



CNA HealthPro

Managing Patient Expectations

Many risk management problems and their subsequent solutions have their roots in how well a dental team can assess and actively manage patient expectations. Unfortunately, failure to meet patient expectations continues to be a major cause of professional liability actions. Through careful communication with patients and staff, you can discover and understand what patients know about dentistry and what they expect from you and your practice. Only then can you assess what you learn about your patients to determine whether or not their expectations are reasonable.

Most patient expectations are satisfied through the course of routine dental care. However, unstated or unreasonable expectations may often present a significant malpractice risk, especially when undetected by the dentist during the course of treatment. Our experience has shown that failure to meet a patient's expectations can be a significant factor in a patient's decision to file a claim alleging professional liability.

Dental professionals often mistakenly believe that their patients are informed about dentistry, when in fact they are not. Assumptions about a patient's ability to separate fact from fiction in all the dental information they have previously acquired are simply conjecture. What patients know or think they know about dental treatment to a great extent forms what they expect of the dentist and his or her staff. Therefore, the dentist must determine the level of dental knowledge of each patient and also educate through a variety of methods. Doing so helps manage patient expectations and enhances the likelihood of a satisfactory treatment result.

Patients seeking dental care often arrive with preconceived expectations about what occurs in and around a dental practice. From payment arrangements to parking availability, from clinical care to the nature of their relationships with the dentist and staff, patients rely greatly upon these preconceptions.

Patients may have expectations regarding a variety of issues, including reception room waiting time, the cleanliness and presentation of the office, financial and insurance considerations, and clinical care outcomes. The distance between a patient's expectations and your ability to meet those expectations constitutes what we refer to as a "malpractice gap." Reducing or eliminating that gap reduces your risk of the patient dissatisfaction that may lead to malpractice claims.

Criteria of judgment

The success of a practice does not depend entirely on the clinical skill of the dentist. In fact, clinical skills vary among highly successful practices. Clearly, patients have too little knowledge and experience to objectively evaluate a dentist's clinical skills. As a result, patients judge their dental care experiences using different criteria than dentists and staff.

Looking at dental care from the patient's point of view – without mirror, explorer, and periodontal probe – we get quite a different picture. Patients use a very basic approach to judge their dental experiences, asking themselves questions such as:

- How long did it take?
- How much did it cost?

- How much did it hurt?
- How do I look?

Although these criteria may not accurately measure your clinical skills, patient satisfaction may rest upon them.

Dissatisfaction also may result from misunderstandings about the technical clinical limitations of treatment. You may provide high quality dental care, but if a patient expects a result beyond the limitations of clinical dentistry, he or she is likely to be dissatisfied. A classic example is the older patient who presents with a need for replacement dentures. She has brought with her to her first appointment the seven sets she has had made in the past five years, each by a different dentist. None of the dentures fit to her satisfaction or make her look young enough, although all appear clinically acceptable to you. What are the chances that you can make dentures with which she will be satisfied?

Patients also judge your practice in part by the quality of the staff you employ. Hire individuals who can project the image you desire and train them accordingly. It is often said that tasks can be taught, but kindness, empathy, and concern are qualities that cannot be learned.

Sources of expectations

Patient expectations of you and your practice are derived from many sources. A primary source is your own practice, whether directly or indirectly. Your practice advertising – including telephone directory ads, internet web sites, practice brochures, and promotional mailings – sends a direct message to patients. Additionally, patients may have discussions with you or your staff from which expectations are derived. Even your office design and décor create patient expectations.

A clinical example of a dentist creating patient expectations involves the use of intraoral imaging. A smiling, full face image of the patient is taken, only to have the smile electronically altered, making the teeth whiter, straighter, and more esthetic. The patient who is given a copy of this predictive treatment result will expect to look exactly like that – or better – when treatment is complete. If that is an unrealistic expectation, the patient should be so informed.

Your practice indirectly creates expectations for patients when existing patients tell others what fine dentistry you do and what a great experience they had in your office: just one short, painless appointment. It is possible the new patient will be expecting treatment to be completed in one short, painless appointment, regardless of the complexity of his case.

Patients also develop expectations based on factors that have nothing to do with you or your practice. For example, each patient has his or her own set of personal dental experiences – good and bad – against which to compare you. Media sources, such as magazines, newspapers, and television news reports are also a significant source of expectations.

