

Emotional Intelligence Strategies to Advance Profitability

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Earning the trust of patients through emotional intelligence strategies and establishing fair payment policies leads to better patient–practice relationships as well as healthier finances.

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Patient care is financial as well as clinical. Patients often depend on us to interpret their insurance plans and benefits and explain what they owe for medical care and why. Each time we assist a patient, we are bonding with them and building their trust in us. That trust can lead to a healthy financial rapport—one that separates the cost from the care and allows the patient to concentrate on treatment and healing. It's a win-win situation.

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Being aware of how we act, interact, and react within relationships and how we handle our relationships based on that awareness is termed *emotional intelligence*. This emotional intelligence helps us manage our relationships with patients, staff, and physicians. It actually grows when we develop heightened sensitivity to our environment and the people in it.

Reflecting empathy and understanding is essential to gaining patients' trust and helping them feel comfortable when talking about payment.

In dealing with patients regarding accounts receivable policies, do so in a respectful and professional manner. Demonstrate emotional intelligence in the following ways:

- Address the patient's stress in a productive manner. For instance, arrange monthly payment dates around times most convenient for them, not for the practice.

- Be aware of the patient's body language and other non-verbal communications so you can get a better sense of how they are feeling. Pay attention to your own body language as well; you may be delivering a soft message, but if your hands are on your hips, you are implying judgment that negates your positive conversation.
- Choose your words wisely. Challenging discussions require emotional intelligence to ensure a positive solution.

FAIR WARNING AND FAIR EXPECTATIONS

You want patients to be as prepared for their visit as possible, and communicating financial expectations before their appointment is the best way to do that.

For example, dedicated billing staff should contact patients prior to their appointment to confirm copays and coinsurances, alert them to previous balances, and provide the option of paying over the phone at that time or upon check-in. If the patient chooses to pay upon check-in, this is documented on the patient's screen for the front desk to see and collect in a respectful manner.

Imagine the patient who has not been contacted before an appointment, is unaware of payment protocols, and is surprised upon check-in to learn he or she must pay an unexpected balance. This uncomfortable situation is easily avoided with one phone call prior to the appointment. The patient arrives having already settled the bill or prepared to pay upon check-in.

Again, this is one of those things that may take a little extra time, but benefits the practice substantially. You are actually relieving the initial dread of "How much will it really cost?" by communicating their financial responsibility

at the first opportunity while at the same time improving the medical practice cash flow.

The second step in establishing financial responsibility is with an appointment confirmation that includes a generic statement such as *Please be prepared to remit any copays or coinsurances due at the time of the visit according to your insurance plan. Thank you.*

Check-in for the appointment should be the third time they are reminded about their financial responsibility when the receptionist requests payment. A prepared patient is more mentally ready to remit 100% of the amount.

It's also helpful to place new policy information in strategic locations in the office where patients can note the information or actually take a paper copy for future reference.

In deciding when to charge the credit card on file, allow the same amount of time for the card to be charged as you would for a paper statement to be remitted. For example, allowing three weeks before the credit card is charged makes the patient part of the process, which may include an appeal. Remember that you do have a personal guarantee that the bill will be paid in a timely manner.

Build into the agreement the provision that should a card have been canceled, you will attempt to contact the patient before the account is turned over to a collection agency.

THE GRAND INTRODUCTION

First impressions are everything, and they are lasting. The success of a new financial policy requires careful planning around who introduces it and when.

Some practices introduce a new billing method by applying it to all patients, regardless of their insurance plans and balances. Others apply the new rules only to new patients or those who have past balances due. Some offices are more concerned about payment policies for high-dollar procedures, surgeries, treatments, or other larger amounts that can be broken into affordable segments.

Get the buy-in from physicians by sharing reports and documentation with them so they understand and affirm the need to adopt financial policies that work for your office. For example, if a large percentage of your patients have high-deductible policies, that makes time-of-service collections important. Show physicians time-of-service collection reports and patient demographics that reflect the number of high-deductible patients so they understand the impact.

VULNERABILITY AND PAYMENT

Someone in your billing department should always be available to speak with a patient privately regarding his or her financial responsibility and, with the patient present, should be willing to contact the insurance payer regarding eligibility and specific treatment plans needed.

A patient can feel incredibly vulnerable as he or she enters a room to establish a payment agreement. Keep in mind that patients base their expectations on previous experiences. They may have no idea what to expect, and more than likely are not aware of the true cost of health-care. Your job is to create the easiest and most comfortable setting with each step and level of the patient experience, including what their financial obligations are according to their coverage.

Utilizing card-on-hold options allows you to approach patients with realistic and fair policies that will help your patients meet their financial responsibility in a secure manner. A fair card-on-hold policy can ease the process by automatically charging a patient's card for a copay or for a prearranged amount with each visit.

