Medical Insurance Mayhem:  
One Woman’s Struggle for Information

Rachael Bish*  
*University of Waikato, New Zealand

Abstract

A customer makes an appointment to see her local General Practitioner (GP) regarding the likelihood of a hereditary illness. As part of this process, the customer is required to return the following day for a blood test and then on a third occasion for a scan. After not hearing back from anyone regarding the results of the blood test, the customer is spoken to rudely by a nurse when she attempts to find out the results days later. The customer was advised by the clinic that carried out the scan that the full cost will be covered by her health insurance policy, only to find out after the scan took place that it is not. How should the clinic have handled this situation in terms of the information provided to the customer? How will this experience with the medical staff affect the relationship the customer has with her local health provider?

Key words: customer service experience; negative word of mouth; customer relationship management; the importance of first impressions; negative experience; brand equity

The Story

I made an appointment at the *QPO Medical centre on a Monday following recent news that a family member had been diagnosed with a hereditary illness. Prior to this news, I had been experiencing symptoms that my previous GP was not able to link to a condition. The news therefore raised concern that this illness might just provide the answer.

The GP I saw at the QPO Medical centre demonstrated compassion and knowledge about the potential illness and provided me with the information necessary for me to feel that I would be able to manage it, whatever the outcome. Under her instruction I was suggested to undertake a blood test and contact *QPO Imaging (the radiography department of the clinic) to make an appointment for a
scan. She asked whether I had medical insurance and advised me that it would be wise to seek confirmation from my health insurance provider to ensure that the cost of the scan would be covered. I left the medical centre later in the afternoon, called QPO Imaging to book an appointment for a scan, and returned to the GP the following day for a blood test.

The blood test was conducted by a nurse who appeared to be in her late 50s, and who treated me with unnecessary force. Her efforts to get me in and out in a hurry caused physical bruising, and her failure to wear medical gloves raised my concern for the clinic’s health and safety standards. She assured me that my results would be in by Wednesday and that she would make contact with me once they had arrived.

By late afternoon Wednesday I had not heard back regarding the blood test, and so I phoned and left a message with my name and number, asking someone to return my call. On Thursday I received a call from the nurse in the morning. She told me that the results were still not in. She then continued to tell me in a patronising tone, “next time you phone you need to leave your FULL name, and don’t speak so fast when you’re saying your phone number; I had to go back and listen to the message ten times just to get it.” I was so shocked that all I managed to say was, “Oh, I’m sorry”, before ending the conversation.

On Friday I arrived at QPO Imaging for my scan. The receptionist requested my health insurance provider client number. When I asked about the process of paying for the appointment, she responded, “We just send your details off to your health insurance provider and they take care of the rest from there.”

That afternoon the receptionist at QPO Imaging called. “Unfortunately the cost of your scan has not been approved by your health insurance provider”, she said, proceeding to advise me that I would now be liable for the full cost of the scan. According to the receptionist, approval is only granted by the health insurance provider when the patient is experiencing symptoms of the illness and not just concerned about it simply being hereditary.

I was immediately concerned about how I was going to find the money to pay for the test and visit. Having believed that it would all be taken care of, I became irritated at the thought that no one had mentioned otherwise. I wanted to make sure I understood what had happened, and so I called my health insurance provider and proceeded to tell the representative that I was indeed experiencing symptoms prior to making an appointment with the GP and discussed this with her at the time of the appointment. The representative said, “That’s fine, all we need is for your GP to send us a report of your initial appointment outlining your symptoms, and then the fee will be covered.” Already unsettled about the amount of time I had spent on this issue, I expressed my concerns about having to make an appointment with the GP for a second time, just for them to send the report to my insurance provider. Instantly, the representative assured me, “you don’t need to go back for another appointment, the GP just needs to forward the report through to us.”

Much to my frustration, QPO Medical centre insisted I come back to see the GP for a second time. By this point I was done with disagreeing and reluctantly
booked a time. Just as I was ending the conversation and ready to hang up the phone, the receptionist at QPO Medical interrupted, “Oh, and we have some results from the blood test here if you would like them?” She proceeded to tell me that the results came back clear. Out of curiosity, I asked, “When did the results come in?” “Wednesday,” she said.