The increasingly consumeristic view of the American public also has greatly affected patient expectations. Many patients have taken the retail marketing principle of “satisfaction guaranteed or your money back” and extrapolated it onto dental care. If unsatisfied with the end result, they are not shy about asking for a refund, regardless of how hard you worked to please them, your laboratory costs, or the number of hours they spent in your chair. They view dentistry as a commodity more than a service, and thus believe the finished product should conform to their expectations.

One of the most significant sources of expectations in dentistry today is the television makeover show. People who have neglected their mouths for years are rehabilitated in what seems to be just a few minutes time, yielding dramatic esthetic results. These shows have brought to the masses a greater understanding of the capabilities of modern dentistry, which is good for them and good for the profession of dentistry. More people receiving more treatment benefits all involved.

However, these shows have also created very significant functional and cosmetic expectations in the minds of all that view them. Can every dentist in the U.S. deliver on the expectations created by the clinical results of the television dentists? It is unrealistic to believe so. What really matters is whether you can assess, manage, and fulfill the expectations of the patients that walk through *your* door based on what they have seen, heard, or experienced.

Patients expect to have a courteous and professional relationship with everyone associated with your practice. How you and your staff behave with each other and with patients communicates your level of courtesy and professionalism. Seemingly simple and routine components of a practice, such as telephone protocols, staff interaction, appointment scheduling, dissemination of information, and answering patients' inquiries are critical factors which increase and maintain patient satisfaction.

Guarantees and warranties

Some dentists clearly intend to guarantee their work and expressly state that fact to patients. Others inadvertently offer guarantees through their words (or those of their staff), or due to patient misunderstandings. Many patients harbor expectations that you will guarantee your work just as the local muffler shop and retailer do.

Treatment guarantees and warranties expose dentists to breach of contract claims, which in many jurisdictions have a longer statute of limitations than do malpractice claims. Additionally, breach of contract claims generally do not require the plaintiff to prove that the dentist breached the standard of care, only that the treatment outcome did not achieve the guaranteed result.

Superlative words offered by dentists and dental personnel may create a promise of more than can be delivered. Words such as "best, finest, fastest, smoothest, cleanest, whitest, strongest, most comfortable, most aesthetic, quickest, cheapest, most expensive, highest quality" can imply a guarantee. Phrases such as "I'm certain you'll be happy with your new veneers," "Don't worry, this treatment will solve your problem," and "I've done that procedure dozens of times without a problem" may suggest a warranty or guarantee.

From your perspective, the patient was never promised anything. You or your staff members intended to provide reassurance in the dental environment. However, simple words may become the basis for heightened treatment expectations as well as a perceived guarantee. You need not hesitate on every word you say to your patients for fear of misleading them. However, you should clarify your intention as much as possible.

Financial expectations

Patient expectations regarding financial obligations vary greatly. Be certain patients are informed of and agree to abide by your office's financial policy before providing any treatment. Expectations may relate to the total cost of care, the amount their insurance plan will pay, or how low a monthly payment you will accept. If a patient's desire to pay a \$200.00 balance over the next ten months is not acceptable to you, simply do not begin the treatment. Nothing is more frustrating than to have provided quality care to a patient, only to have the patient fail to pay the bill.

When collection actions are initiated, some patients file professional liability claims alleging that the services in question were performed improperly or that no informed consent was given. Rather than face that possibility, assess the patient's financial expectations and practice financial risk management techniques with patient accounts.

Some practice management experts advise dentists to expect a certain percentage of accounts to be uncollectible, simply part of the cost of doing business. One technique for addressing the possibility of unpaid balances is to ask yourself this question for each clinical procedure that you perform: If the patient can't/won't pay the full fee, how much of that fee would I be willing to accept and still cover my costs? When you have calculated an answer, ask for that dollar amount before you begin treatment.

Controlling the risks

Managing patient expectations requires good communication skills and a team approach. All staff members should be courteous, sympathetic, and empathetic. They should be willing to discuss with patients their expectations concerning proposed dental treatment and the possible treatment outcomes. It all begins with asking the patient directly what he or she expects – esthetically, functionally, and financially. Treatment time frames and appointment lengths also should be discussed. Patient education is a critical aspect of the process, whether through conversation, the distribution of pamphlets and other written materials, or having the patient view an informational DVD or videotape.

