

# FINANCIAL DISCUSSIONS CAN PUT EVEN A SOLID RELATIONSHIP ON THIN ICE

Turn The Love-Hate Relationship into a Stay-Engaged Financial Relationship



By Jayson Yardley, CEO

**avadynehealth**  
The Patient Financial Experience Company<sup>SM</sup>

# “I am outraged at the way I’ve been treated by this hospital.”



This is the first thing a hospital’s CEO hears when an irate caller is put through to his office early one morning. Later, the CEO learns that a lack of training in patient access triggered this complaint.

The fact is, revenue cycle employees CAN give a world-class customer service experience even when asking for money. But to win that patient’s loyalty, they need the right training. I often tell revenue cycle leaders that even a terrible customer service mishap (like the one I’m about to share) has a purpose: It’s a powerful motivator to ensure you have right kind of training. Even if every other patient encounter was spot-on, and (to quote Mary Poppins) “practically perfect in every way,” all it takes is one poorly-trained employee to send an otherwise happy customer looking elsewhere for healthcare. That is exactly why a holistic, “one voice” approach is key.

**“That’s It!  
I’m Breaking Up  
With You”**

Back to our unhappy caller, who continues: “Sir, my wife had all of our children at your hospital. My grandchildren were born there. Now I get a call the day before surgery asking for \$5,000. Your representative didn’t even get my name right. My wife is hysterical. We thought our deductible was met, I wasn’t even provided an estimate. Is this how you treat patients?”

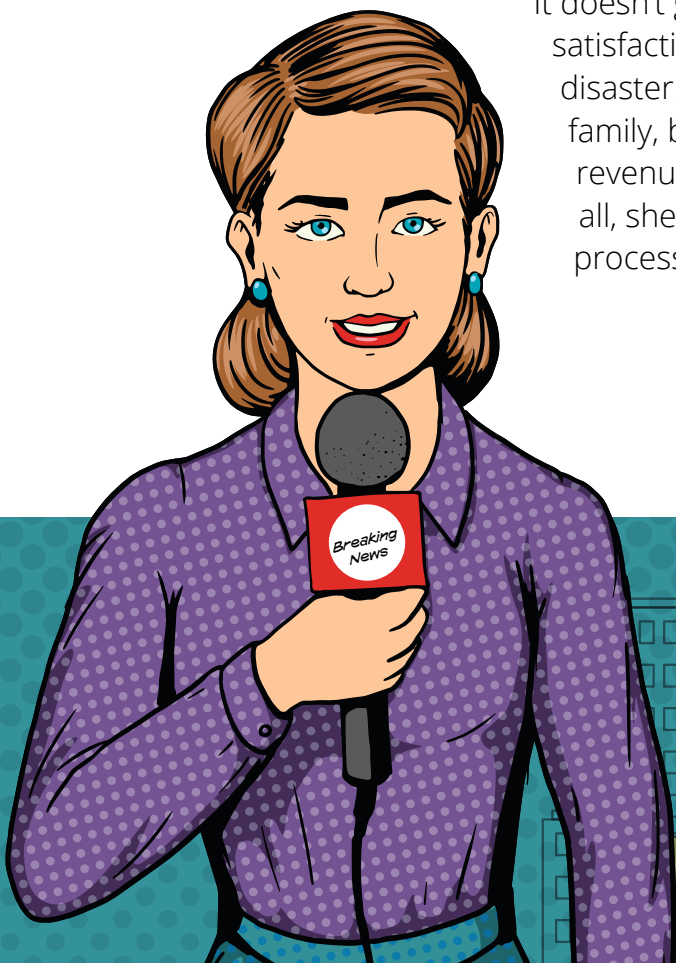
I think there is an emotional, relationship component to patient dissatisfaction that often isn’t a factor in many other business relationships. It’s no accident that people say things like, “We had our kids at this

hospital.” Hospitals are there for patients when they’re born and when they die. Patients desire a relationship with their hospital that is long term. They don’t really want to shop around and leave for a competitor. Deep down, they only do this if the hospital gives them a reason to break up with them. Financial dissatisfaction is often that reason.

