



How to Meet Patient Expectations (Without Having to Bend Over Backwards)

Some patients feel overly entitled, but most just want to be treated well.

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 soslynn@gmail.com which will be printed and answered in this column anonymously.*

Topic: Hello! My Name Is “Patient”

Dear Lynn,

I've been in practice for a number of years. From the beginning until now, I've seen many changes in patient attitudes, including their increased expectations, how they treat my staff, and general disregard for our office policies. I went into medicine because I care about helping and healing people but lately, I feel the need to bend over backwards to maintain my excellent standard of care. What's a doctor to do?

There appears to be a certain segment of the general public these

days who feel they have an “air of entitlement” to do and say as they please; they are not the majority. We have to believe that there are still many more individuals who exhibit graciousness and appreciation for the care they receive, even if they don't always show it.

medical offices have changed significantly over the years. There is the ongoing push to move from paper to electronic medical records. Services rendered are assigned only by alpha-numeric identifier codes. Every day, practices continue to face boatloads of new, mandatory regulations,

Every day, practices continue to face boatloads of new, mandatory regulations, creating more administrative duties and a lot more stress.

It's not unusual for healthcare providers to dwell on those negative patients. We almost can't help it. It's human nature. However, in doing so, it's easy to lose sight of how to confidently continue providing our finest version of patient care without a sour attitude.

In what you portend to be an extensive career, you know better than anyone that, for better or for worse,

creating more administrative duties and a lot more stress. COVID has not only amped up telehealth visits as an alternative to in-person, doctor-patient interaction, but it has also launched new restrictions that physically altered office layouts and generated the mandatory use of additional in-office supplies and protocols.

With patients getting sicker, appointment openings are becoming

Continued on page 38

Patient Expectations (from page 37)

increasingly unavailable. The general increase in fees for services rendered pales in comparison to lower and lower insurance reimbursements. Both physicians and patients feel confused and victimized by a broken, inadequate insurance system that has further splintered: advantage plans, health savings accounts, boutique/retainer practices, etc.

Gone are the days of Dr. Welby and the leather satchel. Solo practitioners are finding more stability in hospital settings or consolidating into one surviving medical group rather than in private practice. Welcome to a hospital-based integrated system of services. Some patients are no longer able to see their preferred physician; rather they are forced to select doctors and facilities dictated by insurance or availability. Patients never asked for any of this, and many of them feel like a hamster in the evolving medical wheel of change.

It is no wonder they have become disillusioned and frustrated. Not only have these changes had a major effect within the medical community; they also negatively impact how patients view medicine in general. Yet, in the midst of what many perceive as adverse transformations, patients still have unrealistically high hopes when it comes to their healthcare.

Maybe, if we can identify some of their more common expectations, we will find that meeting their needs does not involve 'bending over backwards'.

What Patients Want

- To be treated as if they are your only patient, while understanding they obviously are not.
- To be taken on time for their appointment and NOT wait 45-60 minutes to be seen. (BTW, that doesn't mean it's okay to relocate them into a treatment room, only to sit THERE and wait another 30 minutes for the doctor.)
- To be recognized when they enter the office, greeted warmly, and instructed in what they need to do.



(Should they sit down? Do they need to fill out paperwork? Will the wait be long? Are they seeing the doctor they requested?)

- To be treated with respect, empathy, and compassion.
- To participate in decisions regarding their care.
- Doctors and staff to LOOK like the professionals that they are with

doctor's checkbook. And they would like to be told upfront what out-of-pocket costs they should expect.

- A doctor who speaks clearly, explains their condition and treatment in layman's terms, and who makes an effort to ensure they understand before bolting from the room.
- A cooperative, stress-free, friendly environment where all team members get along and work together.

If you are doing all these things and still believe you can't satisfy the few bad apples, don't feel you have to turn your whole operation upside down for them. There are indeed patients who will intentionally dismiss office policy simply because they can. However, there are others who do so unintentionally—many times

There are indeed patients who will intentionally dismiss office policy simply because they can. However, there are others who do so unintentionally—many times because they have never been instructed otherwise.

appropriate, neat attire, groomed hair, maybe even a white jacket. Of course, location may play a role in what is considered acceptable vs. non-acceptable attire, but is a name tag to help them identify and address staff too much to ask?