Patient Selection

A number of strategies can be used to minimize the risks associated with unrealistic patient expectations. The first set of strategies address patient selection. This approach begins with only accepting those patients whose clinical needs and expectations coincide with your professional practice. Treatment that meets your expectations but not the patient's is not as good an outcome as that which meets everyone's expectations. It is also advisable to only accept those patients that meet your expectations for patient cooperation. Whether the patient's non-compliance relates to keeping appointments, paying fees, or following clinical recommendations, a non-compliant patient will generally present a greater risk of case failure than a patient who is compliant.

Staff Roles

Front desk staff should communicate office policies and expectations regarding billing, broken appointments, after hour emergencies, and other protocols. A written information sheet or pamphlet would enhance this communication.

Clinical staff should assist in determining the new patient's level of knowledge about dentistry and help to educate whenever certain expectations might not be able to be fulfilled. It is common knowledge that some patients will be forthright with dental staff about issues that they would never discuss with the doctor. When staff members learn of specific patient expectations or concerns that could be a barrier to patient satisfaction, they should inform the doctor. The doctor, in turn, must be tactful in his or her discussion of the matter with the patient, if it is broached at all. The quality of the relationship between the patient and the staff member should not be compromised.

Office Environment

In and around the office, keep all areas, including the reception area, clean and neat in appearance. Patients expect health care offices to be clean and sanitary, and the level of cleanliness of your practice does have an influence on patients' opinions of your practice.

Advertising

Even before a new patient arrives, steps can be taken to manage expectations. Advertising, as was mentioned earlier, is a common way for a patient to learn about a practice. All print and internet advertising should have text and artwork that accurately portrays your practice. Be aware that slogans such as "We cater to cowards!" or "Gentle Dental Care" may mean something different to a prospective patient than they do to you. Slogans and practice names can heighten expectations of comfort and care beyond what you know to be reasonable. Also, avoid possible disappointment by not overselling or misleading in your advertising material or when using professional referral services. For example, erroneous impressions may arise concerning the expertise, services, hours, costs and personnel, which may create potential risk exposure.

Referrals

Information a prospective patient gets from referring dentists or current patients can also lead a new patient to unreasonable expectations. When a colleague or patient refers a patient to you, make it a first priority to assess the expectation of the new patient. Find out what they were told about you and your practice, so you can correct any misinformation before it interferes with your new doctor-patient relationship.

Practice Brochure

Mailing an introductory brochure to prospective patients informing them about your practice is an excellent risk management strategy. The brochure could include information such as your location, office hours and days of practice, the services you provide, your specific dental interests, and your participation (or lack thereof) in various insurance plans.

Communication of such information immediately begins aligning a prospective patient's thinking with the way your practice functions. It also serves as a framework for further communication between the patient and the practice regarding important issues and policies. Patients are more likely to comply with office policies when they know them from the outset.

Contacts With Prospective Patients

It is also important to have trained your staff in the proper manner of answering questions from prospective patients. Staff members answering telephones should ask questions designed to determine the caller's motivation. Any pertinent question may be asked of a prospective patient in an effort to determine if there's a possible match between the needs and expectations of the patient and the care provided by the practice.

In situations where you and the caller are incompatible, no appointment should be made. This would include times when the caller:

- is in an insurance or managed care program in which you do not participate
- asks to be treated with a kind of sedation you do not offer ("I need to have laughing gas...")
- requires a service or specialty care you can't or don't provide ("I need my teeth whitened...")
- requests treatment in a sequence you believe is clinically unacceptable ("I just want a prophylaxis...")
- requests an appointment at times when the office isn't open
- is unpleasant, rude, overly demanding, or is generally someone you would rather not treat

When your staff encounters a caller whose expectations do not "fit" your practice, no appointment should be given.

If an appointment is made, certain important information should be communicated by the staff. The prospective patient should be told:

- about the financial policies of the office,
- the information to bring to the first appointment: insurance papers, health history information, old records, etc.,
- the duration of the first appointment,
- what will be accomplished during the first appointment,
- the cost of the first appointment,
- the name of the provider or providers who will treat the patient, and

- what written information to expect by mail from the office confirming this information.

Clear initial communication results in less chance of a surprise at the office and a better opportunity to develop a long-term dentist-patient relationship.

Every patient has a specific set of expectations when coming to your office. It is important that the dentist and staff work together to assess and actively manage patient expectations by engaging in direct discussion, carefully listening to patient's responses, and selecting strategies that address the patient's needs.

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