## The CEO’s day gets even worse when that afternoon, he sees the same patient—this time, on television.

A local news reporter working on a story about high-deductible health plans saw a social media post from this patient’s son—who was eager to tell this story. The family looks so sympathetic, the reporter seems outraged and the community’s anger is tangible. A series of stories repeatedly name the hospital (but never mention the employer who provided the health plan or the insurance payer, for that matter), and air over the next few weeks. When asked for comment, the hospital can’t dispute the patient’s account because it’s all true: A poorly-trained employee did make the call exactly as he described it.

It doesn’t get much worse than this for patient satisfaction. For sure it qualifies as a customer service disaster. The first casualty was the patient and his family, but the aftershock hits the hospital. The revenue cycle leader quickly gets blamed—after all, she’s in charge of most of the dysfunctional processes that led to this poor engagement.



# Things were once so right: Where did we go wrong?

This angry call didn't come out of nowhere, did it? This patient certainly did not plan to be dialing the CEO's number (let alone getting in front of a TV reporter—he's always been camera-shy!) right before his surgery date. So what exactly occurred to get to that point?

Let's go back to the beginning of this relationship story. Over the years, the man came to depend on the hospital. After all, it's always been there for him when children were born, and when friends and loved ones passed away. Now it's the man's hour of need: He learns he has a serious medical condition and everyone agrees surgery is necessary to save his life. At first, his world collapses—but he finds support in a familiar place: The hospital, where the clinical team has him covered.

The patient has the same insurance he's always had, from his long-term employer—and his wife's appendectomy was fully covered a few months back. He really has no reason to think about money—after all, nobody at the hospital ever mentioned it to him.

He goes for pre-surgical testing and the blood work comes back OK. He gets detailed instructions about how to prevent infection and prepare for surgery and follows those to the letter.

The day before surgery, the main thing he was worried about was making sure the neighbor could walk his dog in the morning and that there was gas in the car to get to the hospital on time at 5 a.m.

## So how did something that started out so well go haywire?

It's because the training and processes for financial engagement were not on par with the clinical team's.





# Here's where disaster strikes: the first financial conversation finally happens.

The man finally got to sleep—very early because the alarm clock is set for 3 a.m., when the phone rings. It's someone from the hospital...he can't make out the name. They are saying something about \$5,000 is due.

He isn't able to follow much of what the person is saying—something about a deductible and an out-of-pocket maximum. But he is noticing the apathetic tone of the voice on the phone.

Next, the unwelcome representative says something about how his actual liability could be as high as \$60,000 since an operating room costs \$1,000 a minute. Hearing "\$60,000" jolts the man awake. That's the same dollar amount as the down payment on his house.

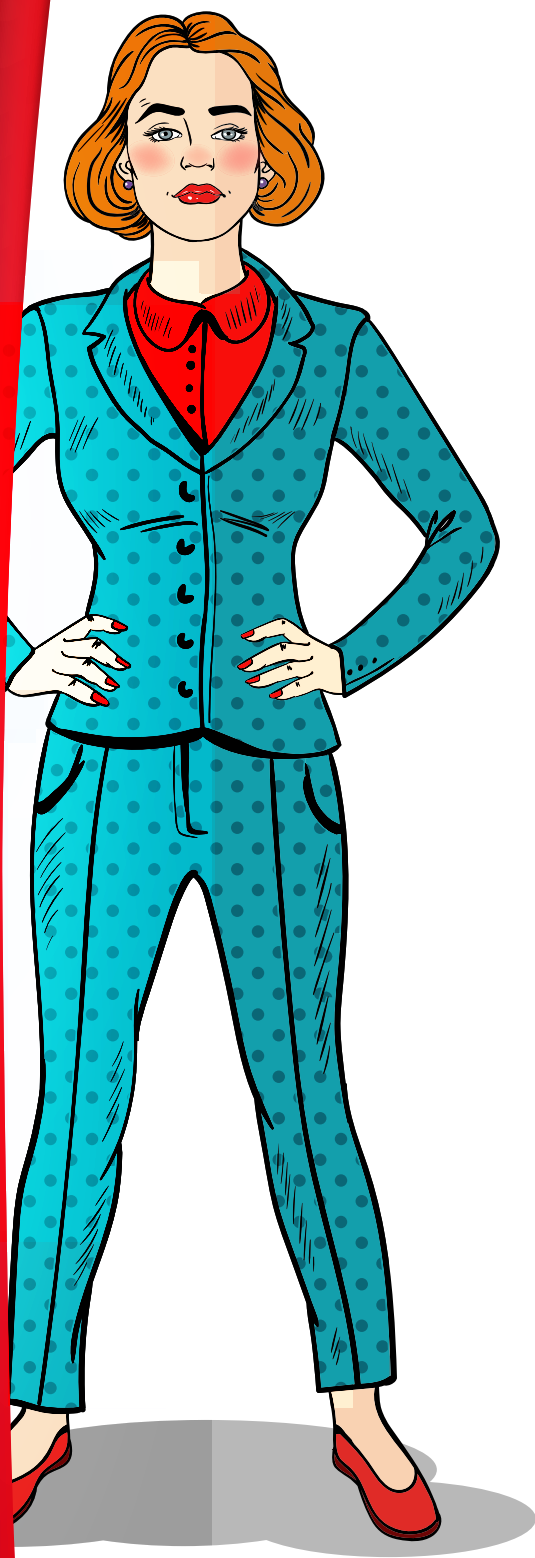
The man loses his cool and says something angrily—he can't recall what, exactly. The shrill voice on the phone says in a lecturing tone, "Well, you should have checked your coverage before the surgery was scheduled."

