

5 Tips for Generating Patient

These lessons from the business world can work in your practice, too.

Manoj Pawar, MD, MMM



Covered in FPM Quiz

I recently attended a conference on diabetes where the presenter stressed the importance of getting patients to check their blood sugars three times per day, in keeping with the latest clinical guidelines. Almost immediately the speaker received a strong objection from one physician in the audience. “We can’t get our patients to check their blood sugars that often,” he protested. “We’re lucky to get them to check once a day!”

In her response, the presenter said that to get patients to change their behavior, whether in the context of smoking cessation or diabetes management, there is an element of “selling” that’s required of the physician. In other words, the physician has to recognize the opportunity for inter-

1. Establish a sense of trust

This is a crucial first step in any patient encounter. In their book *Primal Leadership: Realizing the Power of Emotional Intelligence*, Daniel Goleman and his colleagues outline the importance of trust in conveying a message successfully.¹ He explains that as an event takes place, such as hearing a recommendation or a sales pitch, the amygdala (which produces our “fight-or-flight” response) filters the perceived event and attaches an emotional context to it. If the amygdala perceives the event to be unsafe, either physically or psychologically, then it initiates an appropriate response. This response ultimately interrupts the path of the incoming information so that it does not

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vention, reframe it in a way that makes it meaningful to the patient and generate a sufficient sense of urgency to compel the patient to take action. At the same time, the physician has to maintain a partnership with the patient, based on trust and understanding.

In many ways, this is the same approach taken by great salespeople. Although that comparison may make some physicians uncomfortable, we can find value in examining how other fields have approached similar challenges. What follows are five key lessons from the sales profession that have the potential to strengthen physician-patient relationships, improve patient satisfaction and enhance patient compliance.

reach the prefrontal cortex effectively.

Imagine a pharmaceutical representative presenting information to you in a fashion that makes you feel manipulated. Psychologically, you perceive a threat, which triggers a response from your amygdala. Goleman calls this process an “amygdala hijack.” From this point on, the remainder of the representative’s message becomes irrelevant, as it never engages the prefrontal cortex and the information is not absorbed.

If we are to have any hope of having our message heard and understood by our patients, we need to become skilled at not triggering a state of psychological fear. To do so means we must learn to be perceptive listeners and

Dr. Pawar is a managing partner for Nivek Consulting, which helps teams and individual leaders in health care to enhance their effectiveness and maximize their potential. Conflicts of interest: none reported.

Satisfaction and Compliance

careful observers of small details that give us a glimpse into the lives of patients and enable us to understand their values, goals, challenges and interests over time. Effective salespeople know this tactic, and they gather pieces of important information about their customers. Effective physicians must do the same, using the skills in the next step.

2. Uncover patients' actual needs

Perhaps the most critical skill in uncovering the needs of a client or patient is the skill of inquiry. Central to good dialogue, inquiry involves asking questions with a spirit of curiosity and with a goal of trying to understand how others perceive the world around them. Great salespeople probe to meet customer expectations and to see how they can be of assistance in the future. In essence, they establish themselves as trusted partners and lay the foundation for future business, even if they may not be of immediate assistance.

At first glance, the way to uncover

patients' needs may seem straightforward: Simply ask an open-ended question such as, "What brings you in today?" But there is more to it than that.

Many cases of patient dissatisfaction can be traced to an inadequate discovery of patient needs. For example, I recently saw a patient who indicated, when I asked, that she had come to get her iron levels checked. Given the hectic nature of the day, I was tempted to draw the lab tests and call it a day. Suspecting that this would not have met her needs, I responded with interest: "It sounds like this is worrying you. What brings you to want to get these levels checked?"

As the conversation unfolded, she proceeded to tell me that she had resolved to improve her health by losing weight. Her plan included eating right and exercising, but she said that she lacked the energy to exercise. She had done some preliminary research that had led her to think about her iron levels. As a result of our conversation, we were able to enhance her trust, gain insight into her goals and identify other areas where our office's clinical services could be helpful. By taking the time to probe a bit deeper, we created the foundation for a stronger long-term physician-patient relationship.