Help buffer the shock of seeing a bill by making it a manageable situation. It would be a pleasant change of perspective if patients saw our bills as predictable as a phone bill with an automatic payment within a fair amount of time. Patients can separate the money from the care and relax so they may concentrate on their health.

As you update your financial policy, reinforce credit card policies by furnishing paper or electronic copies to patients for later reference in the comfort of their homes. This will certainly lead to a few more phone calls, but this is what you want: patient education and engagement. You are laying the groundwork and foundation of your expectations and their financial responsibility. Building an emotional intelligence with every step of collections will only improve patient receipts.

Because insurance companies sometimes deny a claim in error, you must be 100% sure that any responsibilities transferred to the patient by the insurance company are indeed valid before you process the patient's credit card. This is another reason to allow time for a card to be charged, rather than doing it upon the initial explanation of benefits/explanation of payment.

EFFECTIVE SIGNAGE

As you design and display policies and requests, avoid barrier words such as *never*, *must*, *do not*, and *required*. Good manners always help to soften a message. For example, a sign requesting payment at the time of service can read *Payment is requested at the time of service. Thank you.* This is much more respectful than *Payment is required*. Another example is *Please check out with the receptionist before leaving. Thank you.* That's gentler than *You must...*

Politeness costs nothing and should be part of every relayed statement. Cold messages can elicit defensive reactions that do not benefit patient care or a desire to remit for your services. Remember, patients are grading the entire practice and the value received as they determine where their healthcare dollars will go. *Please* and *thank you* go a long way to tempering someone's attitude.

Notices will be seen more easily if they are located in one “framed” area as opposed to several scattered ones. Ask vendors about the availability of multilingual statements and other financial information such as payment options and agreements.

Provide printed brochures on patient financial options in strategic locations. You will be surprised how many patients will actually pick up a brochure and read it.

LEVERAGING YOUR WEBSITE

Your website is the perfect venue for providing financial information for patients to review before they walk in your door.

Easy access and transparency in billing practices are welcome features of a user-friendly website.

Forewarned is forearmed, and this is also true regarding financial obligations. Use understandable language that directly relates to patients with high-deductible policies, or under- and uninsured patients. Consider: *If you have a high-deductible or are a self-pay patient, please call our office today to discuss your specific benefits.*

Allow patients to use the website 24/7 to establish a payment plan if they so choose. Being available to accept payment at any time with as many options as possible is a clear way to direct emotional intelligence toward your patients. Easy access and transparency in billing practices are welcome features of a user-friendly website.

THE BILLER

We are all dependent on the biller’s discretion when they determine a claim denial’s next step. I had to contact my doctor’s billing department to let them know that my labs should be included in my physical as a wellness benefit and to refile the claim. Shouldn’t they know that *already*? These are basic things that *we* are aware of, but most patients are not. It’s our job to protect our patients in every way we can, including with claims.

Although we would like to believe that all of our billers are working at their best all day, I am confident that, as in any position, some simply may not make as concerted an effort as others. We often don’t catch these errors until it’s

too late, and then it is almost impossible to go back and track every single occurrence with any particular claim or employee. It’s like finding a missing book within a library with millions of volumes. It is often too daunting to audit every single past transaction.

However, a biller’s error can lead to patients’ distrust of the practice. It is your responsibility to administer the patient’s plan as best you can for the benefit of the patient. Insurances, as we know, do not typically reimburse 100% correctly 100% of the time. Until then, your central goal is to protect the patient, first and foremost.

Keep in mind that collectors sometimes identify strongly with the patient, creating barriers to collections. For example, a patient has a balance from a past insurance denial stating “noncovered” even though their insurance company told them it was covered, or the patient has a bad debt that needs to be paid before an appointment may be scheduled.

At times, a collector can *over-identify* with the patient who appears to be helpless, and then become too empathetic, seeing the patient as a victim. The collector may be more forgiving regarding an already overdue balance, and that instantly reduces the overall potential of collecting 100% of the amount due.

The collector’s self-management skills can help him or her calm a patient’s distress before the situation leads to a more lenient negotiation.

WHAT CAN I DO NOW?

- Establish card-on-hold payment plans that are fair and workable for your patients... and predictable for you! Speak with everyone in your billing and business department who has ever collected money.
- Gather information about the best way to approach your patient population—it’s essential to getting this program off the ground successfully. Emotional intelligence will assist in your information gathering.
- Keep physician leaders apprised of your implementation and success.
- Consider conducting a patient survey or asking a ghost patient to present an objective evaluation of you by viewing your website, scheduling an appointment, and checking out.

We help people heal, and that can be an incredibly bonding experience. Let those caring moments bring you together to treat the entire patient, including their financial health. ■■