Here’s some advice on handling angry patients.

BY TIMOTHY W. BODEN

Does it feel like you’re dealing with more dissatisfied patients than ever? It certainly seems that way to us—and we have something of a working theory about the factors affecting this trend. The healthcare industry—led by third-party payers—has turned patients and their guarantors into consumers. In other words, they have become customers looking to get their money’s worth.

About 10 years ago, healthcare thought-leaders introduced us to the concept of “consumer-driven” healthcare. They predicted (accurately) that patients would behave more like customers when they had more “skin in the game.” The rise of the third-party-payer system in the last half of the 20th century encouraged Americans with healthcare coverage to abdicate their individual financial responsibility for their own medical care.

Deductibles and co-payments were so low, and health plan payments were so high, that providers routinely waived balances due from their patients; even if they didn’t mark accounts as “insurance only,” billing offices often neglected to pursue patient balances, preferring to focus their attention on the big money owed by the health plans.

Paying for healthcare became “somebody else’s” problem—that is, until we could no longer afford this kind of system. Health premiums skyrocketed with double-digit rate increases year after year, so employers (and private subscribers) were left with no choice but to accept huge co-payments in an effort to rein in those premiums.

Industry statistics indicate that healthcare inflation has slowed for the first time in decades. Patients are thinking twice before spending money out of their own pockets—even going to see the doctor is no longer a routine decision for many people.

Elevated Standards—Diminished Resources

It’s simply human nature for today’s patients to arrive at your office with an attitude that says in effect, “I expect excellent service and positive outcomes for my hard-earned dollars.” Really, who can blame them?

Unfortunately for us, this heightened demand for value comes just at a time when we in the medical industry are struggling with weak revenues and constantly rising expenses. Productivity is the watchword of the day. We struggle to do more with...
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less, to see more patients per day, and to automate systems in pursuit of efficiency. Excellent customer service can easily get lost in the shuffle.

Practices that consistently deliver in the patient satisfaction department are those that consciously make service a top priority. But even the best-run practices using the latest techniques seldom score straight “As” with all their patients. Sometimes you fail. Sometimes your patient is unreasonable. And you can never, ever control everything! Physicians and managers in those best-run practices recognize the inevitability of occasional system failures—and they plan for it. A good recovery plan includes an overarching strategic policy, thorough training, and unflagging commitment.

A Service-Oriented Culture

Develop a practice culture that puts patients first—not doctors, not profit margin, not referral networks, not anything else. That means creating an environment and clear policies that empower every individual in the organization with the authority and resources to address patient complaints thoroughly.

In your job descriptions, written policies, and procedure manuals, clearly describe each person’s scope of authority for solving problems. And push the limits of that authority to the far reaches of your comfort zone. We can learn a great deal from other industries.

In recent years, the Enterprise car rental company established a company-wide policy designed to empower all its customer service personnel to fix problems for customers. In fact, we personally experienced the benefits of this strategy. A little financial miscalculation found this writer standing at the car rental counter in St. Louis with a credit card lacking sufficient margin to cover the required deposit “hold.” Instead of the usual “Sorry-I-can’t-help-you” response, the creative person behind the counter did a quick calculation and rewrote the contract. By moving the return date up one day, the deposit requirement was reduced. He assured me that the additional day’s charges would be the same—without additional penalty when I returned the car one day “late.” Problem solved.

How can you release your frontline workers to make decisions, think creatively, and even bend the rules at times to fix a problem, assuage an angry patient, or recover from a customer service meltdown? First, make it clear that you expect employees to go as far as possible to handle a complaint before “kicking it upstairs” to their supervisors. Then, when staff go too far—and they will sometimes overstep their authority—do not scold or embarrass them. Train them, retrain them, and refine their training when that happens. And by all means, provide positive reinforcement by complimenting them for trying to act on your commitment to top-flight customer service.

Training and Re-training

Clearly, however, you have to provide extraordinary training for empowered staffers! You must invest the time and effort to reshape staff members’ instincts so that their creativity will resemble your own. Ideally, a staffer in a difficult situation will ask, “What would Dr. Smith do?” or “What would our administrator do?” More importantly, the employee will actually do what the doctor or the administrator would do. You can’t leave those decisions up to employees’ imagination and guesswork.

The Internet is rife with good advice about customer service and how to handle complaints. Volumes have been written on these topics—digitally and on paper. After you crack a few volumes, however, they all start to sound alike. Here are some standard tips—all sound—about dealing with angry patients, clients, and customers:

- Keep your cool. Various bits of advice add up to this simple statement. Maintaining your composure requires not taking the complaint personally, treating the plaintiff with extraordinary kindness and respect, resisting the urge to argue, and controlling your voice and facial expressions. Assume the patient has a right to be angry—even if he or she has completely misunderstood the situation.
- Listen intently. Learn how to listen, to ask effective questions, and to reiterate the complaint to the patient to make sure you understand the problem and any underlying problems that might lurk beneath the surface.
- Apologize sincerely. Delivering an apology is an art (and in matters of potential liability, it can be legally risky.) A good apology demonstrates your empathy toward the angry patient. Convince the patient that you are indeed sorry for his or her bad experience. If there’s even a hint that the patient is unhappy with a medical outcome, however, make sure you express sorrow for the outcome, but be careful not to admit culpability. Rather promise to get to the bottom of the problem and to keep the patient apprised of your findings.
- Solve the problem. Fix simple problems on the spot if you can. Offer reparations whenever appropriate. Don’t be afraid to ask the plaintiff, “How can I make this right? What do you want?” Most people are actually reasonable when they respond to such an inquiry. Always use customer service failures to evaluate and refine your processes and procedures.
- Follow up. Even if the problem requires more investigation, make sure you personally follow up with an angry patient—whether to make sure he or she is satisfied or to report your findings and corrective measures.
- Relieve your stress and let it go. Give your staffer—or yourself—an opportunity to recover after a confrontation. Bumping heads with Continued on page 78
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Disgruntled patients generate a huge amount of stress. You dare not let it build up inside. The cumulative effects will crush spirits and depress morale. Recognize and celebrate successful complaint resolution. Complement your staff for handling those extra-tough moments of truth.

Avoid These Common Mistakes

Nearly seven years ago, Consumer Reports surveyed patients to determine what kinds of situations set them off. The top reasons patients complained were:

1) Waiting room wait times;
2) Inability to get an appointment within the week;
3) Physician spent too little time with the patient;
4) Failure to report test results promptly; and
5) Failure to respond to phone messages promptly.

The list remains accurate years later. Check with your own staff, and you will likely hear these five complaints mentioned within the top 10. “The more things change, the more they stay the same.” When responding to these complaints, it’s easy for physicians and their employees to make these common mistakes described by a post at KevinMD.com, the well-known Internet physician-blog:

- Discounting what the patient says (e.g., “That couldn’t be.” “We don’t do that here.”);
- Arguing or making excuses (e.g., “There were good reasons for what you experienced.”); and
- Blaming others or the organization (e.g., “Sorry—it’s a zoo around here.” “We’re short-staffed.”).

Take complaints and complainers seriously. Protect their dignity. Empathize and fix the problems—especially the underlying problems. Enlist, empower, and equip your staff members to be a team of problem-solvers.

Then, when your well-oiled machine goes off the rails, your entire organization and your patients can join forces to improve your practice.

References


Timothy Boden is a freelance journalist. He can be reached at tboden@aol.com.