

# Are You Losing Patients?

Keeping your patients is even more important than getting new ones.

BY MARK TERRY



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**W**hen first starting your podiatric medical practice, a great deal of time and energy goes into bringing in patients. As your practice grows and matures, more emphasis will be made on retaining your patients. New patients will still be important and the job of marketing yourself and your practice never ends, but keeping your patient base will take on more importance. Broadly, there are three components that are important in patient retention: technology, workflow, and bedside manner.

## Technology

Technology is probably not the first thing people think of when it comes to customer service. And it's certainly true that it can have the reverse effect. Imagine, for example, a

physician carrying a tablet computer to make notes and pull up medical records. On one level, this can be a way to perform better medicine, to more accurately record symptoms, to quickly and easily double-check medical histo-

Connecticut Podiatric Association, and podiatrist with West Hartford Podiatry Associates, says, "Today there's a lot of choice. The Internet plays a big role and people are busy. We have incorporated a lot within

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ry. But if the physician appears to be paying more attention to the computer than the patient, it can be a negative.

But technology can make things easier for the patient as well as to help the practice in terms of patient outreach and accessibility. Dr. Marc Lederman, Executive Director of the

our electronic medical record. We have a marketing company we work with that does newsletters, happy birthdays, and happy holiday announcements. We release information about our practice often and the new innovations we have. We do

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online surveys and post those to the website and keep it current.”

In many ways, this falls under marketing, but the use of a patient



Dr. Lederman

portal and online patient scheduling, for many patients at least, provides a convenient access to the practice. Lederman notes that his practice embraced the electronic record and meaningful use initiatives in 2011. “While there’s a lot of aspects to it that I don’t like, that I think cost the practice and I’m not really sure add value, one of the things we like and implemented is the patient portal. We use that and encourage patients to sign up for it at the front desk. It helps create a strong level of communication between the practice and the patient.”

For all his emphasis on technology, Lederman is disparaging of the “phone tree,” an approach many practices use when a patient calls into the practice, which has three physicians and six full-time staff. “We pay a lot of extra money to have four phone lines here

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**“We pay a lot of extra money to have four phone lines here and enough staff so people get through to a live person, rather than a phone tree.”—Lederman**

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and enough staff so people get through to a live person, rather than a phone tree.” But he also points out, “When groups like ours join larger groups or hospital organizations, they become part of a bigger machine. I’ve seen it personally—‘my doctor is great, but... I’m only with him 10 minutes, and the surrounding noise is just awful.’ We try to avoid that here.”

The bottom line, then, in terms of technology, is to use it to make it easier for your patients, but to carefully balance the human-contact aspect of healthcare, from the very first moment of contact to the last, with the advantages technology offers.

## Workflow

Every podiatric physician interviewed for this article brought up the subject of making patients wait. Vitals, a healthcare services consultancy with locations around the U.S., conducts annual surveys and found that the average wait-time in a physician’s office is about 20 minutes. It

varies by specialty and location, with some showing an average wait-time of almost 30 minutes, while others are seven or eight. It also noted that 39 percent of patients begin to feel frustrated at the 20-minute mark.

What is unusual about this study, compared to the three physicians interviewed for this article, is that 63 percent of physicians surveyed think that wait-times have “no impact” or “minimal impact” on their ability to retain patients.

However, patients felt differently,

of the Williamsburg Regional Hospital in Kingstree, South Carolina, said, “I can run behind. I’m very busy, and unfortunately my schedule can run 30 to 60 minutes behind on some occasions. I think patients are understanding. If I am running behind, my staff upfront does tell them we’re running a bit behind. And if I’m off

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**“If I am running behind, my staff upfront does tell them we’re running a bit behind. And if I’m off by an hour, they will ask if the patients have errands to run.”—Butterworth**

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by an hour, they will ask if the patients have errands to run.”

