

Don't let SOS-Emergency-Failure-Cancel Patients Compromise your Treatments

Definitions:

Compromised Tx: a treatment that will not attain the desired outcome, because the patient will not do what is necessary to positively affect that desired outcome. What is necessary is that the patient show up for their appointments without problems, and wear and care for their appliances as instructed.

SOS patients: patients who show up for their appointment with a problem requiring extra chair-time.

Emergency patients: patients who have a problem, but no appointment that day and either call or show up at the office.

Failure patients: patients who don't show up for their appointments and don't notify you.

Cancellation patients: patients who change their appointments *before* their Tx day or just before their treatment time that day.

All of these patients waste your time and resources, mess up your treatment day and extend their treatment time beyond their estimated completion date. There is no realistic way to eliminate these patients, but there is a way to deal with them.

In general, patients are either capable of being compliant or they are not. Those who are *not* capable are best removed from the practice. The justification for terminating their treatment is that it just isn't working out and you can't help them to do better—just make sure they receive a series of oral and written communications before their treatment is terminated and that they have 30-60 days to find a new orthodontist. Patients who *are* capable of complying, but aren't, just need a little, or a lot, of help. They are the vast majority of your noncompliant patients and are well worth the effort.

SOS & Emergency patient problems:

These problems are mostly appliance breakage and inadequate wearing or caring of appliances. Sometimes it is the patient's fault and sometimes it is the practices fault. Appliance breakage (e.g., lose brackets) can also be the fault of the chairside who installed them improperly. To find out whether this is the case, compare all of that breakage (e.g., lose brackets) to the DA's who worked on those patients and see if there is a pattern. If not, look into your materials (bonding agents, light curing, etc.) to see if they are at fault and correct them.

Inadequate training of the patient receiving the appliances causes misunderstandings and thus problems. If so, you need to improve your new appliance training procedures. It also helps to have a "Patient Training Program" in place to retrain patients who start off well and become noncompliant. A "Run-On Control" program, done every six or twelve months is also helpful.

Failure & Cancellation patient problems:

Inadequate instruction by the TC and receptionist in the initial appointments can lead to misunderstandings about appropriate appointment times and policies on failures and cancellations. Using automated appointment reminder systems helps, but only with those who *can* be compliant—it is no help for naturally noncompliant patients. Charging patients for missed appointments rarely helps with naturally noncompliant patients who either pay it and miss again, or ignore paying it.

Some patients (and/or their families) are constantly late, miss appointments and/or cancel too many appointments. It isn't their fault...that's the way they run their entire life. It is best to have a specific "Failure & Cancellation Control" program in place to automatically deal with these patients.

Failure & Cancellation Control

Process Failed appointments twice a day to keep them from getting out of hand:

For all patients who missed their appointments in the AM, call in the PM *that day*:

- If contacted, reschedule their appointment.
- If no contact, give them a check (CK) appointment and mail them a letter notifying them of their missed appointment and their new appointment.

For all patients who missed their appointments in the PM, call in the AM *the next day*:

- If contacted, reschedule their appointment.
- If no contact, give them a check (CK) appointment and mail them a letter notifying them of their missed appointment and their new appointment.
- For patients who Cancel an appointment, reschedule them: enter today's date the next blank line and note that it was canceled and rescheduled, noting the new date and time.

Missed Appointment letters during **ACTIVE Tx**:

First Failure in a Row Letter:

We realize that you may be busy and can easily overlook these appointments, but it is important to (his/her) oral health to keep these periodic appointments. We have rescheduled (him/her) on (Day), (Date), at (Time). If you realize that you cannot keep an appointment, please call me so that I can reschedule one for you at your convenience.

Sincerely, Dr. Wirebender

Second Failure in a Row Letter:

We hope you received the last communication we sent you indicating your next appointment. We have tried unsuccessfully to get in touch with you by telephone to schedule an appointment at your convenience. We realize that you are busy and may find it difficult to come in at the scheduled times. But it is important to (Pt's 1st Name) treatment that you call me at and make an appointment as soon as possible.

