



Medical Business Services

"GIVING DOCTORS THE FREEDOM TO BE DOCTORS"



UNIFIED

VCA

VIRGINIA
CHIROPRACTIC
ASSOCIATION

Established 1925

Effective Communication for Maximum Patient Satisfaction & Retention

Lisa Maciejewski-West, CMC CMOM CMIS CPCO-I CPMA-I
Owner/Founder, Gold Star Medical Business Services

GOLD STAR

Medical Business Services

"GIVING DOCTORS THE FREEDOM TO BE DOCTORS"



LISA MACIEJEWSKI-WEST: CMC, CMOM, CMIS CPMA-I, CPCO-I

- Owner/Founder Gold Star Medical Business Services
- 42 years in Chiropractic
- Certified Professional Medical Auditor (CPMA-AAPC)
- Certified Professional Compliance Officer (CPCO-AAPC)
- Certified AAPC Instructor
- UVCA/ChiroCongress Insurance Helpdesk
- National Advisory Board, American Medical Billing Association
- Vice Chair, Board of the TX State Office of Risk Management
- Member Chiropractic Future Strategic Plan Technical and Reimbursement Committees
- Member TX Chiropractic Association Insurance Reimbursement Committee

A black and white photograph of a woman standing and presenting to a group of seated people in a modern office setting with large windows. The woman is wearing glasses and a patterned shirt, gesturing with her hands. The seated people are looking towards her. The background shows a large window with a view of a city building.

The power of communication

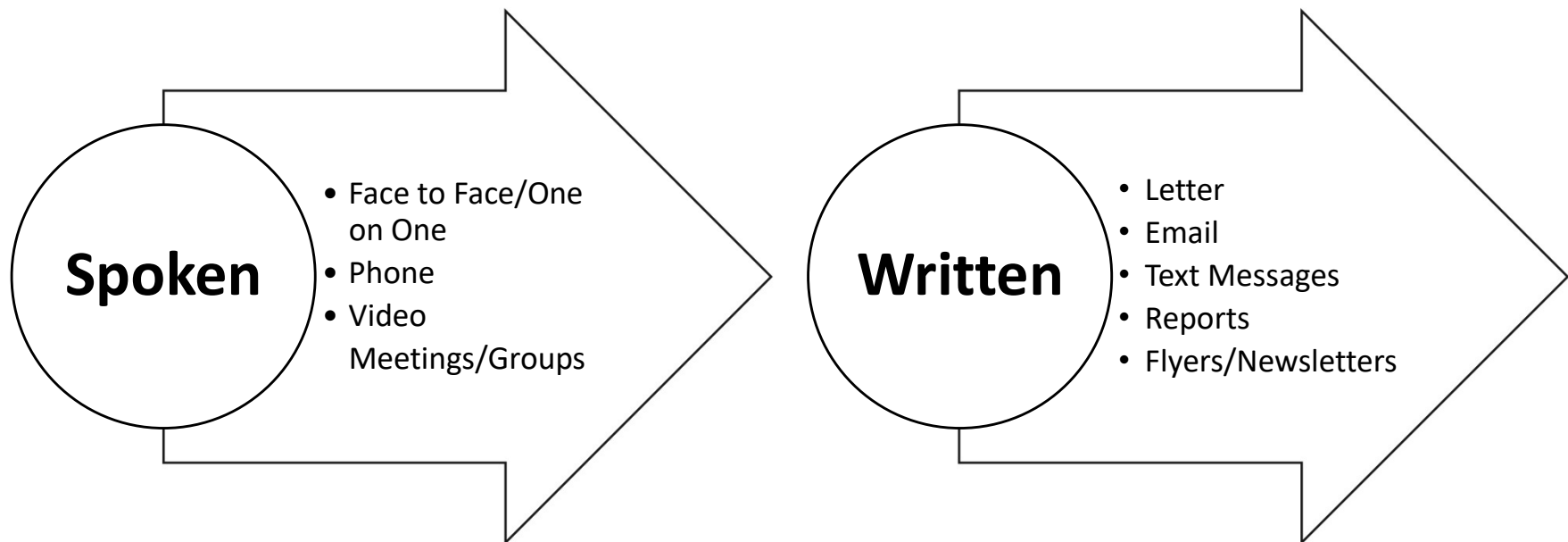


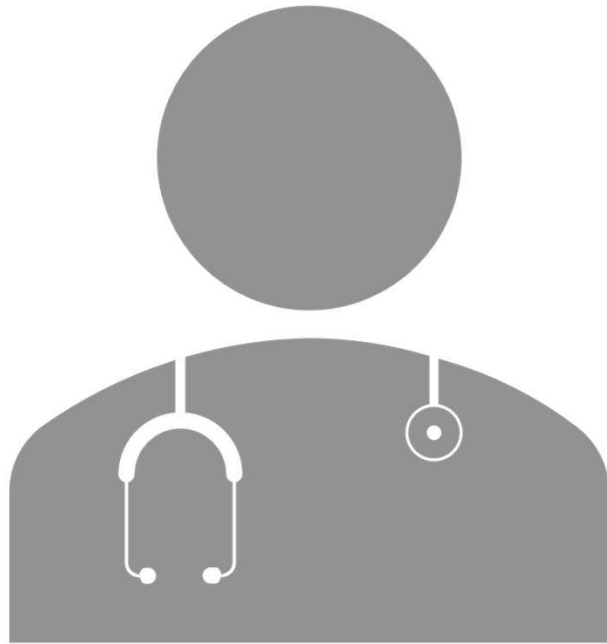
Good communication is
the bridge between
confusion and clarity.

Nat Turner

quote fancy

Communication Mediums





Communication and your Patients

Patients need to know about:

Their Health/Health Status

What Chiropractic can do for
them and/or their loved ones

Their Appointments

Their Bill/Payment

“

To effectively communicate,
we must realize that we are
all different in the way we
perceive the world and use
this understanding as a guide
to our communication with
others.