Butterworth notes that the key to dealing with that, in many ways, is, “I give them my full attention when I’m in there. And it’s something I tell them. Things happen and if they have a complaint, I take care of it right then, not have them reschedule. So, patients know if I’m in there, they have my attention and we will consider all their problems. So, I think they are more understanding of any time I might be running behind. And I always say I’m sorry and explain that we had patients with difficult problems and we got behind.”



Dr. Butterworth

On the other hand, Lederman notes that, “If I’m running 30 to 40 minutes late at some time during the day, that’s highly unusual for me. My staff knows to go in, offer a magazine, make sure the patient didn’t have somewhere else to be. They’ll interrupt me to see if there’s going to be an x-ray, and can they do it ahead of time. We don’t let the patient sit there for 30 minutes without knowing what’s going on. We’re busy, but we don’t overbook. We put enough time aside—I would rather have seen a handful fewer patients during the day because of the way I scheduled than to

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be overloaded and stressed, and having the staff and the patients waiting.”

One potential solution to consider, in general, is to set up a triage-like system that at least gives the

with trying to have no waiting times. Until recently, when we had to redesign things, it was working really well. Patients would go to one place and get their vitals done, go to another place and get another sort of test. They were constantly moving. I think

4) *Observe*. As with listening, pay attention to the patient’s body language, what they aren’t saying, what else is going on with that patient.

5) *Pay attention to your body language*. Be careful of defensive body language like crossing your arms. Make eye contact. Don’t fidget, for example, with your pen. Project confidence. Be relaxed. Pay careful attention to personal space, which can be a tricky issue for physicians.

6) *Don’t be judgmental*. Everyone judges, physicians as well, but you need to keep it out of your body language, tone of voice ... and in your medical advice. Be professional. Treat the patient.

7) *Utilize open questions*. In other words, “How does it feel?” is better than “Does it hurt?” Asking questions that allow for “yes” or “no” answers can be limiting.

8) *Be reassuring*. Most people are a little tense when they go into a physician’s office, even if it’s for a routine checkup or follow-up. Balance being reassuring with the risk of patronizing the patient. Try to understand what’s going on in the patient’s mind and offer empathy. Leave yourself open for questions and further consultations.

9) *Select words carefully*. Work to

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patient the impression of movement and purpose. This depends somewhat on the practice and the specialty. For example, I recently had a detached retina which required multiple visits to a very busy eye specialist’s office. It was notable that except for the first emergency appointment, I never waited more than a few minutes in the waiting room before being called to a room by an assistant where a quick exam was performed. Then, typically, the eye or eyes were dilated and I was moved to another area, before finally moving to the examining room.

Butterworth notes her practice does something similar. “We have my

that actually made folks feel a lot more involved in what was going on. I liked that quite a bit.”

### **Bedside Manner**

It shouldn’t come as a surprise that everyone agrees that the key to patient retention is what we’ll call bedside manner. Armstrong notes, “I think, really, if you have to think about this, then there probably must be a problem.” This comes naturally for some people. Others will have to work at it. It does sort of remind one of George Burns’ joke that the secret of success is sincerity, and if you can fake that, you’ve got it made.

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## **“Have a good font of knowledge and good clinical skills. But that act of being a little more hi-touch than hi-tech was the single best bit of advice I ever got.”—Armstrong**

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There is a wealth of advice on this. Here’s a list of 10 key ways to improve your bedside manner:

1) *Focus*. No matter how many balls you’re juggling, you still need to focus on the patient in front of you for that time you’re in their presence.

2) *Listen*. Really listen. Every physician knows patients don’t necessarily state their real concerns upfront. Pay attention for the real issues.

3) *Ensure privacy*. There are plenty of rules and regulations guaranteeing it, but it’s important the patient knows you believe in and will ensure their privacy.

be positive instead of negative. Avoid too much medical jargon. This can be the difference between saying, “Everything is fine” instead of “Nothing’s wrong.”

10) *Be in control of the encounter*. Every physician has had patients who try to take over the examination, or who try to extend it past its purpose. It’s important to listen to the patient, but it’s also important to be in charge.

