

# The Art of Communication Part 2

By **Margie Satinsky, M.B.A.**

*This article is part two of two-part series on communication within medical practices and between medical practices and external vendors, colleagues and organizations. Part I, which appeared in the June 2015 issue of The Triangle Physician, defined communication and provided examples of situations that needed improvement. Part II recommends ways in which medical practices can improve communication.*

## **Follow the Old Adage: Listen, React, Think and Respond**

Regardless of the method that you select for communication, avoid knee-jerk reactions. It makes no difference if the communication is face to face, by telephone or by email, text or social media.

The following four-step approach need not be time-consuming; thoughtful is a better word.

1. Start by opening your ears and listening to what's being said to you.
2. Observe your own reaction, noting if it is positive, negative or neutral.
3. Think about ways in which you might respond, focusing both on what you want to say and how you want to say it.
4. Then and only then, respond.

## **Select the Appropriate Means of Communication**

The options for communication are numerous and growing at an exponential rate. Pick the one that's most suitable to the message you want to deliver. Here are some examples.

Many people learn about our consulting services at [www.satinskyconsulting.com](http://www.satinskyconsulting.com) and initiate an inquiry or request for services by email. We steer those people to the telephone. We don't know them yet, and we want to learn as much as we can

about them and the issue they perceive they have before we suggest an approach.

Once we've established a trusted consultant/client relationship, we use email as well as telephone. We use texting for quick tasks, like appointment confirmation but not for transmitting knowledge and providing coaching.

When it comes to social media for business communications, we think it's too impersonal. To us, each client or potential client deserves a personalized response.

With respect to presentations, if the audience is 25 or smaller, we organize our thoughts in carefully constructed PowerPoint format. We hand out the material but don't put the information on a screen when we make observations and recommendations. In our experience, a PowerPoint presentation with the results of a strategic business-planning process or Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule training produces sleep, not audience interaction.

Let's talk about appropriate methods of communications within a medical practice. Informational emails to staff are fine, but they don't substitute for both regular meetings with supervisors and staff meet-

*Margie Satinsky, MBA, is President of Satinsky Consulting, LLC, a Durham, NC consulting firm that specializes in medical practice management. She's provided HIPAA compliance consultation to more than 100 Covered Entities and Business Associates. Margie is the author of numerous books and articles, including Medical Practice Management in the 21st Century. For additional information, go to [www.satinskyconsulting.com](http://www.satinskyconsulting.com).*



ings that promote employee involvement and teamwork.

With respect to patients, telephone courtesy is essential. Regardless of how your practice answering system works, be helpful and responsive, not hostile. Reduce the number of phone calls by posting on your website information that both patients and medical colleagues need to know. Communicate with patients through a secure patient portal that meets HIPAA Privacy and Security Rule requirements.

Social media may have its place, provided that you have a specific strategy, that your approach is HIPAA compliant and that an experienced and responsible individual takes responsibility for this type of communication. Our recent newsletter on social media (<http://www.satinskyconsulting.com/documents/NewsletterWinter2015.pdf>) provides specific suggestions.

## Help the Listener/Reader Understand the Background and Context of Your Message

We live in a specialized world. Within every medical practice, there are different levels of knowledge about specific issues. Clinicians know the practice of medicine. Some, but not all, also have a good grasp on administrative issues and regulatory requirements. Administrative staff has varying degrees of knowledge based both in the current practice environment and past experience.

We get the best results when we start with background and context, taking time to bring the listener up to speed before making an observation or recommendation. Here are examples of situations that we frequently encounter. We could talk about HIPAA compliance in our sleep, but our audience is often unfamiliar with many of the concepts. We always start with the basics, encouraging questions about the practice's actual experience as we go.

With respect to revenue cycle management, we know the importance of managing denials, i.e. claims that insurers haven't paid for reasons that may or may not be justifiable. Not all practices understand this task, and when they don't, we need to take the time to articulate the purpose and the steps to take.

Still another common communication challenge involves our interactions with different managed care plans. They vary in their responsiveness to questions about rates, credentialing and claims payment. We get the best results with clear explanations of what our clients perceive to be the problems and with professional respect for the individuals with whom we're communicating.

## Engage the Listener/Reader

We view practice management consulting as meeting the client in the middle. The client has a real or perceived problem and

asks us as a trusted advisor to provide a solution. More often than not, the stated problem is not the real problem. Reaching the heart of the matter requires detective work.

Here's an example. Several months ago a primary care practice sought our guidance for strategic business planning and improvement in financial performance. During our face-to-face meeting, we learned that the practice owner had hired his relative as the practice manager even though that individual had no experience in health care management and did not plan to learn the ropes. To us, hiring an unqualified manager was the problem. A different choice of manager would enable the practice to address the other issues on its own.

## Use Correct Grammar

Once again, short messages are fine for email and texting. With respect to other forms of communication that require written or oral presentations, use correct grammar.

Going back to our UNC graduate students that we mentioned in Part I of this series, all were intelligent, but the challenges that some experienced in expressing themselves made them sound unprofessional. Here's our advice on the grammatical errors that we encountered most frequently:

- Avoid ending sentences with prepositions (e.g., Where is he, not where is he at?).
- Use strong active verbs (e.g., develop, build, revise).
- Use active, not passive voice (e.g., Say "Wintery weather affected our ability to keep the appointment" rather than "We were prevented from meeting at the scheduled time by wintery weather").

## Proofread Your Draft and/or Engage another Reader

Depending on the type of communication, proofread the first draft and/or ask someone else to review the message. Sloppy or grammatically incorrect information may send a hidden message.

Here are examples from two dermatology practices. One practice asked for our input on a website written and designed by one of the practice's employees who "liked to play with websites." Poor grammar, lack of clarity and overall disorganization created the impression that not only the website, but perhaps the quality of the clinical services, was substandard. We fixed the problem.

In a second situation, we were assisting a practice startup with website content. After correcting the same grammatical errors three times, we mentioned to the physician owner the importance of correct grammar, only to be told that he wished his website to "sound like he spoke." We beg to differ; he did not speak like an experienced physician! Hopefully our advice will not fall on deaf ears!

## Follow Your Communication with a Summary

An effective way to make your point is to state the problem, make your suggestions and summarize the ways in which the suggestion will address the issue. For example, practices that use electronic health records can use the software to provide each patient with a written and/or electronic copy of a summary of the patient visit. The summary of a clinical encounter is a great model for non-clinical situations.

## Develop a Communication Strategy for your Practice

Our final suggestion is most important. Take a step back and develop a communication strategy for your practice, taking into consideration the ways in which you communicate both internally and externally. Evaluate what you do and make adjustments and improvements on a regular basis. Patient and physician satisfaction surveys are effective tools for seeking input. Ask for staff suggestions too. Take it seriously; communication counts!