



MEDirect

It just makes sense!

TEN THINGS YOUR BROKER DOESN'T WANT YOU TO KNOW

If you're considering how you'll deliver medicolegal assessments through 2021, take a moment to read these scenarios. Each one describes an actual scenario experienced by other Medicolegal Experts and provides some questions you may want to ask of your broker.

We've worked for big medicolegal providers and have seen these first-hand.

And this is why MEDirect was created.

1. Do you know how much your reports are really being billed out at?

It's amazing how many medical experts don't know the final invoiced fee for their report, yet their remuneration is calculated on it. Are you being paid what you're due?

Consider this:

“Doctor A was working for his broker under an agreed 60%/40% commission split. After completing an assessment, he received his remuneration commensurate with the gazetted fee of \$1,621 for a NSW Complex Report. He later discovered that his report had actually been used for a work injury damages case where non-gazetted fees apply. The medicolegal broker had invoiced the referrer close to \$4000 for the report, but only passed on 60% of the gazetted fee of \$1621, pocketing the extra \$2400 themselves.”

Is it any wonder this broker never shows you their final invoice!

Do you know what your reports are being charged out at? Are you receiving your agreed portion?

Be sure.

Ask your broker to provide a copy of the invoice with your remittance advice.



MEDirect

It just makes sense!

2. Whose clients are they?

We've heard it said "You're only as good as your last performance". The same is true of your medicolegal reports, because it's *your* expert medical opinion the referrer is seeking, not the broker's. And if you fail to deliver a good report, the referrer will be unlikely to book you again.

The truth is that referrers follow you, not the medicolegal broker. Referrers simply don't care *how* they book you - they only care that they can book you.

So, if a broker infers that a referrer "belongs to them", it's simply not true. In the same way that many medicolegal experts receive work from many medicolegal brokers, referrers too book their medical experts in any number of ways - directly, or through a multitude of brokers.

Consider this:

*"**Doctor B** believed that she was contractually obliged to be "exclusive" to her broker and was not able to receive medicolegal referrals from anywhere else. When she asked to see her agreement, she discovered there was, in fact, no such exclusivity clause. She was free to accept referrals however she chose."*

If a broker says you are "exclusive" to them... it's not true. You are an *Independent* medical examiner and are free to work with whomever you choose!

So please, get a copy of your agreement and explore your options.



MEDirect

It just makes sense!

3. My report has been changed without my knowledge or authority! And who owns the report anyway?

Consider this:

*“**Doctor C** was required to attend court to provide his expert witness. He was provided with his final report and realised the report had been changed and released by the broker without his approval.”*

There are countless stories of medical reports being changed without the permission or knowledge of the Medical Expert. Don't expose your good reputation to misuse by medicolegal providers whose motivation is to protect future earnings by any means required...including changing your report to favour the referrer!

It's your expert opinion being sought, and your professional reputation that should be protected at all times. A medicolegal broker's role is to provide administrative support and to build referrals only. They have no place modifying the content of your report.

Furthermore, a medicolegal report represents a Medical Expert's opinion and is the Intellectual Property of the expert who authored it. Should a court attendance be required, it is the medical expert - not the broker - who will be cross examined on this evidence. This means your reports are YOURS.

So, why is it that many Medicolegal Experts fail to receive the final copy of their reports?

Also consider this:

*“**Doctor D** was required to submit a supplementary report but had left the medicolegal broker who, subsequently, refused to provide him with a copy of his original report. Doctor D had to approach the referrer to obtain a copy of the report.”*

This scenario is also common. Why are Medical Experts being denied access to reports that legally belong to them? This only serves to create an artificial dependency on the medicolegal broker for IP that doesn't belong to them.

And if your report really is independent, it should be on your letter head, not the brokers!



MEDirect

It just makes sense!

4. Who is undertaking the final QA of your reports?

The provision of quality assurance (QA) is often touted as a valuable service provided by medicolegal brokers, and is something you're paying huge brokerage fees for. But to really offer you legitimate value commensurate with your fees, shouldn't those providing the Quality Assurance be medically and legally trained so they can pick up on errors and omissions in your reports?