Possible Solutions

Select (circle) one of the following alternative solutions:

A. QPO Medical/Imaging should, in the future, seek confirmation that patients are covered by medical insurance of some kind before being seen by a specialist.
B. QPO Medical/Imaging should write a formal apology to the customer to cover the manner in which a staff member spoke to the customer and the way in which the case was handled.
C. QPO Medical should reimburse the patient $17.50, the cost of the initial appointment, and acknowledge the poor manner in which the case was handled via a formal apology.
D. QPO Medical should offer follow-up appointments at a discounted rate for its patients.
E. QPO Medical/Imaging should encourage the customer to provide a written statement as a complaint.

Surface Assessment

The customer was in contact with three different people from the medical centre, with two out of those three encounters being negative. It is in the medical centre’s best interests to provide the customer with an outcome that focuses on maintaining the relationship with that customer in the future and mitigating the risk that the customer may make public the negative experiences of the clinic, ultimately hurting its reputation as a healthcare provider. Solution 3 is the best solution for the scenario. This provides the customer with both compensation and recognition that the medical centre acknowledges its faults, in the hope that the patient will continue to be a customer of the health practice. This results in the practice not suffering a loss of future profit.

Deep Assessment

When going to see a local healthcare provider, one expects a clean and safe environment where privacy is of utmost importance and the staff are knowledgeable people who care for your health and well-being. When any of these standards is not upheld, a customer’s experience can be affected by negative undertones, leaving an unsatisfied feeling with the service that has been provided. Although healthcare facilities do not sell a product in the concrete sense, according to Tongue (2008),
making people feel special and valued is the “product” of the nurse and what creates a unique selling point.

In this story there is an expectation gap that leads to dissonance between the practice staff and the customer. This issue indicates a lack of professionalism and care for the patient’s well-being, which should be the ultimate goal of any healthcare provider. As indicated, it is the patient’s first visit to the practice, and therefore it should be in the interest of the medical centre to provide a quality first impression. Weinberg et al. (2004) illustrate that impression formation is determined by the overall weight of the importance placed on a given situation. This story illustrates an important event in the patient’s life where emotions are high, and therefore disappointment can lead to a greater sense of loss or let-down.

By reimbursing the cost of the initial appointment, suggested in Solution 3, the centre is forfeiting a one-off fee of $17.50 for an enrolled patient. Accompanied by a letter acknowledging its faults, this is a small price to pay for keeping a customer. This solution provides the most benefit versus its cost.

The second best is Solution 2, which provides the customer with closure, but does not make the customer feel valued, whereby a continued relationship is considered important. According to Megehee (1994), the greater one’s satisfaction is with a purchase outcome, the more likely a person will return as a customer. To achieve satisfaction, compensation is the key and not just recognition. In this instance it is not just money, but time that is lost, which therefore requires a higher level of damage reconstruction.

Solution 4 has been awarded 0 points, simply because the option is not financially viable for the practice to offer to all its customers, especially when all complaint cases vary. The medical centre is considered a low-cost access-funded practice already, and so lowering costs again is not a smart option.

Ligas & Coulter (2000) claim that in highly relational services, such as visiting a GP, a great deal of importance is placed on the social aspect of the interaction, and therefore such services tend to be more hedonic in nature. Naturally, in these types of situations, it may be harder for a customer to “walk out” of a relationship. However, in this specific case a relationship has not had time to develop, and therefore it would not be difficult for the customer to end the relationship.

**Evaluation of Solutions**

A. QPO Medical/Imaging should in the future seek confirmation that patients are covered by medical insurance of some kind before being seen by a specialist.

**0 points:** It is part of the responsibility of a healthcare provider to provide patients with the information they need at the time of the visit; and the insurance healthcare system is put in place and should be explained correctly to avoid misconceptions. This is not an added benefit, but rather a service requirement.