The conversation is going downhill fast. The man's wife gets on the phone, and demands an explanation. Surely this is a big mistake. The person on the other end, whose name they can't recall, says something about the surgery possibly needing to be rescheduled.

The patient, who was asleep just minutes before, is now yelling and screaming about why he wasn't notified about this until the day before his surgery.

He slams down the phone. His wife calls her daughter to tell her all about what the mean, horrible hospital did. Her tech-savvy son-in-law gets right on social media, using colorful language to post all the horrible specifics.





Regardless of what happens next—the patient pays the \$5,000 and has the surgery, or chooses to seek medical care elsewhere—one thing's for certain. That individual will probably make it his life's mission to tell everyone about the terrible experience he had with the hospital. The hospital gets the full brunt of the patient's frustration—when in reality, the man's employer selected the less expensive high-deductible plan to allow employees and the employer to save money. Not surprising, the media jumps on the story of how a heartless hospital demanded money just prior to life-saving surgery. (needless to say, the story says nothing about the hospital's long record of corporate philanthropy, or the millions of dollars of charity care it provided).

## Enter the revenue cycle director, stage left, to deal with this disaster.

The patient chose to end a long-term relationship with the hospital that in his eyes, was a poor experience hours before his surgery. (Now she's tasked with trying to save a different relationship—between her department and the hospital board!)

# What really ended the relationship? I'd argue it was pretty clearly *poor training*.

## Here some specific problems with the Patients' Financial Experience:

1. No one talked to the patient about money until the day before surgery. *(Front-end staff needed training on how to facilitate early financial clearance of accounts!)*
2. The staff was not empathetic, kind or friendly, and instead, lectured the patient. *(Staff needed customer service training specific to the Patient Financial Experience!)*
3. The staff person could not explain how the amount of \$5,000, or the possible \$60,000, was arrived at. *(Staff needed training on how to discuss the often-complex specifics of patients' health care coverage and how to explain hospital charges!)*



## The moral of this example:

After weeks of great clinical care, a 10-minute phone call made by a poorly-trained hospital employee can do quite a bit of damage. Asking for money without training specific to a Patient's Financial Experience is a recipe for disaster. And general customer service training is not enough.

# “We’ll get through it together!”

Now, let’s step back a few weeks in time and see how training on financial conversations could have saved the this patient engagement and the impending call to the CEO. If that patient owed the same amount of money...but had the complete opposite *financial* experience.

Instead of resulting in profound dissatisfaction, it was a world-class customer service interaction. How would this play out?

Again, our patient is concerned about his health, but is confident that the best possible medical care is being provided. The clinical team has that covered.

