



How to Manage Broken Appointments

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WHY MANAGING BROKEN APPOINTMENTS IS IMPORTANT

Every day in safety net dental practices across the United States, 30-50% of patients fail to keep their appointments or cancel at the last minute. Front desk staff scrambles to fill those empty chairs, generally with anyone they can. These last minute fill-ins are often new patients to the practice or those seeking only episodic care. Such visits require more work of the front desk, and since they were not on the schedule ahead of time, insurance eligibility has not been pre-checked. If uninsured, fill-in patients may arrive with no plan for how to pay for the visit.

The clinical plan for the day is weakened, because providers do not know who is going to be sitting in their chairs or what their needs may be. The strategic plan for the day is also compromised; productivity and revenue goals become harder to achieve.

In addition, the patients who failed to keep their appointments still have unmet dental needs. At the same time, others in the community who need dental care have been denied the opportunity to book a visit in advance, because the schedule was filled with unreliable patients. Thus, no one wins when appointments are broken.

Practices that have figured out how to manage this obstacle can and do routinely achieve broken appointment rates that are less than 15%, which is generally viewed as an acceptable level, since valid cancellations do arise and practices also want to maintain adequate capacity for some unplanned visits and emergencies.

So, what can a practice do to increase schedule predictability and decrease the percentage of patients who fail to keep their appointments? That is the question this document seeks to answer.

STOP SCHEDULING KNOWN OFFENDERS

If a patient breaks an appointment, we have found that they present an increased risk of continuing to break appointments, whether by failing to show up at all or cancelling with less than 24 hours' notice.

The first time a patient breaks an appointment, warn them of the consequences of any further incidents. After the second broken appointment- and certainly by the third failed appointment- we recommend that the patient be placed on same-day only status. This means they can call the dental clinic on the date they want to come in, and if there is an opening that day, they can take that slot. If there are no openings and they have a dental emergency, they can be advised to come in as a "sit and wait" patient, which means they will wait until they can be worked into the schedule.

RECOMMENDATIONS

The practice should have a system for tracking and quantifying how many times a patient has broken a dental appointment. Some practices create their own administrative dental code(s) or use ADA codes, such as D9986 for a missed appointment, for example.



The practice should also have a way to identify patients who are on “same day only” status, so they are not scheduled in advance. Some dental record systems include alerts, which can be effective provided the scheduling staff pays attention to them. On this note, all staff should be held accountable for enforcing the practice’s broken appointment policies, and failure to comply should be considered a performance issue that may result in disciplinary action, poor performance evaluations and merit-based pay impacts.

Action Step	Due Date	Person(s) Responsible
Add code to EHR/EDR to track broken appointments	TBD	TBD
Add alerts to EHR/EDR to warn schedulers of patients on same-day only status	TBD	TBD
Hold scheduling staff accountable for enforcing the broken appointment policy	TBD	TBD

MINIMIZE RISK

In addition to repeat offenders, other categories of patients are at increased risk of failing to keep appointments. These include new patients, patients in the schedule for follow-up care resulting from an emergency visit, patients who owe a significant balance to the practice, patients who will have an out-of-pocket expense for the scheduled visit, and patients not reached in person to confirm their intent to keep a scheduled appointment.

RECOMMENDATIONS

New Patients

New patients may not yet understand the value of the care they will receive from the practice. They may not feel a sense of belonging to the practice or rapport with the providers and support staff. They may not know what it means for the practice when a scheduled patient fails to show. For these and other reasons, we recommend limiting the number of new patients in the schedule to perhaps no more than one or two per day.

Emergency Patients

Whenever possible, we recommend providing definitive care at each emergency visit; however, there are times when that is not possible due to limited time or the patient’s clinical condition, for example. When this happens, the dentist provides palliative care, and the patient is scheduled for a follow-up visit to treat the underlying problem. The patient may intend to keep this appointment, but they often feel better after receiving the initial palliative care. In their mind, the underlying problem is resolved and there is thus no need for them to return.



