



Your CA Can Make or Break Your Practice

Mike Whitmer:

Whether you're getting your car serviced, your hair cut, or seeing a chiropractor, every step of the process leaves an impression, from the time you make the appointment to when you're waiting in the reception area. A good experience will turn you into a fan and keep you coming back. A bad experience will chase you away and you'll likely tell your friends about it. This is especially true in healthcare when people may be nervous or not feeling well. Today we're going to talk about what can go wrong in the front office and how that can have a serious impact on your patient's experience and your bottom line.

To help us with this topic, we have Kim Clap. Kim is well known in the chiropractic world for her work training chiropractic assistants to help chiropractors take care of their patients and their practices. Kim's company is Assistants for Chiropractic Excellence where she's a trainer and coach and has helped thousands of CAs be the best they can be through better processes and communication. So today we're going to talk about the CA's role in delivering a positive patient experience. Kim, welcome to Chiropractical.

Kim Klapp:

Absolutely my pleasure, and I appreciate the opportunity to speak with you guys.

Mike Whitmer:

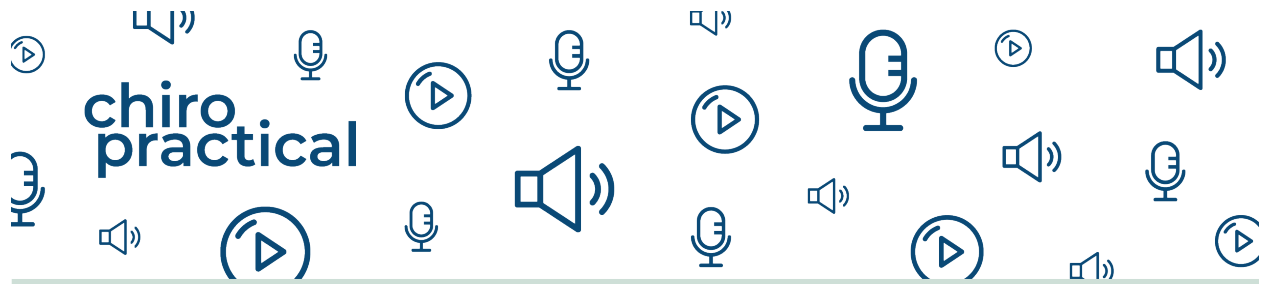
You work with front office staff all the time. What are some common things you see that front office staff do that can create a less than optimal patient experience?

Kim Klapp:

We find that the ones who are amazing, they're the ones that the patients say, "Oh, I come in just to see you" as much as they come in to get chiropractic care. Now, on the other end of the spectrum, we've got those patients who have the contact with the CAs that they don't have anything to report because they just don't come back.

I want to share with you a statistic from American Express. They had a study and they talked about how 56% of customers that receive poor service said they definitely tell others about it. And get this, they tell 24, on average, other people. 24. And the ones who get good service only tell 15 others. That's how important it is that we think about, as a CA, the kind of service that we're providing at that front desk, because it really does make or break a practice. 69% of the customers in that same study said that they switched brands, poor customer service was the reason. So if we want to fill up those other healthcare offices in our area, all we have to do is give poor customer service.

The absolute most outrageous example of bad attitude in our office, unfortunately, I think it was 1997, we'll call her L. She actually was trying to tell a patient how wrong they were, arguing with the patient, and she actually started pounding her fist on the front desk to make a point. She didn't make it after that. But I'm just saying there's a lot of crazy stuff that happens when people get upset.



Mike Whitmer:

This has been several years ago, but I was at the chiropractor's office waiting for my appointment and I observed the front office person on the phone with a friend or family member complaining up and down about her job and about the practice and about the doctor. And I thought to myself, this doctor has a real problem with this front office person, but how does the doctor know that? How does the doctor who's in a treatment room and doesn't directly observe the actions of the front office staff, how does a doctor know that there's a problem with one of their people?

Kim Klapp:

That is an excellent question. And in a one doctor, one CA office, I really can't even give you an answer on that one because it really comes from training. It comes from them understanding the why we do what we do or why we don't do what we might slide into. I say this in businesses all the time, I'm always paying attention to area businesses or wherever I am. So in any business, you don't know what's being said. The point is how can we prevent it? What can we do? So making sure people know that, hey, when a patient is in the office, we focus 100% of attention on them and not on the negatives.

Mike Whitmer:

Do you have any examples of some absolute no-nos for your front office staff?