There is, of course, plenty more to the topic. Patients are also custom-

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Dr. Armstrong

assistant come and bring the patient back and get all the vitals, height, weight, blood pressure, sit and get their vitals done, then move into an empty room. I usually keep three

rooms full at a time. So, by the time the patient enters the room, I’m usually seeing another patient. Then I’ll start the notes, do what I need to do, then I’ll go out and meet with my assistant and decide what we need to do. Then my assistant will go back in with the patient.”

David Armstrong, a podiatric surgeon with the Keck School of Medicine at the University of Southern California, said about the triage-like movement, “Isn’t that a cool idea? I love that. We see 12,500 patients per year, and have multiple clinics. With one of our clinics we experimented

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ers ... and although you want your patients to get better, you also want your patients to keep coming back to you. Here's an acronym to cover a few of the basic concepts: HEART.

- **Hospitality**—Your patients are your guests. Are your waiting room, exam room, and other areas comfortable?
- **Empathy/Enthusiasm**—Put yourself in the patient's shoes—especially if you're a podiatric physician!
- **Attitude**—Everyone in the practice who comes in contact with the patient needs to have an appropriate attitude. Patients should be thankful they chose you and your practice. Appreciate your patients.
- **Respect**—Patients deserve your respect (everyone does), and one way to earn respect is to give respect. Patients, whether they realize it consciously, respond to it.
- **Timeline**—Work hard to stay on schedule. Explain delays to your patients. Apologize if necessary.

### **Additional Thoughts on Bedside Manner**

Butterworth notes that her staff and her assistant are vitally important to patient happiness and retention. "My staff is well-trained on knowing how quickly someone needs to come in." And she notes, "My assistant makes a big difference. The biggest thing I require of an assistant

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is to be good with patients. They're happy, they're friendly, they're there for the patients, listening to them, helping them with getting their shoes on and off, any little problem they have. I get compliments on my assistants all the time. Patients are very happy that they are meeting someone they like and are feeling good about their care before I get in the exam room."

Lederman puts it another way. "We treat patients like family. That's just something we instill in our staff

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**Patients deserve your respect (everyone does), and one way to earn respect is to give respect.**

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from the time they pick up the phone to the time they say goodbye to the patients for the day. We see a lot of patients, but we're not a factory. We see patients on time, we respect their time, and I think that's how we retain patients."

Armstrong says he learned a key lesson from his father, also a podiatrist. Armstrong says he was visiting his father's practice when he was a teenager and his father was having an appointment with the mayor of their town. "My Dad had this long discussion with the mayor about politics, news of the day, philosophy, etc., and right at the end, he spouted out this 10-syllable word. I can't even remember about this complicated diagnosis of something the mayor had. Later, in the office, I said, 'Wow, that was amazing, Dad. How did you figure that out?'"

Armstrong's father looked at him and said, "You totally missed it."

"And I thought, what did I do? Did I not shake the mayor's hand? What did I miss? Did I embarrass him?"

He said, 'Son, none of that stuff at the end of the day matters. What really matters is this. Folks don't care how much you know until they know how much you care.'"

Armstrong says, "It almost sounds like it belongs on a poster, or some ridiculous kind of motto, but at the end of the day, that bit, that little line, supersedes so much. It obviously bolsters your clinical acumen. Obviously, it's important to be a really good clinician; that goes without saying. Have a good font of knowledge and good clinical skills. But that act of being a little more hi-touch than hi-tech was the single best bit of advice I ever got." **PM**

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**Mark Terry** is a freelance writer, editor, author and ghostwriter specializing in healthcare, medicine and biotechnology. He has written over 700 magazine and trade journal articles, 20 books, and dozens of white papers, market research reports and other materials. For more information, visit his websites: [www.markterry-writer.com](http://www.markterry-writer.com) and [www.markterrybooks.com](http://www.markterrybooks.com).