But are they...?

Unfortunately, what most Medicolegal Experts don't know is that QA is generally delegated to non-medical, non-legal, and relatively low skilled administrative support staff. Is this what you intended when you left the final check of your report to the QA team?

You wouldn't ask your PA to verify your tax return, so why would you do this with your legally-binding medicolegal reports!

What, exactly, are the qualifications of the person providing "Quality Assurance" over your reports? You may want to ask your broker this... you're paying for it!



MEDirect

It just makes sense!

5. When my broker says they use a “secure platform”, what do they mean? And am I really protected?

Many medicolegal brokers today are still working on insecure analogue platforms and are using manual processes that place the medicolegal expert at risk of breaching the Australian Privacy and Health Records Act requirements. You’ll see this happen whenever an examinee’s health records or medicolegal report is emailed or mailed; or when a dictation is downloaded, typed on a local drive and then uploaded or emailed for approval.

Independent contractors’ own internal practices also place them at risk, as they frequently engage in activities such as emailing backwards and forwards to the broker, receiving hard copies of documents by post/courier and even emailing files to and from a transcriptionist. Large fines and reputational damage may ensue.

Consider this:

*“**Doctor E** provides reports to the TAC via a well-known industry procurement platform. While this platform offers security around the booking aspects, it is not a secure end-to-end solution and the TAC therefore requires the medical expert to individually sign that they comply with Australian Privacy and Health Records Act requirements. It is the medical expert who is directly held accountable.”*

How safe are your practices, and those of your broker? Could an examinee’s private and confidential health information mistakenly make its way into the wrong hands? There’s no need to expose yourself to this risk.

Ask your broker if their platform offers secure end-to-end encryption, and request a copy of their penetration testing results. What you discover may alarm you.



MEDirect

It just makes sense!

6. Why do referrer questions always seem to be passed through the broker, when they could have been resolved far more quickly and effectively via direct communication?

Medicolegal brokers don't want their Medical Experts to liaise directly with referrers as this fosters the development of constructive professional relationships and reduces the need either party has for the broker!

It's in the best interests of the medicolegal broker to drive a wedge between Medical Experts and Referrers, creating a perceived dependency, and casting doubt over the Medical Expert's ability to receive work without the broker.

This couldn't be further from the truth! Medical Experts develop a reputation for the quality of their reports, and this is independent of who the Medicolegal Broker may be. If your reports are of high quality, you will be sought after and will receive bookings.

And when it comes to communication, we all know that it's better to "hear it straight from the horse's mouth". To achieve the best claims outcomes, it is far preferable for Medical Experts and referrers to engage directly together, as this provides clarity and specificity in the information that's provided. The more people involved in the communication pathway, the higher the likelihood of "Chinese Whisper" miscommunication, and delays.

Consider this:

*"**Doctor F** was asked to provide a report to a Plaintiff lawyer. The Medical Expert had some questions and wished to speak directly with the referrer, however, his broker directed him not to, instead instructing him that all communication must go through him. The frustrating and inevitable result was that questions that could have been simply resolved through a phone call, were bounced backwards and forwards from the Medical Expert to the brokers' operations team and then to the lawyer and back again, which only served to add an additional 7 days to the process of completing the report, and created significant miscommunication as the message was relayed through non-medical/non-legal staff who missed the nuances of the questions being asked."*

Direct communication is always best. If your broker does not want you to talk directly to the referrer, consider why that might be.



MEDirect

It just makes sense!

7. Why can't I charge my own fees direct to referrers?

Many medicolegal brokers find it difficult to accommodate a Medical Expert's individual fees when non-gazetted fees are in question. They need to charge the market rate for the report, but once you've been given your requested fee, there isn't enough margin the broker can put on top to make it attractive to them.

This is why many medicolegal brokers do not want you discussing your fees with referrers - they don't want you to know how much you could be charging!

