely to be sued than physically assaulted.

A note of caution

If you have any reason to fear physical violence, e.g., previous behavior or suspicion of a weapon, contact a security guard, if one is available, or the police. In situations where there is a question, it is better to be prepared and not need assistance. Frequently, the physical presence of an officer will help to tone down emotions and get problems solved.

Patients who avoid the truth

Problem
"A patient often will tell me on the phone that he or she is having chest pains, so we work him or her in as soon as we can. When he or she gets here, he or she just has a bad headache or a sore throat. It really makes me mad!"

Solution
The patient appears to be playing a game, "Let's see if we can get past the receptionist." If the same patient pulls this stunt repeatedly, be prepared the next time he or she calls. Use the three-step assertive response to give the patient feedback and stop the game. Be careful to use a businesslike tone, rather than scolding or accusing:

- "*You've called twice before, Mr. Taylor, and said you had chest pains, when what you really had was a headache. I can understand your wanting to see the doctor as soon as possible. Will you tell me what's really the problem this time so the doctor can be properly prepared to help you?*"

Generally, patients will know they've been caught at the game and will be more honest. Some, however, will continue to lie. Don't waste time being angry, it's not worth the energy.

Problem
"We see so many patients who deny they have a problem with weight, smoking, cholesterol, etc., even though that may be a contributing factor to their illness or poor health. When the doctor advises them to lose weight, stop smoking or change their diet, they don't want to return for follow-up visits. What can we do?"

Solution
This issue is similar to the one presented by noncompliant patients. Until that unhealthy behavior turns into a really serious health problem, such as cancer or a heart attack, these patients are not likely to change. Their seemingly minor health problems don't frighten them enough to make the effort to change what are typically lifelong habits.

The most that can be done is to educate patients about their condition, stressing the potential health risks and the effects of the bad habits. Give patients resources to help them modify their behavior, such as smoking cessation clinics or weight loss programs. Praise whatever small progress they might make.

Encourage patients to be actively involved in decisions relating to their health. Send postcards or make reminder calls for follow-up appointments. Be sure to document in their charts all information and resources provided them and their compliance or lack of it, with the doctor's recommendations. Then, let go of the responsibility for them. These patients are adults and it's their health decision in the final analysis.

Problem
"How can I gracefully handle manipulative patients who tell the staff one thing and the doctor something else?"

Solution
This situation calls for clear communication between the physician and the staff. Sometimes patients are shy or uncomfortable telling the physicians about a problem but will tell the nurse in hopes that they will convey the message. Others may think it's none of the nurse's business and will say something to end a discussion or change the subject, then tell the doctor the real story. Regardless of the situation, a standard routine between physician and nurse or staff member can help manage the discrepancies and get to the facts.

When possible, the nurse or medical assistant should review any information given by the patient with the physician before entering the exam room. Then, if the patient gives different information to the physician, the discrepancy can be gently confronted. It may sound like this:

- "*Mr. Thompson, I'm a little confused. I thought you told the nurse that you didn't have any problems with the medication we prescribed, yet you've just told me that you felt lightheaded and nauseated. Could you clarify that for me?*"

Make sure your tone of voice is gently questioning, rather than accusing. Focus on your need for clarification, rather than on the patient's manipulative behavior. Once the patient realizes that the doctor and staff communicate clearly and trust one another, the manipulative behaviors should lessen.

However, conflict and lack of trust among the staff, nurses, and physicians are easily observed by patients, and some will increase their manipulative behaviors to get what they want. So be aware of what your interpersonal behaviors communicate to patients.

Confidentiality issues

Problem
"The mother of an 18-year-old patient wants to know about the patient without her knowledge. She also wants to 'tell on' her daughter to the doctor. Is this legal?"

Solution
In Texas, 18-year-olds are considered legal age. Physicians cannot legally give out any information to parents or anyone else without the patient's consent. This is true even if the daughter is still living at home, being supported by the parents, covered by the parent's insurance plan, or any other condition. The physician and office staff members have the duty to guard that 18-year-old patient's confidentiality in the same way they would guard that of an older patient.

Encourage the parent and patient to talk with each other, but be clear with the parent about your legal limits. Keeping a caring tone in your voice, you might use an empathy statement:

- "*I understand that you'd like to know about Jennifer's condition, Mrs. Lloyd, but she is 18 and of legal age, and the law doesn't allow us to give out any information without her consent. Why don't you talk to her about her condition?*"

If the parent is persistent, use the broken record technique.

