



## Ease and convenience: Keys to patient satisfaction

Savvy dental practice owners understand the importance of patient retention: Keeping existing patients is typically more cost-effective than recruiting new ones. Higher patient satisfaction enhances the likelihood of repeat business and the probability of referrals to other potential patients. An important strategy for improving satisfaction is making it easy and convenient for patients to seek care with your practice.

In a world where someone can order groceries online with a few taps, make travel reservations via an app, and see a list of available movies by using voice commands, consumers value convenience and an easy-to-use interface. The COVID-19 pandemic has also accelerated the drive toward online transactions and made consumers impatient with anything that takes too much time. Dental practice owners need to consider these trends when taking steps to boost patient satisfaction in the areas of wait time, online scheduling, record access, and communication. In addition, involving staff is essential to implement and sustain high patient satisfaction levels.

### Wait time

It's not surprising that wait time is linked to satisfaction. The 9th Annual Vitals Wait Time Report found that 84% of respondents said a reasonable wait time was "somewhat" or "very important" to a quality experience, 30% had left an appointment because of a long wait time, and 20% had changed providers because of long wait times. Although the report focused on physician appointments, the results are likely similar for other types of healthcare appointments, including dental healthcare.

Reducing wait time requires careful tracking of scheduled versus actual length of appointments and adjusting as needed. For example, data may show that the time for first-visit appointments needs to be lengthened. On the other hand, if most dental hygienists and dentists conduct initial patient visits within the allotted time frame, those who routinely take significantly longer need to be counseled on how the time can be reduced. It's also important not to overpack the schedule so urgent patient needs can be accommodated.

Patient preregistration can lessen onsite waiting time. Patient portals, emails, and phone calls can be used to obtain needed information, such as updates to dental insurance, medical conditions, medications, and family history. Forms for new patients can be mailed, emailed, or sent via the patient portal, with completed forms uploaded on the secure portal or brought to the visit.

Dental practice staff and providers should review patient information beforehand; patients frequently complain about being asked questions they have already answered on forms. If a question must be repeated, explain why and acknowledge that the patient has responded previously. For example, "I saw on your form that you don't have any drug allergies. For your safety, I want to verify that is correct."

If unexpected waits occur, but sure staff acknowledge the wait and, if possible, offer an explanation why and how much longer the patient may have to wait. Most people understand that schedules may change, and emergencies arise, but they want to be informed. If there has been a major disruption to the schedule, staff should communicate the new estimated time to patients who have not yet arrived. Use the patient's preferred method (such as text, email, or voicemail).

It is important to not only address how your dental practice can improve wait times, but to also consider and effectively communicate the expectations that you and your practice have of all patients. Patient forms should include policies related to cancelled appointments, lateness, and failure to show up for an appointment so patients aren't surprised when, for example, they are asked to pay a cancellation fee.

### Online scheduling

Online scheduling can be satisfying (and even expected) for patients accustomed to booking dining reservations, hair appointments, and much more online. Online scheduling helps businesses as well, decreasing errors caused by manual systems, reducing staff needed for scheduling, and providing a way to automatically connect with patients. For instance, sending automated reminder texts and emails can help reduce the number of missed appointments.

### Record access

Patients often feel that easy access to their records should be part of their relationship with a provider. For many years, patients have had the right to access their information under the Health Insurance Portability and Accountability Act (HIPAA). However, this could sometimes be cumbersome, with patients required to fill out paper request forms, wait for days, and even pay a fee. That changed with the 21st Century Cures Act ("Cures Act"), which went into effect April 2021. Health organizations are now required to share electronic health information, such as progress notes and lab reports, at no cost. Failure to do so can result in penalties.

Dental practice owners can turn Cures Act requirements into an asset by providing clear instructions on how to access information through a patient portal. They can also provide contacts and resources to help patients understand what they are reading. These simple measures can significantly improve patient satisfaction.

Keep in mind that the Cures Act requires organizations to have a secure "application programming interface" so patients can access information via apps on their personal devices. Dental practice owners should consult with information technology experts to protect against a cyberattack. If an attack results in the loss of protected health information, penalties and legal action could ensue. It's beyond the scope of this article to review the Cures Act and HIPAA privacy and security requirements; more information can be found at [www.healthit.gov](http://www.healthit.gov).



This newsletter is prepared by the staff of the National Society of Dental Practitioners, Inc.

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## Communication

At the initial visit, staff should determine the patient's preferred means of communication and a backup for appointment reminders and dentist communication. All dentist-patient communication should be via secure messaging avenues to avoid breaches of protected patient health information. It's also important to note communication parameters. For example, a patient sending a message through a portal should know the expected response time and that if help is needed urgently, they should call the office, or in the case of an emergency, 911.

The patient portal has become an essential communication tool for many businesses and practices. When choosing a portal, dental practice owners should consider security; how easy it is for patients to register; how the portal works with existing office systems; and features such as appointment scheduling, reminders, and follow-ups. Asking someone who is not a patient but is representative of the patient population to test items such as scheduling and record access can help reveal potential glitches or ways the interface could be improved.