TONY ROBBINS

GRACIOUSQUOTES.COM

KNOWING YOUR AUDIENCE

People process information differently for various reasons:

Age

Sex

Race/Culture

Education Level

Socio-economic Class

Profession/Career

Personality Type



AGE

Communicating with someone who is 21 can be very different than communicating with someone who is 70

EXAMPLE: A person in their 20s may be more likely to respond to text messages, where a person in their 70s may be more likely to answer the phone

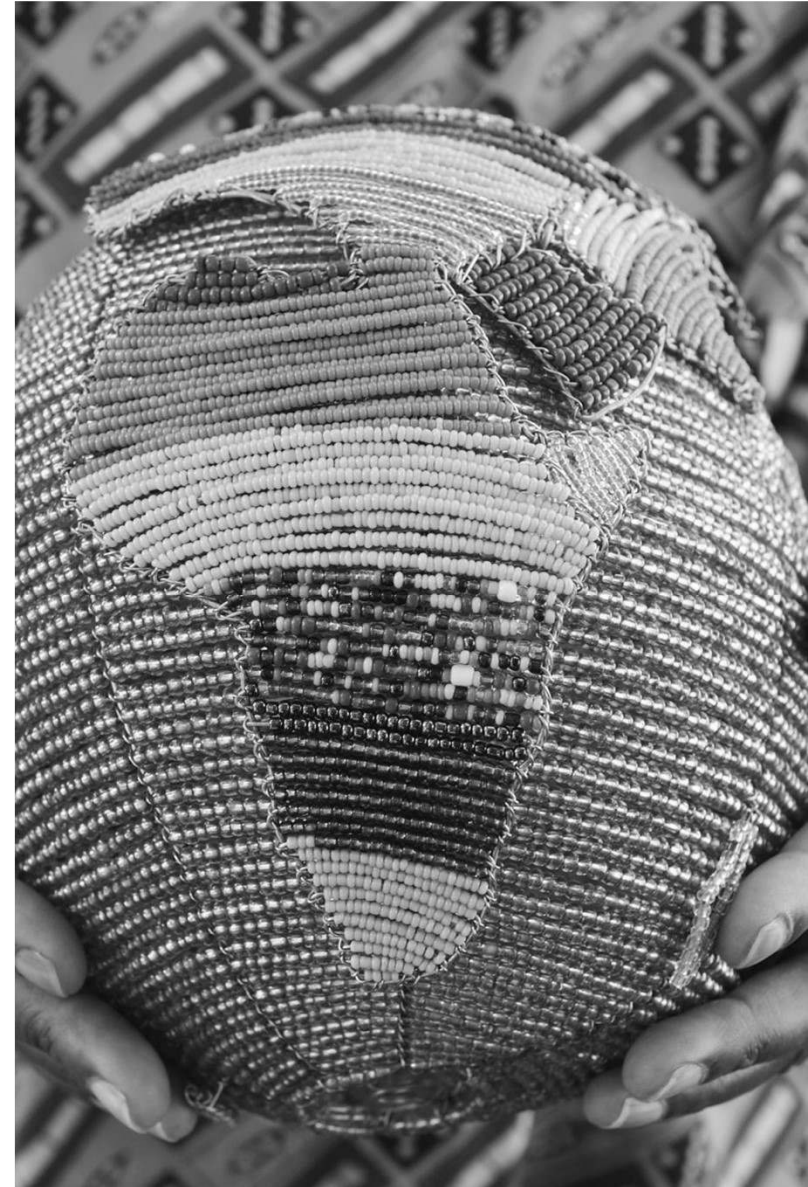
SEX/SEXUAL ORIENTATION

There are topics anecdotal to a person of one sex, that could impact how you communicate with them, though these lines have become more blurred, and should only be used with great caution



RACE/CULTURE

Certain cultures respond to direct statements and orders better than others. Some cultures respond better when your communication is more collaborative. Understanding and being mindful of cultural differences in people greatly improve your ability to effectively communicate with a variety of cultures



EDUCATION LEVEL

Individuals who complain that a person is “talking over” or “dumbing down” their conversations may be describing a communicator who cannot adjust to that person’s educational level.





SOCIO-ECONOMICS

Recognizing a person's socio-economic status early in your relationship and communication with them, will help you have more meaningful and positive discussions about topics such as the cost of care and patient's ability to pay

PROFESSION- CAREER

Using a person's profession/career to provide analogies to their healthcare and health status is a very powerful communication tool



PERSONALITY TYPE

Understanding different personality types and communicating with their personality in mind is a key to effective communication

EXAMPLES:

Communicating with someone who has a short attention span

Communicating with someone who is very analytical

Communicating with someone who tends to be distrustful of people



Information Processing

Individuals process information differently. Good communication skills take this into account when providing information. There are generally four ways people process information. Most people will have a strong tendency toward one of these four methods.

Seeing (**V**isual Learner)

Hearing (**A**uditory Learner)

Reading/Writing

Feeling/Doing (Tactile/**K**inesthetic Learner)

(aka, the **VAR**K learning methodology)

Certain individuals may be unable to efficiently process information if they are given the wrong vehicle. For example, if a doctor gives only an oral ROF (Auditory Learning Style) to a “Reading” learner, that person may not be as compliant as if the information was provided in writing and they could read about their plan of care, and the research behind the doctor’s recommendations.

Visual Learning Style

• **Visual or “spatial” learners** succeed when information gets presented visually. Since they’re often drawing or doodling, they learn best by seeing information and ideas represented by symbols, diagrams, maps, or different colours.

The Visual Learner

Characteristics

- Excellent problem solver
- Observant
- Remembers faces
- Doodles
- Neat handwriting
- Likely a good speller, but might not be able to spell words aloud
- Struggles to remember spoken directions

Studying Tips

- Sort information into charts
- Colour-code notes
- Watch explainer videos
- Draw out diagrams to understand difficult topics
- Make outlines of essays before writing a first draft

SOURCE: <https://tophat.com/glossary/l/learning-style/>

The Auditory Learner	
Characteristics	Studying Tips
<ul style="list-style-type: none"> • Musically inclined • Repeats spoken directions aloud • Hums and talks to himself • Easily distracted by too much noise • Memorizes sequences • Chatty • Good presenter and conversationalist 	<ul style="list-style-type: none"> • Study in a group • Run through flashcards aloud • Ask questions • Teach what you've learned to a friend • Use a pen to keep your place when reading textbooks • Proofread essays aloud

Auditory learners, otherwise known as aural or musical types, retain information best by listening. For these learners, pen and paper don't work as well. They prefer listening to a lecture or hearing information presented in a story format. They also enjoy group discussions where they can share information in their own words.

