

Treat Your Gut Instincts with Respect!



They will often serve as a great barometer in hiring decisions.

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: Go with Your Gut

Dear Lynn,

Apparently, I am not very successful at hiring. I recently had a face-to-face interview with six different applicants. They all seemed nice, but I ended up hiring the one that claimed to have the most experience even though something inside kept gnawing at me, silently challenging my decision. Bottom line, I should have trusted my initial instincts. I won't go into detail, but wow—what a mistake I made. What can I do differently next time to help me make better choices?

Maybe, for starters, allow your instincts a little more credit and double-check those gut feelings! More times than not, they will serve as a great barometer in hiring decisions. Also, while experience may seem to be the determining factor, don't assume that it is always the best fit. Sometimes it is, sometimes it isn't. In fact, too many times, experience comes with baggage. You often find yourself 'un-training' how this individual is accustomed to doing something before you can teach them to do it a different

way—your way. If an applicant shows up with an engaging personality and an attitude that matches your culture (and your gut approves) yet is short on job skill, don't toss that resume. You can teach podiatry assistant skills. On the other hand, look for "built-in" attributes like passion, self-motivation, accountability and adaptability. Here are some helpful interview guidelines:

1) Get to KNOW your applicant by asking open questions that begin with Who? What? Where? When? Why?

inatory questions that you are legally prohibited from asking! Do you know what they are?

5) Realize that applicants prepare to be on their best behavior during the interview and many come armed with "rehearsed responses", so you need to weed through that pseudo-exterior and get down to the nitty-gritty. The best way to do that is through interactive role playing. During the face-to-face interview, present the applicant with a typical patient scenario. Then, in-

The best question to start off an interview with is... "You've got three minutes. Tell me about yourself."

And How? This is opposed to questions that can be answered with a simple "yes/no" response. You can learn a lot by letting the applicant do most of the talking.

2) The best question to start off an interview with is... "You've got three minutes. Tell me about yourself." Besides learning more about the individual, you also get to see the person's presentation and time management skills in action.

3) Consider some "out of the box" questions—e.g., "If I ran into your former employer at a cocktail party, what would he tell me about you that he might not tell me under more guarded circumstances?"

4) Remember to avoid the discrim-

stead of asking just to explain how the applicant would handle the situation, put him/her in it by pretending to be the patient. How would a patient observe the applicant's behavior, speech, body language, etc.? Did the patient (the applicant) feel treated fairly, sincerely apologize where necessary, take responsibility (instead of blaming someone else) for an occurrence, try to diffuse anger and avoid conflict, take action to solve a problem, and offer alternate solutions? In the immortal words of Yogi Berra, "You can observe a lot by watching."

6) Always have your staff meet the candidate. Since they are the ones who must also work side by side

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THE CONSULTANT IS IN

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with your prospective employee, it would be nice to know there is not a clash in personalities. Without their “blessing”, it is a recipe for disaster.

7) Take those impressive letters of

have no intention of paying! We are having bad luck with this situation. Do you have an answer?

It has nothing to do with luck; rather, this is the result of a number of things, including lack of patient education, office policy, and communication!

talent that, quite honestly, not everyone has. By the way, everyone at the front desk needs to commit to consistent collection efforts—patients know who they can easily “get around” vs. those who follow the guidelines.

- Support a higher level of deci-

Set your benchmarks high, against the “best you’ve ever seen” and interview to that end.

recommendation with a grain of salt! They could be written by the applicant’s best friend, or even a former employer who was happy to write them a flattering letter just to get rid of them.

8) Do not settle or hire out of desperation. You deserve better than that! Set your benchmarks high, against the “best you’ve ever seen” and interview to that end.

9) Outline salary packages, job descriptions, and expectations aligned with the opened position up front. Don’t wait until after they are hired.

10) If you are undecided, call a favorable applicant back for a second interview. Having additional dialogue can reveal much more about the individual that you may have missed the first time.

11) And finally, if you’ve narrowed the applicant pool down and still have not decided if he/she is the perfect fit, take him/her to lunch. The way they treat others (cab driver, hostess, someone who holds a door, food server) will likely be similar to the way they treat your patients. It’s particularly interesting because they do not see this as part of the interview, and with their protective guard down you may just see a different side of them.

Re: Self-Pay Patients

Dear Lynn,

What do other offices do about self-pay patients? We tell them up-front that payment is due at the time of service and then when we confirm appointments, we mention it again. It seems they either don’t show for their appointments (creating holes in our schedule), or they get here and still

You should know that after just one year, it is rarely cost-effective to collect payments from self-pay patients compared to what is actually owed. Since patient payments are the source of practice revenue, you simply must have a fast track process in place to deal with these issues.

There are a few things at play here, none of which are beneficial to the practice. 1) Your A/R is steadily increasing, 2) Your collections policy (if you have one) is not being effectively enforced, 3) Your schedule is being hijacked and undermined by your patients, and 4) There is no consequence



tion-making responsibility to front desk personnel that aligns with your collection policies. Provide them with the necessary tools to get the job done, e.g., written guidelines/protocol, installment plans, scripting, credit card options, etc.

- If your billing software has the capability of offering HIPAA-secure storage of credit card numbers, set up a payment plan and explain to

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for poor patient behavior.

One thing is for sure. If patients do not believe that you care about collections, neither will they. There is a tendency to want to blame them for their poor behavior; however, if patients can get away without paying, they will. And it’s usually because the office is allowing it.

Explore and/or adopt these action steps in your practice. They can help turn things around:

- Re-assess the staff you have at the front desk and their collection capabilities. This job requires a special

patients that keeping their credit card on file will eliminate monthly statements. Assure them that they will be kept informed of any services charged to their account.

- Be prepared for any excuses for non-payment by developing and rehearsing well-thought-out scripts that will help staff stick to collection policy.

- Review the schedule at the beginning of the day and pre-plan how to handle those patients who present with overdue accounts. Don’t be

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caught off guard.

- Have a face-to-face dialogue with patients after receiving their signed financial policy for better clarity. Ask if they understand it, review their payment responsibilities, encourage their questions, and have them sign it to confirm their agreement. Educating patients upfront places more emphasis on practice payment expectations.

- Make a point of communicating with the patient to resolve any issues regarding their outstanding balances. Having a conversation with them gives you the opportunity to address any concerns. If you say nothing and they skip out the door without paying, they assume that is okay; that they are off the hook; that there are zero fee expectations and zero consequence for non-payment or for missing appointments.

- Create scheduling policies that

address patients who regularly don't show. Maybe they don't get seen as quickly, are scheduled at the end of the day so they don't disrupt the schedule, are double-booked, or are charged a "no show" fee.

- Develop a policy of collecting payment at each visit that shapes patient behaviors. For example, requiring patients to report to the front desk directly upon entering the office to make their (co-pay and other) payments, when done consistently, eventually becomes routine. Worried there might be another charge while in the treatment room? Run their credit card a second time!

- Think about an incentive program for staff that rewards a PERFECT collection day.

- Be forthright with patients by explaining fees (particularly for high ticket items) so they know what their financial obligations are. No one likes surprise statements in the mail! Additionally, it is super helpful if doctors

and back office staff remind patients to "Please stop at the front desk before leaving to discuss payment obligations (and options) with the staff."

- Keep the doctors away from the front desk. They always mean well, yet are too vulnerable (soft-hearted) to patient excuses and tend to give too much latitude, unwinding all the previously-agreed-upon payment policies. **PM**



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