Problem
"Best friends who are pregnant and due about the same time are patients of the same physician. They both ask specific questions about each other. How can we handle this nicely?"

Solution
Use an empathy statement to show understanding, then state your limits as shown in the example above. You might say:

- "*I can understand that you're curious about Mary's progress since you're both due at the same time. We have a policy of maintaining the confidentiality of all our patients, so I'm not able to tell you anything.*"

Then change the subject. Keeping your tone warm and natural is the key to removing awkwardness from this situation.

Problem
"How can you nicely but firmly explain to caring friends and family members that we cannot discuss the patient's condition without the patient's consent?"

Solution
Once again, using empathy statements, the "wish I could" technique, and a warm and caring tone work well. Add suggestions like having patients designate one family member as the person to be kept informed or state how he or she would like to communicate with family and friends. Just be clear that no information will come from the physician's office. You might sound like this:

- "*I know how concerned you are about Cassie. You've been such good friends for so long. Our policy here is not to give any information about patients without their specific consent. I wish I could help you but I can't.*"
- "*Joe, we don't give out patient information without consent. Her son, Tom, has been coordinating her visitors.You might want to visit with him.*"

Problem
"How about when a husband calls, demanding to know if his wife had an appointment and what it was for? What should I say?"

Solution
The same rules apply. The wife is over 18, an adult, and entitled to her confidentiality. It does become harder to communicate when an angry spouse calls. You want to avoid being put in the middle of a family dispute. Using a calm, businesslike tone, state the office policy and suggest the husband talk with his wife about his concerns. If he persists, use the broken record technique. Use phrases like this:

- "*Mr. Johnson, our office policy is to maintain the confidentiality of all patients. I'm not able to give you any information about your wife without her consent. I suggest you talk with her about your concerns.*"

Be very careful of your tone; don't make the husband feel silly for asking. Focus on the business issue of confidentiality.

He may respond with something like "But I'm her husband. I'm paying for the appointment. I have a right to know!" Use the agree in principle and/or "wish I could" techniques to stay firm, but show empathy for the situation. You could say:

- "*It may seem as though you should have that right, but legally, we're not allowed to give out any patient information, even to a spouse, without the patient's consent.*"
- "*I wish I could help you, but it's illegal for us to give out any information.*"

Problems involving the doctor

Problem
"Our doctors are always late. One has appointments scheduled at 9:30 a.m. and doesn't show up until 11 or 11:30. Another wants us to schedule appointments every 15 minutes, but he takes 20 to 30 minutes regularly to examine a patient, regardless of the problem. Patients get really upset having to wait so long, and we don't get done until 7:30 or 8 p.m. It's crazy!"

Solution
Physicians seem to be the last people in the world to understand that their behavior may drive away patients. Negative word-of-mouth opinions are very harmful to any business, and especially to a medical practice. If you are the only doctor in town, you might get away with this behavior, but in many urban areas, practices are competing for patients. Those practices which have reduced waiting time by refining their appointment systems and which have reliable physicians will be more likely to build and maintain their patient base.

Communicating with your physicians on this issue can be difficult. The office manager will be the best person to carry the message. Describe the problem, the effect it has on patients, the work flow, and the staff, and ask for the doctor's help in solving the problem. Or, you may present a tentative solution, such as changing the appointment schedule, and ask for approval. Physicians are accustomed to making decisions based on data, so add any information or statistics you have on patients' dissatisfaction or patients who have left the practice.

Problem
"Mrs. Chronic Complainer is calling for the sixth time this week, and she only wants to talk with the doctor. When given the message, the doctor says he or she is going to ignore it, since the patient asks the same questions over and over, and he or she is tired of rehashing it. How do I keep my word that someone will return her call? What do I say?"

Solution
Physicians take risks when they ignore patient calls, even from Mrs. Chronic Complainer. The one time the physician doesn't return her call may be the time she has a real problem. Ask the physician what he or she would like you to say to the patient when she calls. If you are able to get the patient to ask a specific question, the physician can give the nurse an answer. The nurse then can return the call, stating that the doctor asked her to return the call. All calls and your responses to them should be recorded in the chart.

As for your response, don't promise something you can't deliver. You might use the three-step assertive response with the patient in an effort to change her behavior. Show understanding of her need, state what you can do to help, and describe the benefit to her if she cooperates. You might use this approach:

- "*Mrs. Willis, I understand that you want to talk with the doctor. He or she is extremely busy today, so let me suggest the best way to get your questions answered. If you'll tell either me or the nurse your concern, one of us will check with the doctor and call you back with the answer. That way, you'll get what you need much faster.*"

If the patient persists, use the broken record technique.