Sincerely, Dr. Wirebender

Third Failure in a Row Letter: (Skip this one and go to the fourth below if desired)

We have tried and tried to get a response from you by telephone and by mail, to notify you that (Pt's 1st Name) missed his last three appointments. The doctor precisely calculated the time between each appointment to obtain the greatest amount of correction before the next stage. These appointments must be kept as scheduled, in order to keep treatment on schedule. We have made a final appointment for (Pt's 1st Name) on (Day), (Date), at (Time). It is imperative that you keep this appointment or call me immediately and change it to one that is more convenient.

Sincerely, Dr. Wirebender

Fourth Failure in a Row Letter (Sent signed Returned Receipt):

We find it difficult but necessary to inform you of the position you have placed yourself and us in. We have tried in vain to communicate to you the seriousness of this situation. We have not seen you for a long period, since (Pt's 1st Name) has missed the last four (4) appointments. We are hereby notifying you that we cannot accept the responsibility for whatever may happen orthodontically if (he/she) is not seen within 15 days of this letter. Please call me immediately to make and keep an appointment.

Sincerely, Dr. Wirebender

If the return receipt requested letters ARE delivered and the receipt stubs are returned to the practice, the receipt stub is filed in the records folder as proof that the letter was delivered and signed

for. If the return receipt requested letter is returned to the practice, it is placed *unopened* in the patient's folder, as proof that the practice tried to contact them. Stop treatment if the patient does not show up within 15 days and to send a return receipt notification.

Fixed Appliances, Terminated Tx Notification (sent signed return receipt)

In review of the continuing lack of cooperation on the part of (Pt's Name), I am hereby advising you that I shall terminate (his/her) treatment in thirty days from the date of this letter. In my opinion, (Pt's 1st Name) can benefit from continuing orthodontic care and I urge you to seek the services of another orthodontist.

If you decide not to have another orthodontist take over treatment within the next eight weeks, I recommend that you contact my office to have the braces removed, since there may be health problems arising from wearing appliances without periodic maintenance and adjustment. These potential problems include decalcification of teeth, increased risk of cavities and the possibility of injury or sores in the mouth's soft tissues from broken wires and brackets.

Should you decide to have the appliances removed, please contact our office to schedule an appointment for this purpose. We will remove the braces and place removable retainers. We will monitor the retainers if you so desire at a cost of \$___ per visit, due at the start of each visit. I am sorry that we have to take this action, but you leave us no choice in this matter.

Sincerely, Dr. Wirebender

Removable Appliances, Terminated Tx Notification (sent signed return receipt)

In review of the continuing lack of cooperation on the part of (Pt's Name), I am hereby advising you that I shall terminate (his/her) treatment in thirty days from the date of this letter.

In my opinion, (Pt's 1st Name) can benefit from continuing orthodontic care and I urge you to seek the services of another orthodontist.

If you decide not to have another orthodontist take over treatment within the next eight weeks, I recommend that you have (Pt's 1st Name)'s discontinue his (Appliance Name) appliance since there may be health problems arising from wearing appliances without periodic maintenance and adjustment. These potential problems include the possibility of injury or sores in the mouth's soft tissues from broken or bent appliances.

In the event that you do not inform my office within the next thirty days of a desire to continue treatment here, (Pt's Name)'s file will be closed.

Sincerely, Dr. Wirebender

Excessive Cancelled Appointments Letter:

During the course of (Pt's 1st Name) Orthodontic Treatment, appointments have been repeatedly changed. We realize that once in a while unforeseen circumstances arise which necessitates a change in appointments. However, there seems to be a great many more than usual in (Pt's 1st Name) case.

As you know, appointments are scheduled according to the patient's needs as determined in the Treatment Plan. Cancelled appointments cause needless delay of adjustments and result in a longer treatment time, re-treatment, and extra costs.

Your next scheduled appointment is on (Day), (Date) at (Time) ... PLEASE KEEP IT.

Please call me if you need assistance in KEEPING your appointments. We appreciate your help and cooperation in this matter.

