Chapter 9: Appointment Control

The objective of a daily appointment schedule is to maintain a productive flow of patients through the office. Proper scheduling of appointments is key to an efficient and economically productive practice. A well-managed appointment book will allow you to see patients promptly, provide for emergencies, avoid non-productive time and maintain good patient relations. Good scheduling will also allow you to mentally prepare for each day and to pace yourself throughout the day. Indeed, practice management consultants say scheduling is one of the most difficult and detail-oriented responsibilities of a dental practice, for a person must be trained and have “experience” to factor in appropriate times during the workday for the dentist, assistants and hygienists—day after day.

General Concepts
The objective of a daily appointment schedule is to maintain a productive flow of patients through the office. Appointment scheduling is based on:
- the size of the patient pool;
- the type of dentistry performed;
- the style and philosophy of the dentist;
- staffing consideration; and
- office facilities and equipment.

The task of managing the appointment book is usually the responsibility of the receptionist or treatment coordinator. Whoever is responsible, appointments are made with patients as they leave the office or by phone. Sometimes appointments are made indirectly, by arranging tentative schedules and confirming them at a later date. A manual appointment book is a written record or diary of the practice. It combines, on a daily basis, immediate patient demands, planned treatment or consultation with new patients and routine care.

The Appointment Book
Select an appointment book that is large enough for entries to be read easily and that will show the listings at a glance. It is up to the doctor and staff to decide whether they wish to use a daily or weekly display schedule. The paper and printing of your appointment book should be of high quality to reduce eyestrain, permit erasures and avoid pages tearing out or becoming “dog-eared.” A book with multiple columns per day is useful in scheduling separate operatories or in providing individual columns for the dentist, hygienist or associate. In a group practice, separate appointment books for each dentist, in a variety of colors, can simplify scheduling.

The ADA Catalog offers a variety of manual appointment books you may want to consider.

Each entry should be made in pencil and should include the patient’s name, telephone number, length of appointment time and service to be rendered. New patients or patients with payment difficulties should be noted so that the office staff can be alerted for appropriate action. An entry should be made first in the appointment book and then on the appointment slip to be given to the patient.

Today’s high tech dentistry allows for more efficient time management and many dental offices are discovering that computerized appointment control is a wise investment. The ADA offers an online directory of practice management software vendors http://www.ada.org/prof/prac/tools/software/index.asp. Some software systems allow scheduling for various procedures/staff: multiple dentists, hygienists, assistant and anesthetic time. A system can then automatically code each appointment as it is made and blocks the time out. High tech offices may schedule patient appointments through terminals in the treatment room. See chapter 11 for more information on computerized systems.

However, many dental offices still use an appointment book for appointment scheduling. Whatever system is used, 10-minute units are preferred, some practice management experts say. “Pre-block” time for special appointments — such as new patients — throughout the week.

Sometimes, you may want to write a confirming letter to serve as a reminder for a special type of appointment or to reiterate a treatment plan.
or payment schedule. In simple terms, a confirming letter is a short business letter that communicates and documents decisions and agreements between the dentist and the patient. This letter may command more attention than a reminder card.

Emergency appointments should be seen on the day they are called in, but in a way they will not disrupt a nicely scheduled day. A 30 minute time slot works well for most emergency appointments — a trauma appointment, of course, could be different. A first time emergency patient should always try to be converted to a “forever” patient. Try to convert all prophylaxis and emergency first patients into complete new patient exams.

**General Suggestions**

In some offices, only one person, usually the receptionist, is responsible for making patient appointments. This person must recall patients on schedule, remind patients a day in advance of scheduled appointments, fill times in which appointments have been cancelled and provide the staff with a daily schedule.

Block out of the book routine days off, holidays, vacations, lunch, unscheduled time to handle emergencies and meeting times. Note school vacation days when you will be working. Remember to be considerate of your patients’ time. Today, time crunched patients are less likely to wait for dental appointments. What makes people frustrated about wait time is not knowing why, or how long the delay will be. Keep your patients informed when your dental office is running behind. Many patients do not mind a short 10- to 15-minute wait if the staff is pleasant and courteous.

**Cancellations and No-Shows**

Cancellations and broken appointments result in lower productivity and lost revenue. These two business “demons” have always been a major source of irritation for dentists.

Broken appointments and cancellations may be typically symptoms of other underlying practice problems.

Some practice management experts believe that cancellations and no shows would drop dramatically by working hard to elevate patients’ understanding, appreciation and perceived value about the importance of each dental visit.

Some dentists may charge for a failed appointment, but other mainly use the tactic as an “attention getter.” Many practice management experts believe that charging for missed appointments will affect patients negatively.