In addition, the doctor or nurse might increase the amount of time spent with the patient during appointments or the amount of educational material or information given to her about her condition, such as a summary of commonly asked questions or materials written in layman's terms. Sometimes staff tend to rush difficult patients through appointments and don't communicate well or sufficiently, which results in more patient questions on the phone. Changing our behavior often results in changed behavior in others.

Problem
"Our doctor is an excellent physician but does not spend enough time with the patients. When asked to return to answer questions for the patient, the doctor's attitude gives the impression the patient is being a nuisance. Then the patient tends to shy away and not ask all of their questions. I'm concerned that they don't get all the information they need."

Solution
Making the patient feel as though questions are unwelcome is a risky behavior. Malpractice claims have been filed based on the failure to instruct or inform patients fully. The doctor may not be aware of his or her impact on patients or may feel rushed if other patients are waiting.

The office manager, head nurse or another physician may be the best person to discuss the problem and potential risks and to help develop a solution. Use the three-step assertive response with a concerned tone of voice to give the doctor feedback on his or her behavior:

- "*Dr. Jones, are you aware that when you come back into the exam room, you give a negative impression? The patients feel like they're bothering you and don't ask all of their questions. I'm concerned that it could be a risk issue sometime if the patient doesn't ask a critical question and, as a result, doesn't get all the information needed.*"

The physician should be aware that his or her nonverbal behaviors, facial expressions, tone of voice, posture, all communicate willingness to talk with the patient. One study has shown that if the physician sits down with patients rather than stands, the patients feel as though he or she has spent more time with them. So suggest first that the physician pause at the end of the exam, sit down or stay seated, and ask the patient if he or she has any other questions. Or, when the physician is asked to come back in, he or she should have an open, pleasant look on his or her face, plus a warm tone, and should invite questions. Answering a question with positive non-verbal behavior doesn't take any longer than with negative non-verbal behavior.

Problem

"I'm the person who handles complaints in our office. How do I handle complaints about our physicians?"

Solution

The four-step process is a very good routine to use in handling all complaints. Listen attentively to the patient's story, show empathy and understanding of his or her point of view, clarify the details of the situation and determine the best response for the situation. Before stating your response, ask the patient:

- "*What would be the ideal solution to this problem, in your mind?*"
- "*What would you like to have us do about this problem?*"

Many times patients already know what will satisfy them, and you can begin to negotiate a solution to the problem. Sometimes the solution is as simple as having someone listen to their story.

Customer service research shows that 55 to 70 percent of discontented clients can be retained by resolving their problems. Furthermore, 95 percent of these clients will become loyal again if their problems are handled quickly and well. So be sure your complaint-handling process is smooth and that follow-up is complete. Document all complaints and their resolutions.

Be sensitive to serious complaints that might escalate into a malpractice claim. Inform the physician as soon as possible. Many complaints escalate because the physician or office staff will not take the time to work out the problem with the patient. Make a serious effort to stay in good communication with the patient, following through on everything you said you would do to resolve the situation. If necessary, the physician should contact his or her attorney and his or her insurance carrier for advice.

Problem

"What do you say when a patient questions the doctor's expertise, then asks the nurse or assistant for their opinion?"

Solution
Probing for more information about the patient's concern is important in this situation. Use questions like:

- *"What is it that makes you think the doctor doesn't know enough about the problem?"*
- *"Tell me more about your concerns about the doctor."*

These questions can help the nurse or assistant to determine the seriousness of the question, lest it escalate into a malpractice claim. Don't allow the patient to trap you into agreeing that the doctor doesn't know what he or she is doing. Tell the patient that you will share this information with the doctor so he or she has an opportunity to clear up any misunderstandings.

Then inform the doctor about the patient's concerns and assist him or her in working out the problem with the patient. If possible, patients should not leave the office until their concerns have been addressed. Then the physician should make a follow-up call within one or two days to be sure the patient has satisfactorily resolved his concerns and is feeling more confident in the physician's abilities.

Financial problems

Notes about asking for payment

• Make sure your office policies about collecting fees, payment options, credit, insurance, Medicare, Medicaid, PPO/HMOs, non-paying patients and collection practices are clearly stated in writing and are available to patients.

• Adopt a positive attitude about asking for payment. If you are uncomfortable or hesitant about money, it's harder to collect and easier to be taken advantage of. If collecting fees is part of your job, learn to be good at it.

