# Marketing on 10 Minutes a Day

***This is the first time a member of your profession has taken the time to call me at home and check on my condition. Undoubtedly it will foster a better relationship between you and me.***

*— A letter from a patient after I had called him at home.*

As I travel throughout the country, I am frequently asked about the best way to begin marketing a medical practice. If I had to pick one marketing idea that is the most effective, easiest to accomplish, and least expensive, it would be the practice of calling your key patients. By incorporating this technique into your daily routine, you actually can save time and endear yourself to your patients.

This chapter will help you identify the key patients in your practice, decide who should call the key patients and when, and discover the advantages of contacting them. There are few disadvantages to this technique, but I also present some dos and don'ts to help you sidestep possible pitfalls.

## Who Are Your Key Patients?

Your lawyer, your accountant, or your wife's best friend are not among your key patients. Your key patients are the patients for whom you need to go that extra mile.

Key patients often need extra reassurance or follow-up. It has been a while since doctors admitted patients to the hospital for diagnostic studies. It was commonplace for those same doctors to visit patients the night before the procedures on their evening rounds. They also did a history and a physical examination. They then did rounds after the

procedures and saw the patients the next morning before discharge. Patients who remember those days still expect to see and hear from their physicians before and after certain procedures. Because you cannot always visit them in person, it is a nice gesture to call your patients before and after they have outpatient procedures.

There are several types of patients who should be treated as key patients. Key patients typically have questions about their health care and need extra reassurance. They require more time and attention than you are able to give during a routine office visit. Frequently they have questions about impending outpatient procedures that were not covered in the office. Also, because these procedures are scheduled weeks, even months, in advance, occasionally patients forget about them. Telephoning them prevents "no-shows." Calling patients before surgery also is helpful. You can take the opportunity to remind them not to drink fluids after midnight and what medications they can take with a sip of water the morning of their surgery.

## Who Comprises This Group of Key Patients?

Here are some examples of key patients I have identified in my practice:

- Patients you have seen for outpatient procedures. For example, if I do an outpatient cystoscopy requiring sedation, I call the patient at home after the sedation has worn off. Calling patients at this time significantly improves their understanding of the findings and recommendations.
- Patients recently discharged from the hospital. These patients usually have questions regarding medications, allowed activities, and follow-up appointments. Even the most careful discharge planning by hospital nurses will not answer all of a patient's questions.
- Patients sent for diagnostic studies (for example, a CT scan to differentiate a cyst from a tumor). I don't think these patients want to wait until their next appointment for the results. Certainly, if the tests are positive or suggest a hospital admission or surgery, you may want to discuss these results with the patient in person.
- Patients who previously would have been admitted to the hospital but today are being managed as outpatients. For example, pyelonephritis and some types of pneumonia are now being managed in the outpatient setting. These patients—and their family members who are often acting as their caregivers—always appreciate you calling them at home, and they feel reassured that you are concerned about their health and well-being.
- Patients who are starting medications, such as insulin, which may have significant side effects if used improperly. Patients who are receiving chemotherapy in outpatient settings and who are likely to have side effects will appreciate a call from the doctor providing them with reassurance. Calling these patients can both allay their apprehensions and allow you to gauge how the treatments are going.
- Someone with high blood pressure whom you are monitoring. You can call this patient and make sure that his or her blood pressure is being taken at home regularly.

You will also be able to ask the patient about the medications and find out if there are any adverse side effects.

- Someone new to your practice. You can simply call this person and say, "I just wanted you to know it was really nice to meet you in the office. I want to make sure that I've answered all your questions."

Based on the particular makeup of your practice and your specialty, you will be able to immediately add to this list. The most important step is to identify these patients and then act on the list by instituting a contact system.

## Who Should Call the Key Patients?

Ideally, you should be the one to call the key patients, but this is not always possible. If you are unable to contact a key patient, have your nurse make the call. The nurse can triage the patient's questions and inform you if the patient has any questions that the nurse cannot answer. By having the nurse make the initial contacts, you will need to make fewer calls each evening.

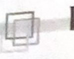
## What Time Should You Call the Key Patients?

Evening is the best time to call. Most people are at home, and you are no longer pressured by your office schedule. You can avoid having to make repeated attempts to reach patients by having your staff inform the patients approximately what time you will be calling. The callback list (see Exhibit 9–1) prepared by my office staff takes, at most, 10 to 15 minutes each night to complete.

