



# Creating a Patient-Centric Practice

In the final analysis, how patients are treated is key.

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**H**ow many of you have heard of the television show “Marcus Welby, M.D.”? Those of us who have are probably dating ourselves. Dr. Welby was a kind, caring general practitioner who put his patients first. He treated them with kindness and compassion. His office was always open, walk-in patients were welcome, and he made house calls!

There was a young assistant physician, Dr. Steven Kiley, who was being mentored by Dr. Welby. He definitely had a different style than Dr. Welby, but the mission was similar. The patient and his or her needs always came first with both of them. They not only treated patients’ medical issues but also were involved in their personal problems. Both these fictional physicians made time to listen to their patients and to truly care for their health needs.

There were no computers in those days, not a lot of testing, and certainly diagnoses were made quickly. More than that, there was little talk at the doctor’s office of money, payment, and insurance. On occasion the patient was sent to see a specialist, but for the most part, Dr. Welby and Dr. Kiley took care of all the issues.

The patients always showed up for their appointments. They listened to Dr. Welby, never questioned his diagnosis, and almost always did what they were told. There was no Internet to verify the diagnosis or treatment plan. When Dr. Welby and Dr. Kiley spoke, patients listened and heeded their words.

It seems that those days of individual care are gone. Physicians today have no choice but to run their practices as businesses. The financial

calls for an appointment, there is talk of insurance and paying for the visit. In defense of the practice, there really is no choice. Insurance companies, in and out of networks, and high deductibles have made it virtually impossible for practices to be profitable. They have no alternative except to consider the financial aspect of each appointment. Otherwise, the practice cannot survive, and patients therefore receive higher than expected bills due to high

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aspects have become almost primary to the practice. Is the patient in or out-of-network? The patient needs to pay his or her co-pay at the time of service. Patients and their health often are not the focus. In many cases, the “money” has become the focus. Physicians may have gone into medicine because they “care,” but getting paid and keeping the business afloat have become priorities.

Patient-centric healthcare revolves around the patient. The patient, in effect, creates the encounter and the interactions, and the true focus of the care is on the patient. It involves the clinical treatment that revolves around the patient’s needs and preferences.

From the moment the patient

deductibles, co-insurance, and out-of-network fees.

When patients call for an appointment, here is what they deal with:

- Questions about their need to see the physician;
- Inquiries about their insurance company and what type of policy they have;
- Discussion about whether a referral is needed, whether a copay will be due, and whether a deposit is required;
- Long wait times to get an appointment; and
- Forms to complete just to book the appointment or before seeing the physician.

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Booking an appointment has become an exhausting and frustrating process for the patient. It potentially can involve several telephone calls and myriad questions. Patients finally get an appointment, often weeks or months away, and they are then bombarded with lengthy registration and health forms to complete. They are asked to sign HIPAA forms and financial policy forms. Patients insured by an HMO may need to bring a referral. Most practices require patients to pay their co-pays at the time of the visit, while other practices are beginning to collect deductibles and out-of-pocket expenses up front.

What often is not stated at the time a patient schedules an appointment is how the patient is valued by the practice and the practice's desire to help the patient. Are staff members truly caring and accommodating to patients? They may well be caring, but this is not often apparent to patients.

When the appointment time comes, the first thing the receptionist asks for is payment. Co-payments and other such fees should be collected at the front desk, but that does not have to be the first contact with

the visit with a feeling that money is more important than care. We have all received patient calls expressing this feeling.

Patients who see specialists for surgery or procedures are again asked to sign the financial policy form. They often are asked to pay a deposit for the procedure. Practices also ask patients for their cred-

more quickly and more efficiently. The more information that a practice collects, the sooner a diagnosis or conclusion may be reached.

When a practice is able to send a patient the paperwork prior to his or her visit, via either e-mail or regular mail, it allows the patient to complete the information at leisure. It allows the patient to gather the

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it card numbers to leave "on file" for any balance following insurance payments.

Patients are often in pain, frightened, or upset about the need for surgery. They do not hear concern; they hear only "asking for money," which precipitates their feelings of being important only as a way for the practice to make money.

### **What Needs to Happen?**

The focus must return to the patient. This change needs to begin with the patient's first contact with

information from home. When the forms are to be completed in the office—that means the patient often is required to come to the appointment even earlier than normal. Then the patient may not have the requested information on hand. Whether it is a list of the medications that the person takes or previous surgeries, it is likely to be easier to gather the information at home.

### **Align Yourself with the Patient**

Place the blame for the insurance companies on the insurance companies. It is not the practice's fault that insurance is confusing. Nor is it the practice's fault that referrals are required, co-payments are due, and patients have high deductibles. Gently remind patients that the insurance companies have caused many of the issues.

Continue chatting throughout the visit. There is nothing wrong with mentioning the weather or complimenting the patient on a nice outfit. Kind words go a long way to making a patient feel important. You are improving the customer service of your office.

Train your staff to align themselves with the patients. Remind patients that you are on the same side and want the best care for them. You are in this together. Their well-being and care is of primary concern to you.

### **Offer More than Lip Service**

Don't just say the words, mean

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the patient. Pleantries often can put a patient at ease, but in many cases, there is no such friendly contact. The receptionist often appears to be paying more attention to the computer than to the patient. It should not be difficult for the receptionist to start out by saying something kind to the patient.