SOURCE: <https://tophat.com/glossary/l/learning-style/>

Sometimes referred to as verbal or linguistic learners, individuals with the **reading and writing learning style** naturally lean towards expressing themselves through writing or speaking. Words are their superpower.

The Reading and Writing Learner	
Characteristics	Studying Tips
<ul style="list-style-type: none">• Organized• Has an extensive library and is likely part of a book club• Imaginative• Wide vocabulary• Uses closed captions watching movies and television• Corrects others' grammar	<ul style="list-style-type: none">• Take notes during lectures• Make a bulleted list of important details• Write out definitions• Study using multiple choice quizzes• Do your own research in addition to lectures

SOURCE: <https://tophat.com/glossary/l/learning-style/>

Physical — or kinesthetic — learners perform best when they can do something active during a lesson instead of listening to a lecture. They thrive in environments where they can develop their skills hands-on.

The Kinesthetic Learner

Characteristics

- **Appears fidgety**
- **Uses hands when talking**
- **Outwardly expressive**
- **Likely athletic**
- **Short attention span**
- **Outgoing**
- **Might not enjoy reading**

Studying Tips

- Take breaks to move around
- Ask for real-life applications
- Keep your space distraction-free
- Limit study sessions to 20 minutes
- Use models and objects
- Act out what you've learned

SOURCE: <https://tophat.com/glossary/l/learning-style/>

IN-CLASS DISCUSSION TOPIC

Scenario: You are a back office CA/CT and your doctor has asked you to provide home care instruction to a patient. Specifically, you need to teach them how to properly lift a 30lb bag of dry dog food so they don't injure or re-injure their back. How would you explain this for each type of learning style?

Creating a Communication Toolkit

In order to be effective at communication, it's vitally important to have multiple ways to deliver information. These tools should address both the wide variety of patients you treat, and the way these patients learn and accept your information and recommendations.

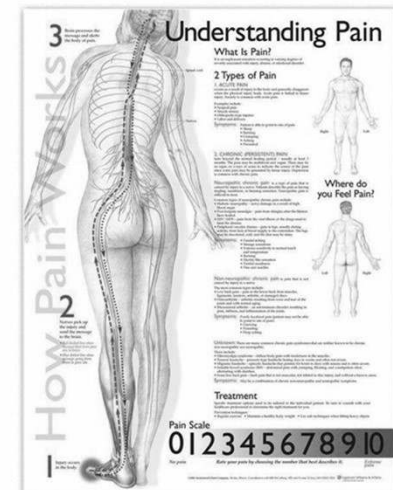
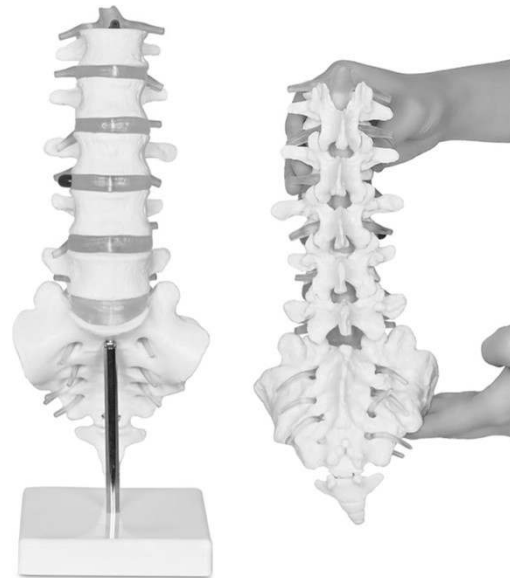
Visual Tools

