Let’s revisit the “single-visit consult”

By Elliott M. Moskowitz, D.D.S., M.Sd

Each of us looks to simplify our procedures in order to become more efficient. The overall intent is to treat our patients better and more efficiently. The technology and information blitz is overwhelming, and I suspect that both will only increase in orthodontics. The proponents of self-ligating brackets and indirect bonding procedures, for example, boast untold advantages to the clinician’s daily life. Reduced treatment time – as well as reduced chair time – for case strap-ups are but a few of the advantages cited by enthusiasts of these respective clinical tools used in clinical practice. Practice management consultants, as well, have advocated the use of the “single visit consult” in order to streamline the entire examination/consultation process, and quite possibly increase the individual clinician’s case “starts.” Nothing, in my opinion, could be more detrimental to the integrity of the orthodontic specialty, quality of orthodontic treatment, or to sound risk management protocols intended to minimize potentially serious legal problems for individual orthodontists.

Quite arguably, the most important encounters prior to beginning orthodontic treatment are the initial examination and formal consultation visits with adult patients and the parents of our young patients. This is a perfect opportunity for the orthodontic clinician to assess his/her patient on many different levels. The ability to create problem lists and develop cogent, ethical and practical treatment plans, and to effectively communicate all of this to prospective patients remains a notable and lifelong challenge in private practice or in our teaching institutions. Additionally, assessing whether or not individual patients or their parents appreciate the value of realistic treatment expectations prior to beginning orthodontic treatment is an invaluable step in long-term practice building and overall patient satisfaction.

Admittedly, meaningful consultations, at times, can be time-consuming because some patients ask good questions that require thoughtful answers. Furthermore, multidisciplinary cases involving coordinated treatment among different dental practitioners will frequently require professional dialogue prior to formulating final orthodontic treatment plans with viable treatment alternatives. Informed Consent is not optional, but mandatory in all treatment situations.

Taking the time to study all of the obtained diagnostic records and clinical notes taken at the time of the initial examination can help the clinician plan how he or she will approach each consultation encounter. Thorough and unhurried consultation appointments can also identify potential areas of concern that could be problematic during orthodontic treatment. Borderline extraction cases that might require mid-treatment recommendations can also be identified during such consultations. For extractions of permanent teeth when either patient response and/or cooperation are unfavorable, or recommendations for orthognathic surgery as perhaps the only viable treatment plan in some cases might be met with resistance or an emotional bias from parents, it is wise for the clinician to learn about how patients and parents feel about the orthodontist’s contingency plans prior to beginning orthodontic treatment. Even if this means that these same patients or parents will seek another orthodontic practitioner who might tell them precisely what they want to hear. Indeed, well-structured consultations serve as part of a beneficial screening process to identify patients or parents who might not be satisfied with even the best treatment outcome.

We must realize that we will be judged only on the care that we deliver to the patients we treat – and not the patients who we choose not to treat or those who go elsewhere for treatment. While to some, this might seem to be yet “another penetrating glimpse into the obvious,” I assure you that in retrospect, many a fine clinician had wished that he or she did not accept certain patients for treatment, and perhaps, could have more successfully screened such patients prior to beginning orthodontic treatment.

We are experiencing a time when our orthodontic services are in great demand. It is my opinion, that this unprecedented demand requires a greater emphasis on patient education and perhaps less on salesmanship. The consultation experience is yet one more opportunity to demonstrate this emphasis, and if performed properly, will pay imagined dividends to our patients and ourselves. The single-visit consult, although expedient, cannot, under the best of circumstances, deliver what is needed in modern orthodontic practice in a complex and ever-changing health care environment. The consultation experience should not be diluted or “dumbed down.” Our patients deserve much better. And so does the orthodontic clinician!