The patient may find the wait times in the waiting area and then in the exam room long and tedious. Then the clinical staff and physician also often spend more time looking at the computer than at the patient. The patient feels rushed and unimportant. He or she walks away at the end of

the practice. When he or she calls to make an appointment, start with pleasantries.

We all know that you have only one chance to make a good first impression. This has to happen at the first contact with the patient. Make the patient feel important. Follow-up encounters with the practice, both on the telephone and in person, need to carry the same theme that the patient is of importance to your practice.

Apologize if your practice requires long forms to be completed. Remind patients that the information you are gathering is for their benefit. It allows you to help patients

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them. Staff members have so many duties and responsibilities that they lose sight of what is important. Employees have workflow and processes to consider and often do not have or make the time to give patients the extra care they require.

Coach your staff with strategies that encourage them to align themselves with patients. Show them ways to put the patients first. Teach them to improve their customer/patient service and make the patient feel important.

We realize that different specialties have different methods of treating patients. Practices and physicians deal with all types of diseases and issues, and the needs of the patients may differ. Staff members have to be trained to handle all types of patients and all types of situations.

Often, when a patient needs further testing, MRIs, CT scans, or surgeries, insurance companies require pre-authorization. It becomes the responsibility of the staff to obtain the pre-approvals from the insurance companies. Encourage your staff members to remind patients that they are happy to help obtain these authorizations.

It is not just what you say, but how you say it, that makes a difference. Your body language may say something entirely different from the verbiage you use. Do not let the patient see your annoyance with having to be on hold with the insurance company to obtain the pre-authorization. Look and act happy to be helping the patient.

Train your staff to look at the patient prior to looking at the computer. Look up once in a while to observe the patient during the visit. Both the clinical staff and the physician need to remember the patient is in the room. There is nothing as important as “face time.”

Finally, physicians need to stay on time to decrease the wait time for patients. It should be the staff's responsibility to encourage timeliness in all aspects of the visit. Never forget:

- Apologize for any long wait times;

- Thank the patient for coming in;
- Make the patient feel important; and
- Be caring and compassionate.

Marcus Welby may have been a fictional character, but the type of medicine he practiced was not. He put the patient first and the financial issues second, if at all. He made every patient feel important. He healed with his caring temperament and efficiency.

to charge patients who do not show for an appointment. Some patients will pay this, while other patients disregard the bill. Insurance will not cover these charges, so when a patient is billed, it would be an out-of-pocket expense for the patient. The practice needs to also have a policy in place if the statement is ignored. Will the practice pursue collection or write it off?

Offer educational brochures, information, and other handouts to patients. This gives them a “take-

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Put processes in place in your practice that allow more time with the patient. Book appointments with efficiency and courtesy.

### Training and Protocols

Call to confirm appointments 24 to 48 hours ahead of time. Remind patients at that time if a referral or authorization is required. Also, let the patient know that a co-pay will be due when they arrive. This will allow patients to come to the appointment prepared and enable the registration process to go more smoothly.

Patients need to be aware of your policies upfront. If your policy states that you will reschedule an appointment (unless it involves acute care) when a patient comes without a referral or his or her co-pay, this must be stated prior to the patient arriving at the appointment. Not only will the patient be upset, but your practice will lose revenue.

Monitor your “no-shows,” and determine whether the reminder calls are helping or if an additional policy needs to be in place. No-shows cost the practice money. The goal is to cut down on last-minute cancellations and no-shows.

Assuming your practice has a cancellation or no-show policy, the patient must be aware of this prior to the visit. Some practices have begun

away” from the office and approved reading material on their diagnosis and the treatment you are suggesting. It is far better to offer patients this information than to have them look up their symptoms and diagnosis on the Internet.

If there are specific Internet sites that you believe will be helpful to patients, suggest those sites as another option for patients to review. As much as possible, direct what your patients are reading, and have it be pertinent to their personal issues.

How often have patients come in for an appointment and told you what their diagnosis is? When asked how they know, the patients frequently state that they looked up their symptoms on the Internet. If they already know what is wrong, why do they need to see you? Perhaps the better question should be, “If patients are going to look up their diagnosis on the Internet, why wouldn't you control where they look to gain their information and guide them to a reliable source?”

Most electronic health records offer the option of a portal to access the practice. Utilize the “book appointment” feature for patients to book the appointment or to at least start the appointment process. This saves time for the patient as well as

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the staff. Have as many of the documents as possible available on the portal or on your website.

How often does a patient leave your office and within a day or so call for prescription refills? During the visit, ask patients if they need refills on their medications. It may

There are things we can't control in our practice, so it is important to control what we can.

What practices can and should do is to align themselves with patients to offer the very best care and service available. Even with insurance constraints, patients do have a choice. Make them want to choose your practice.

Put the Marcus Welby attitude in your office: patients and their care, first and foremost. "Patient-centric" care provides care that treats patients with respect and dignity and is responsive to their needs. **PM**

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Not only does this allow patients easy access, but it shows patients that you care about them and value their time. Most people have busy lives; therefore, offering easy access is very helpful.

Allow enough time for each appointment to give patients an opportunity to ask all of their questions. This may save time down the road, as patients will be less likely to call the office later for additional questions.

save a telephone call or fax from the pharmacy later on.

### **Align Your Practice with Your Patients' Best Interests**

Today, practices can't succeed only by treating patients. There is a definite financial burden. The cost of running a practice grows every year, and the insurance companies make life more difficult for practices. Their goal is profit for their companies.



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