Posters

Videos

Anatomical Illustrations

Anatomical Models



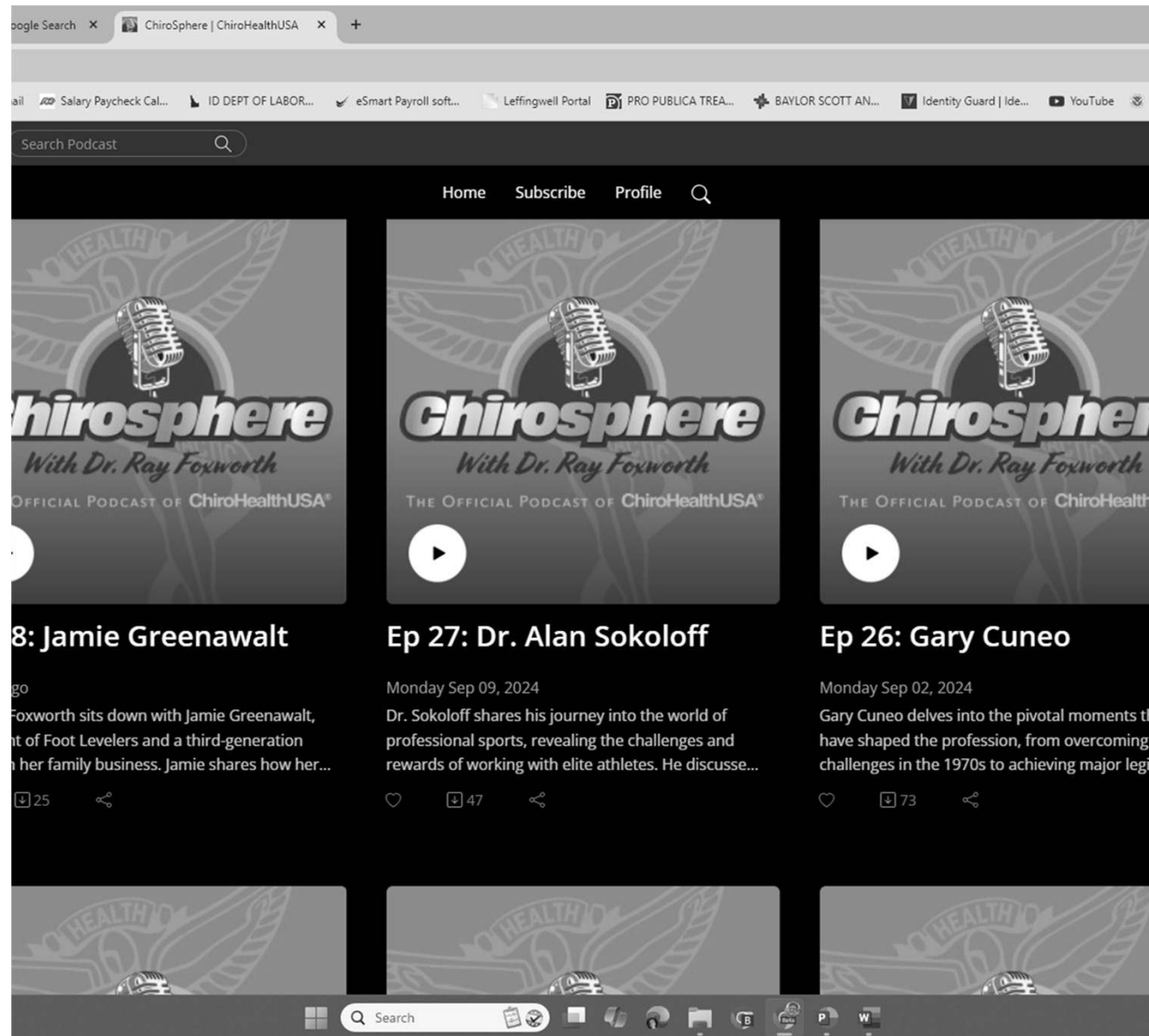
Audible Tools

Slide Shows/Webinars

Videos

Podcasts

(<https://chirotalk.podbean.com/>)



Written Tools

Educational Flyers/Pamphlets

Flyers about your Practice

Website

Social Media

Written Treatment Plans

Written Cost Estimates

ABN's

EOB's/VOB quotes

Statements/Invoices

WHY CHOOSE CHIROPRACTIC?

The human body is designed to be self-healing and self-regulating and does so through the nervous system.

The nervous system regulates every cell, tissue, and organ in your body.

When the nervous system experiences interferences caused by vertebral subluxation, the body can no longer function optimally.

Vertebral subluxations can be caused by physical, mental/emotional, or chemical stressors and are often the root cause of your health concerns.

We focus on detecting and correcting these vertebral subluxations. By restoring optimal function, your body can heal from within, improving your health and experience of life.



CHIROPRACTIC

Your journey to better health begins here

<https://www.etsy.com/listing/1250572337/introduction-to-chiropractic-patient>

KINETIC TOOLS

Models/Objects

Rehab Equipment

NeuroPatholator

Patient Kiosk (for admin communication)



HO Flip Chart



PocketPatholator



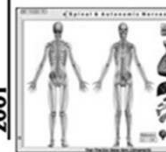
1993

Mini 3



2001

NeuroPatholator Touch Software



Use the Tools Based on Your Patient's Needs

Having a wide variety of communication tools at your disposal allows you to customize your communication and patient education based on your patients' learning tendencies

If you treat, talk to, and educate your patients the same way (based on YOUR preferences), you will miss out on many opportunities to increase patient compliance and retention

HOW TO DETERMINE TYPE OF LEARNER

Have Patient Take a short online quiz
<https://arden.ac.uk/what-type-learner-are-you>

Ask the patient: Do you learn better by seeing, hearing, reading or doing?

Figure out what type of learner YOU are, as you will tend to communicate based on your own learning type. Recognizing that you may be dealing with a different type of learner than you are, will help you make necessary adjustments to your communication methods.



The Art of Talking



VERBAL COMMUNICATION

50-60 Years ago, there were three primary ways to communicate:

- Face-To-Face TALKING
- Non Face-To-Face TALKING (Telephone)
- Writing letters (full words, full sentences)

NOW

- Texting
- Social Media
- Pictures/Photos
- Talking
- Telephone

Why people don't talk to each other

In 2018 (PRE-PANDEMIC), An article was written in Psychology Today called **When Did We Stop Talking to Each Other?** The article discusses the impact Smart Phones have had on modern society.

