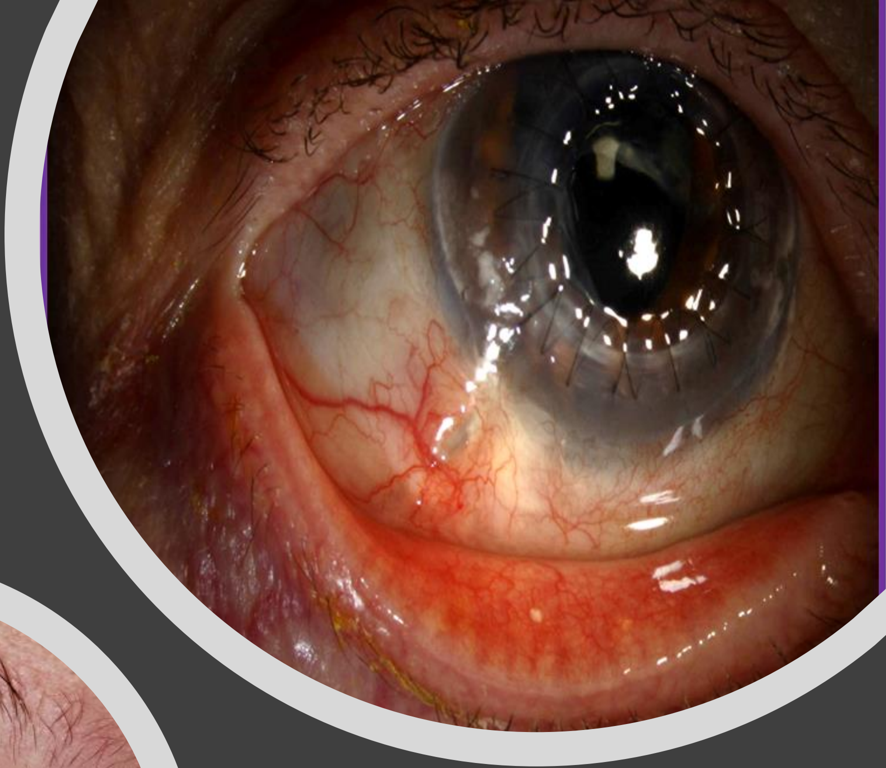
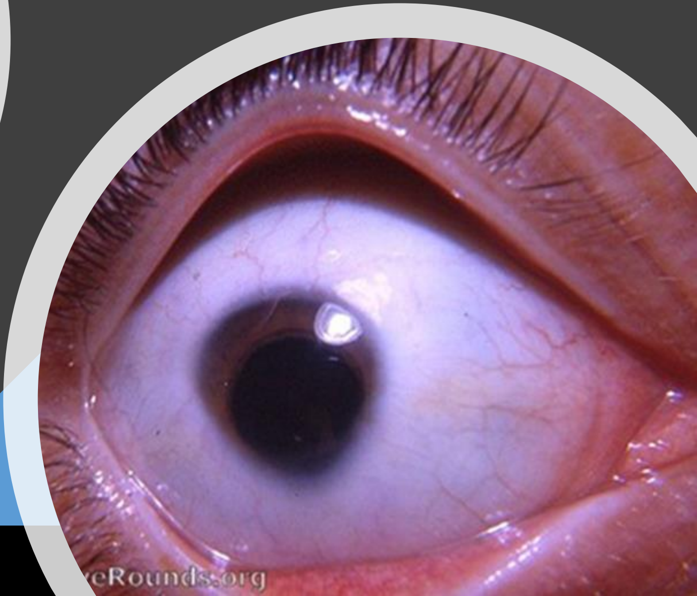
WE All LOVE SCLERAL LENSES

It’s Not About the Plastic

How to Manage Your Medical Contact Lens Patients





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Disclosure

- EyePrint Prosthetics
- Mojo Vision

- Optometrists seek financial security and the feeling of success and status which often accompanies financial health.
- Being self-promotional, openly desiring financial success, or enjoying the spotlight is socially viewed as incompatible with desiring to help others and serve the community.

Financial Responsibility

“Does my insurance not cover this?”

“I was not aware this was going to cost so much.”

“Is there a cheaper option? I just can’t afford this right now.”

Before the Visit

Establish Financial Policies and Procedures

Before you can have payment conversations with *patients*, you need to have payment conversations with *staff*.

Seek input from all staff and encourage open and honest feedback.

Are patients confused about what they owe or surprised by larger balances?	Is it a struggle to collect payment at time of service? What about balances due?	Are staff members be unclear when to request payment or uncomfortable discussing financial matters?	What are the opportunities to create consistent habits and actions among staff members?

How should policies and procedures be implemented?

Policies and procedures can only be effective if the affected individuals are fully aware of them.

- Communicate any policy changes to staff, patients and other stakeholders on a regular basis.

Commit to supporting policies with training and tools for staff.

