



The 10 Most Common Patient Complaints that the Front Office Receives

Here's how to manage them.

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Every practice has issues with patients, and one of the most common contact points is between the patient and the receptionist. This contact point requires a receptionist capable of managing the patient and turning a negative into a positive. It also requires tact and diplomacy so that the patient is not embarrassed or placed on the defensive.

Doctors report that about one in six patients is "difficult." That translates to three or four unpleasant visits with patients each day.¹ The majority of these complaints can be successfully managed by a receptionist who has the skills to understand the processes taking place throughout the practice. This article will discuss the top 10 most common complaints that a patient is likely to bring to the front office and how the receptionist can successfully manage the complaints and attempt to keep the patient happy and satisfied.

#1 "How much longer do I have to wait? Don't you people know how to schedule?"

Avoid this response: "It's not us! We can't predict patients with emergencies, but we get them all the time, and they have to be seen! Besides that, patients come in with more problems than they tell us, and that backs us up even more. I always

cern and the value of your patients' time, and take responsibility for what happened. Never place blame on "them" or "they," whether they are patients, the doctor, or the other staff.

2) It's important that you empathize with your patients and not

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have to wait when I go to MY doctor too!"

Suggested scripted response: "I understand your frustration, and I apologize, Mrs. Jones. We do appreciate your patience. We do the best we can to keep our day on schedule. Sometimes we get emergencies or are presented with unexpected conditions that require immediate care. While these interrupt our flow and disrupt our schedule, it's critical that we address them. I hope you know that we would do the same for you. What we can do is reschedule you for the first morning appointment next time to avoid any potential backup caused by these situations."

Commentary:

1) Apologize; express your con-

test their patience. Using the same lame excuse (e.g., "We had an emergency") wears thin if overused. If you HAVE a lot of emergencies, make allowances for them in your schedule.

3) For the most part, patients expect to wait short periods of time. It's the consistent or prolonged lateness and a lack of communication or knowledge of your policies that aggravates them.

4) Triage patients; schedule enough time to treat ALL their conditions.

5) Don't make comparisons with other offices; instead, be the exception.

6) Most importantly, if you repeatedly run late, stop trying to put a bandage on the problem and fix it!

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#2 “Why did you take him/her first? I’ve been waiting here longer than he/she has!”

Avoid this response: “Yes, I know, but her appointment was before yours.”

Suggested scripted response: “Yes, I realize that, Mr. Smith. Do you realize that you arrived early for your appointment? We make every effort to take patients according to their scheduled appointments, not based on when they walk in. You are always welcome to come in early and relax, and if we can see you then, of course we will. Thank you for your patience. I’ll be calling you in very shortly.”

Commentary:

1) Avoid confrontation altogether by verbally acknowledging to the patient who arrives earlier than his or her scheduled appointment at the time the patient arrives, so there is no misinterpretation of your actions.

2) There are only a few instances where you can justify taking a patient who walks in earlier than another when in fact his or her appointment is later (and none of them excuses keeping a patient who arrived on time waiting):

- You had a cancellation, and a patient arrives in time to fill the opening in the schedule;
- You have an empty room, and the doctor is standing in the back waiting anxiously for the next patient to arrive; or
- You can begin prepping the patient in a special room reserved for him or her without interrupting the schedule.

#3 “All I came for is to have this simple issue looked at. Why do I need to fill out all this paperwork?”

Avoid this response: “First, it’s our policy; but secondly, if you don’t do it, we won’t get paid by your insurance company.”

Suggested scripted response: “I know it seems like the paperwork is irrelevant, Mrs. Jones, but it actually plays a major role in the quality care that we provide. You see, the body is like a machine, and our goal is to make sure it operates at top performance. As part of your professional

health team, we understand that it’s in your best interest to provide a comprehensive health history so we can make sure everything remains in excellent working order. Getting small symptoms checked now may prevent large problems later.”

Commentary:

1) Focus on what’s important for the patient, not what’s in it for you!

2) Responses should be more providing quality care and working as a professional team with all the patient’s medical specialists, as opposed to “the insurance company requires it,” or “it’s our policy.”

#4 “Why do I have to see the nurse practitioner or the physician’s assistant and not the doctor?”

Avoid this response: “The doctor is too busy to see everyone. That’s why we had to get someone in to help. If you don’t like the new physician’s assistant/nurse practitioner, we’ll reschedule you to see the doctor, but that means you’ll have to wait a long

2) Communicate! Most issues are resolved if patients are aware of who is seeing them as opposed to feeling “shuffled off” to another (unfamiliar) practitioner without their knowledge.

#5 “Why do I have to come in the office to review the test results? Can’t you just give me the results over the phone?”

Avoid this response: “No, we can’t. The doctor needs to see you.”

Suggested scripted response: “Only the doctor is qualified to evaluate the results. It’s important that we schedule an appointment so that he/she has the proper amount of time to review and explain the findings. I assure you, you will have a much clearer understanding that way. I can offer the next available opening.”

Commentary:

1) Offer an explanation... don’t just say no.

2) If patients don’t understand why it’s important for them to be pre-

Communicate!

Most issues are resolved if patients are aware of who is seeing them....

time for another appointment!”

Suggested scripted response: “Mr. Smith, you should know that the doctor would only choose someone who is professionally trained and fully qualified to take care of our patients. Our nurse practitioner/physician’s assistant is an excellent care provider, and I’m confident you will like him/her. The doctor has asked us to schedule you with him/her this time to allow you to be seen quickly with suitable time for your condition. Afterwards, they will discuss your care. If you ever feel you need to see Dr. Brown, he/she will be here for you. Either way, you will be well taken care of!”

