Curbing cancellations and no-shows begins chairside

By Sally McKenzie, CMC

“Doctor, Mr. Jackson just cancelled his two-hour crown and bridge appointment.” With one simple sentence, your production for the day is swallowed up by a gaping hole in your schedule.

Every dentist experiences the seemingly endless frustrations associated with patient cancellations and no-shows. Given the current recession, the number of holes in the schedule has surged in many offices. Compound that with lower treatment acceptance these days and you have all the makings of an overhead nightmare.

Even during robust economic times, no-shows and cancellations are not uncommon. They add up to huge revenue losses, on the order of $40,000 to $60,000 every year. And that doesn’t begin to count the thousands of dollars lost in production that the dentist never has the opportunity to diagnose, much less deliver.

While dental offices typically point the finger at the front desk to maintain a full schedule, clinical teams often overlook their indispensable role in urging patients to keep appointments. In actuality, curbing cancellations and no-shows begins chairside.

It is essential that clinical teams emphasize the value of the dental care provided during even the most regular dental visit, as well as clearly explain to patients the importance of keeping their appointments.

Ironically, dentists frequently overlook the significant influence that they have on the patient’s perception of routine dental care. In a rush to return to their own patient, they often unwittingly minimize the value of the professional hygiene appointment.

A hygiene scenario

Consider this common scenario: The hygienist spends time explaining to Mrs. Patient that she is now showing signs of periodontal disease and may require more frequent hygiene appointments. The patient is concerned and is prepared to schedule these visits once every three to four months.

Then the doctor walks in to check Mrs. Patient. He greets her and marvels at the great job she is doing with her oral health care. The dentist’s comment causes Mrs. Patient to question the hygienist’s assessment of her periodontal condition.

“The doctor said I’m doing a great job. Why would I need another cleaning so soon?”

Even more troubling is the fact that the dentist’s comments cause the patient to question both the dentist’s and the hygienist’s diagnostic abilities.

The solution

First, the clinical team has to be on the same page. This situation is easily addressed if the hygienist takes just a moment to explain to the dentist what has been found and subsequently discussed with that patient.

It is a simple solution, but it underscores the significance of the clinical team’s role in emphasizing the value of ongoing dental care.

If your practice is not stressing the importance of the next visit to the patient while he or she is sitting in the chair, you probably have many more broken appointments and cancellations than you should.

Educate your patients

Oftentimes, patients have no comprehension of the turbulence that their “little” cancellation or no show can cause you and your team. In fact, it has been estimated that more than a quarter of your patients, about 28 percent, routinely cancel appointments because practices are not actively educating them on the importance of the next visit.

While cancellations and no-shows may be a part of running a practice, they do not have to be commonplace. In addition to emphasizing the value of every dental visit with each patient, I recommend that practices take specific, concrete measures to reclaim control of their schedules.

Appoint a staff member. The first step is to establish accountability. Assign a specific person to be responsible for ensuring that openings are filled promptly, appointments are confirmed 48 hours in advance and daily production goals are met.

Develop a policy. In addition, develop a clearly articulated policy regarding broken appointments. The policy should be specific and appropriate in tone. It also should be periodically distributed to all patients, especially new patients. Each time an appointment is scheduled, the policy should be politely reiterated.
to the patient. When making appointments, state the day, date, time and length of the appointment.

For example, “Mrs. Smith, your one-hour appointment is on Wednesday, April 28 at 9:50 a.m. If you are unable to keep this appointment, please call us at least 48 hours in advance to allow another patient the opportunity to see the doctor at that time.”

Don’t overbook. In addition, avoid the tendency to schedule all the appointments for larger treatment plans. Certainly, when presenting higher dollar, multi-appointment treatment plans there is a strong desire to immediately schedule the patient’s necessary visits as if that will guarantee he will keep every appointment.

In reality, booking the entire treatment plan does nothing to insure that the patient won’t change or cancel appointments. However, it does cause the schedule to appear unnecessarily clogged and overwhelming. Just avoiding the tendency to overbook patients will help reduce the number of cancellations and no-shows the practice has to routinely manage.

Be patient. Be patient with your patients. They do not set out to create havoc or disruption in your day. They too are very busy and, as is often the case, when something has to give in their demanding lives, it is the dental appointment.

However, educating them on the practice’s policies and expectations for appointments is an essential step every practice can take in controlling cancellations and no-shows.

Make it personal. Confirmation calls are a must for every appointment scheduled. Yet, don’t just rely on the telephone. E-mail and text messaging are essential tools that every practice needs to incorporate into their patient/practice communication protocol.

In fact, studies show that most patients prefer that practices contact them via e-mail or text message. What’s more, your office is far more likely to get a prompt response from patients if you contact them via e-mail and/or text message.

Patients should be contacted 48-hours in advance of their appointment. If you are not using text messaging and e-mail to confirm appointments, adjust the scheduling coordinator’s work hours somewhat so that she can make the necessary calls during times that patients are most likely to be reached, such as in the evenings.

The objective of the confirmation call is to speak directly to the patient. This requires far more effort than just leaving a message on someone’s machine or with another household member.

If you are sincerely committed to zeroing out the number of holes in your schedule, you need to identify what is the prime time for reaching patients directly.

For example, if your practice is located in what is considered a “bedroom community” where patients live but commute to work during the day, evening is the time in which you will experience the greatest success with your confirmation calls.

When patients schedule their appointments, tell them that you will be calling two days in advance to confirm the appointment. Request the number where they can be reached directly.

Use a positive and pleasant tone when confirming appointments. Keep notes in the patient’s personal record regarding a particular area of concern, and reinforce the need for the treatment, based on the patient’s information in the chart.

For example, “Mrs. Smith, I know Dr. Jones wants to keep an eye on that tooth on the upper left side.” This will personalize the call for patients, and it impresses upon them both the need for the appointment as well as the fact that your practice is truly attentive.

Be sure to remind patients about any premedication needs and offer to call the necessary prescription into their pharmacy. In addition, state the specific amount of time that has been reserved for that patient.

Fill cancellations fast.

A computerized scheduling system is essential if the practice seeks to fill cancellations quickly and efficiently, as well as competently manage the schedule as a whole. The computer enables practices to maintain a list of those patients interested in coming in sooner for their appointments. When a patient cancels, the scheduling program retains the appointment information and scans the available patient database to fill unexpected openings.

For example, two patients cancel back-to-back appointments leaving the schedule with a two-hour opening next Wednesday. This happens to be the amount of time necessary for a four-unit bridge. With a couple of keystrokes, the scheduling coordinator tells the computer to scan the patient data to find a patient that would fit into that slot.

A phone call or two later, the scheduling coordinator has rescheduled Mr. Jackson for his two-hour crown and bridge appointment.

In addition to quickly accessing patient data, most computer systems have incorporated the ability to enter daily production goals within the scheduling module. They also commonly provide an instant daily schedule for each treatment room and a print out of information on each patient.

Moreover, the scheduling coordinator has a reliable system to track critical scheduling information and necessary patient data. She/he is not in the difficult and ineffective position of having to try to keep track of the information in her head or on a scrap piece of paper that is likely to disappear.

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