Consider this:

A medicolegal broker recently sent out an email to all their medicolegal doctors informing them it was a breach of their agreement to discuss their own fees with the referrer. The email included the following:

- *“Lately I have had few situations where a couple of our doctors (during the teleconference with clients) decided to discuss the fee negotiations directly with them disregarding the fact that BROKER NAME receives commission which needs to be included in the fees quotes.*
- *Please do not discuss any fee matters with anyone but me directly upon receiving of referrals. If I'm not available my staff can take the message and pass it onto me for the immediate action, so you will receive the answers as quickly as possible.*
- *Please refer to the BROKER NAME Panel Membership application form, last page, point 6, referring to the fees, which confirms that you have agreed to provide us fees for our services”*

If your medicolegal broker does not want you discussing fees with your referrers, it's because they want to set the price of your report and ensure they get their cut. Unfortunately, this may leave you receiving significantly less than you should for the work you've done.



MEDirect

It just makes sense!

8. Why does the medicolegal broker's system not enable me to quote for the time spent on the delivery of a report?

It is far better for a fee to be quoted, discussed, and agreed to prior to the commencement of a report. However, many medicolegal brokers do not have an appropriate quotation system that allows the medical expert to present fee estimates to the referrer, and this unfortunately is to the detriment of the medicolegal expert.

Consider this:

“Dr G spent 14 hours writing his report and expected his fee to represent the time and effort spent. The medicolegal broker, however, only charged the referrer for four hours of work. A considerable argument about the fee transpired. It took many months to resolve and the resolution was not satisfactory to the medicolegal expert.”

You should be paid for the work you do. Don't let a broker's inadequate systems and processes leave you taking a cut on what is owed to you.

9. How are medicolegal experts really marketed when there are hundreds on the books?

Medicolegal brokers tout their ability to promote and sell a medicolegal experts' appointment slots and charge high commissions of 25-50% for doing so.

At the same time, however, these brokers boast to referrers of having hundreds, if not a thousand medicolegal experts on their books. So how can an individual doctor and their personal brand be promoted among such a large group of doctors?

They can't.

Rather, marketing and promotion tends to take the form of email campaigns listing a swag of doctors' names, their specialties and their appointment dates. There is nothing unique, attention grabbing, or personal about it.

If you want to get noticed, build your reputation and your referral base, don't do what everyone else is doing. Work alongside those who can help you build your own profile.



MEDirect

It just makes sense!

10. If an insurer pays invoices generally within 15-30 days, why does my broker take 6-12 weeks+ to pass this on to me? And why do I always have to chase payments?

Assuming all the information on an invoice is correct, most insurers pay within 15-30 days. Yes, 15-30 days!! However, unlike a lawyer's trust fund, if the invoice is made in the medicolegal brokers' name, payment then goes into the brokers' general business account and becomes part of the overall cash flow of their business. When this happens, the funds get mixed and unfortunately, many Medicolegal Experts must then fight the broker to firstly know when the payment was made into the brokers account, and secondly, to have it reimbursed to them.

Consider this:

“Doctor H repeatedly inquired of his broker where his significant reimbursement for a report was. The broker's consistent response was that the referrer had not paid the invoice. After three months, in frustration, the doctor then contacted the referrer directly and was told the invoice had been paid months ago. When the doctor contacted the broker to provide this feedback, rather than receiving an apology, he was rebuked for daring to contact the referrer directly.”

Chasing a medicolegal broker for payment of fees that are rightfully yours is an all too common scenario. In fact, many medicolegal experts *right now* are chasing payment of hundreds of thousands of dollars in overdue invoices from their broker. This is not OK. Take a stand. Don't accept this disrespect.

If you're waiting months to be paid, pick up the phone and talk to your referrers directly. They'll tell you when your invoice was really paid.

If you're looking for a better way to do medicolegal - where you can; get paid directly, set your own fees and negotiate charges directly with your referrers, communicate directly with your referrers, manage and create your own reports, work through Australia's most secure online medicolegal platform, and with the industry's best sales and marketing team to build your profile and to get your appointments marketed and sold, then look no further than MEDirect.

We're not a medicolegal provider. We're Australia's fastest growing way to do Medicolegal and we'd love to show you how you can do it too.

MEDirect. It just makes sense!

Call Sue on 0408 230 585