I use this approach often, especially with new patients or with those who come for annual physical exams. Asking patients to describe how they see themselves in five years and how I can help them attain their

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Physicians who struggle with patient compliance should consider trying a "sales" approach during patient visits.



Selling a treatment plan to a patient involves converting a sense of apathy to a sense of urgency.



Before a patient will buy into your plan, you must create a partnership with your patients based on trust and understanding.

KEY POINTS

- Physicians can find ways to improve the doctor-patient relationship by examining what works in other fields, such as sales.
- When patients trust their physician, they are more likely to adhere to treatment plans and follow advice.
- Effective listening and inquiry will help you uncover patients' real needs and goals.



To gain your patients' trust, show interest in their values and goals.



Be a good listener and refrain from dominating the conversation during visits.



If you force patients to accept a treatment plan before they are ready, they will be less likely to trust your advice and comply with the plan.



Just as successful salespeople always follow up with their clients, physicians should call or e-mail patients after a visit to find out how they are doing.

goals is a good starting point. Physical exams become “game plans” for meeting needs over time, and they allow us to pace our progress.

3. Think dialogue, not monologue

Just as physicians dislike salespeople who seem to dominate the interaction, patients dislike us when we do the same. The days of patients accepting prescriptive and paternalistic advice from their physician are nearing their end. Leave the didactic monologues behind.

Instead, ask questions, explore values and make a connection with every patient.

minutes of walking three times per week. In our practice, we would then ask, “Does this approach sound OK to you?” to confirm a commitment or invite negotiation.

5. Always follow up

Effective salespeople always follow up with their customers on prior sales to determine whether they were satisfied with their solutions. They also follow up just to say hi, which demonstrates that the customer is important to them.

Physicians should do the same. I also ask patients to follow up with me by phone

Rather than hearing patients' complaints and immediately responding with a solution, dig deeper.

Rather than hearing patients' complaints and immediately responding with a solution, dig deeper. Find out how their problems affect their day-to-day lives, or how they have approached the problem and what their results have been. Support their internal knowledge, and recognize that they often do know their own bodies. Only after they have finished speaking should you address other options. Ask patients how these other options sound in the context of their overall goals.

4. Don't force “the close”

“The close” is a sales term that describes the phase of the interaction during which the salesperson obtains a commitment from the customer to close the deal and proceed to the next step. The timing of this step, however, is critical for success. You can't get people to “sign on the dotted line” before they are ready. If you push it too soon, you'll instill a sense of mistrust and even anger.

How do you know if a patient is ready? One technique is called a “test close.” For example, if a patient with uncontrolled diabetes says he's too busy to exercise, try saying: “It sounds like time has been your biggest concern when it comes to exercising. If we could find an exercise plan that doesn't take a lot of time, would you be willing to move forward?”

If the proposal is acceptable to the patient, then you can move to the “close.” In this example, it may be prescribing just 15

or e-mail in a week to update me on how our plan is working, or, even better, I ask permission to contact them within the same time frame. If you don't have time to follow up yourself, have your staff call patients after their visits to ask how things are going, whether their goals are progressing and whether they would like to make another appointment to see you. Patients appreciate when our office staff is able to support them as they work toward their goals. Your office can also show patients they are important by sending birthday cards, e-mailing health tips and pursuing other avenues of contact. These build commitment and place minimal burden on your staff.

Happier, healthier patients

Developing strong patient relationships with high levels of satisfaction is challenging, but it is a realistic goal. These lessons can provide fresh insight into our approach with patients and can lead to a greater understanding of patients' needs and increased levels of compliance. The trust that evolves will create a foundation we can build on for years to come. 

Send comments to fpmedit@aafp.org.

1. Goleman D, McKee A, Boyatzis RE. *Primal Leadership: Realizing the Power of Emotional Intelligence*. Boston: Harvard Business School Press; 2002.