Now enter the revenue cycle. On the front end, someone meets face-to-face with the patient right after surgery is scheduled (or alternatively, calls the patient at that point in time.) The interaction starts out wonderfully—and despite some tough moments, it ends positively.

Right off the bat, the hospital employee establishes an easy rapport with the patient. She can see he’s a bit nervous about his surgery, and decides to share that her dad had the same surgery last year and he’s very much his old self again. He’s tinkering with his vintage car and meeting his buddies on the golf course (what she doesn’t know is that the patient is concerned about his quality of life—including playing golf. For him, the employee’s remark is a much-needed positive reminder that life will go on as normal.)

This patient seems to appreciate her candor, so she continues the personal approach with a joke about being able to watch the Super Bowl during his post-surgery recovery. The man, now smiling, mentions he’s looking forward to the game and enjoying his wife’s new vegetable dip that she can’t stop talking about. The employee and patient enjoy a laugh together.



The conversation gets around to insurance—not always as pleasant topic, but it’s clear that the employee is focused on the patient’s best interest. The hospital employee is rooting for the patient clinically and financially, and is ready, willing and able to offer any possible help she can. A serious financial discussion occurs.

It turns out that the employee is not just nice, she’s also done her homework (before the call, she spent time double-checking the patient’s liability. It’s a high out-of-pocket, yes, they’re seeing a lot of this nowadays, but it’s no cause for alarm. There are options, and no one is going to go broke or lose their home or college fund. No-interest payment plans are possible, and there are some other programs for underinsured patients they can talk about too.

The patient suddenly interjects, “What if I lose my job because of my illness? What will happen if I end up with no coverage and I need another surgery?” The employee, using the same calm, pleasant tone, says, “Let’s take one step at a time, let’s not get ahead of ourselves. Right now, it’s a \$5,000 deductible, and let’s take care of that first. If and when any of that happens, we have many other options for you.”

## **The message: “Yes, you’re going to owe something, but there are options and we’re here to help.”**

At the end of the call, payment arrangements are made. It’s not necessarily the last the patient will hear from this employee, though. She gives the patient her direct number to call with any concerns about the financial side of things. She closes by noting that since the account was taken care of upfront, the patient won’t be getting a surprise bill in the mailbox. All the patient has to worry about after surgery is recovery—and if the family likes his wife’s vegetable dip!



The patient is feeling lucky: He has an expert on his side who clearly knows much more about his coverage than he does. (She explained how they were extra careful to get authorization for the medications he’ll be needing post-surgery, because the insurance payer is a stickler for the rules and some patients found out the hard way they weren’t going to cover the drugs. Not him though—it’s all taken care of.) He’s in good hands. The patient tells everyone in his family about the caring person that called from the hospital with the kind, friendly voice.

In both the disaster and the world-class customer service experience, the hospital collected \$5,000 upfront from the patient and months later, about \$15,000 from the insurance payer. The revenue was the same, but the two situations were entirely different for the patient—and for the hospital. And both situations can have differing consequences on patient loyalty.

