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The Bigger Picture: Try a Little Tenderness

Can a soft touch have a big impact?

By Pamela Moore | March 1, 2008

Pam Wible, a family physician in Oregon, was struggling to collect from a major payer. She'd patiently called the payer's help desk. She called so often, in fact, that they knew her by name.

"I told the women I spoke to that I really appreciated them as human beings and that I understood that their employer was behaving unethically. They agreed with me," Wible recounts. "I asked them straight out if they thought I should pursue these payments. ... We all agreed that it would very time-consuming, and I'd end up on multiple 1-800 lines."

So, when the call center staff asked if there was anything else they could do for her, Wible laughed, replying, "The only thing I want is to get out of this contract before my 40th birthday."

Guess what she got on her birthday?

A birthday card from the payer, delivered by certified mail and signed by all her new friends at the call center, with a cancelled contract enclosed.

Plus, payments for her previously submitted claims started flowing in.

Now, I realize that the ideal resolution to a payer-physician impasse would be for the physician to actually get paid without so much hassle or dropping the payer altogether. Still, I appreciate the humor and humanity of this story.

Although big issues like reforming the U.S. healthcare system are important goals, at least some of the day-to-day problems we're actually facing in running practices can be relieved, if not solved, by improving our people skills and trying to see things from the other person's point of view.

Here's another example: I recently hosted a discussion forum. On stage were representatives of two payers. In the crowd: fist-shaking practice managers justly haranguing the speakers for payers' lengthy credentialing process. The crowd was convinced that a nine- to 12-month process was part of a payer conspiracy to deny payment.

The payer reps, however, were flummoxed. “But if you submit a complete and accurate form, it should only take a few weeks,” said one, confused. I thought the audience might rush the stage.

Now, I’m completely on the side of the managers here. The process is ludicrous at best. But I think the breakdowns are likely the cause of benign neglect and the administrative bog you’ll find at any big company. Of course, if the company bigwigs saw it as their corporate mission to pay physicians fast and well, this area of their businesses would get more attention. Instead they view their mission as delivering profits and growth, and, yes, delivering benefits to their beneficiaries. So their credentialing rules are a purposeless and inefficient mess that no one is really in charge of. But it’s not a conspiracy.

That does not make it OK. And you have every right to be angry about it. But I don’t think that anger helps. It might take just one physician with the right touch to walk through the process with a sympathetic individual to work out some of the kinks.

One more story: Another physician told me he actually wrote a payer to cancel his contract because he was exasperated by the low reimbursement rates. The payer called him, said the fee schedule was a mistake, and he should have been getting paid more all along. No doubt, the payer should have been paying the correct amount. Still, the physician could have saved himself months of frustration by making a few phone calls or sending in an exploratory letter instead of seething silently.

To be sure, banging heads doesn’t seem to be working. What about the human approach?

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