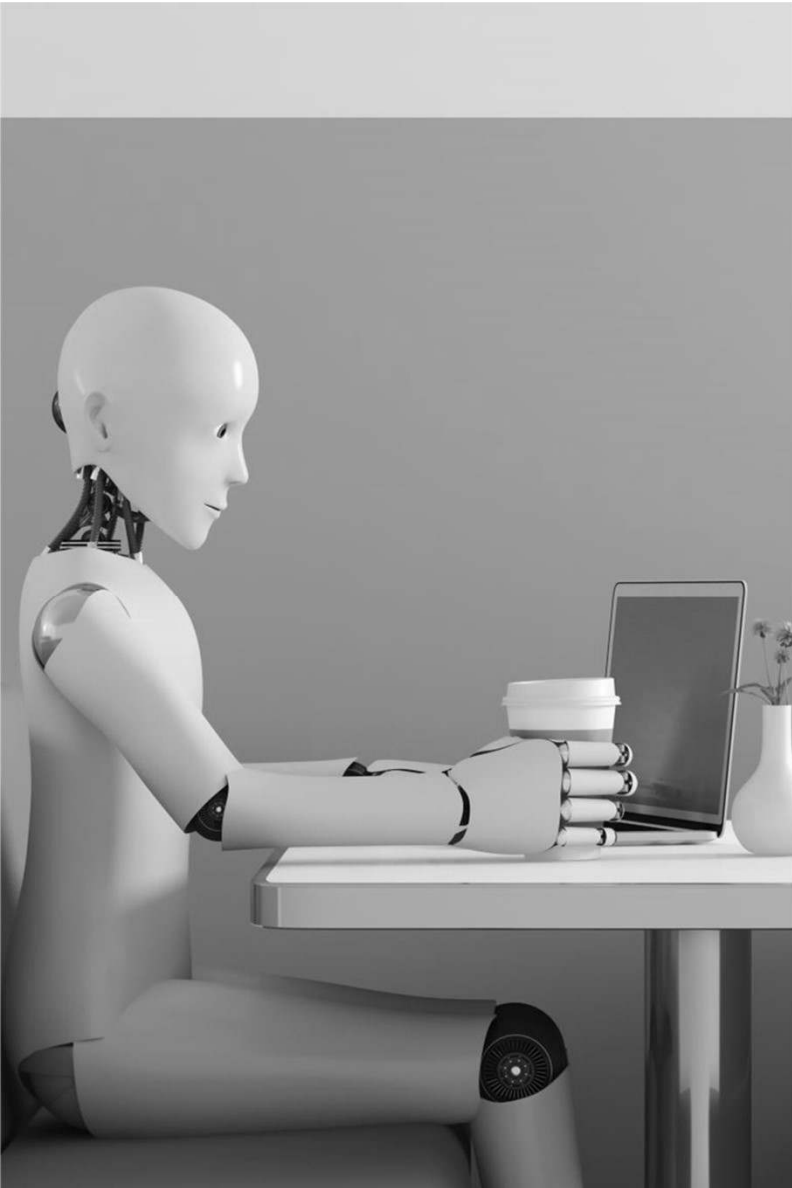
- ❑ Most people check their phone about 150 times a day - or every six minutes. Scarily, about 46% of people say they couldn't live without their smartphones.
- ❑ In a study done by the University of Maryland, one in three people said they'd rather give up sex than give up their smartphones.
- ❑ In the same study, the researchers reported the majority of the participants experienced high levels of distress when left without their smartphone for 24 hours.
- ❑ 61% of people sleep with their phones right next to their bed.

<https://www.psychologytoday.com/us/blog/the-path-to-passionate-happiness/201802/when-did-we-stop-talking-to-each-other>

SMARTPHONE IMPACTS

- ❑ Excessive early childhood screentime can lead to delays in cognitive, social and emotional development.
- ❑ The blue lights emitted from most smartphones and tablets lead to sleep disturbances in all ages
- ❑ The more time you spend on screens the more likely you are to suffer from obesity
- ❑ Being active on social media has a direct link to lack of focus, getting easily distracted, and being unable to filter irrelevant information out.
- ❑ Communicating with smartphones and other technical media creates an inability for individuals to meaningfully connect with each other

<https://www.psychologytoday.com/us/blog/the-path-to-passionate-happiness/201802/when-did-we-stop-talking-to-each-other>



The Generation of Non-Talkers

Technology has created and will continue to raise generations of individuals who never learned the full art of verbal communication

In Business applications, this means that Verbal Communication Skills need to be part of our training programs. We can't assume that someone will be able to, or be comfortable with face to face conversations and interaction.



Key elements of Verbal Communication

How to say what you need to convey

How to express what you need to convey through expressions and body language

How to understand what others are telling you if they are not good communicators

How to read a person's body language for clues as to what they are trying to convey to you

The most important thing in
communication is to hear
what isn't being said.

Verbal Communication Tools

Scripts and Phrases

- People who are not naturally inclined to verbal communication may need to first memorize scripts before they can express themselves independently
- Learning certain phrases to use as opening statements or responses can keep verbal communications on track and positive

Structure

- Structured conversation keeps you on point with what you are trying to communicate

Verbal Communication Training



FIRST IMPRESSIONS

What is the first impression a patient has of your office?

Phone Call

Walk ins

Social Media Page

Website

Recommendation/Referral

FIRST IMPRESSIONS

What do you want to convey in a First Impression?

We Care about you and our patients
We Know What we are doing

THE FOUR
THINGS EVERY
PATIENT WANTS
TO KNOW

WHAT'S WRONG WITH ME?

CAN YOU HELP ME?

HOW LONG WILL IT TAKE?

HOW MUCH WILL IT COST?

A structured conversation will address these points.

DEMONSTRATION OF A “FOUR THING” CONVERSATION

COMMUNICATION BASICS

The customer is always right (even when they're not)

Always speak in the positive

Make eye to eye contact

Maintain friendly demeanor

SMILE on the phone

Keep your energy/enthusiasm at least one level above the person you are conversing with

You know more than they do-and if you don't, don't let them know!

FIGHTING WORDS

NO

WE WON'T

WE CAN'T

YOU CAN'T

YOU DON'T

NOT POSSIBLE

NOT RELEVANT

YOU'RE WRONG

I'M RIGHT



EMPOWERING WORDS

YES

WE WILL

WE CAN

YOU CAN (MAY)

ABSOLUTELY

IT'S POSSIBLE

IT'S IMPORTANT

YOU'RE CORRECT

I UNDERSTAND

THE MYSTERY SHOPPER



Great Training Tool for Front Desk CA



SOMEONE CALLS YOUR OFFICE “PRETENDING” TO BE A PATIENT

Asks common questions

The following slides show actual responses gathered over the years...

Answering the Phone

The Wrong Way

“mumble mumble chiorpractors”

(bored voice)

“docta’s office”

The Right Way

(SMILE!)

**(CLINIC NAME), (YOUR name)
MAY I HELP YOU SCHEDULE AN
APPOINTMENT?**

**(CLINIC NAME), (YOUR name) I can
help you!**

Patient wants an Appointment

The Wrong Way

The Right Way

“Uh- huh”

“Hi Sandra, I can help you!”

**I’m glad you called! Let’s
see what we can find.**

“Okay?”

Placing someone on Hold

The Wrong Way

The Right Way

“Hold”

“May I ask you to hold a moment please”

“Hold on”

“May I place you on a brief hold?”

Is the Patient New or Established?

The Wrong Way

The Right Way

“Have you been in before?”

