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## BOOSTING COLLECTIONS -- A GROUP EFFORT

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Anesthesiologists, as do most physicians, sell services only. In fact, anesthesiologists deliver among the most ephemeral, and most unperceivable, of all medical services, so much so that many patients don't even realize you were there. Some anesthesiologists might find this a blessing, but for purposes of cash flow, it's a curse.

The problem, of course, is that it's much harder to collect self-pays, deductibles and co-payments from someone who doesn't know you, doesn't know what you did, doesn't appreciate the significance of the service you provided, and didn't expect to receive a bill.

Most anesthesiologists and their billing and collection personnel, whether in house or outsourced, either aren't cognizant of this problem or don't do anything to address it. Rather, they focus on patient collections solely from an after the fact perspective, though the normal process of sending out bills and engaging in the usual process of attempting collection.

What's required is a simple, additional perspective on patient collections: What actions can an anesthesia group take prior to rendering medical care that might have a positive impact on collections? In fact, anesthesia groups can improve both the likelihood and the speed of patient collections through a coordinated process of pre- and post-service contacts and deliverables.

Although, as I state above, anesthesiologists deliver among the most ephemeral of medical services, it is not the most ephemeral. Anesthesiologists have an opportunity for pre-service contact unlike the average radiologist and unlike all pathologists. You simply need to use that opportunity to your advantage.

### Branding

By "branding," I don't mean creating cute logos. Instead, what I'm suggesting is that you take action to develop awareness of the role that your group's anesthesiologists play in patient care. You increase the likelihood of collection when patients are aware of what you do -- and of what you did *for them*.

There are many ways to foster this awareness. Anesthesia groups in smaller communities have the ability to engage in community-wide activities. But all groups can take advantage of tactics such as having literature available in, and distributed by, the offices of referring surgeons, using the hospital admissions process to disseminate patient education materials, and directing patients to the group's patient-friendly website.

These efforts tie into the larger concept of branding as the creation of favorable perception of the group, not just from the patient perspective, but from the perspective of the hospital and referral physicians, too. The benefits of branding efforts go well beyond improved patient collections; they are an important element of the overall process for contract negotiation strategy that I refer to as the Contracting Continuum™.

### Pre-Op Contact

Viewed from the perspective of increasing collections, seeing a patient for a pre-op consult isn't simply for medical reasons, it's a prime opportunity for some pre-collection "face time."

Actually introducing yourself to the patient, in a friendly manner, puts your role as a care giver, who will bill for your professional services, into context. It greatly increases the odds that upon

receiving a bill for your services, the patient will quickly remember who you are, what you did, and why he or she should pay. Spending a few minutes of constructive time with each patient has the added benefit of perhaps serving to reduce the likelihood of a malpractice claim – it's more difficult to sue someone you've met than someone whose face was hidden behind a mask and whose only communication was an instruction to count backwards.

### Deliverables

Have you actually read the forms that your anesthesia group distributes to its prospective patients? I'm sure that your informed consent and HIPAA notices are easy and fun reading, right?

Although you can't dispense with the need to make legally mandated disclosures and to obtain consents, anesthesiologists have a tremendous opportunity to prime the pump for collections through the use of favorable literature that informs patients of who you are, what you do, and why they should be delighted to have made your acquaintance. You can also use this opportunity to provide information on the managed care and insurance plans in which your group participates, as well as general anesthesia education materials such as checklists in connection with the pre-op visit and information on awareness under anesthesia.

Although an anesthesia group can implement these efforts on its own, obtaining hospital cooperation increases the system's efficiency and lowers the cost to the group. With hospital cooperation, your materials can be delivered as a part of the patient registration process.

Anesthesia groups that focus on their future negotiate for this cooperation, whether in the context of their exclusive contract or otherwise.

### Post-op Deliverables

The first thing that you deliver to a patient by mail following surgery shouldn't be a bill. It should be something that demonstrates your caring and reminds the patient of the service that you provided.

This can be anything from a follow up in respect of their questions re recovery from anesthesia to information on your group and its community activities. What this material consists of is not as important as the fact that it is not the bill.

### Conclusion

It's relatively easy to carry out a plan of better branding and communication that will result in a better relationship with patients who are educated as to your role in their care. It's highly likely that improved collections will result.

Planned correctly, these efforts have other benefits as well, from reducing the incidence of nuisance type malpractice claims to fitting in as a component of your overall efforts to demonstrate your added value to the hospitals and surgeons you serve.

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