

T
T
M

T. T. Mitchell Consulting

Changing Attitudes and Perceptions for Unlimited Growth

March 27, 2003

Issue 3

Educating Compassion

Here's a common scenario played out in business offices across the country. A phone call comes in and your staff person picks it up.

"Hello, this is Mary. How may I help you?"

"My name is Sue Johnson and I just got a bill in the mail for my husband Donald. It's from almost two years ago, and he died during this hospital visit. Why am I getting a bill now? How could you people be so heartless?"

At this point poor Mary doesn't have a friend in the world. She's not the one who sent the bill out; probably. She feels guilty because she's been put on the spot for what was either shoddy business office work or some actual processing problems that were finally taken care of. Either way, it doesn't matter because the person on the other end of the phone now feels as though she's being badgered by the hospital, the very same facility that her husband died in.

Scenarios like this seem to come without warning to business offices, and it's an area that's rarely discussed. The problems are multiple, of course. For one, even if it took a long time for a claim to be paid, unless it was for high dollars business offices won't give them that much attention on a consistent basis. Two, oftentimes some of the delay was due to business office inefficiency of another type (payment wasn't posted to the correct account, allowances not taken at an appropriate time, incorrect insurance was billed, account never changed to self pay, etc). Three, business offices are usually the last people to know that someone has passed away, or critically ill. If claims are handled in a timely manner it doesn't matter because all processes were followed properly and most people are calm and logical enough to recognize that they will probably be receiving some kind of bill for balances after insurance.

Hospitals are supposed to be known for their compassion. On a hospital

ward nurses tend to patients with loving care. When patients have to go to ancillary departments for services and procedures they deal with technicians who have probably received some kind of education as it pertains to addressing patient health concerns. These are all areas where patient contact is expected on a daily basis, face to face.

Let's take a quick look at the areas left for discussion once you take ancillary departments out of the picture. There's accounting, maintenance, housekeeping, food services, medical records, information services, registration, patient accounting, and switchboard. There may be others, but these will serve our purposes for the time being. Out of all the departments above, which ones have the possibility of having to deal with the spouse of a patient months or even years after the date of service of a visit? Medical records possibly, but only to receive requests for records to be sent to some entity.

Patient accounting is the only other area out of the above where the employees have the possibility of direct contact with the family members after the fact, and it's probably the area that's least equipped to deal with the issues. Most of us as office managers are pretty good at making sure our billing people know how to process claims. Most of us are pretty good at teaching our personnel how to respond to specific billing questions. Most of us are pretty good at instructing our personnel how to handle irate customers who don't like receiving bills. But we overlook the fact that hospitals not only deal with life, but with death also. Every other employee within the facility that has any real patient contact has learned those lessons in advance; patient accounting personnel have not.

Those of us who have had to deal with this issue on a personal level know how we felt the day the first bill came from some medical entity requesting payment for a deceased loved one. Unless the account is self pay you've usually gone maybe a month trying to deal with the loss of someone you'll never get to talk to again, possibly having difficulties reconciling with this fact, and suddenly here comes a bill, possibly from the last place you saw your family member alive. If it's a self pay account it can be even worse; you could possibly receive a hospital bill before the funeral has been held. How's that for customer service?

Compassion goes further than just death, though. The very nature of healthcare is that people get sick and need medical assistance. Sometimes they just don't feel well; other times their illnesses can border on being critical. It's bad enough if you're the patient who has to deal with rising medical bills. It's also hard on those family members who suddenly end up having to take over handling all bills for someone -- not just medical bills -- during times of incapacitation.

Let's add one more thing to this topic that's pertinent as we speak. There's a war going on in Iraq that involves United States troops. Most of those troops are the major sources of financial stability for their families, and many of them probably paid the bills. Many military families are going to start having financial difficulties brought on by this fact, and it's scary enough for them having to deal with hoping their family members are alive to not have to also worry about whether they can handle all the bills that are coming their way.

Personally, I feel that any time a patient dies while in the hospital the bills should be submitted to insurance only, never to the families. I'd also love to have the ability to suspend submitting bills to patients or families in specific situations like those I mentioned above. However, those who provide the services deserve to be paid, and the hospitals deserve to at least be paid something for the services they provided, especially if the patient dies in spite of the services rendered.

Instead, hospitals should have a policy regarding the handling of these types of claims. The policy should start before the claim even reaches the billing department. A procedure should be established so that whoever is responsible for entering the information on a deceased or severely ill patient has a way of notifying patient accounting of this patient's status. A note or indication of some sort should go onto the patient's account. At this time I would add a caveat for those whose main financial family member is overseas fighting a war. The notification needs to be prominent enough so that it can't be overlooked. Humane time frames should be established as it regards when to send claims to patient's families.

Your patient accounting staff members that are responsible for handling patient contact, either by phone or in person, should be educated as to how to show compassion while talking to any family members. At the same time they need to be educated on the reality that, in cases where the processes have been followed properly and family members are upset because they received any type of bill, they are only doing their job and following through with procedures they've been taught. I remember as a young billing person having strong emotions when I had to send a bill to the family where the baby had died. We are all human, and patient accounting personnel usually hasn't had any training in dealing with such issues.

Most hospital personnel are taught something about compassion. Patient accounting has been left out of those discussions. Let's try to remember that and at least take the time to rectify that situation.

T. T. Mitchell Consulting is dedicated to helping healthcare entities improve their financial base as it concerns receivables and revenue issues, including registration, billing, collections. We concentrate our efforts on the entire revenue process. We are also dedicated to helping companies produce more effective employees. Our concentration is management, diversity and harassment issues, employee relations and customer service education, and group or individual coaching and counseling sessions are available. We offer short term and long term programs and contracts to help all employees of an organization learn to work better with each other in a changing and diverse world. If you would like to view services provided by T. T. Mitchell Consulting please go to the website for more information:
<http://www.ttitchellconsulting.com>.

If you wish to subscribe to this newsletter, please send email to healthcare. If you wish to unsubscribe, please send email to unsubscribe. Any questions or comments should be directed to mitch@ttitchellconsulting.com.

--

T. T. "Mitch" Mitchell
T. T. Mitchell Consulting
(315) 622-5922
<http://www.ttitchellconsulting.com>