

# Communicating with patients

When changing your practice's fee structures or introducing fees and billing processes, you will need to communicate this in a number of ways.

**For example:** posters and / or signs in your waiting room or left at the front counter, DL leaflets made available in your waiting room or mailed out, infomercial type presentations on your waiting room screens, a message on your telephone on hold system, and digital channels – perhaps a banner on your website home page or messages on your Facebook page.

Use what is right for your demographic. It does not need to be a cost-exhaustive exercise. Always remember that it is the communication delivered by your staff that will carry the most impact.

It is imperative that you get this right, so developing these messages is where to spend the time and energy.

### HOW TO TELL PATIENTS

- Consistency is key.
- Have staff well-trained and provide them with “scripts” for given situations.
- Develop strategies and policies to deal with questions, confusion, and possible confrontation from patients.

### WHAT TO TELL PATIENTS

#### Focus on Quality and Service Delivery

- Develop a mission statement that emphasises quality medical care and preventive health (explain what this means, be proactive as opposed to reactive)
- Explain that fees reflect the costs required to provide a high quality level of service and medical care.

- Fees are set using running costs of the practice as a guide. For example, the cost of employing administrative staff, nursing staff, and business costs.

### Explain Medicare – most people don't understand how it works!

- Medicare is the patient's insurance for their general health needs. It is paid for with their tax dollars. However, its inadequacies in assisting patients with covering the costs of their medical needs are directly related to government policy.
- “Freezing of rebates” means that patients are getting less for their tax dollar while still paying more tax.
- Terminology is important – emphasis should be placed on the “patient rebates” and that it was frozen in July 2014. “Patient rebates will not be completely unfrozen until 2020.”
- Empathise with the patient on how their Medicare rebates are letting them down and not covering the rates of their medical care.
- Explain that responsibility lies with the Government / Medicare.

### Explain your processes

- Talk in terms of “out of pocket expense”.
- Use the word “only” and “discount rate” or “loyalty rate” when stating a fee to a patient.
- Emphasise how quickly your systems obtain the rebate for your patient.
- That enabling patient rebates is a ‘value added’ service that your practice offers their patients, there is no obligation to do so.
- Compare it to systems they may be familiar with seeing like an allied health provider.