

Good Communication Yields Profits, Happy Patients

Donna Suter



WHAT WOULD YOU SAY is the most pressing problem in your practice? Managed care? Overhead? Low net to gross? On an informal survey, the overwhelming majority of responding administrators and doctors agreed on the number one problem, but they expressed it in different ways. The doctors said it was personnel, effectiveness, efficiency, and motivation. The administrators said it was communication, training, and recognition.

Both are right. The overwhelming problem *is* personnel—their efficiency, effectiveness, and attitude. But the heart of the problem is communication—the lack of it or the inability to communicate.

Many doctors expect personnel—without training or direction, almost by instinct—to act, react, and communicate correctly in all situations. The underlying issue is expectation. Many doctors expect their assistants to know what is expected when, in fact, they often don't. This starts a cycle of inefficiency and ineffectiveness. It also leads to poor motivation and attitude on the part of the assistants. For the doctor, it starts an acute case of “frustricity” (frustration sprinkled with anxiety).

The bad news is this disease, called noncommunication, plagues practices of all sizes—solo and group alike—and can be fatal. The good news is that with prompt diagnosis and constant treatment, the disease is curable.

Your patients base their decision to use your services as follows: 85% on communication skills and 15% on scientific, technical assessment. People are tuned to human relations skills—how they are treated by others.

A Case in Point

Practice A is an established practice in an active resort area. Recently, an assistant said to a 40-year-old female patient, “Mrs. Jones, your preliminary examination shows the general overall health of your eyes is good. But, you need something visually for both near and far. We can give you a pair of bifocals or two pairs of glasses, one for near and one for far, or progressive lenses or contact lenses.”

Lisa, the pretester, never looked at Mrs. Jones while delivering her “good news”. Rather, she was busily filling out her paperwork. Mrs. Jones face went from smiling and relaxed to tense and pensive.

Lisa left the room and Dr. M., a conservative, soft-spoken, 55-year-old, entered.

The patient immediately stated in a loud and very angry voice, “I’m



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only 40 years old, and I’m too young for bifocals.”

The doctor calmly looked at the chart and repeated the technician’s closing remarks with an added, “I understand.” (He didn’t.)

He then performed an internal and external examination of the eye, checked the refraction, and pleasantly said, “Well, Mrs. Jones, we can give you a pair of bifocals or two pairs of glasses or progressive lenses or contact lenses.”

Mrs. Jones sighed and said, “I can’t make a decision. I’ll have to think about it.”

I can guarantee that the following week, Mrs. Jones was in someone else’s office getting progressive lenses and eyewear or contact lenses.

This sort of thing happens in ophthalmic offices nationwide at least half a dozen times a week. A doctor or staff informs patients that they must wear bifocals and they become very unhappy, annoyed, and in many cases, angry.

Diagnosis

What happened at Practice A? The staff of this smoothly running practice had forgotten *why* patients come to their office. Doctor and staff *think* patients come to check on the health of their eyes and to prevent and treat disease. Patients *feel* they come so

that they can see clearly in a variety of visually demanding situations.

Each patient has a unique attitude regarding his or her vision as well as unique wants and needs. To treat patients successfully, the technician must practice lifestyle examining; that is, be aware of the patient’s work habits, hobbies, and lifestyle. This gives the practice an opportunity to offer total eyecare tailored to the patient’s individual needs.

Some administrators hear the words *lifestyle examining* and translate them to mean irregular patient protocol and poor time management in the lanes. That simply isn’t true. The length of the examination isn’t synonymous with the quality of care a patient receives. Knowing what to say and how to say it decreases time spent with the patient while increasing the patient’s perception of quality.

Let’s see what Dr. M. and Lisa could have accomplished if they’d been better trained in patient communications. First the technician and then the doctor did not listen carefully to Mrs. Jones, nor did they respond with sensitivity. Mrs. Jones heard them tell her that she was getting older. (She didn’t want to hear that!) The technician, and especially the doctor, thought the patient was unrealistic and had an ego problem. As far as this practice is concerned, the need for bifocals is part of the natural aging process. The patient, however, feels the practice is abrupt and doesn’t understand her needs.