• Focus the practice's philosophy on taking care of the patient's medical needs and related financial obligations in the most professional manner possible.

• Communicate the policies relating to payment options at the time of service at least four times to patients and ask if the patient will have any problems making payment at the time of service. You can bring this up easily when:

- making the first appointment
- making the reminder phone call
- the patient checks in for appointment
- the patient pays

• Train all staff in basic financial policies and in ways to communicate with patients about money. Train at least one staff person to be a collections specialist.

• Review all problem accounts with the physicians at least monthly in regularly scheduled staff meetings. Determine which accounts are sent to collections and which are handled by office staff. Be sensitive to potential abandonment issues.

• Develop a standard routine for pursuing delinquent accounts and stay current with that routine. Don't procrastinate; it only gets harder to collect.

Problem
"In our office, we don't file insurance claims for office visits. We always have patients who get very upset about that. How do I get them to pay without getting them even more upset or leaving the office with a bad feeling?"

Solution
Have you told them in advance that you don't file? When patients are surprised by financial policies, a normal reaction is to get upset. Make sure patients are informed when they call for an appointment and informed again when you make a reminder call. Develop a smooth script for talking with patients about your policies and use a calm, businesslike tone of voice. You might sound like this:

- "*We'll confirm your appointment for the fifth at 10 a.m., Mrs. Jones. We've set up some financial policies that serve our patients. May I tell you about them so you're prepared when you come in? Good. Our policy is to collect the full amount of the service from the patient the day of the appointment. We will give you a detailed receipt to file with your insurance company. Do you have any questions about that?*"

For current patients who know, or should know, the policies, use the reminder call to confirm both the appointment and the method of payment. Again, use a calm, businesslike tone. This is a business issue, not a personal one. If they are in the office, use the wish I could and broken record techniques to collect. You might say:

- "*I wish I could help you more, but our policy is to let you deal directly with your insurance company.*"

Problem
"We have patients who have been with us a long time and have had our policies explained to them on more than one occasion. Still, they try to argue with us and force us to file their insurance or bill them when they know we don't do that. Why can't they just accept our policies?"

Solution
Remaining courteous with these patients is important, even when they are frustrating in their demands. Some people always will want us to do things their way. Be persistent in complying with policies. If you give in once, they'll try again every time they come in. Simply say:

- "*Mrs. Merriweather, you know we don't file insurance. If you have some questions about your forms, I'll be happy to answer them for you. Otherwise, here's your receipt. Just send it in, and you'll be reimbursed.*"

Sometimes gentle humor can take the edge off a difficult situation with a patient you know well. The other techniques suggested earlier, wish I could, agree in principle and broken record also can be used successfully. Select the one that will work best with each individual patient.

Problem
"How can you collect from a patient who says after they've been treated that they have no money, credit cards, or checks to pay their bill and that they can't afford to pay us? We informed them ahead of time that they had to pay after their appointment."

Solution
What is your office policy on this issue? If you don't have one, set one so that all staff know how to respond to these patients. All practices have patients like this, so be prepared to handle them. Don't wait until they walk in to decide what to do.

If you let them walk out without making arrangements to pay for any part of the bill, you are, in effect, announcing to the entire community that your doctor gives free medical care. Word will spread very quickly that you don't have to pay at your physician's office. If the physician is willing to treat a certain number of patients who are unable to pay, set up a screening procedure that the patients must complete. If they might be eligible for Medicare or Medicaid or other local support programs, refer them to the proper resources. Make them qualify to be admitted to your office's indigent care program. Try to work out an agreement for some small amount of money to be paid every week or month and use your normal billing and collection procedures with them.

In other words, don't let patients decide for you whether or not they will pay. No other business or profession lets its customers set the price of the service or product they buy. You might start the conversation like this:

- "*Mr. Holt, if you don't have any money today, we'll have to work out an agreement for you to pay your bill. It's uncomfortable for all of us when there's a money problem, so let's work something out today so it's taken care of. Let me introduce you to Kathy, who takes care of our accounts.*"

Stay very pleasant and matter-of-fact in your approach and get an agreement worked out and signed before they leave.

Problem
"A former patient is now 28 weeks pregnant and demands to see the doctor for her prenatal care. Six months ago, she was turned over to our collections agency with an account of more than $1,000 and hasn't paid anything. She says now she has only $300 to pay for all of her care related to this pregnancy. What shall we do with her?"