B. QPO Medical/Imaging should write a formal apology to the customer to cover the manner in which a staff member spoke to the customer and the way in which the case was handled.
3 points: This assures the customer that the medical centre is diligent in acknowledging the poor practices and performance of its staff; however, this does not compensate the customer for any wasted time.

C. QPO Medical should reimburse the patient $17.50, the full cost of the initial appointment, and acknowledge the poor manner in which the case was handled via a formal apology.

5 points: Reimbursement can provide compensation for the unnecessary time that has been spent by the patient trying to obtain information that should have been made available by their healthcare provider. Numerous phone calls had to be made by the patient and consecutive visits arranged, which would not have been necessary if the correct information had been provided in the first place. The manner in which the patient was spoken to is unacceptable, especially when dealing with a potentially serious healthcare issue. Recognition of this may benefit the current relationship the patient has with the clinic. Compensation will make the patient feel valued.

D. QPO Medical should offer follow-up appointments at a discounted rate for its patients.

0 points: Although this remedy may benefit a number of people, it is not financially viable to the medical centre as many health cases are treated differently and routinely require follow-up appointments. Offering this to all customers would mean a significant loss in revenue. It also does not provide an apology to the customer.

E. QPO Medical/Imaging should encourage the customer to provide a written statement as a complaint.

2 points: This offers the customers the opportunity to express their concerns about the nature of the service they were provided by the staff at the practice, although it does not provide them with any form of conclusion, and there is no evidence that the feedback will be used.

Editorial Commentary

I want to firstly, much like the author, focus on the inter-personal aspects of this case. Most people have experienced something similar. There is often sheer frustration of accessing information that is all about oneself, such as blood test results, transcripts of one’s performance in examinations, and scans and x-rays of one’s own body. Having paid for the service and being a fully grown adult, why is this information not passed directly to the person concerned? Have we been protected so much that we cannot deal with our own information, or are we seen as immature, unsophisticated, or ill-informed? What other conclusion could customers derive from being treated as if their private information (which they have paid for to be collected and analysed) is someone else’s property or proprietary information? In this case, I suggest that some acknowledgement of the “right to information” and the “right to autonomous decisions” of patients would go a long way toward solving some of the problems highlighted here (and in other service disasters).

A second point in need of highlighting, with regard to relationships, is that dealing with highly emotional customers over a prolonged period of time may
desensitize service providers to the tremendous stress and anxiety that “fear of the unknown” or “worst case anticipation” may have on customers. In times when students await exam results; when parents await news about their children’s welfare in war-torn areas or natural disasters; and when patients await long-feared results, they all have one thing in common; there arises a heightened emotional state or a level of anxiety and distress that makes them more sensitive to HOW they are treated and to WHAT is being communicated. Thus, service staff need to be trained in building rapport and trusting relationships, listening with genuine care and empathy, and responding with resonance and sensitivity. As indicated by the author of this case, relationships are important. Being able to interpret verbal and non-verbal signals is an important competency. Unfortunately, even for trained or naturally talented employees, resilience and the ability to maintain high levels of empathy and resonance are often undermined by overly long exposure to aggressive, distressed individuals, resulting in a lower tolerance of what they begin to see as unreasonably demanding customers. In other high-stress vocations such as air traffic control, emergency services, and psychology, employees are given mental health breaks and offered rotational shifts in order to refresh, recuperate, and renew; this allows them to return to their tasks with the willingness and mental reserves needed to deal with tough situations and demanding customers. It is time that we supplement customer care training with staff rotation and mental health breaks to ensure the well-being of both staff and customers.

I am well aware that every industry has its fair share of over-demanding customers who want more time, attention, and service than can be fairly expected for a reasonable fee. Research into service recovery (after things have gone wrong) indicates that most customers are reasonable and would be quite accepting of as little as a verbal or written apology from their provider. This low-cost solution will go a long way toward maintaining or building the relationship in the future. Research also notes that customers who have experienced some form of displeasure or unhappiness are more likely to be loyal and act as brand evangelists when their issues are resolved to their satisfaction versus those who never had a bad experience in the first place. Even a quick and very sincere verbal apology is worth its weight in gold given the circumstances.

References