**Exhibit 9–1 *Callback Sheet for Key Patients***

Date ____________________

| Patient | Phone # | Reason for Call | Notes |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |



## What Are the Advantages?

When I first started calling my key patients, they were so astounded that they told their friends. Strangers would recognize my name and say, "Oh, you're Dr. Baum—the one who calls his patients at home!" Isn't that a nice image to have?

The first advantage to this technique is the response of your patients. Few things you do will be as appreciated as your calls to patients at home. You can almost hear the patient thinking, "I can't believe my doctor is taking the time to call me at home." When I mention this technique in my talks on marketing and ask other physicians about their experiences, they report that this practice always produces a positive response.

Second, calling your patients at home allows you to anticipate (1) problems that may require an office visit before the next scheduled appointment or (2) admission to the hospital if the patient is not doing as well as expected.

Finally, when you call your patients at home, you reduce the number of calls that you receive from your patients. If they know that you are going to be calling them, patients are less likely to interrupt you with calls. Thus, if you spend just a few minutes each night calling your patients, you ultimately will have more time with your family and friends.

## Possible Disadvantages

Occasionally you will find yourself talking to a patient who does not want to end the conversation and who expects an entire 20-minute consultation on the telephone. In that situation, you need to cut the conversation short. If this happens to you, it is helpful to say, "I know you need some more time. I'm going to ask you to make an appointment and come in to see me, because it sounds like there are some other issues we need to go over." This preserves the purpose of calling your key patients, which is to troubleshoot problems, not to give telephone consultations.

You may experience another possible pitfall if you are not careful about your choice of words over the telephone. Something in your greeting or tone of voice may cause the patient to wonder, "Is there something wrong? Why is my doctor calling me if it isn't to break some really bad news?"

You can easily avoid this problem by doing two things: (1) keeping your tone of voice lighter and (2) asking specific questions. Do not open the conversation with a general question, such as "Are there any problems?" Instead, keep your queries specific. For example, after I perform a vasectomy, I call the patient at home and might say something like this: "I'm calling to see how you are doing. Is the pain under control? Have you passed your water? Is the bleeding the size of a quarter?" Exhibit 9–2 provides a checklist for instituting this system.

I do not think anything I do gives me more instant feedback and gratification than the responses I receive from calling my patients at home. Calling key patients gives you one of the best returns on your investment of marketing time. It is one of the most valuable

# 10 Different Strokes for Different Folks: Dealing with Demanding Patients

***Those who enter to buy support me. Those who come to flatter please me. Those who complain teach me how I may please others so that more will come. Only those hurt me who are displeased but do not complain. They refuse me permission to correct my errors so that I may improve my service.***

— *Marshall Field*

I have a patient who had seen seven urologists before she came to our practice. She went to all those doctors not because her medical problem was so complicated but because her personality was too difficult for most physicians and their staffs to handle. This woman will call me or the nurse once, sometimes twice, a day. But she has been with our practice for 10 years now. Why? Because we have elected her as the most important patient in our practice. We believe that if we can manage her—and she is tough—then we can take care of anyone.

I have told my staff, "If that woman ever leaves this practice, we are a failure." They are instructed to always return her calls, to treat her affectionately, and to make her feel important. I have done this for a purpose. If I can take care of the patients who are demanding and difficult, who take time and often take advantage, then I can take care of the rest. And it has paid off, in surprising ways.

The patient I am talking about is elderly and lives in a hotel. One day she called to say she needed her catheter changed. Her maid had the day off, so she could not easily come in to my office. I told my nurse to go to the woman's hotel and change the catheter, which she did. The patient was so impressed that she donated $1,000 in my honor to the local hospital!

A complaining patient is actually your practice's best friend, because he or she offers you an opportunity to provide better service. This chapter will give you some techniques for turning the negatives into positives.

## Marketing and Difficult Patients

Most physicians who have been in private practice for a number of years can probably claim to have treated thousands of patients. Most patients are very pleased with the health-care services that are provided, yet there are usually a few patients who make life difficult. Those patients can continue to cause trouble even after they have left the practice: Statistics show that satisfied patients will tell three people of their experiences, whereas a dissatisfied patient will tell 20.[1]

I will never forget one of my female patients who had a neurogenic bladder. She was using disposable catheters for self-intermittent catheterization and called our office to obtain a box of disposable catheters. My nurse told her that we had the catheters and that she would bring a box of them out to the patient's car if she would call from her cell phone when she was in front of the building. The nurse also mentioned the cost of the catheters, according to our office policy to charge for durable medical goods. My nurse met the woman at her car and everything went as planned until my nurse asked for the payment. The patient said she had forgotten her checkbook, according to my nurse, so the nurse did not give her the catheters. The woman drove off in a huff, went home, and immediately called the office to ask that her records be transferred to another physician in the community. An apology from me and my nurse and even letters and a plant sent to her home as potential peace offerings did not deter her from leaving my practice.