To manage this, we recommend that patients NOT be scheduled for that follow-up visit at the time of the emergency visit; rather, give the patient a card with the practice's telephone number for them to call when they are ready to schedule a follow-up visit. This places the risk on the patient rather than the practice. Those patients who feel better after palliative care and decide not to pursue further treatment will not call for an appointment until they have another dental emergency. Those who do call to schedule the follow-up visit will be given the next available appointment. In the event a patient insists on scheduling the follow-up appointment at the time of the initial palliative visit, we recommend scheduling the follow-up and counseling the patient that they are likely going to feel better after palliative care and may be tempted to break the appointment. Inform the patient that if they do, in fact, break the follow-up appointment, they will not be allowed to schedule any future appointments, because they will be placed on same-day only status.

Unconfirmed Patients

Any patient the practice could not reach in person to confirm their intent to keep an appointment is at high risk of breaking it. Most often, they forgot all about the appointment, and the practice was unable to remind them. Confirmation strategies are presented in the next section, but the bottom line is that an unconfirmed patient is at high risk of breaking an appointment.

If the practice attempts to confirm and the patient's phone number(s) is not working, some practices choose to remove that patient's appointment from the schedule. If a practice follows that process, it is important to include it in the formal broken appointment policy and make sure patients are aware of this aspect of the policy. In the event that the unconfirmed patient arrives for their scheduled appointment, remind them about the policy and offer them the option to wait to be worked into the day's schedule or reschedule for another date and time. Of course, it goes without saying that you update their contact information at that time as well.

If you have to leave a voice mail for a patient to remind them of an upcoming appointment, tell them that they must call back to confirm their intent to keep the appointment by a certain time and that if they fail to call back, their time slot will be given to another patient. The messaging should remind patients of the high demand for care in the community and the need to prevent any unused chair time caused by patients failing to keep scheduled appointments. Again, this should be spelled out in the broken appointment policy and brought to the attention of new patients in order to avoid surprises.

Patients Who Owe Money

Patients who owe money to the dental practice for previous visits or who will have an out-of-pocket payment due at the time of the upcoming visit are at high risk of failing to keep the appointment. The best practice is to have financial arrangements in place with the patient BEFORE scheduling the appointment if they owe money or are facing a costly visit. Have financing options available to patients, such as payment plans through the finance department or third-party credit services if appropriate.



General Recommendation

Designate a staff member to patrol the schedule two or three days in advance to identify “red flag” appointments, including: 1) unconfirmed patients; 2) patients with a history of broken appointments (who should not be in the schedule anyway), and; 3) patients with unpaid balances or out-of-pocket costs for the upcoming visit.

Action Step	Due Date	Person(s) Responsible
Limit the number of new patients in the daily schedule (perhaps no more than one or two)	TBD	TBD
Require emergency patients needing follow-up care to call after the emergency visit to schedule their appointment	TBD	TBD
Remove unconfirmed patients from the schedule	TBD	TBD
If you have to leave a voice mail reminder of an upcoming visit, require the patient to call the practice back by a certain time to confirm or their time slot will be given to another patient	TBD	TBD
Make sure patients with outstanding balances or facing out-of-pocket costs have a plan in place to pay	TBD	TBD
Patrol the schedule two or three days out to identify and manage “red flag appointments”	TBD	TBD

ALWAYS CONFIRM APPOINTMENTS

This goes back to the dictum, “an unconfirmed patient is a patient at high risk of failing to keep their appointment.” If you do not have sufficient staff to call every scheduled patient, consider an automated service and take full advantage of the many features they offer. Make sure the service provides reports on which patients could not be confirmed. Someone on the staff should be responsible for attempting to reach these patients; if they cannot be reached, their appointments should be removed from the schedule.



RECOMMENDATIONS

When registering patients, always get as many contact points as possible, including: cell phone number, home phone, work phone, alternate numbers, as well as e-mail addresses (work and personal). Ask patients how they would like to be reminded of upcoming appointments; which phone number(s), which e-mail addresses, and text vs e-mail. Use two-way text messaging if possible and reply functions in e-mail reminders.

Send “Save the date” reminders via text or e-mail as soon as appointments are scheduled. This may encourage patients to put the date and time in their calendars.

Confirm appointments more than once: at least three days out and then again the day before.

