

# Planning isn't enough

*Five steps for enforcing sound payment policies*

*By Ginny Hegarty*

Q: We've created new financial guidelines, but we're having trouble enforcing them. The first day they went into effect most patients responded with a variation of, "I've been coming here since you were in diapers. Just bill me!" Now what?

A: There are definitely steps you can take to successfully introduce changes in the practice. Seven years ago, I was hired to consult with a well-established general practice that was experiencing tremendous patient resistance to change. This was an extreme situation fueled by 20 years of nebulous approaches to patient financing. The frustration was palpable. Working together we were able to successfully introduce new financial guidelines that were fair and flexible for patients and practice. Knowing that these steps worked in such an intense situation, I feel confident they can help you too. Here's the approach we took:

## **1: Admit the problem**

The patients in this practice were not being difficult; they were just doing what they had always done. The simple fact is that this doctor's patients had been well trained in how to act in his practice.

This is the same for every doctor/owner in every practice. You are directly responsible for everything that occurs in your practice: You either designed it that way or you allowed it to occur. Accept the fact that you have created the problem. This will enable you to focus on the solution.

## **2: All aboard**

This team had given the responsibility for changing the payment options to one staff member. I brought this group together to discuss the current A/R situation. They saw that most patients with large outstanding balances were either no longer active in the continuing care program or had already left the practice because of financial concerns. Other patients, because of financial concerns, were not moving forward with recommended treatment.

The staff didn't fully grasp the impact on profitability of a large A/R, but they recognized that they would not be able to provide patients with the finest care if they didn't make it easier for patients to pay for their services. Everyone got onboard with our change initiative.

## **3: Commitment**

Everyone on staff must fully support the initiatives or they will not succeed.

Your patients will accept what you say if they believe that you believe what you are saying. Successful communication is based much more on tone of voice and body language than on content. If your words don't match your non-verbal cues, your message will not be accepted.

#### **4: Focus on 'yes'**

Don't say, "The fee for your treatment will be \$2,400. How would you like to pay for that?" This is a surefire way to create a difficult, defensive position for everyone involved. Create financial guidelines that offer your patients a choice of "yes" responses. Be certain that all options are acceptable to you and do not put the practice at risk.

**5: Great verbal skills Scripting is a great way to teach your staff excellent verbal skills that improve interactions with patients. I incorporate the Office Magic Book of Scripts into all of my consulting engagements. Staff and doctors appreciate this comprehensive guide to what to say, when to say it and how to say it so it will be well received.**

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For the practice above, the most critical part of their success was their ability to truly understand their own role in the problem. The next step was sincere commitment and compassionate tenacity. They invested the time to learn the verbal skills that made the process easier and more enjoyable. The patients are proceeding with treatment, the staff is happy and the practice is more profitable. The key to their success was taking the time for staff development. Invest the time and it will pay dividends for years to come.

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