Solution
If your physician has not seen her for any reason in the past six months or more, the physician must decide whether or not he or she wishes to renew the doctor-patient relationship of the past. If she has had no prenatal care up to this point, she presents some risk already. This is a medical decision to be made by the physician, who may wish to review the case with an attorney to clear any potential abandonment issues. If the physician decides to resume treating the patient, work out a written agreement on fees and payment before treatment begins. If possible, collect the $300 in advance. Most importantly, try to maintain

a positive attitude toward the patient, rather than treating her like a deadbeat. When money is owed, it creates awkwardness on the part of all parties — the physician, the patient and the staff. You might open a conversation about the financial issues by acknowledging the past problems and the need to make an agreement this time so that everyone will be free to concentrate on her care during pregnancy and delivery.

Problem
"Our doctor is affiliated with a church. Patients who are members of that church expect a reduced fee whenever they make appointments. How should we handle these people?"

Solution
Ask your doctor if he wants to set a policy about payment for church members. That decision is his or hers to make. If the physician chooses not to make exceptions to his or her fees, develop a standard line to use with any patient who asks for a special rate. You might say something like:

- "*Our accountants (or business managers or practice consultants) have advised us to have one set of fees only. As a result, we aren't able to offer any discounted rates.*"

When appropriate, you might wish to use "wish I could" or agree in principle techniques to supplement your statement. Word of mouth will spread quickly through the church that no special deals are available from your doctor.

Problem
"Our doctor does not accept assignment on Medicare, in general. However, we've had some hardship cases where we've made exceptions and accepted assignment. How do you handle Mrs. Smith's complaint that 'You accepted assignment on Mrs. Doe. Why won't you accept assignment on me?'"

Solution
This presents a confidentiality issue. You really can't discuss Mrs. Doe's case with Mrs. Smith to let her know the differences in circumstances. Of course, that doesn't keep Mrs. Doe from letting her friends know that she got an exception from her doctor. What you can do is say:

- "*Mrs. Smith, I really wish I could take assignment for everyone, but our accountants insist that we maintain our policy. Only in a few, very limited cases are we allowed to make an exception.*"

If you are willing, tell her that you will review her case to see if she might qualify; however, knowing her circumstances like you do, it is highly unlikely. Mrs. Smith probably will want you to do so, after which you can respond with:

- "*I really wish I could help you here, Mrs. Smith, but your circumstances just don't meet our accountant's requirements for accepting assignment.*"

If she persists in knowing what those requirements are, state they are related to medical condition, type of treatment, income level and several other accounting factors that you're not familiar with personally. Then move on to another topic or use broken record to reinforce your position of not making an exception.

Problem
"We have a number of older Medicare patients who will not, or cannot, understand Medicare assignment and that we do not file for supplemental insurance. Most of them think they do not have to pay anymore and get indignant when we ask for payment."

Solution
You have to admit that Medicare and supplemental insurance issues are pretty difficult to keep up with. Imagine having to learn all about changes in medical coverage when you're 70 years old and not feeling well. Here are some suggestions:

- Prepare some clearly written educational material on Medicare coverage, including what assignment means and how it works and your office policy related to Medicare and supplements. Make sure the material is easily understandable to your patients.

- **Make sure all printed materials feature large print to accommodate failing eyesight! Your patients will appreciate the thoughtfulness.**

- In fact, you may have several older patients help write or critique the information before you begin using it. Some brochures or pamphlets may be offered through AARP or other sources that can be used. Make a point to review this information and give copies to all of your Medicare patients when they become eligible for coverage. They will find this to be a helpful service from your office.

- You may need to review the material regularly with some patients whose memories are not as strong as they once were. Do so with patience and show respect. Don't treat them like dumb children. They just need a little more help than they used to. Use a lot of empathy statements, wish I could, agree in principle and broken record as appropriate in your conversations. If necessary, involve other family members who can support and remind patients of your explanations. Consider how you would like your parents or grandparents to be treated by their physician and staff and act accordingly.

Problem
"When should you turn patients over to a collection agency or credit bureau? We warn people and then they come up with a $5 payment. Should we take the payment or just turn them over?"