Action Step	Due Date	Person(s) Responsible
Get as many contact points as possible for each patient	TBD	TBD
Ask patients how they would like to be reminded of upcoming appointments (which phone number, which e-mail, text vs e-mail)		
Use two-way reply functions in texts and e-mails	TBD	TBD
Send “Save the Date” reminders via text and/or e-mail as soon as appointments are scheduled	TBD	TBD
Confirm the patient’s appointment three days out and again the day before	TBD	TBD

TIMING OF APPOINTMENTS

The longer a patient has to wait for an appointment, the greater the likelihood that they will forget, schedule something else for that time or find another source of dental care. Long periods between appointments is often a sign that the practice is bringing in more patients than it can accommodate based on its structure (number of operatories, hours of operation, number and type of dental staff).

RECOMMENDATIONS

Keep wait times between appointments as short as possible. If necessary, limit the number of new patients admitted to the practice in order to ensure sufficient appointment slots are available for existing patients with open treatment plans. Consider only scheduling hygiene appointments out six months for patients with a track record of reliability. Patients at risk for breaking appointments should



be notified when they are due for recare and asked to call in for an appointment. Keep a list of patients who are readily available to come in if a last-minute opening occurs and those who are on same-day only status.

Action Step	Due Date	Person(s) Responsible
Keep wait times between appointments as short as possible	TBD	TBD
Limit new patients if necessary to minimize wait times	TBD	TBD
Schedule hygiene appointments out six months only for patients with a track record of reliability in keeping appointments	TBD	TBD
Keep a “quick call list” of patients available to come in with little notice or those on same-day only status wanting an appointment	TBD	TBD

CREATING A CULTURE OF MUTUAL RESPECT

Patients should feel good about being part of the dental practice and value the care they receive. Practices should strive to create an optimal experience of care for the patient from the front door of the practice to the dental operatory and beyond. Patients who feel valued and respected are more likely to treat the practice and its staff with respect, including showing up for scheduled appointments. Messaging to patients should convey care and concern for them as patients and as people.

RECOMMENDATIONS

Evaluate the entire patient experience of care in the practice with an eye toward making the patient feel welcome and appreciated. The goal is to build rapport with patients and engage them as partners in their own oral health care. Staff messaging is crucial and should be thoughtful and strategic.

When the patient shows up for their scheduled appointment, let them know you are happy to see them.

When a patient calls in advance to cancel an appointment, make a point of thanking them: “We’re disappointed that you have to cancel your upcoming appointment, as we were looking forward to seeing you on Monday, but thank you so much for letting us know, so that we can offer your appointment to another patient who has been waiting to get in.”

Reinforce the value of the dental visit to their oral health: “The doctor has asked that we give you an appointment as soon as possible, so that she can take care of that tooth that’s been bothering you. Won’t it be nice not to have that problem any longer?”



Action Step	Due Date	Person(s) Responsible
Use scripting to make patients feel welcome and appreciated	TBD	TBD
Reinforce the value of the upcoming appointment from the patient's perspective	TBD	TBD

DEFINE EVERY ASPECT OF CONTROLLING BROKEN APPOINTMENTS

Key to creating a culture of accountability around keeping scheduled appointments is setting out in policy format all aspects of how broken appointments will be managed within the dental program.

RECOMMENDATIONS

Once the policy has been created and approved, all dental staff should be given the opportunity to review it; we recommend a formal inservice at a staff meeting. The goal is that all staff fully understand how the various components of the policy will be carried out, as well as their role in minimizing broken appointments. They also should understand that complying with and consistently enforcing the policy is mandatory and a formal performance expectation. The policy should be posted prominently in all patient areas, and all new and existing patients should be required to review and sign the policy annually, documenting that it is read and understood. The signed policy should then be scanned into the patient's document center in the EHR/EDR. Exceptions to the policy should be minimal and only made by designated staff (e.g. dental leadership).

Action Step	Due Date	Person(s) Responsible
Create a policy defining all aspects of the broken appointment policy	TBD	TBD
Conduct an inservice with all dental staff to ensure they understand the policy and their responsibility to enforce it consistently	TBD	TBD
Post the policy prominently in all patient areas	TBD	TBD
Require all patients to review and sign the policy, acknowledging they have read and understand it	TBD	TBD