But that is not the end of the story. The patient told her beautician about her horrible experience with my practice and how "greedy and avaricious" Dr. Baum was. The beautician told dozens of her clients—one of whom was my wife—about the usurious Dr. Baum. Talk about trouble and embarrassment! Here was a situation in which I had won the battle but clearly lost the war. If I had it to do over again, I would have given that patient free catheters for a lifetime if it would have prevented her telling so many people about her bad experience with my practice.

Needless to say, at the next staff meeting we discussed the fiasco and changed our policy for such situations. Now patients are still informed about paying for durable medical supplies, and we request the payment. But if they are unable to pay right at that moment, patients still receive the product. We simply bill them at a later date.

You may sometimes be tempted to avoid your difficult or complaining patients. Resist that urge. Give those patients your undivided attention and you will see tangible results.

## 12 Steps for Dealing with Difficult Patients

Dealing with difficult patients is often as much of a challenge as making a difficult diagnosis or performing delicate surgery. However, patients who complain but are then offered satisfactory solutions to their problems become steadfastly loyal. Difficult patients whose

problems are successfully resolved will publicize their respect for you, your staff, and your hospital.

There are lots of techniques for dealing with difficult patients. I have found the following 12 steps useful.

1. The first rule in dealing with a difficult patient: don't box yourself in. Select a time when you are in a frame of mind to be a good listener. Make sure you will not be distracted when you speak to the patient. Do not try to tackle the patient's problems when you are tired or preoccupied. You cannot be an effective problem solver when you have other patient responsibilities. Dealing effectively with a difficult patient requires your undivided attention.
2. When you talk with a difficult patient, do not try to downplay the seriousness of the complaints. It is important that you allow the patient to vent his or her problems or complaints. The patient has probably spent 20 minutes or more thinking up a speech. You must allow the patient to get it all out, even if you believe that the patient is wrong. Above all, once the patient has started talking, do not interrupt.
3. After you have heard the story, apologize sincerely. Right or wrong, the patient feels hurt. Now, it could be that the patient has misinterpreted the facts. However, an apology is invariably needed before the patient can move forward.
4. Next, make an empathetic statement, such as "I'm sorry to hear you had this problem." Let the patient know you understand the problem. For example, you might say, "I know you must be very disappointed with your care or service at my office." This kind of a response, coupled with your apology, tells the patient that you understand the problem and are sympathetic, and it allows the patient to become less defensive. Often this kind of response is all that the patient is seeking.
5. The first step in resolving a difficulty is to establish rapport with the patient. Make the jump from the facts involved in the situation to the human or emotional level. Let the patient know you are on the same side of the fence. Tell the patient that your only priority is to solve the problem. Explain that the patient's goodwill is important to you and that you will make every effort to solve the problem personally.
6. Above all, do not be defensive. Let the patient know that you are not in a confrontational mode. Remember, you are working with, not against, your patient. If you both work together, this can turn into a win-win situation.
7. Now you must take control of the situation. You have listened to all that your patient had to say and you have apologized. It's now time to assemble the facts and move toward a solution based on facts and accurate information. Ask the patient additional questions. By doing this, you send the message that you are interested in finding a solution.
8. To develop a plan of action, start by asking the patient: "What would you like to see done?" "What could I do to solve the problem?" or "What do you think would be a fair or appropriate solution?" For example, a patient was once upset when he received

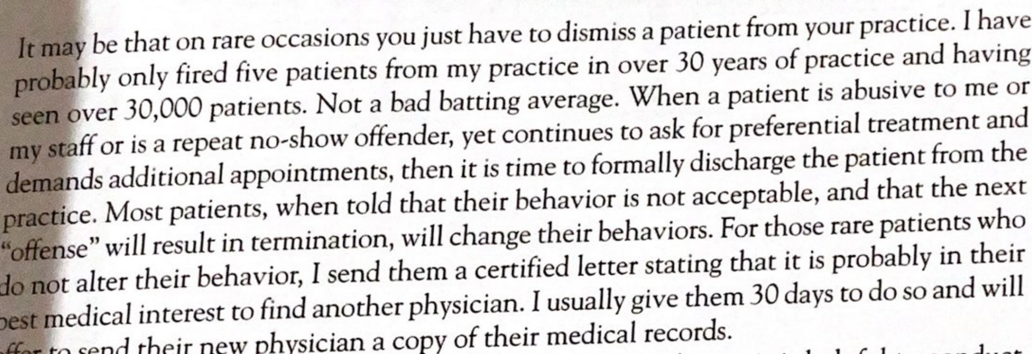
a bill for an assistant's fee for a surgical procedure. When I explained the necessity of having an assistant, he accepted my explanation and paid the bill. (I also learned from this experience to have my office manager explain to patients before surgery that they will receive such a bill—no surprises means fewer problems.) When both you and the patient work out a solution together, you can reach an effective conclusion much more easily and quickly.

