

Economic Advisory

Responding to a complaint regarding professional fees

Preamble

This advisory may assist members who have received a complaint regarding the fees for their service. It should be taken as a guideline only. Each situation is unique, and if any uncertainty remains, members should seek the advice of the ASA.

The ASA acknowledges that written informed financial consent (IFC) obtained in advance of a patient's admission is not always possible. However, the closer this ideal is approached, the less likely a complaint becomes. Members should always be prepared to audit their approach, to ensure they follow best possible IFC practice.

Why patients complain about fees

Patients may make a complaint for a number of reasons. It is stating the obvious to say that they complain because they are unhappy and yet it is true. After a dissatisfactory experience, the easiest thing to complain about is being charged for an unpleasant episode. Other areas likely to attract complaints are:

- An unexpected fee
- A fee which was higher than expected
- The service was not considered to be worth the fee charged (eg. in the case of a complication)
- Where the service provided does not equate with the service billed

This list is by no means exhaustive. Members should remember that in the vast majority of situations people make a complaint because they genuinely feel aggrieved. Very few people complain merely to cause trouble.

Responding to a complaint

Every patient and every complaint is different, so the best approach may differ from the following.

1. Acknowledge the complaint

If a patient receives a response to their complaint they will see this as a sign that their complaint has at least been acknowledged. A complaint should never be ignored.

It is important that after acknowledging the complaint, you provide the patient with your contact details and a clear time frame as to your plan of action.

2. Try to resolve the complaint directly with the patient

Whenever possible try to talk to the patient directly, as written patient complaints may be unclear or misinterpreted. Talking to the patient may give you a better understanding of their point of view.

Talking to the patient could immediately resolve the issue. If so, advise that you will confirm the verbal resolution in writing.

3. Be aware of possible differences of opinion

There may be differences of opinion between the patient and the anaesthetist due to:

- The patient having been in with a vulnerable situation, and not recalling information precisely.
- The anaesthetist assuming the information they have given is clear, when the patient may not have actually understood.
- Differences between individual anaesthetists' fees for the same service.
- The patient receiving ambiguous / misleading information from their Health Fund regarding the anticipated rebates or fees.

Again it must be emphasised that written fee information provided in as timely a manner as possible could potentially remove all such sources of conflict.

4. Reassure the complainant

People may worry that there will be negative consequences for making a complaint. It is important to reassure the person that this is not the case; that the complaint will not affect their treatment, and that the matter will be kept strictly confidential.

5. Have a complaint handling mechanism in place

Responding to a complaint is easier when you have a system in place. The system should use practical mechanisms by which complaints are welcomed, received investigated and resolved.

This will help to address and respond to complaints more efficiently and effectively. Communication should be your starting point. Ensure that the first point of contact (often rooms or a billing service) notifies you as soon as a complaint is made, ideally in writing.

6. Who should deal with the complaint

As noted in Point 2, ideally this should be the anaesthetist about whom the complaint was made. The ASA is always ready to assist members should they feel they need advice or reassurance prior to contacting the patient.

7. What should you do if you are not able to satisfy the complainant

If you are not able to reach a satisfactory outcome with the complainant you need to review the situation and make a commercial decision on further action to recover an outstanding debt. Discuss your recovery strategy with colleagues or call the ASA for advice. Also use this situation to review your current IFC and billing practices to assess how a similar situation could be avoided in the future.

General Complaint Response Principles

Timeliness

Respond to complaints as soon as possible, even if only to acknowledge the complaint and commit to a certain timeframe. Also commit to keeping the patient informed of any progress.

Address all aspects of the complaint

When responding to a complaint it is important that you provide a full response to all issues raised, so the patient can see that the complaint has been taken seriously.

The response should include an explanation of the resolution process and acknowledgment of all areas of disagreement or differences of opinion.

Closing the case

When the issue has been resolved a letter or email should be written to the complainant outlining:

- The reason for the complaint
- What actions have been taken
- An expression of regret for any distress caused

After the letter or email has been sent, and all issues have been resolved, the case can be closed.

Resolution may include:

- 1) In the early stages:
 - Discounting the fee
 - Offering an instalment plan
 - Extending the due date of the account
- 2) In the later stages:
 - Debt collection
 - Legal action
 - Writing off the account

Guidelines for complaints made against or via practice staff members

Listen to your staff member's point of view but be aware that there is a potential conflict of interest, and you may be tempted to take your staff member's side. An angry patient may have caused stress to your staff member, but the patient's point of view may still be valid. Help the staff member to acknowledge and understand the patient's point of view.

As a rule, encourage staff members not to engage the patient in any debate, but rather to act simply as a carrier of information between the patient and the anaesthetist. Remember that the responsibility for the handling of the complaint remains with the doctor and not his/her staff.

Remind staff that the patient's name and personal details must remain confidential.

Guidelines for a written response to a complaint

As stated, you should always try to talk directly with the patient. However when this is not feasible a written response is appropriate.

A written response should include:

- Acknowledgement that the complaint has been received.
- The actions taken to investigate the complaint.
- An offer to discuss the plan of action at a time that is convenient to both parties.

In Summary:

What should be done when responding to a complaint?

When responding to a complaint you should remember to:

- Act promptly
- Express regret for any misunderstanding
- Commit to an action plan, and to keeping the patient updated
- Reassure the patient that the information will remain confidential
- Document any correspondence, be it written , electronic or verbal
- Consider the person's cultural background and use an interpreter (if necessary)

What should not be done when responding to a complaint?

When responding to a complaint you should not:

- Be dismissive or defensive
- Leave the matter solely to staff
- Release information to outside parties
- Hasten to debt collection and legal action

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