

WHY DID MY PATIENT VANISH?

4 SIMPLE WAYS TO REDUCE THE VANISHING PATIENT “you cannot treat an empty chair”

No-shows, missed appointments and incomplete treatment plans are a constant struggle in healthcare. Sometimes these components of patient care are inevitable and, in some cases, may not be preventable. However, some studies have shown, a provider can implement best practices to lower the percentage of no shows, missed appointments and incomplete treatment plans. Patient phone call reminders, open access scheduling, short wait times are key strategies, but in this article, we would like to discuss best practices that take place between the provider and patient.

Problem #1: Results Aren't Immediate

Solution: Yes, many conditions may not have immediate results (plantar fasciitis, lateral epicondylitis, adhesive capsulitis, chronic low back pain, etc.). The responsibility of the treatment team is to identify one to two tests that reproduce the chief complaint. What activity of daily living does the patient experience the chief complaint (pain)? How can the clinical team reproduce this activity in office? By identifying one to two simple tests, the provider will be able to demonstrate immediate results. This test may be simply be improved range of motion, but it must include symptom reduction. It must be tangible to the patient. This is why we emphasize a Test, Treat, Test model.

Problem #2: Lack of Understanding

Solution: Patients want to know the basics. They want to know the truth about their condition. An informed patient is often a more compliant patient. The “New Patient Experience” has been established as a guide to improving communication during the examination, treatment and informed consent. This communication style will compliment the test, treat, test method and aiding in the patient’s ability to recognize immediate results. An additional method of improved communication is explaining the differential diagnosis and plan of care to a patient during the informed consent discussion. By explaining the top three to four differentials for the diagnosis, the provider will outline and address the “what ifs” and “do I need imaging” concerns that most patients have but do not ask.

Problem #3: Cost of Care

Solution: Cost is often outside the influence of the provider. Best practices have been established to lower resistance to cost (payment plans, comp status, etc.). Even with these strategies, a patient may not return for a follow up visit because of cost. Patients are consumers and consumers often make financial decisions based on two aspects; logic and emotion. Most consumer decisions are influenced by emotions. How does this make me feel? How do I compare to others? Does this positively impact my life? The role of the provider is not to persuade a patient to spend money. The role of the provider is to answer questions, provide a clinical opinion, deliver a prognosis based on a given treatment plan and when that patient decides, deliver the best care possible. So, in the case of decreasing a patient’s reason to no show, cancel, miss an appointment or vanish; the provider must connect why the patient made the appointment and what the end goal of the patient is. Once a clear goal is established, a medically reasonable prognosis can be given, and the patient will be influenced emotionally and logically. It is at that point, the consumer’s choice.

Problem #4: Patient Values

Solution: Emotional Intelligence is often a gift but can be a learned attribute. Just as a skilled teacher knows his or her audience and is able to adapt the lecture to the audience, a successful provider knows his or her audience. Is my patient an engineer and wants all the details so he or she can problem solve? Is my patient stressed with a history of fear avoidance and anxiety? Is my patient an avid runner who will not quit and does not want a provider to tell him/her to stop running unless it is absolutely necessary? Is my patient just wanting a few questions answered but no further intervention? Focus on identifying the desires of the patient. Identify the main question or concern. What does the patient expect of the provider and the care provided? Once the treatment team can clearly answer this question every visit, then problems 1-3 will be less of an impact on the treatment plan. Identifying these things will aid in a provider's ability to direct care and will feel more confident and assertive.

If cancellations, no shows, missed appointments and vanishing patients drive you insane, you are not alone. This is a sentiment felt by many health care providers. The question is, what are you doing about this situation? The solutions to these four problems will help you increase your direction of care, prognostic predictability and assertiveness. A patient is seldom opposed to developing a new friend, but they are "contracting" you to be their doctor first. Be the best doctor you can be for the patient and once you resolve their injury or address their concerns, you will become a respected friend. You can be the best. You will be the best. You are the best.

The HERO Mission

We aim to deliver course content that is patient-centered and will transform continuing education into patient outcomes. We ensure the material discussed will be supported by clinical guidelines and will be delivered in an ethical manner. We will remain focused in our learning methodologies and strive to positively impact patient outcomes through professional development.