Commentary:

1) A consistent approach by all team members is essential.

sent, they will just assume that you want (and may even accuse you of wanting) to give them the appointment to get another copay/office visit out of them.

#6 “I didn’t know I needed a referral. What’s the big deal? Why can’t the doctor just see me, and you can get the referral later?”

Avoid this response: “The big deal is sometimes we can’t get one after we’ve already treated you, and then we can’t bill you either. Besides, it’s not our job to get the referral; it’s yours. If you don’t have a referral with you, you can’t be seen today.”

Suggested scripted response: “We are not allowed to see you without a referral, Mrs. Jones. If we do, we are breaking the rules of your insurance

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contract, and the insurance company will hold you responsible for the payment. We don't want to see that happen to you."

Commentary:

1) Make your conversation patient interest-based; in their best interest—not the receptionist's interest.

2) While it's not necessarily your "job" to get the referral, assisting your patients (if need be) the first time around can be interpreted as good customer service.

3) An educated patient is a more compliant patient, so use this time to also educate and instruct your patients in the importance of knowing their insurance benefits so your good deed does not become an expected habit.

#7 "Oh, you can fit me in; I'll only be five minutes!"

Avoid this response: "Are you kidding [laughing]? Nothing takes our doctor five minutes."

Suggested scripted response: "Mr. Smith, while it seems that only five minutes are necessary, Dr. Brown is very thorough. In order to give you the quality care you deserve and have come to expect from him/her, it would be best to make an appointment that allows for an adequate examination. [Offer the first available appointment.]

Commentary:

1) Don't relinquish control of the schedule.

to put me on the schedule today."

Avoid this response: "Everyone thinks they're a personal friend of the doctor, and then I get in trouble when I try to squeeze them into the schedule. I'll tell you what: let me put you in for [date and time], and I'll try to call you when we get a cancellation. OK?"

Suggested scripted response: "As a personal friend, I'm sure the doctor will want to spend quality time with you. The best opportunity for that

Jones. As a result, you may have to wait. Would that work, or would you prefer to be rescheduled? In the future, a pre-emptive call could possibly help us adjust our schedule to accommodate your lateness; otherwise, we will have to reschedule you."

Commentary:

1) Don't lie. If you have no intentions of "being right with them," don't use the phrase loosely.

If possible, try to be accommodating to first offenders, but use this as an opportunity to educate your patients....

would be an appointment on [date and time], and I will be happy to call you if we have a change in the schedule before that. What is the best number where I can reach you?"

Commentary:

- 1) Validate their importance.
- 2) Always offer to get them in sooner if there is a change in the schedule.
- 3) Never say, "...when we get a cancellation..." Better to say, "...if there is a change in the schedule."
- 4) Replace "can't" and "try" with more positive words like "can" and "will."

#9A "Sorry I'm late." (first offense)

2) If possible, try to be accommodating to first offenders, but use this as an opportunity to educate your patients about your appointment policy, without actually using the word "policy."

#9B "Sorry I'm late." (repeat offender)

Avoid this response: "No problem. Have a seat. We'll be right with you." or "Well, now you have to wait!"

Suggested scripted response: "I'm sorry, Mr. Smith, as previously advised, it will be necessary to reschedule your appointment."

Commentary:

- 1) Be firm, but be polite.
- 2) Don't make threats; you will initiate confrontation. Chances are the reason patients keep coming late is because: 1) no one ever says anything to them, or 2) they know your office always runs late anyway.
- 3) Triage the patients' condition. Do they need to be seen immediately or can they wait?
- 4) Don't give them a choice by saying, "Can we reschedule you to another day?" Instead, take control, and offer them your first available date and time.

#10 "You people have a lot of nerve sending me a bill. I'm not paying it, and you can tell that to the doctor."

Avoid this response: "You had the
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Validate their importance.

Always offer to get them in sooner if there is a change in the schedule.

2) Refrain from remarks such as, "It's never just five minutes!"

3) Don't make fun of or blame the patient for asking.

#8 "I am a personal friend of the doctor's. I'm sure he/she would say

Avoid this response: "No problem. Have a seat. We'll be right with you." or "Well, now you have to wait!"

Suggested scripted response: "Yes, I see that. Is everything okay? Let me take a look at the schedule and see if we can still take you today, Mrs.

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services, didn't you? This bill is your responsibility!"

Suggested scripted response: "I see that you were billed, and I'd like to try to understand more about it so I can help you. I'd like to review your account. Would it be possible for me to call you back in about an hour?"

Commentary:

1) Don't try to match wits, and don't be defensive. It's not about you. Your offer to help will put things on a better track; and taking an hour breather will give you time to research the details while the patient has a chance to calm down.

2) If you say you're going to do something, be sure you do it, or you will jeopardize your credibility and that of the practice.

3) If you can't help them, find someone who can.

4) Refrain from starting sentences

with "you"; they sound accusatory.

Conclusion

There isn't a practice that doesn't have front desk issues and problems with patients. Many of these problems are associated with monetary complaints. It is vital to the success of the practice that the receptionist resolves the problems with the patient at the point of interaction, which is at the front desk. Using some of the scripts suggested in this article will help you successfully resolve these potentially cataclysmic situations. **PM**

Reference

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