

Moving to a Cash-Like Practice: Changing Your State of Mind

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Have you ever heard, "I can't afford it," from a patient or potential patient? As a knee-jerk reaction, you probably actually believed what you heard and began to adopt financial policies in your practice to meet everyone's limited financial status. What I have learned is that it's never about the money. If someone ever tells you, "I can't afford it," interpret that statement as, "I don't see the value in what you are offering and how I will benefit from spending all that money for that service." Then look to yourself as the reason they didn't accept care. Ask yourself: "Did I really communicate the 'why' or was I just selling visits?" There is a big difference.

The solution is to focus on the benefit your patients will receive from having your service and the consequence of not receiving your service. In most cases, money is not the real reason someone rejects your recommendations, nor is it your technique, your hours or the recession. The public responds to what they perceive to be true.

Regarding health care, people usually compare things to what they know at the moment. All new doctors and office policies will be compared to their own past doctor experiences. "My doctor is too busy to answer their own phone. My doctor never discussed finances. My doctor took care of me in one or two visits. My doctor was covered on my insurance plan."

All this being said, a cash practice is only a metaphor for the state of mind one must have as a doctor in not only recommending care to a patient, but for the entire package: how you present yourself to the public, the way your telephone is answered, the promptness with which they are attended to as they enter your facility, and how you and your office present. The information you give and, most importantly, the certainty you portray when you deliver it to them, will dictate how often your care is accepted as recommended.

There is way too much emphasis on just finances to qualify a patient to care. A patient comes to you with a complaint that is affecting their ability to have a normal life. They have already consulted others and even tried others, yet nothing has seemed to work. They have now arrived at your office. They are looking for a solution.

You offer a sound recommendation that will resolve their problem and give them back their life, and their response to the recommendation is, "Let me think about it" or "I can't afford it." That response doesn't compute. It makes no sense to not take care of their body. The truth is that they didn't believe you, for whatever reason. People want to do business with people they like and trust. Somehow, you didn't get their trust and they are using money as an excuse.

The cash-like practice emphasizes the benefit of care first, then how you will pay in full is decided. This way, patients can receive the care they know they need to have in order to get the benefits they want. If they have insurance, you can help them and bill the portion that an insurance company will pay. The important thing is that this reimbursement is not payment in full, but as payment toward the recommendation. The patient will pay the difference. You can assist them in receiving money from any source, but do not change the recommendation by judging their financial

means. If they truly need charity, do a few charity cases a month on a case-by-case basis, as long as they attest to their total lack of funds.

It really never is the money. Ask yourself: If a person really had a life-altering problem, and they totally believed you were the solution; in a society where people take lavish vacations and spend \$275 for blue jeans - would a little money really stop them from getting their life back?

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