Sincerely, Dr. Wirebender

The main objective of missed appointment control is to get the patient in the door. A second objective is to stop the excessive missed appointments. A third objective is to remove the patient from the practice if it is not a productive relationship. Most patients want to cooperate but have logistic or emotional problems that are getting in the way. If the problems are solvable, solve them and continue treatment. If they are not solvable, terminate the relationship.

In order to protect the interests of the patient and the practice, should there be a parting of the ways, it must be done with the best interests of the patient in mind. You must make every effort to

convert the patient to cooperating. If not, you must make every effort to get them to a practice that will finish their treatment. If this is not wanted, you must remove their braces and have them sign a Liability Release.

Termination of Active Tx, Liability Release (from the patient to the practice):

To William Wirebender, D.D.S.:

Re: (Pt's FULL Name)

We, the parents and legal guardians of (Pt's Full Name), hereby approve the premature removal of all Orthodontic appliances and the conclusion of Active Treatment.

We also acknowledge that we have been informed that Active Treatment has not been completed.

Dr. Wirebender is hereby absolved of any and all professional responsibility and legal liability at any future date, with regards to possible failure or relapse associated with the dental structures of (Pt's Full Name) teeth and associated tissues, specifically related to alignment of occlusion.

Patient, Parent or Guardian's Signature _____ Date _____

Patient, Parent or Guardian's NAME (print) _____

Dr. Wirebender's Signature _____ Date _____

Missed Appointment letters during Retention Tx:

First Failure in a Row Letter:

We realize that you may be busy and can easily overlook these appointments, but it is important to (his/her) oral health and the stability of the corrections made to keep these periodic appointments.

We have rescheduled (him/her) on (Day), (Date), at (Time).

If you realize that you cannot keep an appointment, please call me so that I can reschedule one for you at your convenience.

Sincerely, Dr. Wirebender

Second Failure in a Row Letter:

We hope you received the last communication we sent you indicating your next appointment. We have tried unsuccessfully to get in touch with you by telephone to schedule an appointment at your convenience.

We realize that you are busy and may find it difficult to come in at the scheduled times. But it is important to (Pt's 1st Name) treatment and the stability of the corrections made that you call me at and make an appointment as soon as possible.

Sincerely, Dr. Wirebender

If there are retention treatment patients who have not been seen for two or more years, you should get them out of your practice. Send them a Termination of Retention Tx letter.

Termination of Retention Tx Letter: (sent signed return receipt)

We have tried in vain to reach you by phone and letter over the past years about (Pt's Name)'s retention treatment. I am hereby advising you that I shall officially terminate (his/her) retention treatment in thirty days from the date of this letter. In my opinion, (Pt's 1st Name) can benefit from continuing his/her retention treatment and I urge you to seek the services of another orthodontist to monitor your treatment.

If you decide not to have another orthodontist take over your retention treatment within the next eight weeks, I recommend that you contact my office to have the removable retainers checked and have any fixed retainers removed.

We will remove and/or check your retainers at no cost to you. Should there be any future problems, we will see you in the future on a fee-per-service basis, with the fee to be paid at each visit.

I am sorry that we have to take this action, but you leave us no choice in this matter.

Sincerely, Dr. Wirebender

Termination of Retention Tx, *Liability Release* (from the patient to the practice):

To William Wirebender, D.D.S.:

Re: (Pt's FULL Name)

We, the parents and legal guardians of (Pt's Full Name), hereby approve the premature removal of any fixed retainers and the conclusion of Retention Treatment. We do though, suggest continued wearing of any removable retainers as instructed.

We also acknowledge that we have been informed that Retention Treatment has not been completed.

Dr. Wirebender is hereby absolved of any and all professional responsibility and legal liability at any future date, with regards to possible failure or relapse associated with the dental structures of (Pt's Full Name) teeth and associated tissues, specifically related to alignment of occlusion.

Patient, Parent or Guardian's Signature _____ Date _____

Patient, Parent or Guardian's NAME (print) _____

Dr. Wirebender's Signature _____ Date _____