**When was the last time you saw
the doctor?**

**“Are you an old patient of the
doctors?”**

Responding to a Patient's Question

The Wrong Way

The Right Way

"Yeah"

"Yes"

"Yup"

"Certainly"

"Uh Huh"

"Absolutely"

(indifference, boredom)

"You may"

Getting the Patient's Name

The Wrong Way

The Right Way

“Who is this?”

“May I say/ask who's calling?”

or

**“I'm sorry, I didn't catch your name,
would you please repeat it for me”**

“Who's calling?”

You're not sure what the patient said

The Wrong Way

“What do you want?”

or

“What do you need?”

The Right Way

“Would you Please Repeat that?”

“How can I help you?”

Person wants to speak to the Doctor

The Wrong Way

“I’ll have the doctor call you”
“I’ll tell the doctor to call you”
“The doctor’s busy”

The Right Way

“The doctor is with patients, I can help you!”
“I’ll give the doctor your message”

Doctor Out of Office

The Wrong Way

“The doctor is off today”

“The doctor’s at home”

The Right Way

“The doctor is not available”

**“The doctor will be out of the office
until....”**

Scheduling Appointments (on the phone or face-to-face)

The Wrong Way

“When would you like to come in?”

“Would you like to schedule something now?”

“What would be a good time for you?”

The Right Way

“OK, let’s schedule your appointment. Would you prefer morning/afternoon?”

“I understand Dr Stotts would like to see you tomorrow. Would you prefer....”

Patient wants a specific appointment time that's not available

The Wrong Way

The Right Way

“No, the doctor only sees new patients at 2pm”

“I understand, let's see what we have available....”

“Sorry, he's booked at 4pm”

“I would love to schedule you at 5pm. However, the schedule is full at that time, and I'd hate for you to have to wait. We have a 11:30 opening around lunch or a 4:30. Would either work for today?”

“Well, OK, but this is really not a good time”

“In your dreams!”

Patient who demands a certain type treatment- “I just want an adjustment “

The Wrong Way

“Well, we can’t see you without a complete exam and xrays, you’re going to have to pay for that”

“I’ll make sure the doctor just gives you an adjustment today”

“Who made you the doctor?”

The Right Way

“I understand, and I will certainly let the doctor know your wishes. Would you prefer your appointment today at 10 or 3?”

Cancellations: Patient Feeling Better

The Wrong Way

“OK, well call us if you need us”

“You dummy, don’t you remember what the doctor said about that?”

The Right Way

“I’m so glad you’re feeling better! I know the doctor will be happy to hear this as well. What we need to do is have you come today for your appointment. I will let the doctor know the situation so he/she can adjust your treatment accordingly. It’s important to keep this appointment so the doctor can release you, and you are not releasing against medical advice” (Pt gets re-exam)

PATIENT CANCELLATIONS MUST BE RECORDED IN THEIR CHART TO DOCUMENT NON-COMPLIANCE

Cancellations: Maintenance Patient with no symptoms

The Wrong Way

The Right Way

“OK, Bye!”

“Would you like to reschedule?”

“I’m sick and tired of you cancelling these appointments!”

“Mr. Smith, your spinal health is important to us. Let’s keep this appointment. This way you can let the doctor know how much chiropractic has helped you, and you can discuss changing your frequency of appointments with him/her.

IF THEY ABSOLUTELY REFUSE TO COME IN OR SCHEDULE AN APPOINTMENT LATER: “I understand. If you don’t mind, I’ll place you on our call back list in three months”

PATIENT CANCELLATIONS MUST BE RECORDED IN THEIR CHART TO DOCUMENT NON-COMPLIANCE

Cancellations: Patient Feeling Worse

The Wrong Way

The Right Way

“Uh oh!”

“I’m sorry, call us if you need us”

“Did you take any aspirin?”

“Did you call your doctor?”

“Go to the ER”

“I understand, and I’m sorry to hear you are not feeling well. I know the doctor will want to see you right away. Can you come in immediately?”

PATIENT CANCELLATIONS MUST BE RECORDED IN THEIR CHART

Cancellations: No Money

The Wrong Way

“Well, that’s too bad. If your financial situation changes, call us”

“I understand, Chiropractic is SO expensive!”

The Right Way

“Mrs. Smith, I KNOW the doctor would not want your financial situation to get in the way of your receiving the care you need. Let’s see you today, and we can discuss some financial options that might work for you”.

PATIENT CANCELLATIONS MUST BE RECORDED IN THEIR CHART TO DOCUMENT NON-COMPLIANCE

Cancellations: Patient is too Busy

The Wrong Way

“Well give us a call when your schedule clears”

“So, you’re telling me you’re too busy to take care of your health?”

“Fine....whatever”

“OK, No problem”

The Right Way

“I understand. We will do everything we can to be mindful of your time and keep your time here at the office to a minimum. Let’s have you come in today to discuss your concerns with the doctor”

PATIENT CANCELLATIONS MUST BE RECORDED IN THEIR CHART TO DOCUMENT NON-COMPLIANCE

Cancellations: Last Resort, Patient Absolutely Refuses to Continue Care

The Wrong Way

“I don’t think you’re doing the right thing, but call us if you need us”

“OK, Bye”

The Right Way

“I know the doctor will be very concerned that you are discontinuing care, and he/she may want to call you later. If your symptoms or pain returns, please promise me you’ll call. Our doors are always open to you”

(Put patient on 30 day call list and then 6 month call list)

PATIENT CANCELLATIONS MUST BE RECORDED IN THEIR CHART TO DOCUMENT NON-COMPLIANCE

Reactivations: Patient feels Fine

The Wrong Way

“Well, Ok, call us if you need us”

The Right Way

“That’s GREAT, and that’s what the doctor expected to hear. He/she likes to have us call our patients after 3 months without care, because many times patients will begin to see a return of some symptoms. I’m glad that’s not the case with you, but if you do begin to have problems, please call us. If you wait until you have significant pain, you’re probably waiting too long! We would rather have you take care of problems while they are still small. Our doors are always open to you!”

