

MMP Classic: How to Apologize to a Patient



I like to get complaints from patients.

No, I'm not a glutton for punishment. What I like about complaints is that I hear directly from the patient what is bothering them, and I have an opportunity to connect with them personally. The ideal situation is having the opportunity to meet face-to-face with the patient when they are in the office.

Here's how to apologize to a patient.

Step One: Introduce Yourself

I introduce myself and shake the patient's hand and the hand

of anyone else in the room.

Step Two: Sit Down

I sit down. There are two reasons for that. One is to send the message that they do not need to hurry – this conversation can take as long as they need it to. The second is to place myself physically below the patient. If they are in an exam room sitting on the exam table, I will sit in the chair. If they are sitting in the chair, I will sit on the step to the exam table. The message I am sending is “I do not consider myself to be above you.” It sends a strong message.

Step Three: Let Them Tell Their Story

I say *“I understand we have not done a very good job with _____ (returning your calls, giving you an appointment, getting your test results back to you, etc.) Can you tell me about it?”* I do not take notes as I want to maintain eye contact and focus on the patient, but I take good mental notes. The patient and/or anyone with them needs to be able to talk as long as they want. They might need to tell their story twice or many times to get to the point where they’ve gotten relief. The patient has to get the problem off their chest before the next part can happen.

Step Four: SINCERELY Apologize

I apologize, saying *“I’d like to apologize on behalf of the practice and the staff that this happened. I want you to know this is not the way we intend for _____ to work in the practice.”* If anything unusual has been happening, a policy has changed, or new staff have been hired, I let them know by saying *“So-and-so has just happened, but that’s not your problem. We know our service has slipped, but we’re hoping we are on the way to getting it fixed.”*

Don’t forget that patients can tell if you are not being sincere when you apologize.

Step Five: Answer Questions

Answer any questions the patient has. Why did the policy change? Why can't I get an appointment when I need one? How will you fix this for me?

Step Six: Close the Meeting

If the patient complaint requires an investigation and resolution, I give the patient a date when I will be back in touch with more information. If the patient complaint does not require any resolution on the patient side, I offer my name again and give them a business card or a way for them to contact me if they have further problems.

Step Seven: Resolve the Situation

I follow-up on the information the patient has given me to find out where the system broke down or where a new system might need to be developed, and if needed, contact the patient with further information and/or resolution.

Although most people prefer not to hear complaints, paying close attention to patient complaints helps a manager to keep a pulse on the practice, know what patients are struggling with, and of course, practice humility. All good stuff.

Photo Credit: CarbonNYC [in SF!] via Compfight cc

Steve Jobs, Social Media and iPad enabled voting: Welcome

to 2.0 Tuesday! A look at what's next in technology and healthcare.

At Manage My Practice, we have always been fascinated by the opportunities created when innovation and technical advancements are applied to the Healthcare system. The intersection of technology and medical practice has always been one of the most exciting spaces in research and development because the challenges of the Human Body are some of the most daunting and emotionally charged of our endeavors. Curing diseases, diagnosing symptoms and improving and saving lives are among our most noble callings, so naturally they inspire some of our brightest thinkers and industry leaders.

As managers, providers and employees, we always have to be looking ahead at how the technology on our horizon will affect how our organizations administer health care. In the spirit of looking forward to the future, we present "2.0 Tuesday", a weekly feature on Manage My Practice about how technology is impacting our practices, and our patient and group outcomes.

We hope you enjoy looking ahead with us, and share your ideas, reactions and comments below!

• Steve Jobs thought iCloud had the potential to store Medical Data

Apple's recently announced iCloud service lets you store pictures, movies, music, and documents in Apple's "cloud", or Internet storage system, and retrieve them with your iPhones, iPods, iPads, and Mac computers. Dr. Iltifat Husain, writing for the IMedicalApps blog notes that in the new biography of

the Apple founder, Jobs mentioned that he thought even personal medical data would one day be stored in Apple's iCloud. Cloud storage is all the rage right now in a lot of different areas of technology, but Jobs saying that medical data would be stored on the consumer end next to vacation photos and favorite songs represents a very bold vision of the future of patient data.

