

MONEY: Discounting the price of your care

CANBERRA SPINE CENTRE | DR JON POWDERLY

It's a situation that we'll all find ourselves in from time to time. At some point, the patient expresses to us that they can't afford the schedule of care you've laid out for them. This is more challenging for new practitioners, but can still catch you off guard as an experienced practitioner.



If you don't handle this properly

If you handle this the wrong way, you can go wrong in several ways:

- You haven't come to any agreement, your patient may not be able to afford the care, so they don't proceed.
- You discount in a way that the patient devalues your care. They don't value what you're doing and as a consequence, will not stay the course.
- Your patient, perceiving that they are not paying enough, starts to feel 'out of exchange'. That is, the exchange of value between you and them is uneven. When this happens, they will do one of two things:
 - Feel awkward and drop out of care.
 - Feel awkward and in some way sabotage your care – eg. miss appointments, not follow through with recommendations.

What does it mean to say, 'I can't afford it'?

It's important to understand that the above phrase can one of only two things:

- 1.They really don't have enough money to spend on what you're proposing, as well as to pay for the basics, such as food, rent and bills.
- 2.They can afford it, but your care is lower on their priority list than many other things in their life. Not a good basis on which to start care.

Think of what you'd do if your mechanic told you that to fix your broken down car will cost you \$1500. Do you let it go and be without a car, or scrape together the money (beg, borrow or steal) to get your car back on the road? People need to understand that their health is at least as important as their car.

We can get trapped by this second one, discounting and devaluing our care so that they can still proceed with our care remaining as a low priority in their life. Sometimes, these are the patients who tell you they can't afford it, only to reveal at a later time that they are driving a Mercedes Benz, planning a holiday to Europe, spending hundreds of dollars each month on dinners out, cigarettes, alcohol, and so on.



How do you find out which is which?

The first thing to do is realise that you have a responsibility to the patient to tell them what they need, and that their responsibility is to make a decision. If either you or the patient crosses over into each other's territory (ie you making their decision, or them setting the schedule of care), then you are in the wrong place and the result will be inferior care in some way.

When your patient tells you that they can't afford it, they will usually ask if they can get the same result with less visits (does this work in any other part of the world?). Here's what you need to do:

1.Re-iterate the schedule and let them know that if you don't follow through with this, that they won't get results. Even worse, they will still be spending their time and money with you, but getting inferior results. They'll be unhappy, you'll be unhappy (it's not fun when you can't help as much as you'd like) – everyone loses!

2.Wait – listen and don't talk. Be comfortable with some silence if it happens. In that short space of time, there will be lots of thought processes going on inside your patient's mind. It will be one of two things:

a. That priority list will be re-organised. The care you provide will be shifted up a few rungs and will become affordable. This person has decided that their health is a priority and worth spending money on. It has suddenly been pushed higher than hair, nails and dinners out.

b) They still say they can't afford it.

Option 'a' – easy – proceed with care. Option 'b' – not so easy. You have to make a judgement call. Do they look really uncomfortable, really keen on the care, and would do anything to get it? Or do they look just a little put out, but still have those priorities in place?

3. Give them options. If you sense that it's still a priority issue, suggest that they go home and have a think about it. Let them know that when they are prepared to give it a go, you'll be ready and welcome them back. You can do this with love. Sometimes, it's just a matter of getting some expenses out of the way and then they can come back and start care with you.

If they really can't afford it, you'll generally get a sense of that. That's a hard thing to tell someone, and is usually accompanied by emotion and also a sense that this person is really keen, but hamstrung by finances. Watch for the non-verbal cues with these people. Be human, tune in and connect with them.



Creating a new arrangement

There are several ways to make your care more affordable.

- Reduce the schedule of visits. This is generally not a good idea. Beware of treating the person's wallet as opposed to treating the person. When you make a snap evaluation of your patient's finances (OK to do, but let it go just as quickly), don't set out the care to fit their budget. Set out the care to fit their needs.
- Make it a temporary reduction. Whatever you offer, set out the timeline clearly, otherwise mistakes will be made by either the patient or at reception, and this person will receive a discount long after the intended period of time. Once that time has passed, revert to your normal fee.
- Offer every 2nd visit at a reduced rate or no charge. Make it the second visit in the week, not the first. You'll be surprised how many second visits are missed otherwise! Doing it this way reminds the patient of your normal fee. Offer to cover the (full or partial) cost of the 2nd visit, while they pay for the first. Wording this way also reminds them that you are helping them personally.

When done the right way, you get to help your patient and they get results. They are grateful and will often become fantastic long term patients whose lives you change dramatically, and who refer many of their friends and family.