- The doctor to talk TO them, not AT them; make eye contact with them, not their computer screen; interact with them, not focus more on typing their notes.
- Clean, tidy offices. Toenail clippings, dust bunnies, ripped dirty chairs and Betadine stains on the floor or wall all form undesirable impressions.
- Assurance that everyone employed in the practice is respectful of their privacy—medical circumstances and records.
- Well-thought out, honest treatment plans based on their condition, not on the insurance or the

because they have never been instructed otherwise.

No doubt, you are familiar with the expression, treat each patient no differently than you would treat your mother—both medically and compassionately. It's an excellent bar to set in any practice. If there are still some patients who continue to refuse your respectable, medical-professional standards of care, give them an unapologetic free card to move on. No regrets.

By the way, if you are serious about pinpointing what areas of your practice need better attention or improvement, conduct brief patient satisfaction surveys. In most cases, you might discover (as was pointed out earlier) that there are many more patients who DO appreciate the care they receive than those who do not. And that's a discovery worth learning—and celebrating!

Continued on page 40

Patient Expectations (from page 38)

Topic: “It’s Not as Simple as I Think!” (Mea Culpa)

Dear Lynn,

You’re always so quick to give out advice. Does any of it ever personally hit home?

Indeed it does. Delegation...guilty am I. Recently, we hosted a large house party. In order to spend time with my guests (instead of being held captive in my kitchen), I hired someone, we’ll call her Rose, to help serve, hang coats, tidy up—and generally tend to guests. Because she came with “experience”, and the arrival of guests was happening very shortly, I gave her a list of tasks and some quick verbal instruction of necessary duties. I even “let go” of some tasks I thought only I could do and am pretty proud of myself for doing so. Having her there freed me up to mingle with and entertain guests with minimal work effort. Identify tasks to be delegated and let go of some: I passed!

a total rewash the next day. She also disposed of supplies that ordinarily I would have saved--something I saw as economically wasteful.

In short, because she was not fully informed of what actions to take (and not take) in all these circumstances, she did what she THOUGHT she should do--not necessarily what I NEEDED her to do. Clarify the job,

- Find the right person to do the job.
- Spend adequate time communicating and explaining exactly what needs to be done.
- Clarify the importance; WHY it should be done this way (and NOT another way).
- Demonstrate exactly HOW to do it.

Initiating new operational processes can be challenging.

give detailed instruction, and insist on quality: I FAILED!

As it happens, a friend of ours, coincidentally a podiatrist, attended this event. He’s heard my lectures and read my articles on the importance of doctors delegating certain tasks to staff in order to free up time for ‘medical license only’ patient care.

Well, it took a real-life situation for me to realize it’s easier to advocate the concept of delegation than

- Discuss limitations—what she should and should not do.
- Encourage questions—“Is there something you don’t understand? What questions can I answer for you?”
- Observe; “Show me”—Are they doing it according to your instruction and expectation?
- Set them free, be available to them, watch the magic happen, then praise their efforts.

Looking back, my little incident that night was not in vain. It helped me understand the value that a good delegation program can bring to a practice, i.e., reducing your own workload and stress, and developing your employees. It remains a meaningful practice management tool.

Initiating new operational processes can be challenging. However, with a determined upfront effort, this one will have lasting, successful after-effects. For doctors, managers—even party hosts. **PM**

Clarify the importance;

WHY it should be done this way (and NOT another way).

I also focused on her personality and her eagerness to help. In addition to seeing her pleasant interaction with all the guests, I observed her scurrying around to pick up, wash, and organize the many dishes so that all I needed to do was put them away post party. She even took it upon herself to put some leftover food in goodie bags for our guests to take home as they left. I commended her for her brilliant idea! Find the right person for the job and praise her out-of-the-box ideas. I Passed!

All was going well. At evening’s end, however, I was disappointed to find that Rose discarded much of the leftovers that could have (and should have) been saved. And, instead of using the dishwasher, she speed-washed the dishes by hand, requiring

to actually execute it. After listening to my frustration, my DPM friend rolled his eyes and with a smile said, “Ahh, learned a valuable lesson in delegation.”

So, why do I tell you all this? Because when reality and discovery hit home, one needs to own up to it; take responsibility and LEARN from it. None of Rose’s ill-actions were her fault. Not one. Everything she did below my expectations was all on ME! Her years of experience, while impressive, didn’t exactly match what I needed her to do. Only I could have prevented her missteps.

In order for her to be successful and achieve a better outcome, I should have followed the very same delegation guidelines that I advocate. Not just some of them. All of them:



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.