



Getting Your Patients to Say “YES” to Important Uncovered Services

These strategies are particularly relevant to custom orthotics and braces.

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As fall approaches, it's time to consider campaigns that are designed to meet the needs of patients who might be suffering from increased summertime activities. Unfortunately, many practical approaches to the various foot and ankle conditions that result from overuse are the same treatments that might be uncovered by insurance carriers. Custom orthotics and braces represent among the most common examples. Nevertheless, a provider has the same obligation to present uncovered treatment protocols the same as if the devices were covered.

Overcoming third-party payer obstacles is never easy and should be handled through various strategies that include communication, understanding, and financial concerns. These strategies are particularly relevant to orthotics and braces, where the clinical value of these devices, as perceived by the patient, can potentially override the patient's concern for their expense when handled correctly.

All patient communication and compliance relies upon rapport. Rapport is developed first by the provider truly believing in the value of what's being presented. Skepticism will easily be detected by the patient. Eye contact, smiles, body language, vocal tone, and active listening also create rapport. Numerous studies have confirmed that

communication between doctors and patients is a complex mix of spoken words, gestures, expressions, postures and eye contact. Non-verbal cues can affect rapport, patient trust, and the willingness of the patient to adhere to a recommended plan.

Body language can make or break rapport. Some strategies to practice include:

- Take a seat and don't rush. One of the most common complaints patients

and tablets such as iPads help, as opposed to a fixed position computer.

- Use “Medical Touch.” Studies suggest that physical touch by a healthcare provider can foster trust and comfort in patients, potentially improving their overall experience and compliance. During sensitive interactions such as uncovered services, a carefully orchestrated physical contact of the arm or leg can provide comfort and demonstrate compassion for their

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have about doctors is that they seem rushed. The simple act of sitting down rather than standing to speak with your patient can make them feel more at ease and more willing to engage.

- Be conscious of your hands, arms and shoulders. Avoid a posture where your arms are crossed or your shoulders are raised. This can be perceived by the patient that you're unsure of yourself or domineering.

- Face the patient. Position yourself so that you can speak with the patient face-to-face and make eye contact. This is how mobile devices

financial concerns. Carelessness, of course, can have the opposite effect. Some patients may be particularly sensitive to being touched by their doctor, so it's wise to get to know patients before using medical touch.

Once the relationship is established and patient needs are identified, it's time to promote the service and its value to the patient. By actively listening and establishing a relationship, you now know the needs and wants of the patient and what they may value in the service being presented.

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To be influential when discussing services with patients who are uncovered by their insurance, it’s important to first acknowledge and address the patient’s financial concerns. Discussing out-of-pocket expenses can cause stress or embarrassment, so start by showing empathy for the patient’s situation. Try to integrate

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the conversations about potential costs into the regular patient discussion, regardless of the patient’s financial situation. Regardless of income, keep in mind that most patients prefer not to spend money on potentially low-value services. Keep your dialog focused on value. Show the patient how the service rendered will ultimately save the patient money or time. If it can be shown that by not purchasing the device, valuable personal time will be lost or that there will be monetary costs, or increased potential

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medical costs, time away from work, etc., the patient will be more likely to make the purchase.

One useful approach to the finances is to proactively initiate the conversation before the patient does. Start with questions such as, “some patients find it hard to afford this custom orthotic device since it’s not covered by their insurance. Will the cost make it difficult for you to get the device?”

Throughout the discussion, be sure to maintain a patient-centered approach. Actively listen and pay close attention to the patient’s concerns and continue to show empathy and understanding. Support the patient’s autonomy by encouraging them to actively participate in the decision-making process related to their care and costs.

“But I can get this same device at my local pharmacy for much less!” We have all heard that comment one time or another. Be sure to emphasize that the purchase includes professional time. Many patients who purchase products or services never think about the fact they are

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also paying for professional time, proper fitting, etc. If the point is made that their purchase includes professional time (similar to paying an attorney), they will better understand that there are human costs involved with their purchase and possibly be more agreeable to purchasing the device from you rather than the pharmacy.

If a strong financial impasse develops despite rapport and demonstrating the value of the noncovered service, it’s time to consider the next steps. You might want to explore other options and alternatives. When possible, recommend lower-cost treatments that can achieve similar results. Perhaps you can offer payment plans to help manage the costs.

Uncovered services and a patient mindset that all medical care services should be covered can sometimes be a challenge to overcome. Part of our responsibility is to get patients to value a non-covered service enough to pay out-of-pocket. Medical care is a relationship business. The greater the bond between a provider and patient, the more likely a patient is to pay out-of-pocket for a non-covered service. **PM**

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