- written documentation
- in-person conversations.
- Continue the dialogue
- set clear expectations

Patient communication channels

- email, letters, text messages, healthcare apps, and office materials
- customize messaging for each channel so the information can be easily understood.
- educate patients so they are clear on the *provider's* expectations and *their* obligations.

Written Financial Policy

- Patient's financial responsibility.
  - you will collect co-pays and balances at the time of service unless other arrangements are made.
  - Post this information on your website and patient portal to inform patients that payment is required at the time of the visit.
  - Collect co-pays, deductibles and deposits
  - Payment options:
    - automated recurring payments (charged to a credit card)
    - discounts for cash payments
    - payment plans or patient financing through a third-party vendor (Care Credit)
    - Specify the minimum payment due (but no less than $25) and maximum timeframe for total payment (not to exceed six months).
    - Accept cash, checks, debit cards and credit cards.
    - Accept payment through your website and your patient portal.

Use your online presence to begin the conversation

- Website:
  - Page devoted solely to insurance and financial responsibility.
  - Give prospective patients the impression that you understand and value their desire to find affordable care.
  - Decreases calls to your office regarding $$$
  - Clearly list:
    - pertinent insurance information
    - medical payment plans your office accepts
      - Complete with applications and information links.
      - Payment portals are also a big plus for payment convenience and increased collection rates.

Payment conversations can be hard.

Train, Equip and Monitor your staff

Practice, practice, practice.

Clarity and confidence building

Repeat to: reinforce good habits, correct misunderstandings, give staff an opportunity to share observations and ideas and bring new team members up to speed.

5 reasons staff fail to collect from patients

Thinking an updated financial policy is enough.

- A financial policy spells out the rules but doesn’t do anything to encourage your staff to take action
- establish procedures for collecting at the time of service.
- Use scripts, talking points, role-playing and ongoing coaching to train your staff how to ask patients for money

5 reasons staff fail to collect from patients

Vague and inconsistent rules.

- If **you** aren’t clear about the who, what, where, when and how of collecting, your staff will not excel at patient collections.
- Specify the differences in patient payment responsibility when the patient is uninsured vs. out of network vs. in network vs. Medicare.
- Establish protocols for how staff should handle these processes

5 reasons staff fail to collect from patients

An empty toolbox.

- Staff need collection tools
- Pre-determine as much as possible:
  - past-due balance
  - eligibility status
  - Unmet deductible
- Payment options

5 reasons staff fail to collect from patients

Not all staff can ask patients for money in a polished professional manner.

5 reasons staff fail to collect from patients

Staff are not monitored.

- People perform better when someone pays attention to them.
- Track collection rates by staff member and for the entire practice.
- Conduct random check-ins to ask how much was collected.
- Review daily over-the-counter collection logs.
- Have each staff member who collects co-pays and deductibles complete an “If Not, Why Not?” report that explains the reason the patient didn’t pay his co-pay or deductible.

Pre-exam Discussions

- Information overload during the exam may cause patients to forget
  - Consider sending a standard, informative email to patients before the exam/ fitting.
  - Use it as a reminder to help them understand what will be expected at the time of treatment, and what options there are based on your payment plans.
  - Front office staff can reference the email and its details in their appointment confirmation call.
  - This will allow patients to ask questions and get more information regarding financial responsibility before they arrive for their appointment

During the visit

Educate and communicate with patients

Lean into the Conversation

- Be up front, human, and matter-of-fact. It’s just a matter of person-to-person communication.
  - Engaged and open posture
  - Don’t be defensive
  - Empathize but don’t apologize
-

Invite cost conversations

- Assume cost is on everyone’s mind, and that patients are waiting for you to raise the subject.
- Even if you don’t know the answer, let your patients know you’re willing to try and figure it out.
- They may feel they need your permission to share their questions or concerns.

Don’t let fear of time-sucking conversations keep you from meeting your patients’ needs

- These talks do not need to take a lot of time
- That small investment can go a long way in building trust with your patients, and help you understand how to give them the best possible care.

Principles of Effective Financial Communication

1. Inform before you perform
   - Written financial agreements
   - Should the doctor discuss finances?
2. If you don't ask for the money the answer is always no
3. Make statements and avoid open ended questions
   - How would you like to pay today?

Principles of Effective Financial Communication

4. Treat Your Patient as a Person, Not a Bill
   - Patients are often overwhelmed between dealing with their health questions and financial issues.
   - Focus on the individual patient before the bill is the first step to handling patient payments with empathy..
   - Show your patients you care.
5. Don’t Judge
   - But don’t own their problems
6. Sustain an Attitude of Service
7. Look for Emotional Cues and Respond Appropriately
   - Acknowledge the difficulty
   - Sit with them in their discomfort
   - Don’t solve their problems for them

Make financial responsibility integral to your patient experience

- The key to managing patient expectations and starting valuable financial conversations is showing patients—from their first interaction with your practice—that you do not shy away from financial discussions or use vague statements to address patients' responsibility. By keeping patients informed ahead of treatments, you can help eliminate those not-so-nice surprises when it comes time to make a payment.

