Confidence Makes All the Difference

By Hal Ornstein, DPM
Confidence Makes All the Difference

I often reflect on the fundamentals of a successful practice. Why is it that two practitioners, both of whom are treating the same number of patients with similar insurance plans, can see so much variation in their collections? The answer comes down to the difference in the number of services provided per patient. This difference is driven by the patient’s perception of what treatment is necessary for their well being.

Oftentimes, practitioners are non-definitive with respect to their communications to patients. Statements such as “You may need orthotics” or “Maybe a cortisone injection will help” leave patients feeling apprehensive and uncertain about their treatment. Patients come to our office because we are professionals. As such, they expect us to take control of their treatment in the quickest, least painful and most cost-effective manner possible. Non-definitive statements elicit non-definitive patient responses, such as “Well let’s see how things go before we try that”. Not to say that a practitioner should guarantee the results of any particular treatment, but patients should be made to understand the importance of a treatment to their improved health.

The practitioner must be clear in relating the beneficial nature of a particular treatment to his patient. For example, if a patient asks whether a cortisone injection is really necessary, the practitioner’s response should make the patient understand that the treatment will help to more quickly relieve their pain and return them to normal daily activity. Using concepts to which the patient can relate increases their acceptance of proposed treatments and strategies. As medical practitioners, it’s often difficult to remember that we are not only treating feet, but we are treating patients. For a 21-year old girl complaining of onychomycosis, we are not only treating her medical problem, but her frustration at not being able to look a certain way while at the beach. Patients come to us because they want to return to their normal activities, and they will accept treatment that they believe will expedite their relief.

Agreeing and adhering to a treatment plan is directly related to a patient’s understanding of the conditions, etiologies and options for care. A practical approach is to greet each new patient or condition that presents to your office with “When you leave the office today, I want you to understand what you have, why you have it and what we can do about it.” Reinforce your presentation with brochures on their particular condition, that you can go over with them in the treatment room. Patients are more likely to remember what you have told them if it is accompanied by a visual example. In keeping with this idea, each treatment room should contain a large dry erase board with sketches of foot conditions on it and a large color poster explaining common foot and ankle problems.

A common mistake that a practitioner might make is to attempt to analyze a patient’s thoughts, or even to try and think for the patient. Telling yourself, “This patient will never get orthotic devices, he can’t afford that” or “She is much too busy to stay off her feet” creates a preconceived refusal of a treatment plan before it is even suggested. In reality, even the patient that might appear unwilling to spend a great deal of money on orthotic devices may be willing to accept the treatment plan if he has faith in his physician. Your job as a physician is to gain this trust by giving the patient what they need to feel better, and reinforcing the importance of your treatment plan.

Hal Ornstein, DPM, FACFAS, is a nationally known lecturer and author on topics pertaining to practice management. He is a Fellow and Chairman of the American Academy of Podiatric Practice Management, a Diplomate of the American Board of Podiatric Surgery and practices in Howell, New Jersey. He can be reached at hornstein@aappm.com