

Successful Change Management:

How to Master the

Move to Mixed Billing



HOSTED BY **Riwka Hagen**Medical Business Services

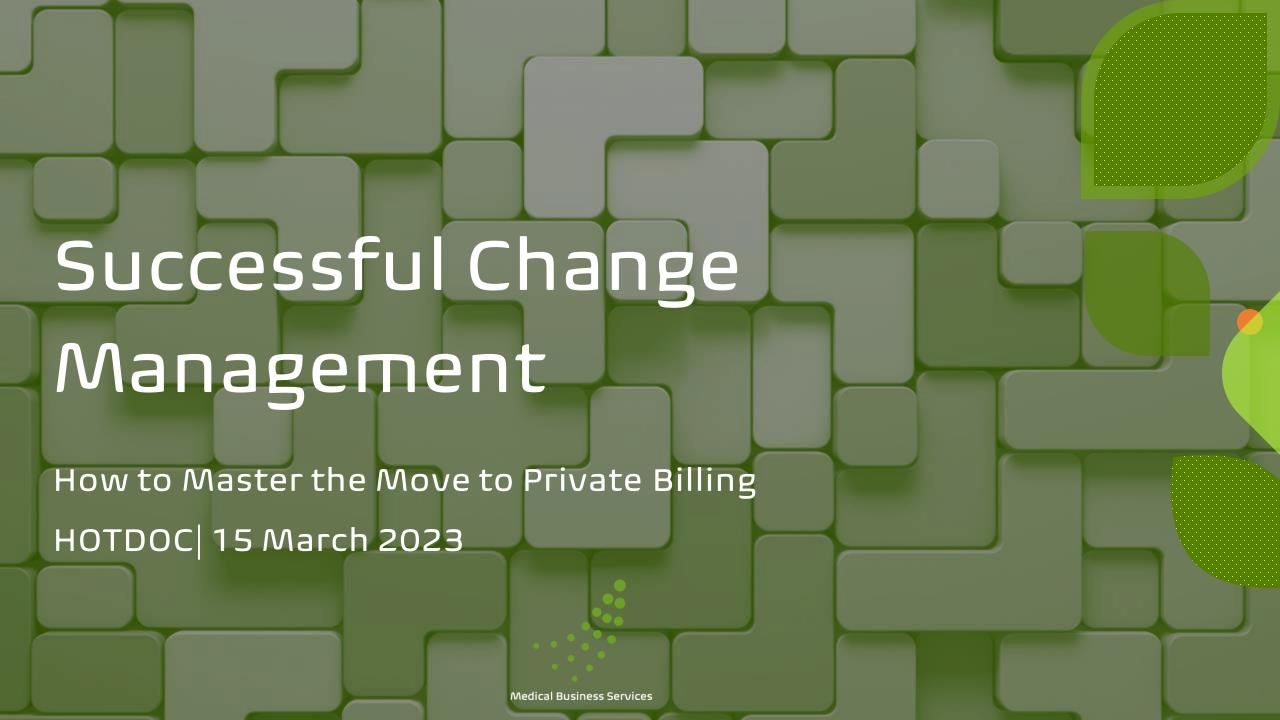


Wed 15 March 12:30pm AEDT



In the spirit of reconciliation, HotDoc acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



Session Outline

- 1. What & Why | Developing clarity
- 2. Foundations for success
- 3. Preparing for private billing
- 4. Communicating change to your patients
- 5. Implementing private billing
- 6. Reviewing your systems
- 7. Responding to complaints
- 8. Case study examples



What is your #1 pain point? ...in moving to private billing?

What & Why



Team meetings & input



Practitioner choice



уоиг compelling



Develop

story



Training (Drs & staff)

Confidence





Foundations for success

- Practice culture
- Customer service excellence
- Systems & processes
- Physical environment & patient experience



Preparation activities

Billing system

Financial control systems

Appointment (times?)

EftPOS | Medicare processing

Budget planning | managing patient transfers

Check functionality

Dry runs



Communicating with patients

- Signage
 - Waiting room
 - Brochures | Reception & consulting rooms
 - Website
 - Social media
- Tell the compelling story!
- Appointment systems
 - Telephone
 - Online



Telephone scribe

Please be aware that Dr Jones now privately charges. A standard consultation fee of \$XX applies, for which you will receive a Medicare rebate of \$XX. The difference is the gap fee of \$XX. Are you happy to proceed with booking this appointment?

We accept XXX as methods of payment of your account on the day of service

Please ensure you bring an EftPOS card linked to a savings or cheque account for your instant Medicare rebate.



Implementing private billing

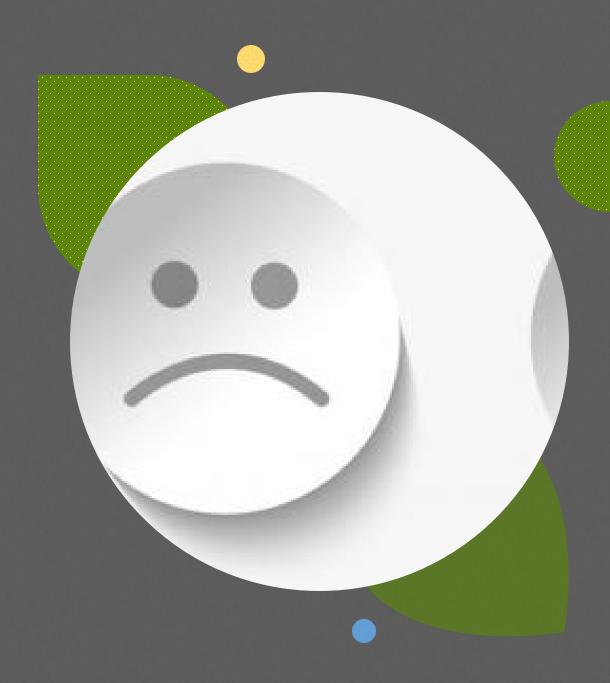
- Annotate appointments for consent
- Flexibility in early days
- Consistency of approach
- Ensuring patients return to reception
- Feedbackfrom staff
- PDSA!





Responding to Complaints

- 'Zero Tolerance' to abuse
- Generous but firm
- Process mapping & scenario planning
- Private space & allocated staff to manage on the day
- What if?
- Template letters
 - We are sorry to see you go
 - We have reviewed your request | amendment | conditions



Responding to Complaints

- Support from practitioners = essential!
- 'Practice Policy'
- Explanatory information to give to patients
 - Medicare stagnation
 - Rising costs
 - Medicare as the PATIENTS' insurer (not the practice funder)



Case Studies

- 1. Start with procedure fees
- Different doctors, different fees
- 3. Concession patients last



Q&A

Key take-away message?

What will you do next?