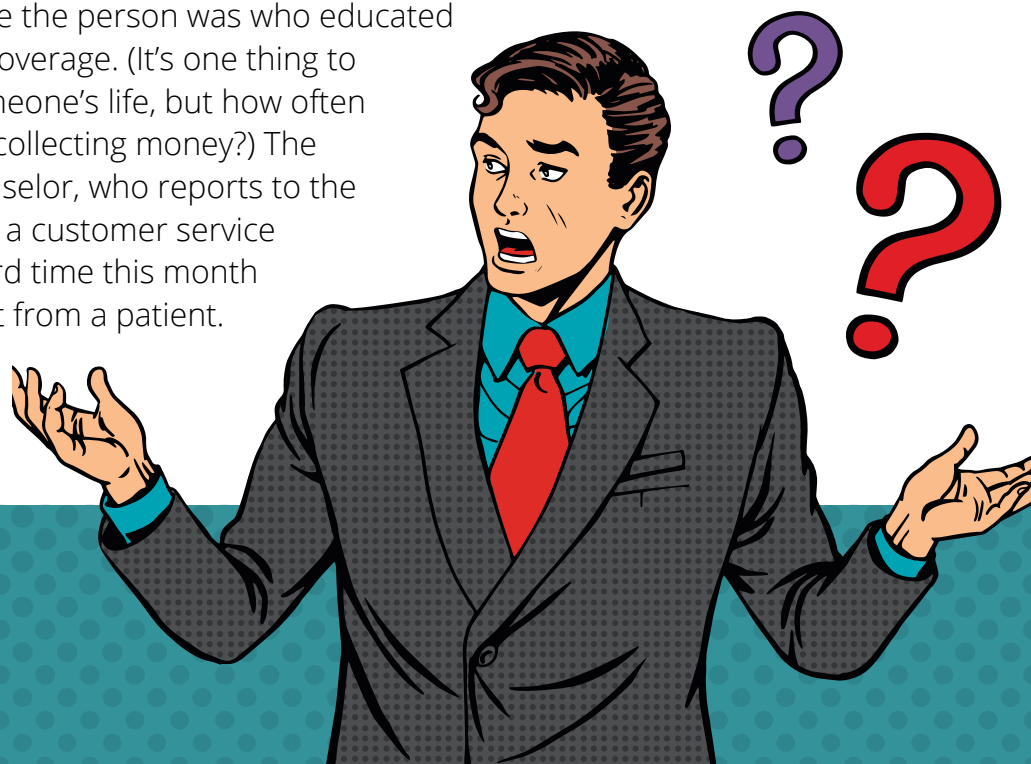
# Even solid relationships need work!

## AND LET'S NOT FORGET THE REVENUE CYCLE DIRECTOR.

In the first case, the revenue cycle director is called into the CEO's office to face a barrage of questions:

*How could your staff say that to a patient? (The real truth: It's because the employee was never trained to have a financial conversation!) What kind of training are we providing? (The real truth: Only general customer service training.) Do you know what our Board is saying about this? (The real truth: They're saying revenue is declining, but Patients Financial Experience is never mentioned because they may not even know it's a problem!) How exactly, did our Patients' Financial Experience get to this point? (That's easy-we don't train our revenue cycle employees to make it better!)*

In the second case, the revenue cycle director isn't a disaster survivor at all—she's the bearer of great news (and one important request, which we'll get to in just a moment!) It turned out that a grateful patient wrote a letter about the great clinical care he received, as sometimes patients do. But this letter was different because it also mentioned how nice the person was who educated him about his insurance coverage. (It's one thing to be thanked for saving someone's life, but how often is somebody thanked for collecting money?) The well-trained financial counselor, who reports to the revenue cycle leader, gets a customer service award because it's the third time this month she's gotten a compliment from a patient.





The revenue cycle director's next step: To use the well-deserved compliment to justify additional training specific to the Patient Financial Experience. She knows that the employee was her very best pre-registration employee—and that not all such calls end up on a good note.

She makes a solid business case for the training with an honest observation: The Patient Financial Experience is inconsistent, even at their esteemed organization. If this particular encounter had gone south, the revenue cycle would have suffered in more ways than one.

The patient might have decided to have surgery elsewhere and tell others about the negative experience, or he might have had the surgery and let the account go to bad debt.

The revenue cycle director extrapolates these numbers to their total number of surgical cases, and it's pretty clear to everyone that millions in revenue is at stake (not to mention high turnover due to dissatisfied employees who are highly stressed due to lack of training—which the director was smart enough to include in her ROI!)



To further make the case, the director points out that if nurses and doctors constantly failed because of poor training, patients would fall over themselves running out the door to another hospital. The same is true for financial staff!

Training specific to the Patient Financial Experience is the missing link in most financial discussions. It is the root cause of many disastrous calls—or even calls that are just OK, but not world class.

In real estate, it's "location, location, location!"



**In the revenue cycle,  
what's most important is  
training, training, training!**

## **“YOU HAD ME AT HELLO”**

A warm, sincere, greeting using a person's name with plenty of eye contact is an excellent start. But after the “hello,” financial conversations can go off the rails if employees aren't well-trained.