Solution
Your office policy should include a clear statement on timelines. Most collection consultants suggest that 90 to 120 days of active collection effort on your part is sufficient before turning the account over to an agency. If you make a call to warn your patients that their time is up, be very specific about how much they must pay, and by when, to avoid being referred. Don't say "could you send something this week?" If you do, you've let them decide that a token $5 will buy them some more time. In a firm, businesslike tone, say:

- "*In order to keep this account from going to the credit agency, we need payments of at least $50 a month for the next six months. You can pay with cash, a cashier's check or credit card. I need to have that first $50 by Wednesday. If you miss any payment, we will turn your account over immediately. Can you make that payment, or will it be necessary to turn your account over to the credit agency today?*"

And, once you have turned that account over, don't discuss it any more or take any payments directly from the patient. Refer them directly to the credit agency; collection is now the agency's responsibility.

Discharging patients

Problem
"What is the proper, and legal, way to discharge a patient?"

Solution
This is a medical decision to be made by the physician and to be carried out in ways which protect the physician from claims of abandonment. A good precaution is to review potential terminations with the practice's attorney.

Here is a summary of a termination procedure described in the March 1985 *Texas Medicine* by TMA attorney Michael G. Young in "The physician-patient relationship — creation and termination":

"In addition to orally advising the patient and documenting that advice in the chart, the physician should send a letter to the patient, return receipt requested, to ensure that the patient understands the physician's decision. A copy of the letter and the return receipt should be kept in the chart. Reasonable notice is required."

"Reasonable" may be defined differently, depending on the location of the practice, the ease of finding another physician, or the nature or severity of the patient's condition.

The physician is not required legally to state a reason for termination, although he or she may wish to include one. Referring the patient to a source of information about other physicians, such as a physician referral service or county medical society, is a courtesy, but is not legally required. The physician may specify that any treatment during the notice period will be provided on a cash basis unless an emergency exists. However, it would be wise to treat a patient who cannot pay rather than to risk being charged with abandonment.

Finally, the patient's medical record cannot be withheld from another physician or from the patient because of an overdue account.

Problem
"What actually constitutes abandonment?"

Solution
Quoting again from Mr. Young's article, "actionable abandonment occurs only when:
(a) the physician unilaterally terminates the physician-patient relationship without a period of notice that affords the patient a reasonable opportunity, under the circumstances, to locate another physician;

(b) the patient is able to prove damages caused by the physician's wrongful conduct."

The keys here are a lack of reasonable notice and the necessity of continuing medical treatment.

Problem
"Is it legal to discharge a patient for nonpayment of accounts?"

Solution
Yes, provided the conditions mentioned above are met in the termination. It remains the doctor's decision to discharge patients for any reason. Common sense would dictate that all reasonable efforts should have been made to collect monies owed.

Problem
"How should the termination letter be worded, especially when we are discharging the patient for nonpayment?"

Solution
A commonly used format for termination letters appears below. Always have your termination letters reviewed by an attorney. Never call the patient names or use reasons like "hostile behavior," "incompatible personalities," or "bad attitude." Keep it business-like and to the point.

> Dear Mrs. Smith:
>
> Please be advised that I will no longer be able to treat you as a patient, effective ___ days after receipt of this letter. (Add reason, if desired — failure to follow medical advice, failure to keep appointments which were medically indicated, failure to bring financial accounts current in keeping with signed agreements, etc.)
>
> Because your condition (describe) requires continuing medical care, I suggest you contact the ____ County Medical Society at (phone number) or the Doctors Referral Service at (phone number) for assistance in selecting another physician. Failure to obtain continued medical care can result in (describe appropriately for patient's condition). As I indicated, I will be available to treat you for only ___ days following receipt of this letter.
>
> Our office will be happy to forward copies of your medical record to your new physician. I have enclosed an authorization form for you to complete and sign.
>
> Sincerely,
> John Jones, MD

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About the author

Barbara E. Pickelman has more than 18 years experience in identifying organizational and training needs and designing effective training solutions and management interventions. Her personal mission is to guide individuals and organizations through the process of creative change, helping them to develop the synergy and teamwork necessary to achieve organizational goals and desired results. Inspired by her experiences while attending a workshop on *The Disney Approach to People Management*, she has incorporated many of their success tactics with other quality service concepts into her training process.

First, as a manager, then as a business owner, Ms. Pickelman has dealt directly with the challenge of encouraging managers and employees to remain focused on the needs of the customer. Her work in industries such as hospitality, retail, medical and financial has helped organizations develop customer (patient)-oriented work teams with an emphasis on quality services and team empowerment. She combines her management experience with strong instructional design and expert facilitation skills to produce and implement results-oriented programs based upon organizational goals.

Ms. Pickelman received a bachelor of arts degree in languages from Illinois State University and a master of science in education from Western Illinois University. She is president of The Pickelman Group in Houston, Texas.

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