When Mrs. Jones stated, “I’m only 40 years old, and I’m too young for bifocals,” she was saying that she perceives people who wear bifocals as being old. For many, perception is reality.

Treatment Plan

Total care means finding ways to better meet patients’ visual needs and, perhaps more important, their

psychological needs. Not doing so is like a surgeon saying an operation can be done one of four ways but not indicating which procedure is least complicated, which would offer the best long-term results, which would yield the fastest recovery, or which could be done on an outpatient basis, reducing the cost.

What options could have been offered to Mrs. Jones to make her satisfied and happy? First the technician, and then the doctor, could have begun the diagnosis (presbyopia) by saying, "Mrs. Jones, our tests have found that your eyes are healthy. However, you need a prescription for near and far. You are too young for bifocals, so you might want to try progressive lenses or contact lenses." This fulfills the practice's responsibility to make the patient happy. Total care is being brave enough to make a recommendation based on the patient's needs.

Dr. M. and his technician played it safe, repeating four choices. They were fearful of doing their job; that is, to help the patient make a decision. In doing so, the practice lost a patient and didn't fulfill its role as a profit center.

To complete the more desirable scenario, the technician and Dr. M. could have interjected some of the following statements during the patient's 20 minute health examination and vision analysis.

The Technician

"Mrs. Jones, did you bring your sunwear with you today?" (The technician is creating an opportunity for the practice to find out whether the patient has sunglasses, with the pre-tester or optical staff performing a service by checking old sunglasses for ultraviolet absorption. The practice is then able to inform Mrs. Jones of the importance of a quality ophthalmic product including the correct tint and ultraviolet coating.)

"Since contact lenses are an option for you, our contact lens technician has the time and would be delighted to do a complimentary contact lens try-on today to show you how comfortable lenses can be." (Offering test drives sells a lot of automobiles. The educated consumer is the best customer/patient.)

The Doctor

"Mrs. Jones, it's important for you to see me every year; our receptionist, Lynn, will make that appointment before you leave today." (This gives attention to preventative eyecare and builds active recall.)

"Mrs. Jones, How is your son, Richard, doing in school? You know, it's been four years since his last visual examination. School is 70% visual and puts a lot of demands on a growing boy's eyes. I'd like to check his eyes soon." (From each patient, you can create another patient, building your practice and instilling the need for on-going eyecare.)

Profit: A Sign of Satisfied Patients

From the examination, all profit flows. Being results oriented is not being greedy. It's the fastest route to realizing what's best for your patient and for the practice. Be honest and comfortable enough in your communication with each patient to prescribe care as you would for a loved one. How, then, does your practice position the examination team as the profit center?

Create a Game Plan

Successful practices get what they want because they know what they want. They can then determine the most direct route and are disciplined enough to implement their ideas. Here are six ideas to get you started:

- People support what they help create. Meet with technicians

individually or collectively to discuss their changing role in a total eye health and vision care practice.

- Including staff input, redefine the role of the technician. Update job descriptions to include lifestyle examining.
- Make the patient's decision-making process easier by reinforcing lens options with a lens guide.
- Let your technicians be part of the decision-making process in areas that affect them. Decide who is going to make what recommendations to the patient. An examination and evaluation without a recommendation fall short of total care.
- Set goals that include employees. Routine work can be taken for granted unless employees are made aware of how their performance contributes to the success of the practice.
- Criticize behavior, not people.

Effective management of office personnel, the most pressing problem, must be done on a regular basis to enhance the chances for practice success. It's the attention to people, both personnel and patients, not competition and managed care, that really makes a difference.

Consumers busy with their own work and family pressures seek professionals they can trust to be responsible for them—someone who relieves them of the burden of another decision. They want eyecare professionals who aren't afraid to make a recommendation and (to modify a phrase from a well-known greeting-card company) who care enough to recommend the very best. æ

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