



CNA HealthPro

Written Treatment Plans Benefit All

You know that patients don't remember everything you tell them. Whatever the issue – the need for treatment, postoperative instructions or your rationale for a referral – if the message is relayed orally, the likelihood of total recall on the patient's part is remote.

Treatment plan discussions are no different. From the necessity for treatment to the sequence to the cost, people forget what you tell them.

That's where the written word comes in. We have always recommended that dentists thoroughly document all aspects of patient care. Written treatment plans play an important role in practice documentation.

Benefits

For dentists, written treatment plans are an excellent way to

- coordinate and prioritize patient care
- document your recommendations for care
- estimate the cost and time involved in a treatment
- manage professional liability issues

For your staff, written treatment plans aid in

- scheduling appointments
- managing referrals and consultations with other providers
- preparing properly for each treatment visit
- processing insurance benefits and billing statements

For patients, a written plan

- serves as a reminder of the treatment sequence
- organizes informed consent discussions, helping ensure that they receive all necessary information
- helps them develop and keep track of their financial arrangements with your practice

In the event of a peer review or professional liability action, written plans can also be introduced as evidence in your defense. If you consistently provide a patient with a copy of the written treatment plan, it will be difficult for that patient to prove a *failure to diagnose* allegation, as long as the condition is addressed in the plan.

Creating a Written Treatment Plan

Considering the benefits it provides, a written treatment plan should be part of every dental record. Short and simple treatment plans (e.g., those involving just a few operative restorations) can be included in the body of the dental record, rather than on a separate form. They can easily be incorporated into the progress note for the exam during which you diagnosed the need for the restorations.

The more lengthy or complex the treatment, the greater the need for a formal written treatment plan that is separate from the progress notes. If you have a "paperless" office, there is no need to rewrite a document by hand. Simply print out a copy of the patient's treatment plan from your electronic patient management system.

Treatment Plan Tips

No matter what form your written treatment plan takes, it is critical to present treatment recommendations and alternatives that are in accordance with accepted standards of care and clearly reflect the best interests of the patient.

When developing treatment plans, keep these considerations in mind:

- **Present and perform the treatment plan in a reasonable sequence.** For example, provide periodontal treatment before placing the crown and bridge restorations, rather than after. Performing treatment in an unusual or aberrant sequence may constitute malpractice, even if the patient suggested or consented to that sequence. (Remember that a patient cannot waive a dentist's obligation to practice at or above the standard of care by consenting to a negligent act.) If you have a sound clinical rationale for an unusual sequence of treatment, fully document that reason in the record.
- **Present your patients with the treatment plans that you believe best address their needs.** If a patient declines, document their declination and offer reasonable alternative treatments. Every patient has the legal right to be informed of reasonable alternatives, even if those alternatives differ from what you expect the patient to agree to and/or are more expensive than what you think the patient can afford.
- **Separate financial considerations from your professional duty to the patient.** You have the duty to perform at or above the standard of care for all patients in your practice, regardless of the level and/or method of financial reimbursement.
- **Fulfill your professional duty by diagnosing pathology, informing the patient of your findings and recommending appropriate treatment.** It is up to the patient to decide whether or not to proceed with the treatment you have recommended.
- **Always give your patients a copy of the treatment plan.** Seeing the plan in writing helps them better understand the scope of care, the time frame involved and the estimated cost. They can refer to it as needed to refresh their memory or to check off treatment as it is completed.

Practitioners who document their treatment plans find the written plans invaluable organizational and communication tools. It is a good habit for all dentists.

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