Kim Klapp:

There's a gillion of them, really. It starts with your attitude and then it trickles down. We want to start thinking about, okay, what is the non-verbal communication? Because I'm sure, as you know, we transmit messages so much more non-verbally than we do verbally. The message is important, but it's just a small percentage versus what we communicate non-verbally. And most CAs don't understand this or they have closed body language. They've got their arms crisscrossed and their legs crossed and they're leaning back away from the patient. They're not realizing that before they even open their mouth, they're already communicating. They have little or no eye contact, especially when they go to collect fees. They look down. That everything that people do sends a message. That sarcastic tone that I tend to have often in life, I keep it away from the front desk because it sends a very bad message.

So again, we can just start with the nonverbal signals. Think about even then the environment. Are we appealing or repelling a patient's senses when it comes to the environment? What kind of music are we playing? Is it crap music that should not be played in your office or is it a bunch of stuff with commercials in it? There's so many wrong messages in an office. Do you have things all cluttered? I know chiropractors like to educate patients, but you can't educate them by having 7,000 different flyers sitting out on your front desk. It just looks messy. Are things dusty or dirty? You have burned out light bulbs? Are the copies that you give out unreadable? There's all kinds of things that just turns people off.

I was actually in a practice in Ann Arbor, and I walked in and I was dismayed that there were sheets covering and tucked in around all of the office furniture. Instead of getting new furniture, they were just slip covering them with really hideous sheets. And also people's personal appearance, according to



Brian, Tracy, clothes are responsible for 95% of the first impression that you make on someone. When you're all disheveled, you're wrinkled, you're stained, all of that is sending a message. Everything a patient sees, smells, hears when they walk in sends a message before that CA even opens their mouth. We haven't even gotten to what happens when they open their mouth.

Mike Whitmer:

So what happens when they open their mouth and they're communicating with patients? What are some don'ts you see there?

Kim Klapp:

Well, first of all, the Carnegie Foundation says that 85% of one's success in life is directly related to communication skills. This is one of the reasons that I put so much emphasis on communication in probably all 14 courses that we cover because it is so incredible. But first off, poor listening skills. It's so easy for CAs to focus on, oh, I've got to give them this information and forget about stopping first to listen now. Why are they there? What do they need? How can I help them? And you can't answer any of those questions or match what you have to offer with what they're looking for without listening first. And there's way too many CAs, like I talked about L before, who are concerned with interrupting and arguing, or not paying attention, or jumping to conclusions, or rushing through the information. If they've got a script, they're like, okay, let me just get it over with. That's to begin with.

And then what about saying the things that are just absolutely wrong, prohibited? When someone requests their records, you cannot ask them, at least in Michigan, why they want their records. That's a no-no. And if you don't know that, that can be a problem in your practice. Or asking them, "Hey, why do you have a service animal?" That's a huge no-no. So we want to make sure that we're, first of all, avoiding what's prohibited, and then of course we don't want to make any negative comments, whether it's about a client who's in the office or who just left. "Oh, that client, that reeks of smoke. It just drives me crazy". Because then when that client leaves, of course they're going to go, "Huh, I wonder what they say about me when I leave?" Or if you're talking about the business aspects of the practice in front of patients, if they hear you talking about statistics or collections or your bonuses or anything to do with how many or how much, that is a huge turnoff to patients.

Like you talked about talking about personal things in front of a patient, what you did over the weekend. Most of this comes from not considering the patient's perspective. Or you're talking about inappropriate topics or something inflammatory or something that's controversial or using any bad or offensive language. We have a photograph of one of our CAs actually as somebody who was in a wheelchair missing a leg, and they did the digital posture analysis on them. There's all kinds of thoughtless things that happen in being insensitive, not considering their perspective, not complying with their requests when they have issues about, "Hey, I'm very sensitive about my weight. Don't tell me what the scale says", and then you tell them anyway, that's a problem. Or they have gender-specific nicknames that they don't like. They don't want to be called bro or honey or sweetheart, or they have special pronouns. [inaudible 00:08:36] is always considering their perspective.



Sometimes it's just habit because we're trying to give them information or we're trying to get information. For example, a prospective new patient will call the office and they'll ask about fees. And we're trying to help and we want to give them the right answer, and of course their charge is dependent upon their insurance coverage or lack thereof. But when someone calls and asks about fees and you counter with "Do you have insurance?" That sends a very different message. When you're asking about insurance before the reason for their visit, what comes across as most important to your practice is of course the money, not the person. It's just causing a bigger separation and a barrier between you and the patient, and that's obviously what you don't want. You want to become more similar. You want them to like you. You want to include them, not exclude them. You want to focus the conversation on yourself. You want to keep the spotlight on them, and certainly don't want to waste their time. We always want to focus on what's best for the client, not what's best for us.

I hear people say, "If you make your appointments, it makes my job a lot easier". Who cares? We're not about making the CA's job easier. Let's focus on the benefits for the client instead of the benefits for you.

Mike Whitmer:

The patient where they are. Yeah, absolutely.