Granted, not everyone is a customer service natural. Some people have to work a little harder to “get it.” But everyone can improve satisfaction with some proven techniques to avoid escalation and improve the odds that the patient engagement is positive—or if not happy, at least not dissatisfied. Here are some of the things we have found in years of training hundreds of revenue cycle employees:

## **ACTIVE LISTENING IS A KEY TO SUCCESS**

Think of a person you know—a friend or family member—who you tell all your troubles too. That person's a great listener. Well, those very same skills are what's needed for a world-class financial conversation.

Sometimes things are left unsaid by the patient. Other times, the patient can't stop talking because they need to vent. That's where active listening comes in. It allows an employee to pick up that someone's worried—really worried, about money. Maybe the patient knew he had a high-deductible plan and he hadn't planned on needing surgery. He wished he'd sprung for the better coverage but simply couldn't afford it.

In my experience, most people who go into health care are caring people. They want to offer world-class customer service. When they learn how to be active listeners, they suddenly can. Even when a patient is upset, the employee continues to listen to what the patient is saying—perhaps the patient cannot afford another high-interest loan. The employee realizes she has something to offer this distraught patient—a no-interest loan with very low, monthly payments. The employee allows the patient to vent and when there is a break in the conversation, says, “We do have an option I can help you with today, to eliminate paying any interest.”

There's something interesting that we hear all the time from front-end staff. They tell us that training not only allows them to do a better job—it positively impacts their relationships with family and friends too. It turns out that in life—and it's certainly true with financial discussions—active listening is a huge advantage.

**People will forget what you said, people will forget what you did, but people will never forget how you made them feel.**

**—Maya Angelou**

## **TAILOR WHAT YOU SAY AND HOW YOU SAY IT TO THE INDIVIDUAL YOU'RE COMMUNICATING WITH**

Some people love to make small talk and love an employee who engages in some pleasant conversation about her vacation—or their own. Others want just the facts, and appreciate a well-prepared employee who's gone over the numbers very carefully before they picked up the phone to call the patient. Well-trained revenue cycle employees need to know which approach is best.

## **NOBODY WANTS TO HEAR WHAT WE CALL "ZERO" PHRASES**

"We can't," is quite simply never going to help matters. Instead, we use "hero" phrases: "Here's what I can do for you." If the patient says she can pay \$10 a month, and the employee knows the minimum is \$25, that employee doesn't say, "You cannot pay \$10 a month because it does not meet our minimum." The employee says, "What I can do today is set this up at \$25 a month." By avoiding negative words, the interaction stays positive.

**Hero phrases  
work best!**

## **NO MATTER HOW NICE YOU ARE, IT'S IMPORTANT TO KNOW WHAT YOU'RE TALKING ABOUT**

Employees shouldn't even collect a \$50 copay if they can't explain how they came up with the amount. Why not? Simple, - it's the patient's money we are talking about. Patients who owe significant amounts might need to make some hard decisions about whether to deplete their emergency savings fund or whether they're going to need to borrow the money from a family member. With scenarios like that going through their minds, the employee better have the numbers correct.

## **PRACTICING ROLE-PLAYING MAKES A WORLD-CLASS CUSTOMER SERVICE EXPERIENCE EASIER**

Imagine having a tough conversation about money with a total stranger. This person could go absolutely berserk, blame you, resort to profanity or burst into tears. Since all this and more is going to happen sometime—it's all in a day's work—employees need to role play.

This gives everyone a chance to come up with the best possible arsenal of responses. If a patient says she was quoted a lower amount by someone else, for instance, stating, "Well, I don't know who would have told you THAT," causes numerous problems. The patient may find a reason to complain about the other department the first chance they get. By role playing, inflammatory responses like that can be caught before they are inappropriately used with patients.



Even the simplest scenarios are great for role-playing. Let's say a patient comes in and wants to pay their bill. Sounds pretty straightforward, doesn't it? I mean, how can you mess that up?

## **But even that encounter can be world-class—or not.**

The employee can stare at a computer screen while taking the payment and barely acknowledge the patient. In this case, the patient—who was unhappy about paying the bill to begin with—now has a negative experience with the hospital and leaves ambivalent. Of course, the employee doesn't notice because she never made any eye contact with the patient or glanced up from her screen. Alternatively, the bill-paying patient is called by name, treated with respect and sees a smiling face. She leaves after making some pleasant conversation, as opposed to being treated as though she was invisible.

