Change the Lightbulb!

What are the biggest complaints patients have about doctors?

BY LYNN HOMISAK, PRT

What's the connection? What does a single lightbulb have to do with patient complaints? Hold that thought. There can be any number of different complaints patients have about their doctors (or medical offices in general). Why? In a nutshell, patients' healthcare expectations do not live up to their experiences.

Some criticisms come from individuals who simply can't help themselves. We all know the type. They live to complain, gripe about everything and anything, to the point where we find it hard to take whatever they say seriously. Other patients will share valid criticisms that for the good of the practice *should* be heard and respected.

Of course, not all comments and reviews are negative. There is also plenty of positive, healthy feedback. There's no need to fix positive, just bask in it. As the saying goes, "if it ain't broke, don't fix it!"

The negatives, however, are another story. These comments require attention. And by that I mean attend to, resolve, and do not dismiss them as irrelevant or unimportant. It can be mentally/emotionally exhausting to sit back and take criticism. When you consider that it takes 12 positive experiences to make up for a single bad experience, does it become more exhausting to take criticism… or *undo* it?

When a lightbulb burns out, you generally don't call the power company, or re-wire your house, or buy a new lamp. You merely change the lightbulb. Simple.

In this space, we will discuss four complaints, in no particular order, pulled together from several resources including online patient reviews, satisfaction surveys, personal experiences, and overheard patient commentary. These appear among the most common. While some may seem like an overwhelming task to tackle head on, nine times out of ten, improvement only requires simple measures.

Which brings us to the lightbulb. When a lightbulb burns out, you generally don't call the power company, or re-wire your house, or buy a new lamp. You merely change the lightbulb. Simple. With a DIY simple approach as our game plan, herein are the "Top Four" patient complaints that you've long been waiting for. And speaking of long waits…let's start with one of the most recognizable.

No. 1. Long Waiting Periods; Scheduling Difficulties

"Every time I go to this doctor's office, I have to wait. And every time I have to wait, I am told it's because of an emergency. Do they think I'm ignorant? When are they going to get

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their act together and learn how to run on time?"

Since the COVID-19 Pandemic, patients have been dissuaded from congregating in reception areas (aka—"waiting rooms") longing for their names to be called, causing somewhat of an immediate and unforeseen shift in the `me next' game. However, with a sense of normalcy returning, wait times are once again starting to ramp up and patients are finding themselves sitting…and waiting. Again. This time, socially distanced.

Patient waiting is the product of a two-fold problem. Are emergencies and treating more conditions than the patient is scheduled for part of the problem? Indeed. More realistically, and way too often though, it is the result of disorganized planning and zero scheduling structure.

Regardless of the reason(s), patients always seem to blame the staff. In their eyes, it's always the negligent staff who constantly overbook the schedule, leaving the poor, unaware, overworked physician stressing to keep up. This is evident because frustrated patients can be seen and heard growling at the receptionist for keeping them waiting. Yet, when it's time to greet the doctor, they are ear-to-ear smiles with barely (if any) a mention of inconvenience. It's an amazing, almost comical Dr. Jekyll/Mr. Hyde transformation to observe, and one that most staff can relate to.

Of course, podiatry offices absolutely get their share of "emergent" situations, but to pretend that it happens every time one runs behind schedule is unreasonable, even laughable. And then to expect patients to accept that defense as a bullet-proof excuse—well frankly, they find it totally unbelievable. Wouldn't you? If a practice cannot keep a functional on-time schedule, it would be a good idea from a systemic standpoint to take a look at why that is.

According to an article written by Sara Heath for Patient Engagement Hit (a healthcare media network), "thirty percent of patients facing long wait times leave before seeing the doctor, while 20 percent will change providers altogether following a long wait time experience."[1] Put yourself in their shoes. Do you enjoy waiting for reservations, appointments, and scheduling difficulties?

What is considered a reasonable wait time? Audrey Mclaughlin, RN, writer for *Physicians Practice*, suggests "you should aim for the fewer-than-10-minute mark for time in the waiting room, and then less than 20 minutes from the time the patient is placed in the exam room until they see the doctor/practitioner (not the nurse/tech)."[1]

Patients will only buy repeated, over-used excuses and constant delays for so long before they opt for better

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solutions elsewhere. Continually covering up bad scheduling habits with Band-Aids is nothing more than a temporary fix. Find the root cause of the problem and it will lead to a workable solution.

Start by asking some eye-opening questions. (Note: The proper response to each query should include a resounding "if not, they should!"):

- Do scheduling staff receive adequate training?
- Do they know their patients (their nuances and their special needs) well enough to know how and where to place them in the schedule?
- Do they know the reason(s) that patients are returning and appoint them according to how much time is required?

When backups occur *all the time,* however, rest assured it is a sign that the system is broken and detrimental to patient satisfaction.