9. Many complaints involve money. To maintain your patient's goodwill, you need to have a plan in place or philosophy worked out to deal with these complaints. For example, when a patient complains about the bill for a visit that involved more than one medical problem, I usually offer to discount my fee for diagnosis of the second problem. Also, as I point out in Chapter 14, prior notice of your billing policies will go a long way toward avoiding billing disputes.
10. Once you and the patient have accepted the plan of action, sell that plan. Explain how your course of action will solve the problem. Speak only in positives. Do not say, "I can't get that lab report until Friday." Instead say, "I can assure you that I'll have that report on Friday." And by all means, if you don't have that report on Friday, ask someone in your office to contact the patient and let him know that the report has not come to your office and that you will call at another designated date.
11. Depending on the magnitude of the problem, you or your staff should check to ensure that the plan has been carried out and the results are acceptable to the patient. For example, if you requested that a colleague call the patient, contact the patient and check that this action was completed to the patient's satisfaction. Timely follow-up is vital. This indicates to the patient that you and your staff are sincerely concerned and have placed a high priority on finding a solution to the problem.
12. Finally, document your interaction with the problem patient. Do this on a separate piece of paper—one that does not necessarily have to become part of the patient's records. These notes will be helpful if you cannot resolve the patient's problem successfully. If you have an electronic medical record (EMR), you can often create a Post-it note or an electronic "sticky note" on the record that is not part of the permanent record. Most EMRs have this function.

Does this work all the time? I wish I could tell you that these 12 steps are foolproof. But they are not. For example, I had a patient who was very upset with his result after the insertion of a penile prosthesis. He wrote me scathing letters every year around Christmas. In these letters, he addressed me as a "butcher," accused me of ending his sex life, and said he hoped that I would have a miserable holiday season! On multiple occasions I called him, offered to help him, offered him the opportunity to get another opinion, and offered to take out the prosthesis. But he remained stubbornly hostile. Now I ask, what would you do? My options were (1) do nothing, (2) continue to try and contact him and offer to be of assistance, (3) call the police and ask him to quit harassing me, or (4) try to understand his pain and respond with compassion. I chose the latter and composed a letter in which I

wished him a happy holiday season and hoped that he would find it in his heart to forgive me, as I have never done anything to make patients worse or uncomfortable. I did not receive a response but I did stop receiving his annual holiday missive.

## When All Else Fails—Ready, Aim, Fire!



It may be that on rare occasions you just have to dismiss a patient from your practice. I have probably only fired five patients from my practice in over 30 years of practice and having seen over 30,000 patients. Not a bad batting average. When a patient is abusive to me or my staff or is a repeat no-show offender, yet continues to ask for preferential treatment and demands additional appointments, then it is time to formally discharge the patient from the practice. Most patients, when told that their behavior is not acceptable, and that the next "offense" will result in termination, will change their behaviors. For those rare patients who do not alter their behavior, I send them a certified letter stating that it is probably in their best medical interest to find another physician. I usually give them 30 days to do so and will offer to send their new physician a copy of their medical records.

For those patients who leave a practice on their own volition, it is helpful to conduct an exit interview, according to Shelly Schwartz.[2]

In today's competitive market, it is important to make every effort to encourage constructive criticism from patients. Complaining patients offer the greatest challenges and also the most rewarding opportunities. If you respond in a positive fashion and present discontented patients with acceptable solutions, you will convert your complainers into satisfied customers.

### The Bottom Line

When you elevate patient satisfaction that incorporates the most difficult patient, you have raised the bar, and all subsequent patients who are less demanding will be easier to please.

## NOTES

1. Aagaard, TL, *Doctor to Doctor Workbook to Enhance Your Practice* (Kansas City, MO: Midwest Medical Books, 1986), 4.
2. Schwartz, SK, "Who'll Stop the Rain? How to Deal with Problem Patients," *Physicians Practice* (July–August 2008): 43–48.

## DDITIONAL RESOURCES

Abraham, T, "5 Rules for Managing Tough Patients," *Medical Economics*, September 2, 2005.