IRATE PATIENT: Mad about Bill

The Wrong Way

“Well, I don’t know WHAT’S going on, you need to speak with the doctor”

“I wasn’t even here then, so I don’t know what to tell you”

The Right Way

“I would like to help you resolve this. Would you kindly repeat the details, and I will look in to this and call you (or have the billing office call you) in the next 24-48 hours. Would that be OK?”

IRATE PATIENT: Threatens to Sue

The Wrong Way

“I’m sorry the doctor hurt you”

“You’re just trying to get out of paying your bill!”

“Bring it on Buster!”

“Call our lawyer”

“Get in line!”

The Right Way

“I would like to help you resolve this situation. Would you kindly repeat the details. Someone will get back with you in the next 24-48 hours.”

Screening Calls

The Wrong Way

“You wanna give me a message?”

“Is there a message?”

The Right Way

**“May I please have your name and
number and the reason for your
call?”**

Patient Greeting

The Wrong Way

The Right Way

“Hey lady”

“Hi Lisa”

“Hey dude”

“Hello Mrs. Smith”

“Hi”

“Good Morning/Afternoon”

“Sign in and take a seat”

“Hey Girlfriend”

Don't Agree/Can't give them what they Want

The Wrong Way

The Right Way

“That’s not quite right”

“I understand”

“Nooo, I don’t think so”

“I’d love to...however”

“NO”

“Let me see what I can do”

Offering Suggestions/Advice

The Wrong Way

The Right Way

“Well I think you should...”

“You might want to consider...”

“In MY opinion”

**“Let’s have you talk with the doctor,
would you be available today at
??...”**

Multiple Appointment Scheduling

The Wrong Way

**“Here is your treatment plan.
Would you like to schedule your
visits now?”**

The Right Way

**“The doctor has
recommended treatment
of _____. Let’s try to
schedule all your
appointments at the same
time for your convenience.
Would you prefer your
appointments....”**

Collecting Money at the Front Desk

The Wrong Way

“Would you like to make a payment today?”

The Right Way

“Today’s visit is \$60 We accept cash, check or credit/debit card”

If you’d like, we can set up express pay so you don’t have to stop at the front desk each visit

Collecting Money –Forgot Checkbook

The Wrong Way

“Seriously??”

“OK see you next time”

“Who forgets their checkbook!”

“Nobody has checkbooks
anymore”

The Right Way

“No Problem, we accept Cash or
Credit/Debit Card”

“Do you have online banking? We
can get your banking information
and do an electronic draft”

“We take online payments. Do you
have Zelle or Venmo?”

“We have Express Pay Options”

Collecting Money – My Insurance Covers Everything!

The Wrong Way

“You obviously don’t know anything about your insurance plan”

“No that’s not right...”

“Your insurance isn’t that good”

The Right Way

“I understand, but according to the eligibility inquiry we did, your insurance pays a portion of the service. Your cost share according to your insurance plan is \$_____”



In Conclusion.....

Your ability to verbally communicate effectively will have a lasting impact

Effective communication involves not only delivering a message but also resonating with the experiences, values, and emotions of those listening



SOCIAL MEDIA

Social Media has become a very powerful way to find new patients, engage with existing patients, and build your brand and reputation

It's important to understand the do's and don'ts of Social Media Communications

A black and white photograph of a magnifying glass resting on a document. The document features a bar chart with two groups of bars labeled 'Q2' and 'Q3'. The magnifying glass is positioned over the 'Q3' group, making it the focal point of the image.

FEDERAL DATA/PRIVACY LAWS

• **Privacy Act of 1974:** This law protects the privacy of individuals' records in federal government custody. It requires agencies to:

- Safeguard information
- Follow "fair information practices" when handling data
- Limit how they share data with others
- Allow individuals to see their records
- Allow individuals to request corrections

A black and white photograph of a magnifying glass held over a bar chart. The chart has two groups of bars labeled 'Q2' and 'Q3'. The magnifying glass is positioned over the 'Q3' group, making it appear larger and more detailed. The background is a plain white surface.

FEDERAL DATA/PRIVACY LAWS

- **Health Insurance Portability and Accountability Act:** This law protects medical records.
- **Family Educational Rights and Privacy Act:** This law protects educational records.
- **Fair Credit Reporting Act:** This law protects consumer reporting data.
- **Federal Information Security Management Act (FISMA):** This law protects federal data.

FEDERAL ANTI TRUST LAWS

The antitrust laws seek to preserve a free competitive economy and trade in the United States and in commerce with foreign countries. Competitors may not restrain competition among themselves **with reference to the price, the quality or the distribution and outputs of their products**, and they may not act in concert to restrict the competitive capabilities or opportunities of their competitors, their suppliers or their customers.



FEDERAL ANTI TRUST LAWS

What Does that Mean for my Social Media Pages??

- You can't discuss fees as compared to another practice
- You can't bash another practice in your community
- You can't bash insurance companies
- You can't encourage insurance patients to forego their insurance and pay cash

FEDERAL DATA/PRIVACY LAWS

- **COPPA:** This law protects children under 13 years of age. It requires companies to:
 - Post a private policy online
 - Get parental consent before collecting data
 - Allow parents to access, review, or delete their child's data
 - Maintain confidentiality of collected data

Laws Governing Personal Data Usage and Data Privacy – State of Virginia

- **Virginia Consumer Data Protection Act (VCDPA)**

This law gives Virginia residents rights over how businesses handle their data, including the right to access, correct, and delete their personal information. It also requires businesses to conduct data protection assessments and opt-out requests for targeted advertising. The VCDPA went into effect on January 1, 2023.

- **Personal Information Privacy Act**

This law restricts the sale of personal information by merchants and the use of social security numbers.

- **Virginia Telephone Privacy Protection Act**

This law prohibits solicitation calls to people who have previously requested not to receive them.