- Rather than squeezing patients into a full schedule, do staff understand how to modify the schedule with appropriate double bookings, fill-ins, etc. to avoid flow disruption?
- Do they avoid scheduling time-consuming (complicated or new patients) back-to-back?
- Do staff know that chaotically overbooking a schedule is NOT a practical answer for frequent no-shows?
- Does everyone in the practice work as a team to follow scheduling policy guidelines consistently?

Other back-ups occur when doctors routinely take more time with patients than is scheduled. If that is indeed a consistent (poor time-management) problem, it needs to be dealt with proactively by allowing for greater blocks of time.

Again, *once in a while*, unavoidable backups will occur and patients expect and accept that. It's the reality of a medical office—even a well-run office. When they occur *all the time*, however, rest assured it is a sign that the system is broken and detrimental to patient satisfaction. ***Change the lightbulb.***

No. 2. Communication Between Doctor and Patient

"Sometimes I feel like my doctor is more interested in saying what she wants to say, instead of listening to what I need to say."

In addition to receiving quality healthcare, patients expect their doctor to be able to communicate with them in a poised, professional, compassionate, empathetic, and practical way, just for starters.

Physicians need to come across as believable to their patients. There are a number of communication skills that project influence, confidence, and believability.

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While not always inherently characteristic, these skills can, and should, be learned. Consider the powerful dynamic forces at play in each patient-doctor conversation:

- ***Spoken words*** (are they full of medical jargon or in layman's terms; delivered with an appropriate level of understanding?);
- ***Speaking voice*** (the ability to vocalize those words, i.e., is the tone soft, monotone, abrasive, wishy-washy, too fast, too lengthy, etc.?); and,
- Patient interpretation of ***facial expressions and body language***, (is a valid and sincere message enhanced or diminished by eye rolls, raised or lowered eyebrows, sitting or standing positioning, arm crossing, etc.?)

A healthy communication approach is critical for the purpose of explaining, diagnosing, and discussing treatment plans with the patient to their understanding. In addition, patients also expect to receive a reasonable amount of one-on-one time with the doctor. Specifically, not being rushed through their visit and having their questions answered.

Patients feel cheated when they feel rushed. The amount of time to spend with each patient is a delicate balance for the physician. From a patient management perspective, time constraints could jeopardize a more comprehensive examination and overlook further onsite testing and/or additional treatment options. From a scheduling perspective, excessive lingering could have a domino effect in denying good customer service to those patients forced to wait longer than expected. From a doctor-patient relationship, rushing minimizes social bonding efforts.

As far as patients feeling they are unheard, it is incumbent upon every doctor to practice active listening exercises, paired with reasonable (not disturbing) eye contact and less interruptions. Tune in, don't tune out. Ask questions, then listen. Follow with what I share as a most valuable acronym—W.A.I.T. ***WAIT*** meaning ***W****hy* ***A****m* ***I*** ***T****alking?* (*…at the same time as someone else*).

Remember that when you talk, you just repeat stuff you already know! BUT, when you listen, you may learn something new! Next time, ***WAIT***.

In an article entitled *Doctors Only Listen to Their Patients for 11 Seconds*, a new study published in the *Journal of General Internal Medicine*[1] is referenced.

"…only 36 percent of patients are given the opportunity to speak up about why they came in for their visit. The numbers were even slimmer for patients who went in for specialized care. Only 20 percent of specialty care doctors asked their patients what was wrong."

(Gasp.)

"According to the study authors,

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(the) initial patient interview is crucial for providing `focused, efficient, and patient-centered care.' Without this communication, patients are often excluded from decision-making."

Greater doctor-patient communication can prove to be a learning experience that results in opportunities for more patient compliance and better health outcomes. The added bonus? Patient satisfaction, referrals, and increased revenue. ***Change the lightbulb.***

No. 3. Patient Access to Appointment

"Dr. Goodfeet is really booked right now. Are you a new patient?" "No." "Oh, good, because he's not currently accepting any new patients. Unfortunately, however, his current schedule doesn't show any available appointments until late fall." "What?! That's SIX MONTHS from now!" "I know, he's crazy busy. Would you like me to put you in?"

It is first and foremost frustrating to learn that so many doctors these days no longer accept new patients. When you find one that actually does, the first available opening is an obscene number of months away. No joke. Case in point—the appointment I was given in May is not booked until November.

Most times, if "months away" works, the patient will take the appointment out of desperation, and then keep checking around for a doctor who will see them sooner. They won't cancel the original appointment, leaving the office with a hole in the schedule where a potential new or existing patient could have been seen. Now, do the math. Instead of one missed appointment, there are two—the patient who didn't show (but held the slot) and the one who could have filled the slot.

