

LEADING WITH OUTCOMES: A PRACTICAL CASE FOR SELF-PAY IN ENT PRACTICE



By Chris Davis, MD, FACS

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Too often, insurance coverage gaps stand in between patients and treatments that could dramatically improve their lives. Physicians frequently feel limited by what insurers will approve, but our true responsibility is to offer the best care possible, not just what's reimbursable. I have the skills and tools to help my patients, and I refuse to let insurance dictate what I offer. Over the years, I've seen firsthand how self-pay options can help patients access timely, effective care without the unnecessary delays of denials.

Leading with Value Over Cost

Patients are often willing to invest in their health, especially when they understand the value of a treatment. That's why I start cost conversations early, framing them around expected outcomes rather than price alone. This builds trust and keeps the focus where it belongs: on improving quality of life. Even when insurance covers part of a procedure, patients frequently face deductibles or co-pays, which makes open and early cost discussions not only helpful, but essential.

Patient-Centered Conversations

When discussing self-pay, I prioritize three things: transparency, empathy, and a focus on outcomes. I begin by clearly explaining the patient's condition and the most effective treatment options available. If an option isn't fully covered by insurance but offers lasting results, I will explain why it's still worth considering. These conversations aren't about pushing a particular path but about making sure patients have all the information they need to make empowered decisions.

Once we've reviewed the clinical side, I introduce costs in a clear and straightforward way. I outline what to expect financially and discuss available payment plans to ensure there are no surprises. Framing the discussion around the treatment's value – not just the dollar amount – helps patients see this as an investment in their long-term health and well-being.

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Making Self-Pay Feel Accessible

Communication matters. I use clear, compassionate language that's centered on the patient's well-being. By presenting self-pay not as a last resort, but as a proactive and flexible path to feeling better, patients are often more open to the idea. I highlight the benefits first: improved breathing, reduced symptoms, and the potential to avoid ongoing discomfort or medication. These are outcomes that resonate.

When we talk about cost, I aim to reduce anxiety. I might say, “I understand cost is an important factor, and we want to make this manageable. We offer financing options to spread payments over time, allowing you to receive care without delay.” This clarity, combined with empathy and flexibility, empowers patients to make informed choices that support their health goals.

Building A Model That Works

In our practice, we've built a self-pay model that emphasizes both transparency and accessibility. Upfront pricing ensures patients understand total costs from the beginning, and flexible payment plans meet a wide range of financial situations. This approach has been incredibly effective: 80-85% of patients presented with a self-pay option for VivAer decide to move forward. When people have a full understanding of both benefits and costs, they feel more confident and in control of their care.

Backed by Data, Driven by Outcomes

Strong clinical results only strengthen the case for self-pay when insurance doesn't come through. For example, VivAer consistently delivers lasting relief. Three-year data shows an 87% responder rate and a 65% average NOSE score reduction for patients.¹ These outcomes make it easier for patients to see their care not just as an expense, but as a meaningful, evidence-based investment for a better quality of life.

Stories That Speak for Themselves

Beyond the numbers, patient feedback reinforces everything we see in the data. Many report significant relief from chronic nasal congestion, better sleep, and easier breathing. Patients often describe having more energy, reduced symptoms, and improved focus. For those who struggled with disrupted sleep, being able to breathe freely again means deeper, more restorative rest. These real-world improvements have a ripple effect, boosting mood, productivity, and overall comfort in daily life.

In fact, one patient (a 50-year-old woman with a long-standing history of nasal congestion, sinus drainage, ear pressure, and headaches) chose to pursue comprehensive nasal airway surgery after learning that part of her treatment wouldn't be covered by insurance. Her symptoms were severe, complicated by an inability to tolerate CPAP for obstructive sleep apnea, and persisted despite extensive medical therapy. Imaging and examination revealed a combination of structural and inflammatory issues, including a deviated septum, turbinate hypertrophy, septal swell body formation, and bilateral nasal valve collapse. (Figure 1)

Although the nasal valve repair using VivAer® was not covered, she chose to self-pay for that portion of care. She proceeded with the complete treatment plan, which included septoplasty, bilateral inferior turbinate reduction, septal swell body ablation,

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and bilateral nasal valve repair. Her decision supports the idea that patients are often willing to invest in their health when they have a full understanding of their options and the potential benefits of treatment.

Her results were also significant. Within three months, her SNOT-22 score dropped from 84 to 8, and her NOSE score from 75 to 10. She reported breathing comfortably through her nose, resumed daily nasal rinses, and noted a clear improvement in her quality of life. (Figure 2) While outcomes are driven by clinical excellence, self-pay models can help ensure more patients reach them, especially when coverage barriers might otherwise stand in the way.

The Ethics of Patient-Centered Care

Ultimately, the self-pay model doesn't just improve access. It elevates the ethics of how we practice medicine. By focusing on clinical outcomes instead of insurance limitations, we can ensure patients get the care they need, when they need it. Clear pricing and flexible payment options support this commitment by making care more accessible to a broader range of people. This model reinforces our responsibility to provide the highest standard of care while honoring patient autonomy and allows us to advocate for what's best instead of what's billable, so we can continue placing patients at the center of every decision we make.

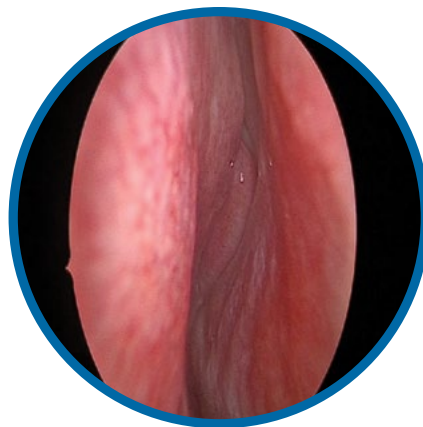


Figure 1. Pre-surgical nasal endoscopy:
Left nasal cavity (post decongestion)

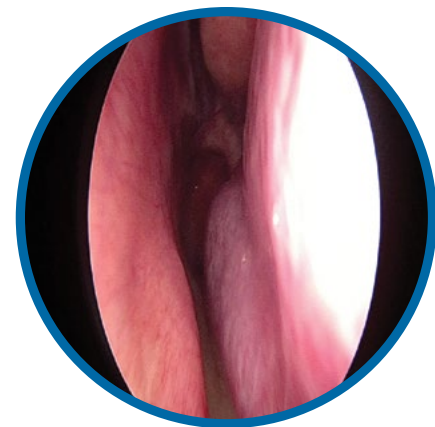


Figure 2. Post-surgical nasal endoscopy at 2 months:
Left nasal cavity

1. Han JK, Rosenthal JN, McDuffie CM, et al. Temperature-Controlled Radiofrequency Treatment of the Nasal Valve in Patients With Nasal Obstruction: Long-Term Outcomes. *Otolaryngol Head Neck Surg.* Published online January 17, 2025. doi:10.1002/ohn.1118