Kim Klapp:

Meet the patients where they are. We can send mixed messages about what's important. So many times we wonder, where do we get this situation where patients don't understand the importance of appointments or they don't understand that they need to pay? And it comes from us. It comes from us because we set an erroneous beginning. So they'll ask us, "Hey, what time should I come in on Wednesday?" And you say, "Oh, anytime. It doesn't matter" because you have different available times, but that's obviously sending a mixed message. Instead it's, "Oh, 10 o'clock would probably yield the least amount of waiting for you".

Or if you've asked them to contact you when they're late and all of a sudden they call and they say, "Hey, just so you know, I'm running about three to five minutes late for my appointment". If you then counter with, "Oh, you didn't need to call" because it's only three to five minutes and you can fit them in, you're sending another mixed message. Yes, you did ask them to call and they do need to call. Or when they call and apologize, you know that they missed their appointment and a CA says, "That's not a problem". Again, that's another mixed message because it is a problem and it's not okay.

Or even the way you greet a patient when they come in. We talk about, first of all, hopefully there is somebody there. There's not a phantom CA, because when you leave the front desk unattended, obviously there's security issues with that, both for money as well as protected health information, but also what message does that send when that patient walks in and there's no one there? It's, oh, are they open? Am I in the right place? Should I be here? And they start questioning that. We don't want them to have questions. We obviously always want them to feel confident and secure, they're in the right place.



But if they walk in and you're on the phone, are you just on the phone holding up a finger and making no eye contact, "I'll be with you in just a minute" basically, or grunting at them last name, which obviously is not greeting. Or again, if you're ignoring them, giving all your attention to your coworkers or your computer. So there's just so many ways there to have a mixed message. Asking chance based questions, that's another example of poor verbal communication, where you set up the problems, "Did you want to make a payment?" Obviously, if you ask a yes or no question, you're inviting a potential no that you probably don't want. "So did you want to make a payment? Did you want to schedule an next appointment?" Or even "When did you want to schedule an next appointment?" But again, so much of this communication is habit or miscommunication or poor communication.

Other examples, poor expectation management where you're misquoting your prices or insurance benefits or how long a visit will take, not telling them what to bring. Issues that can happen before a patient walks in your door that set a really negative situation before I even walk in.

Mike Whitmer:

That's great. Thank you.

I want to shift gears a little bit. Let's say that a doctor discovers an issue with their staff. Somebody is not communicating well, somebody is doing something inappropriate. What's the doctor's responsibility here?

Kim Klapp:

That's a great question. Anytime there's an issue, first of all, back up and say, what's in your personnel policy doc? So that's really the first point. Do we have a personnel policy? Is everything explained? Have we done effective training where your CAs know what to say and what not to say and how to say it? Because obviously if they don't know what kind of an infraction is that, we want to make sure that we've got those clear policies and that we have trained them properly. But then when they hear something, obviously we need to correct it. Just like you don't want your CAs to bury their head in the sand when they can tell that there's something not right with the patient, we don't want to just ignore it because when the patient's going to leave the office and probably write a scathing, nasty review online. Instead, we want to nip that problem in the bud.

With the doctor, we want to make sure that we're not doing it right then when it happens, because your CA at the front desk, that is not the time replaced to be correcting them. Now, interrupting it, absolutely. If you overhear it while it's going on, if you can say something to stop it from continuing, great, do that. "Hey, Joan, can you take a look at this file for me? I need some help with it" and stop the situation if you can. But if it's happened already and you can't do anything about it, just make a note of it and then let them know, "Hey, you know what? When we have our break, I'd like to see you in my office" and do it privately. We never want to criticize anybody in public, always in private. Praise in public, criticize in private, and then let them know, "Hey, this is what I heard you say. Is that correct? What were you trying to communicate? Because here's how I believe it came across, or it could have potentially come across this way".



And make sure that... Come to an agreement. Maybe you misheard it, who knows? Or they didn't understand. Our personal policy has both verbal and written warning parameters, so depending on what it is and how seriously infraction is, sometimes we go right to a dismissal. Sometimes there is no get out of jail free card. Other times there's up to three written warnings. Sometimes it's just a verbal warning. It really just depends on what was said.

Obviously, inappropriate behaviors. When someone's is pounding on the counter, there's no coming back from that. You're done. We don't even wait till the end of the day for that one.

Mike Whitmer:

Kim, tell us a little bit about your company, Assistance for Chiropractic Excellence, or ACE as it's known.

