Patients really want to be cared for. And it's important to realize that treating them is different than caring for them.

Source: Physicians Practice

Have you ever referred a friend to a friend and it didn't go well? That happened to me earlier this year. This awkward, embarrassing situation taught me a few lessons about taking care of patients that I thought I would share.

A friend of mine, Bob, had a health issue and asked me who he should see. I recommended a physician friend, Don. I have worked with Don for years and hold him in high regard. He is a very good physician who cares about his patients. I felt very comfortable sending Bob to see Don, because I would choose Don to take care of me.

About two weeks later I ask Bob how he was doing and if he was getting any better. He said, "Yeah, I saw Don. Seems very bright and knows what he's doing. But man, his place just cranks you out. I felt like I was at one of those busy restaurants where the staff glares if you stay too long. Felt like they just wanted me out the door after they took my money of course."

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I was stunned. Don didn't seem that way to me. I guess people change a little when they are under the pressure of seeing thirty patients in one afternoon. Then I happened to have a conversation with one of Don's partners. He was proud of their streamlined process. They built their entire office around seeing the maximum number of patients each day. I can understand their desire to see as many patients as possible since their wait list is about four to six weeks. They are in high demand and are trying to satisfy the market. But I think they've missed an important point. Every system is perfectly tuned to obtain the results it yields. What is your system tuned for?

I believe patients really want to be cared for. Being treated is different from being cared for. In today's shifting health insurance coverage, I believe patients will be expected more caring too. Bob has a $5,000 deductible plan. So Don's $1,500 bill comes out of Bob's pocket. Bob even made the comment, "For $1,500, I can get a lot of stuff instead of a hi-bye from my doctor."

As physicians, we forget the demand for healthcare is elastic. People are price sensitive when it comes to their own personal healthcare. Their expectations also shift in accordance with the amount of cash leaving their pocketbook. If Bob had a $30 copay instead of a huge deductible, he might be feeling different about how Don's office made him feel.

Some Tips on Designing a Process

Many of our patients are now in Bob's situation. Their perceptions of what they are buying have shifted too. Unfortunately, many practices have not recognized this. They are still in a fee-for-service, quantity driven mindset. And let's be honest, in our current model, we earn money from doing things, whether it's performing a procedure or counseling patients. The good news is that you can still have a process geared for high output but leaves the patient feeling cared for. To accomplish this, you must plan their emotional experience. You must be deliberate in your touch points with the patient. Here are a few tips to help you do just that.

1. **Diagram your process.** It might take some time and effort, but the results are incredibly insightful. Sit down with your staff and draw out a map of your patients journey through your clinic. Better yet, have a "secret patient" experience your clinic and provide feedback.

2. **Plan it from their viewpoint.** Once you have the map of your process, go through it from the viewpoint of your patient. Is there anything redundant? What are the rate-limiting steps? How can we speed up the process to reduce the patients wait time? When you do this exercise, really try to see things from the patients point of view. Most importantly, ask yourself how they might feel at each touch point.

3. **Plan the love.** Most process improvement initiatives are designed around financial or logistical goals. You want to reduce costs, control waste, or eliminate delay. These are great goals, but there is one important aspect we miss and it is incredibly important in the service industry. That key aspect
is how the patient feels. We almost never think about how they feel as they move through our clinic. We are usually focused on maximizing our productivity and getting the treatment right. Focusing on and planning for a desired emotional response from your patient is going to become more critical in the future. How does the patient feel when they book the appointment? When they are greeted and being checked in? What emotion do you want them to feel while they are interacting with your staff and nurses? Once you have identified how you want them to feel, you can design your systems to create that emotion. You can train your people to illicit that emotional response. It will take work and effort to design the feeling into your clinical processes. The small stuff matters sometimes and are the very things you and your entire staff should be doing. A warm, genuine smile. Greeting them by name. Taking time to listen. Thanking them for coming in today. This last one is hard because we usually expect to be thanked for making them better. Never forget your patients have a choice and they chose you! Be grateful for that and show it.

**Bob Isn't Alone**

Bob's experience is not an isolated one, but one that I believe is ubiquitous among patients. My father had a similar experience when being treated for cancer. His oncologist was brash, loud, and abrupt. However, my father also knew that his entire clinic, the staff and physician himself, really did care about my father. Dad overlooked his personality and gruff exterior because he felt he truly cared. Some people are naturals at this and others aren't. Regardless, you should take time to plan the love. If you do this, you'll enjoy greater patient satisfaction and engagement.

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