If you don't already know how far out patients are being scheduled, make it a point to find out. Talk with your staff, ask your patients and address any complaints they may express to you.

- How soon can patients expect to be scheduled?
- Are patients waiting more than 2 weeks?
- Are they triaged to learn what they need to be seen for?
- Does your office receive a lot of patient complaints because there are no availabilities?
- Are frequent no shows happening because patients are being scheduled too far out?
- Are no shows even being tracked? And addressed?

A full schedule may seem like a great problem to have. There is a variety of explanations as to why new or existing patients are unable to get access to an appointment. They ***ALL*** end with unsatisfied patients eager to spread negative reviews in person and online. It's enough of a reason to examine patient access needs—sooner than later. ***Change the lightbulb.***

No. 4. Confusion with Insurance and Billing

"My insurance plan denied services provided by Dr. Wonderfoot. You must have put down the wrong information when you submitted the claim. I never had this problem with my previous doctor. You need to fix it because

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I'm not paying these outrageous fees."

Ouch. Two sticky situations—accusations and unwillingness to pay. Of course this two-headed problem is enough to put everyone in the office on the defensive. And it often does. Frequently, patient misunderstandings are the mark of a failure to communicate.

With regard to the above complaint, one of the first things patients need to be made aware of is that each and every time coverage is denied. And *Yes,* they presume the staff should understand each individual insurance plan, and be obligated to explain their coverage details.

No, they're not sure if they need referrals (yet expect to be treated anyway). *No,* they don't always tell you when they change their plan. *No,* they don't believe traditional Medicare and Medicare Advantage plans are different. And *No,* they don't think they are always responsible for

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while their claim will be reviewed for any potential errors and resubmitted if need be, under no circumstance should they expect that this office will commit insurance fraud and change data just so their denied services are suddenly approved. Of course, even better is to make sure they know a particular service is not covered *before* it is rendered!

It is usually best to keep the doctor out of billing squabbles and allow the billing staff to handle any potential conflicts. That's their job. Make no mistake. It is a well-trained staff with superb communicative qualities, professional courtesy, and problem-solving skills who can prevent a misunderstanding from escalating into a full-on yelling match. Their ability (or inability) to manage the situation, in the patient's mind, is a direct reflection—good or bad—on the practice. The goal? Shoot for good!

What is the source of patient disputes? It's rarely just one thing. The following scenarios describe only the tip of the patient-expectations iceberg when it comes to their insurance and billing complaints. Any of these sound familiar?

Yes, people expect wonders from their insurance plan and hold the provider responsible when the wonders don't happen. *Yes,* they blame the office, not their selected insurance plan, for denials. *Yes,* they expect the practice to go to bat for them deductibles or copays.

Look at some fundamental tools to help reduce unnecessary patient conflict. For example, have standardized, uniform systems in place, such as:

- Pre-scripted responses to each of the above circumstances,
- Written financial policies that are *explained and signed* by the patient,
- Pre-treatment discussion about patient responsibilities, and
- Simplified, easy-to-understand itemized billing statements.

Especially do not keep a patient in the dark about policy. Instead of hitting them with surprise fees, educate them up front for the anticipated fee for the visit, service, or product they receive and, as previously mentioned, whether or not it is covered. Help them realize their financial responsibility and let them know they can have an open-communication relationship with the biller or staff person if they have any questions.

These simple measures are likely to encourage patients to adhere to office payment obligations in a timely and reasonable manner. Information and acknowledgement are a winning combo!

First time interactions typically set precedence for patient expectations down the road. Doing what you can to make a positive first impression is always in your best interest. Plus, enlightening patients as to financial policy puts less of a burden on the billing office, less contentious billing statements, and reduced billing expenses. ***Change the lightbulb.***

Takeaways

We've touched on four patient complaint scenarios, offered reasons why they might occur, and then finished with how to effectively address them. Most will agree, none of the advice is extraordinarily earth shattering; much of it is focused on improving patient relations.

If you really want to know what your patients are thinking and truly wish to prevent a disappointment from turning into a complaint, or worse, a negative online review—then, for goodness sake, ASK THEM! Take patient satisfaction surveys. Provide a suggestion box for anonymous recommendations. Make an effort to resolve problems while they are small. Listen to their expressed verbal concerns. Then, be sure to take all comments seriously.

SIMPLE!

So, one more time. ***Change the lightbulb.*** And, speaking of lightbulbs,

Q: Did you know how many doctors it takes to change a lightbulb?

A: One, but they'll have to get their assistant to tell them how to do it.

If it all seems like a lot of effort, remember…no one regrets having changed a lightbulb.

Here's to a better, *simpler, brighter* tomorrow. **PM**

Reference

[1] https://www.thedailymeal.com/healthy-eating/doctors-listen-patients-study/072618

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