Let's face it, no patient is going to jump up and down when they get a call from a revenue cycle employee. Patient will be anything ranging from neutral to annoyed to furious, but rarely cheerful.

Maybe the rude-sounding patient has a good reason to be upset. Or an angry voice on the other end of the phone might have just lost a loved one.

Don't these customers deserve a world-class experience too?

If they get it, they might just become less rude, less angry—and will return to the hospital again and again. But to gain loyalty, staff need the right training—and not just a select few, either. (We saw what happened with the 10-minute phone call, remember?)

Just imagine if some nurses were great at drawing blood and taking blood pressure, but others did not do a good job. It's easy to imagine how vehemently patients would complain before they walked out the door to go to a competitor where the entire nursing staff received top-notch training.

The same is true of the financial experience. Just as poorly-trained clinicians could harm patients' health, poorly-trained revenue cycle staff can hurt them financially. Inconsistent training and skill levels can cause wildly inaccurate price estimates, with patients getting mixed messages about what they owe, to whom and why. We've seen it time and again: With training specifically focused on the Patients' Financial Experience, the weakest links in the revenue cycle chain become stronger. They start having better conversations with patients—and bad debt starts a downward trend.





## Training allows the revenue cycle to talk with one voice throughout the organization.

In the same way that the clinical team knows the treatment plan, the revenue cycle team needs to know the financial plan. That makes for a solid relationship with the patient.

If a patient comes through the Emergency Department for instance, registrars might not collect anything from that person. But they can still have a conversation. This lets the person know there is a financial obligation. Later, more information is provided regarding the patient's liability. Lastly, when the patient is directed to a financial counselor, the conversation continues and the account is resolved. Everyone is thus speaking with one voice from initial to final engagement.

I'll end with an important point about training for difficult financial conversations.

**The fact of the matter is, hardly anyone listens—really listens—to customers these days.** How many frustrating automated phone trees have we all gone through, only to get a recorded announcement. Then, when we finally get a human on the line, it's a representative who doesn't listen to our needs or makes us feel like our business doesn't matter.

When your revenue cycle employee has to explain to a patient they owe thousands of dollars and need to pay, it's crucial to make it one of the best customer service experiences they've ever had.

The memory of the money they paid will soften, but the feeling the employee gave them—of undivided attention and world-class service—won't soon be forgotten.

And, when that patient writes a complimentary letter or posts on social media about it, the revenue cycle leader, CEO and Board won't forget it either.



# Key Takeaways:

1. Revenue cycle employees can give a world-class customer service experience even when asking for money—but to do it, they need the right training.
2. Revenue cycle leaders can use inconsistent patient experiences (some world-class and some dismal) to justify the need for training.
3. If revenue cycle staff all receives the same training, one voice will be used across the entire organization for a consistent Patient Financial Experience.

## ABOUT AVADYNE HEALTH

As the super heroes of the Patient Financial Experience, our ePFXcoach gives revenue cycle teams the super powers necessary to help patients fight the villain that is medical debt. Gain the ability to handle financial discussions professionally while remaining empathetic.

**Avadyne Health is the leading voice behind the Patient Financial Experience.**

Satisfaction and revenue are no longer at odds. The 21<sup>st</sup> century view of financial care is as holistic as clinical care.

We engage patients throughout the continuum of care empowering all patient liability resolution with an entire suite of services, data integration tools, technology and consultative professionals to leverage each patient engagement as an opportunity to optimize satisfaction, loyalty and revenue.

**GET TRAINING SPECIFIC  
TO THE PATIENT  
FINANCIAL EXPERIENCE!**

**Contact Avadyne Health  
to learn more about  
how you can improve  
your Patients' Financial  
Experience—including  
our ePFXcoach.**



Watch complaints vanish and satisfaction soar higher than you ever thought possible in today's challenging health care environment. Your patients will thank you first –and your CEO and Board will soon follow.

**< SUPER HEROES CLAIM YOUR CAPES HERE!**