Some dental practices have a “broken appointment policy” that new patients sign during their initial office visit. For example, some dental offices consider these scenarios broken appointments: 1) less than 24 hours notice before canceling or rescheduling; and 2) being ten or more minutes late for an appointment. Again, prior notice and agreements by patients will help make such policies enforceable.
Instead of charging for missed appointments, you might want to try to encourage commitment from the patient when making an appointment. Some practice management experts suggest making a “personal connection” with the patient when they miss an appointment. For example, at the next visit, sit at eye level with the patient and frankly ask, “What happened?” Do not place blame, but make the patient aware that not only does last minute scheduling interfere with their dental care, but also disrupts the office. Be sure you are especially gracious during this communication.

All broken appointments should be marked in the patient’s chart.

The following are some effective ways to reduce no-shows and cancellations and rescheduling approaches that can minimize lost revenue.

1. Try not to book patients weeks in advance. The length of time a patient must wait for an appointment can affect compliance. Detecting the patient’s dissatisfaction with a future appointment and patient education on the need to notify the office if a cancellation is necessary are important.

2. Convey a “time-is-valuable” attitude to patients. Verbal and nonverbal communication that shows respect for the patient’s time engenders the concept that your time is important too. When patient appointments are delayed, make a special effort to immediately and courteously inform the patient. Offer to reschedule, if necessary.

3. Carefully train your receptionist and furnish written guidelines for making appointments. The receptionist should be able to plan maximum utilization of time, space, skill and personnel, with consideration of patient’s time.

4. Establish a policy of calling no-show patients at the time the patient should be at the office. Your receptionist should call and inquire about the problem and attempt to salvage part of the treatment visit, if possible.

5. Confirm appointments 24 hours in advance. This practice reduces no-shows. Don’t say, “I’m calling to remind you of your appointment.” Rather “We’re looking forward to seeing you.”

6. Use a “fill cancellation file” to reduce the impact of cancellations. This rescheduling approach notes patients who would prefer an appointment sooner than the one currently scheduled and those who can come to the office within an hour. Use these patients to fill cancellation gaps.

**Scheduling Treatment**

If possible, base your scheduling on the use of two or more operatories and stagger patient arrival times for maximum efficiency. This way, you can examine a patient in one operatory while your assistant seats another patient and takes radiographs in the second operatory. The daily list of appointments provided for the staff should indicate schedules for each operatory. If the patient has substantial dental care needs that require extensive treatment, briefly outline the problem and make an appointment to help the patient discover his or her problems. Then present the consequences of doing nothing plus other treatment choices that can correct the problem.

Before the patient’s next visit, complete your diagnosis and develop a treatment plan, which should include goals to be accomplished at each appointment, which will determine the length of the appointments.

When a patient’s treatment costs are covered by dental insurance, you may need to submit the treatment plan for determination of benefits before you begin treatment. The insurance company is only describing their benefits in this predetermination and is not authorizing you to go ahead with the therapy.

Schedule the patient’s first treatment appointment at a time after you expect to receive the predetermination, unless the patient is willing to accept your treatment plan regardless of the level of benefits paid through insurance.
Comply with your state dental practice act on delegation of duties to allied dental personnel.

Be sure to inform the patient that they are responsible for the account balance and that you are assisting them in this endeavor with the insurance company, if applicable.

**Working with a Hygienist**

If your practice includes a hygienist, your scheduling situation will be somewhat different.

Discuss treatment time with your hygienist and schedule accordingly. Don’t forget to include time for radiographs, patient education and your examination of the patient.

When your hygienist has completed the prophylaxis and radiographs, you can perform your oral examination before the hygienist dismisses the patient. This allows beginning discussion of treatment needs and options. The approach has the advantage of more dentist-patient contact but can lead to interruption of work. The hygienist updates the patient record and the dentist can review it prior to the patient exam.

Another method of handling the dentist exam would be for the hygienist to call or buzz the dentist prior to beginning the prophylaxis. This allows a longer time span and greater flexibility for the dentist to see the patient.

**Continuing care systems** are basically ways to call the patient back to the dental office for preventative care or observation. These procedures may be teeth cleaning, periodontal evaluations, denture checks, and other treatments.

Effective continuing care systems benefit the dental office by:

- Ensuring that patients are receiving adequate dental care;
- Risk management benefit
- Motivating patients to participate in preventative home oral healthcare;
- Reducing the number of no-shows by confirming appointments with patients; and
- Maintaining revenue.

Although it may involve significant staff time and expense, most successful continuing care systems are maintained through the use of telephone reminders, e-mails and mailings. Patients can also make future appointments during their dental visit. Computer-generated confirmation/continuing care cards can then be mailed weeks or days before the appointment, in accordance with applicable laws.

Patients are put on continuing care systems according to their treatment plans. Generally, continuing care times are at three-, four-, or six-month intervals.

Choose the plan that works best for you. Make changes as the situation dictates and comply with your state dental practice act on delegation of duties to allied dental personnel.