SOCIAL MEDIA DO'S

Let patients know (in writing) how their information may be used

Inform Patients of their data privacy rights

Get Permission to use their comments, images and testimonials

Honor Unsubscribe Requests

If patient does not want their info published or used, you must remove it

SOCIAL MEDIA ADMINISTRATION

Publish	Publish guidance on what type of content is not permitted
Publish	Publish Federal Anti Trust Statement
Set up	Set up public posts to go into review prior to publishing

BEST PRACTICES FOR SOCIAL MEDIA COMMUNICATIONS

Educate – Use SM as a way to educate patients about Chiropractic

Inform – Use SM to inform patients about the goings on in the practice

- Welcome new Staff
- Awards and Honors
- New services (ie: Decompression, Laser, Massage, etc)
- Special Events (Patient Appreciation Days, Open House)

Advertise

- New Patient specials
- Patient Testimonials

STAY AWAY FROM....

Politics

Religion

Off Color Jokes

Anything that
would violate anti
discrimination laws

Anything that
would violate data
privacy laws/HIPAA

Anything that
would violate Anti
Trust laws



Communication Tools for Effective and Compliant Collections



FEDERAL LAWS THAT REGULATE COLLECTION OF PATIENT BALANCES

- **CMS/HHS:** Medicare/Medicaid Rules on Inducements and Discrimination
 - Prohibition of Discounting Copay/Coinsurance and Deductibles
- **AKS:** Anti Kickback Statute – TOS Discounts/Dual Fee Schedules
- **FCA:** False Claims Act. Falsely collecting for a Government claim on services that have not yet been rendered
- **STARK:** Prohibits referrals to other entities in which the owners share profits
- **NO SURPRISES ACT:** Protects patients from receiving surprise medical bills (OON and CASH PATIENTS)

VIRGINIA LAWS GOVERNING PATIENT COLLECTIONS

- Coupons and copay assistance**

- In 2019, Virginia became the first state to require health insurers to count coupons and copay assistance toward deductibles.

- Comparable health care service incentive**

- This law allows covered persons to receive incentive payments if they can show that they shopped around for a comparable health care service and found a provider that charged less than the average allowed amount.

- Income levels for charges**

- The state publishes income levels annually to determine eligibility for discounts on medical care services.

- Balance billing protection**

- This law protects consumers from being billed by out-of-network providers for certain services, including emergency services, laboratory services, and non-emergency services during a scheduled procedure.

BALANCES ARE BARRIERS

There are many studies that cite that excessive patient balances will contribute to patients either not accepting care or stopping care before their treatment goals are met

Having clear cut policies for patient collections and financial options for paying bills over time are essential to keeping patient balances below the “barrier” threshold

COLLECTION TOOLS

Phone Script for Notification of Cost of First Day's Visit

Written Financial Policy

NSA Disclosure (if applicable)

Good Faith Estimate/Estimated Cost of Care

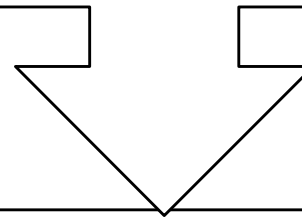
Patient Financing Options

Cash Discount Plans (ie: CHUSA)

E-Pay/Auto Pay Options

AI AND
COMMUNICATION

A RAPIDLY DEVELOPING METHOD FOR
COMMUNICATING WITH PATIENTS IS THE
USE OF AI TECHNOLOGY



AI CAN BE USED IN A NUMBER OF WAYS

ChatBots

AI Attendants/Virtual
Front Desk

PATIENT SATISFACTION SURVEYS

Basically, there are two approaches for evaluating patient satisfaction-qualitative and quantitative.

The quantitative approach provides accurate methods to measure patient satisfaction. Standardized questionnaires (either self-reported or interviewer-administrated or by telephone) have been the most common assessment tool for conducting patient satisfaction studies

The PSQ18 Patient Satisfaction Questionnaire is one of the Industry's most popular standardized tool for Patient Satisfaction Measurement.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910415/>

Patient Satisfaction (PSQ-18)

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. The healthcare professionals in the lipid clinic are good at explaining the reason for medical tests	1	2	3	4	5
2. I think the setting in which I receive my care (virtual/telephone/face to face clinic) has everything needed to provide me the best care	1	2	3	4	5
3. The healthcare I have been receiving is just about perfect	1	2	3	4	5
4. Sometimes the healthcare professionals make me wonder if the diagnosis is correct	1	2	3	4	5
5. I am confident that I can get the healthcare I need without any financial set backs (e.g. travel to clinic, prescription charges etc.)	1	2	3	4	5
6. In clinic, the healthcare professionals are careful to check everything when treating and examining me	1	2	3	4	5
7. I have to pay for more of my medical treatment than I can afford (e.g. prescription charges)	1	2	3	4	5
8. I have easy access to the healthcare professionals I need	1	2	3	4	5
9. Where I get my healthcare, people have to wait too long for emergency treatment	1	2	3	4	5
10. Healthcare providers act too impersonal, business like towards me	1	2	3	4	5
11. My healthcare provider treats me in a very friendly and courteous manner	1	2	3	4	5
12. Those who provide my healthcare sometimes hurry too much when they treat me	1	2	3	4	5
13. Healthcare providers sometimes ignore what I tell them	1	2	3	4	5
14. I have some doubts about the ability of the healthcare providers that treat me	1	2	3	4	5
15. The healthcare providers usually spend plenty of time with me	1	2	3	4	5
16. I have found it hard to get an appointment right away for this clinic	1	2	3	4	5
17. I am dissatisfied with some of the things about the healthcare	1	2	3	4	5
18. I am able to get medical care whenever I need it	1	2	3	4	5

References: [Thayaparan and Mahdi, 2013](#). The Patient Satisfaction Questionnaire Short Form (PSQ-18) as an adaptable, reliable, and validated tool for use in various settings. Med Educ Online 2013, 18 : 21747 - <http://dx.doi.org/10.3402/meo.v18i0.21747>

When Should I
give a Survey?



On Demand



After Completion of Treatment
Plan



Annually



Medical Business Services

"GIVING DOCTORS THE FREEDOM TO BE DOCTORS"

THANK YOU FOR YOUR ATTENDANCE!
QUESTIONS?

CONCERNS?

NEED HANDOUTS?

Call Gold Star Medical Business Services for a **Complimentary Consultation**

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<https://calendly.com/lmaciejewski/consult>

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