. Researchers using Social Media to study attitudes about Public Health

A team led by Marcel Salathé, PhD at Pennsylvania State University published a study last month in *PLoS Computational Biology* that used "tweets" gathered from the social network Twitter to analyze how the public felt about the H1N1 influenza vaccine in 2009. Although Social Media research has limitations, Christine S. Moyer, writing for the American Medical Association's Amednews.com notes that the results were similar to traditional phone surveys conducted by the Centers for Disease Control, and provides some other examples of how Social Media has been used to understand public health trends.

. Interesting EHR/EMR data from the Soliant Health Blog

Medical staffing specialist Soliant Health had very eye-opening list of statistics about EHR/EMR implementations on their blog last week. My personal favorite: *Hospitals using EHR/EMR systems have a 3 to 4% lower mortality rate than those that don't.* Very interesting numbers.

. HealthWorks Collective predicts

changes in healthcare communications after ACA

Healthworks Collective's Susan Gosselin makes some predictions about how the communications between and among providers and patients are going to be changed by the Affordable Care Act (or Healthcare Reform)- and what both groups will demand from a changing system. Great stuff!

.Oregon to help disabled voters cast ballots using iPads

In today's local and congressional elections, five counties in the state of Oregon are going to be equipping local officials with iPads preloaded with special touch-interface software to accompany people with physical or visual impairments, or who would otherwise have a hard time making it to the polls. The 9 to 5 Mac blog is reporting that the pilot program features hardware donated by Apple, and could soon spread statewide by the next election.

Be sure to check back next week for another 2.0 Tuesday!

9 Ways Managers Can Change Healthcare in 2011



Healthcare is changing. It is changing to eliminate waste of money, time and resources. It is changing to make more care available with less providers. It is changing to empower patients to participate in their own care. How are you changing with the times in 2011? Here are 9 ideas.

1. Make your website **interactive**, clean-looking, **interactive**, friendly and **interactive**. Think of your website as your digital receptionist to your practice. If all your patients can do on your website is look up your phone number, you're wasting everyone's time. Patients want to register, make appointments, pay their bill, get their test results, chat online with a staff member, access their personal health record (PHR), watch videos and listen to podcasts you make or recommend. They do not want to wander around your phone tree or wait on hold.
2. Give your patients **information**, information, information. According to a MedTera study conducted in September 2010, 95% surveyed indicated that they are looking for more comprehensive information about disease management, and 77% said they hadn't received any written information about their illness or medications directly from the physician. See more details about what patients want **here**.
3. Understand that people have different types of learning styles and **offer your practice and medical information in different ways**. Offer information via written and digital documents, videos, and podcasts. Offer support groups and group education for the newly diagnosed. Help

patients build communities around your practice.

4. **Take down all those signs** asking people to turn off their cell phones. Cell phones are going to revolutionize healthcare so go ahead and bite the bullet and embrace them. For all you know the person on the cellphone when you walk in the exam room is texting “gr8 visit til now, wil i <3 doc?” (Great visit until now, will I love the doctor?)
5. **Eliminate the Wait.** Patients have much better things to do than wait in your practice. It doesn’t matter why the provider’s late – you’re cutting into the patient’s ability to make money and get things done. Text them to let them know the provider is running late. Text them to let them know an earlier appointment is available. Give patients an appointment range (between 10am and 12N), then text them when their appointment is 20 minutes away.
6. Use a **patient portal** to take credit cards, keeping them securely on file and stop sending patients statements. Use the portal to deliver results and chat and email patients.
7. Stop fighting the tide and **let your staff use social media at work** – for work. Involve everyone in Facebook, Twitter and your website and blog. Using social media for communication and marketing is not a one-person job.
8. Form a **patient advisory board** and listen to what specifics your patients want from you. If people don’t have time to attend a face-to-face meeting, **Skype** them in.
9. Think about **alternate service delivery models**, both in-person (group visits, home visits) and digitally (email, texting, Skyping, avatar coaches, home monitoring systems.) **Emotional technology** studies show that people can improve their health by accepting and utilizing technology in healthcare.

What do patients want in 2011? They want **information**,

communication and a real connection with you. Use social media and technology innovations to make it happen.

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