CONFLICT RESOLUTION

CONFLICT

A situation in which someone believes his/ her own needs have been denied

WHEN YOU HEAR THE WORD

CONFLICT

What do you think and
What images come to mind?


conflict
emotional
physician
staff
work
may
leader
behavior
intelligence
practice
physicians
stress
patient
people
health
team
workplace
violence
take
care
confrontation
situation
hostile
pattern
leaders
skills
good
efficiency
clear
patients
family
morale
even
help
abuse
Rage
often
occur
part
exist
major
group
leave
readily
arise
must
used
lack
effect
life
turnover
employees
support
also
high
Go
given
person
now
one
feel
result
lost
made
readily
significantly
type
Managing
loss
cost
jokes
IQs
impede
fails
employee
seen
vital
male
suit
range
near
abusive
working
attitude
productivity
instruments
little
harassment
cop
lead
adverse
limit
hold
wrong
courts
fear
decreased
forms
charismatic
right
loud
training
room
withhold
reached
acquaintance
initiation
begin
presents
disagreements
Temper
personalities
Societies
longer
results
many
unfortunate
operating
female
happens
revered
respect
stage
contributions
loses
liability
past
berating
supervisor
failure
insidious
know
tolerated
timeconsuming
spirit
act
task
suffer
offcolor
factors
treated
isolated
increased
technicians
close
various
wellbeing
complaint
negative
sexual
certainly
ridicule
Nurses

Conflict is a predictable social phenomenon and can be channeled to useful purposes.

THE FRONT DESK

- Constant encounters with unknown personalities
- Managed by staff

THE ***** PATIENT


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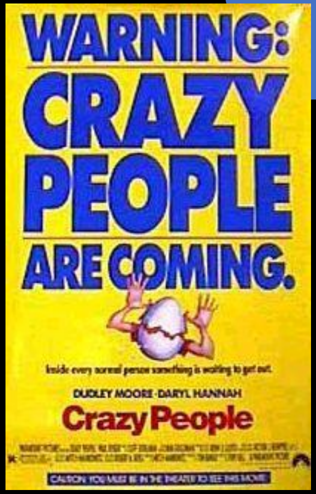
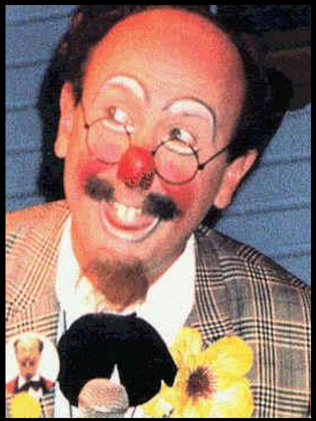
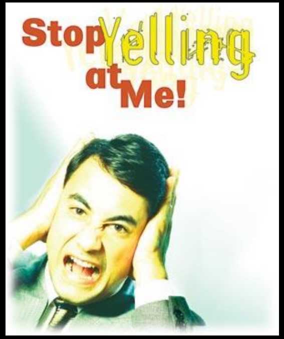

WARNING:
CRAZY PEOPLE ARE COMING.
DUDLEY MOORE · DARYL HANNAH
Crazy People


Stop Yelling at Me!




I'm angry.

STAFF TRAPS

- Give every thing away
- Live by “Policy”
- Defend the *Doctor* to the death
- Get the doctor to solve problem
- Tune it out
- “I’m sorry” for everything

CONFLICT DOES NOT MEAN YOU WILL LOSE MONEY!

CONFLICT

- Be thankful the patient gave you the opportunity to understand.
- Opportunity for stronger bonds
- Allows you to be proactive in the future.
- It may not be about you.

STEPS TO RESOLVE CONFLICT AT THE FRONT DESK

Learn their story

Express your views

Problem-solve together

THE “WHAT HAPPENED?” CONVERSATION

- Respectful understanding of what others are experiencing.
  - Make eye contact
  - Keep a relaxed posture
  - Para-phrase what the patient is saying
  - Listen without judgment
  - Look for the feeling behind statements
  - Don’t ask a series of question that require informational answers.

THINGS TO REMEMBER WHILE LISTENING

"Don't just do something, stand there"	"Never put your "but" in the face of an angry patient."
• Frustration results when someone needs empathy and the doctor assumes they want reassurance or "fix-it" advice.	• People hear: • "BUT I will not help you" • "BUT this is about me" • "BUT I am not listening

THE "WHAT HAPPENED" CONVERSATION

How will you know when the patient feels heard?

- The patient stops talking!

Once the patient feels heard, it's your turn!

EXPRESS YOUR VIEWS

1. Abandon blame

2. Ask yourself what's at stake

3. Speak for yourself with clarity and power
   - Focus on authenticity

4. Take the lead
   - Ask before offering

PROBLEM-SOLVE TOGETHER

Invent options that meet each sides most important concerns and interests.

Thank You

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