How to Silence the Chit-Chat

Economical patient flow can be compromised by a nonstop talker, be it patient or staff member.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: Chatty Cathy Patients

Dear Lynn,

We have a patient who insists on "shooting the breeze" with our staff every time she comes in. One staff member, in particular, always seems to stay with her longer than she should. She says she feels rude leaving. How can we limit excessive patient chit-chat and have staff focus more on getting their work done?

While we all want to build relationships with our patients, we MUST learn when and how to silence the chit-chat without insulting them or making them feel like we are tuning them out. On a particularly busy day, this type of social interaction is sure to adversely affect patient flow. Here are some quick tricks your staff could use to help control the conversation along with some structured doctor cooperation.

• If face to face, wind down a conversation simply by speaking in the past…"Mrs. Cathy, I'm glad we had this time to chat. It was very nice talking with you. Now, if you'll excuse me, it's time I get back to my work." Follow that up with, "I look forward to speaking with you again later, or at your next visit."

• If the conversation takes place on the phone, in addition to employing the former tactic, staff can take a more patient-interest approach by suggesting that they have been monopolizing the patient's time. "Sorry, Mrs. Cathy. It seems I have been tying up your morning/afternoon. I need to let you get on with your day."

• One of the biggest faux-pas we make (and we typically do it without considering the consequences) is to ask our patients right at the onset, "How are you today, Mrs. Cathy?" Wow. Talk about leaving the door to disruption wide open! They will tell you how they are, then morph that into talking about their daughter and/or son, a friend they met up with after 20 years, and their poor little dog who has difficulty swallowing his/her food, etc. Better to say something like, "Well, you look great today, Mrs. Cathy" and quickly move the conversation in a forward direction, "Now, let's get those feet ready for the doctor." An alternative to asking how they are might be, "How are your feet feeling today, Mrs. Cathy?" Keep the conversation directly linked to her visit.

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• Ask closed questions to control your conversation. Questions starting with did, have, will, and can require only yes or no answers (closed responses) as opposed to questions that begin with who, what, when, where,

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why, how—inviting a more descriptive (lengthier/unrestrained) conversation.

• Re-direct the dialogue. When enough turns into enough, already, go the educational route. "Oh, have you had the chance to read our pamphlet on (their condition)?" (Hand them a copy). "I'll leave you alone so you can browse through it, and if you have any questions, Dr. ____ will be in shortly to answer them for you." An easy get-away.

• Here's another phrase that sends a friendly message. "I must see to another patient. Can I get you anything before I go?"

• There's nothing wrong with being honest (in a polite way) and say (while opening the door), "I would love to stay and chat longer, Mrs. Cathy, but duty calls!" Big smile; exit stage right.

• Keep in mind that body language helps send a message. A touch on the arm, a smile, pushing your chair in, taking steps backwards while you are talking all help to soften your exit.

Be proactive and educate your patients by defining and reviewing your written financial policies with them.

If it is staff who is guilty of advancing the chat, there absolutely must be a candid discussion with them regarding the consequence of spending more time than is necessary engaging in patient conversations. Explain that their absence on the floor means another employee is unfairly picking up the slack.

Teamwork Interruptus

Alternately, if it is the doctor who has difficulty getting out of the room, staff should avoid using the standard excuse—"Doctor there is a phone call for you." That often results in the patient feeling less important than a random phone call. (True emergency calls or actual physician calls, the exceptions.)

It's better to have an agreed-upon signal that suggests to the patient that the doctor leaving the room at that moment is normal protocol. When his or her work is complete, the staff takes over. As such, after the doctor has been in the room with the patient for the scheduled appointment time and treatment is complete, a clinical assistant enters and says, "Doctor, What would you like me to do to finish up Mrs. Cathy's visit?" That should cue the doctor to stand, bid adieu, and leave the room without the patient feeling neglected.

Excessive chit-chat is one of the biggest setbacks to economical patient flow. If the goal is an on-time schedule, everyone—including the patient—benefits.

Re: Financial Blues

Dear Lynn,

Here is our dilemma in a nutshell—Our practice is having a bad case of the Financial Blues. Specifically, low cash flow, patients grumble about paying ("We never have to pay at our other doctors' offices!"), financial policies that ARE written are carried out inconsistently; and to top it all off, we have a doctor who tells patients, "Don't worry about it…pay when you can". We need to fix this and fast! But where do we even start?

You already have started—by identifying that there is a problem. It's important to practice success(in particular, to collection success), to lay solid financial groundwork, and there are a number of action steps you can take to make that happen. Of course, everyone needs to be on board (especially the doctor), although he/she would certainly want the front desk to be as effective as they can in their collection efforts.

Keeping the doctor out of the conversation with patients, in this particular case, is probably the best thing to do. He or she can simply say, "Mrs. Patient, I'm going to refer you to (Helen) at the front desk to discuss your payment. Helen is our patient billing specialist and much more informed than I am to answer any questions you have regarding patient responsibility and payment arrangements."

Subsequently, you might consider putting these additional steps in place:

1) Be proactive and educate your patients by defining and reviewing your written financial policies with them. These will provide a clear understanding of payment expectations, insurance participation, collections protocol, and patient responsibilities.

2) Place staff who possess the appropriate skills and personality in the collections "hot seat" and arm them with proper scripting. Someone who is in control but not controlling, polite (not demanding), friendly but not friends and knowledgeable—but not a know-it-all will be most effective. Remember, policies are useless without having the right staff at the front desk who can successfully and consistently enforce them without distancing the patient.

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3) Collect past due balances, copays, and deductibles at the time of service. Or, as Robin Williams once put it—"Carpe per diem—seize the check."

4) Monitor the money handlers. Introduce standardized money handling protocol and embezzlement safeguards. Regulate how each phase of the money is to be handled (patient collections, recording, receipts, end of day reconciliation, depositing) and by whom. It is also a good idea to conduct unannounced spot checks. (For additional embezzlement safeguards refer to "The Consultant Is In—*Podiatry Management* Sept. 2016 Issue, P. 148, 150). Staff need to understand that these safeguards are not implemented due to a lack of trust; rather, they are a necessary business mechanism. If anyone is uncomfortable or shows signs of resistance, consider it a red flag.

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5) The doctor should be kept in the know by receiving weekly and monthly financial data as well as quarterly productivity reports including status of account receivables, aging, credits and refunds, clean claims analysis, and denial/appeals progress reports. **PM**

Note: *A Collections Checklist template can help staff create and self-monitor their essential job duties and is yours for the asking. Email lynn@soshms.com (just put "Collections Checklist" in the subject line) and I'll get one right out to you. When the right formula exists: (excellent systems + proper staff + vigilant management), the product is successful collection outcomes.*

Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.