Kim Klapp:

Absolutely. Like I said, most problems happen really just because of lack of training, and what I find is that people just don't realize the ramifications that happens. It's not only just the negatives that happen, all those problems we talk about, but when CAs are not empowered to understand the difference that they make, they miss opportunities. They miss opportunities for positive online reviews and for referrals and higher product sales and testimonials and for an opportunity for a community lecture. There's all so many ways that CAs can make a difference, different ways that they can up-level what they do, and that brings so much more enjoyment to them and it actually makes them really love their job and want to be there forever. Just a lot higher job satisfaction when a CA is given the appropriate tools, resources, and training on how to do their best job ever. And so that's why I created Assistance for Chiropractic Excellence because I really want to empower CAs and make it easy for them, give them the right tools, the right resources, the right systems to basically make their job a breeze.

Mike Whitmer:

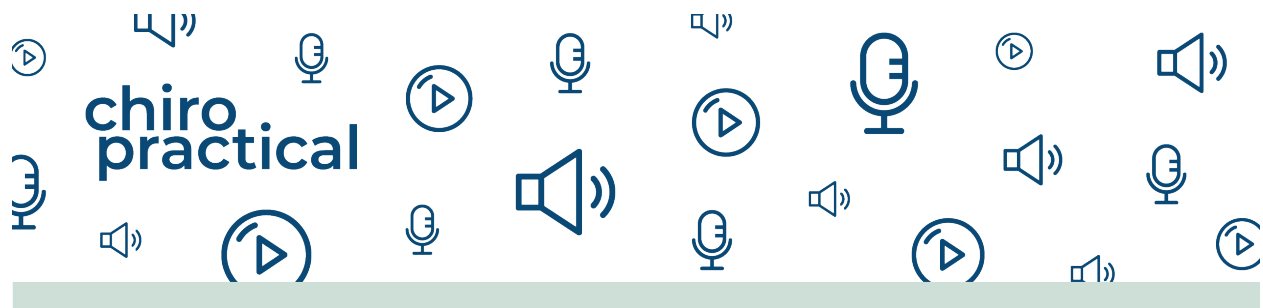
Kim Clap. Thank you for joining us on Chiropractical.

It's time for ASK NCMIC where we take your questions and have experts provide answers. This time Dr. Bates from Utah says, I'm looking at purchasing a piece of equipment for my practice. I understand there are different options for a loan or a lease to finance the purchase. Which will be most beneficial for my practice?

That's a great question as I know a lot of doctors face similar decisions. To help, we've asked Magda Lippold from NCMIC Finance Company to help us. Magda, thanks for taking time with us. What help do you have for Dr. Bates?

Magda Lippold:

Thank you, Mike, for having me here today. When considering buying a piece of equipment, I think it's very important to understand the difference between an equipment loan and an equipment lease. There are two different things, and oftentimes people do mix them up and thinking that they're one and the same.



Equipment leasing means you're renting the equipment, but the ownership of the equipment stays with the lender. Typically you'll have a term, and this example we'll say it's a 36 month term. Once you make your last payment, you still do not own the equipment. There's typically a buyout in the contract. The buyout amounts can vary. And at that point you can either pay the buyout amount and own the equipment, or you can upgrade to a different equipment, or return the equipment to the lender if that's a possibility.

Equipment financing means you're paying a portion of the purchase price of the equipment monthly. So you'll have your monthly payment plus any applicable interest, but once all payments are made, you'll own the equipment.

When trying to decide between doing a lease or an equipment loan, you may want to consider the type of equipment that you're purchasing. If this is equipment that is ever-changing, so every couple years there's a newer model and that newer version is more important to your business, maybe it's an x-ray that gives you a better images, or maybe it's a laser with advanced technology, perhaps a lease could be a better option because you may have the choice of upgrading to the newest model after your lease term is up.

When you're thinking about long-term equipment, like typically a digital x-ray, you are hoping that this is equipment that's going to last for several years, not just a couple years. Maybe equipment loan in this case is a better option, because again, once you make your last payment, you are the owner of the equipment. There is no additional buyouts and you can continue generating revenue using that equipment and not having any additional payments.

Mike Whitmer:

Thanks, Magda. Are there any tax implications that are different between a loan versus a lease?

Magda Lippold:

There are, but before I give you the answer, I want to note that please check with your accountant because I am not qualified to give you tax advice. It's always important to check with your accountant. Equipment loans and equipment leases both typically qualify for section 179, which is accelerated depreciation. With an equipment loan, you can immediately deduct the full cost of the equipment against your taxes. With an equipment lease, your leasing payments are usually a hundred percent tax-deductible. So that is the difference. It's either the full cost of the equipment or the total of all of your payments made in your tax year. Again, I would advise you to check with your tax advisor because we are not qualified to give you any tax advice.

Mike Whitmer:

Magda, thank you for taking time to talk with us. Very helpful information. If you have a question you would like us to address on Ask in NCMIC, please shoot us an email at askNCMIC@ncmic.com. I'd also like to point out to our listeners that we have a lot of information out on our website about these different options, so if you want more information, check out the resource section at ncmic.com.