## Staff participation

Patient satisfaction is a team effort. All staff should receive training on how to provide exceptional service and how to manage complaints, including those related to the patient portal or the practice's website. If possible, avoid requiring patients to call a tech company if they have technology issues with the portal or website; patients often feel frustrated when they must seek help from an unfamiliar source, leading to feeling that the practice “doesn't care” about them.

Encourage dental healthcare providers and other dental practice staff to participate in problem

solving. Challenge staff to suggest new ways of making it easier for patients to conduct their business, including ways to streamline workflows to save time.

## Tracking satisfaction

Dental practice owners should develop a plan to monitor patient satisfaction on a regular basis so adjustments can be made as needed. The easiest measuring tool is a survey that patients take after a visit. Short is better than long with it comes to surveys. SurveyMonkey found that the more questions asked, the less time respondents spend, on average, answering each question. In addition, once it takes more than 7 to 8 minutes to complete a survey, completion rates drop significantly. If the survey includes more than three to five questions, it may be a good idea to rotate what is asked to each respondent to cover different topics.

It's also a good idea to talk with patients about their experience. Dental practice owners can randomly choose a few patients each quarter to call or talk to in person or online to gain input. Finally, check social media and review sites to see what patients are sharing about your practice online.

## Ease and convenience

Today's consumers are seeking both ease and convenience when they interact with businesses, including dental practices. By meeting those needs through strategies that address common sources of patient satisfaction such as reasonable wait times and online scheduling, dental practice owners can improve reap the financial benefits of patient satisfaction and retention.

Article by: Georgia Reiner, MS, CPHRM, Risk Specialist, Dentist's Advantage

## Addressing wait times

Here are some strategies dental practice owners can use to reduce the amount of time patients wait for their dentist and improve their wait experience.

- Collect information ahead of the appointment.
- Provide a welcoming waiting area. Have comfortable chairs, good lighting, current reading material (including education materials), and free access to secure Wi-Fi.
- Use technology, including automated appointment reminders and patient portals.
- Communicate updates via the patient's preferred method.
- Track wait times and appointment times and adjust as needed.
- Survey patients to obtain input

### RESOURCES

ADA. Information Blocking and Interoperability fact sheet. [www.ada.org/publications/ada-news/2021/november/information-blocking-and-interoperability-faq-now-available](http://www.ada.org/publications/ada-news/2021/november/information-blocking-and-interoperability-faq-now-available).

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Vitals. 9th Annual Vitals Wait Time Report released. 2018. [www.businesswire.com/news/home/20180322005683/en/9th-Annual-Vitals-Wait-Time-Report-Released](http://www.businesswire.com/news/home/20180322005683/en/9th-Annual-Vitals-Wait-Time-Report-Released).

# Dental Expressions® – From the CNA Claim Files

## Nerve Injury Allegation and Lawsuit Successfully Defended at Trial

One of the most significant problems in defending professional liability claims occurs when diagnosis, treatment, referral, consultation, or patient issues are not supported by appropriate and contemporaneous documentation. At a malpractice trial, the jury will be told, and the defendant dentist must acknowledge, that all pertinent patient information — personal and clinical — should be documented in the dental healthcare information record. If the record is then found to be deficient, the dentist's credibility as a witness is severely compromised. In the subsequent battle of oral testimony, a jury comprised of the patient's peers may empathize with the patient and believe the patient's version of the events due to a lack of documentation to the contrary.

### CLAIM CASE STUDY

**Practitioner:** General dentist

**Claimant:** Male, in his mid-50s, history of obesity and anxiety disorder (with benzodiazepine use)

**Risk management topics:** recordkeeping and documentation; attorney-client communication; defense preparation

**Facts:** A long-time patient of the general dental practitioner (GP) presented to the office for dental prophylaxis and periodic examination. The GP determined that restoration repair or replacement would be necessary for a molar and premolar in the maxillary left posterior quadrant due to material failure and recurrent decay.

The patient returned the following week for the planned procedure. After placement of benzocaine topical anesthetic, the GP administered one carpule of lidocaine 2% with 1:100,000 epinephrine to obtain local anesthesia. Two restorations were replaced without incident.

A few days later, the patient returned complaining of slight tooth sensitivity. The dental healthcare information record indicated that on the day of treatment, the dentist had advised the patient that sensitivity may occur due to the depth and location of the recurrent decay on the molar tooth.

In accordance with the dentist's custom and practice, the dental healthcare information record also included a copy of the post-treatment instructions provided to patients receiving restorative care. The patient's informed consent for treatment was obtained, and the discussion was documented in a progress note. The dental healthcare information record also reflected a signed consent form which included information about the risks, benefits, and treatment alternatives appropriate to the patient's condition.

The dentist proceeded to check the patient's occlusion and made minor adjustments to one restoration, and the patient noted it "felt better." He scheduled his next appointment prior to departure. Shortly after leaving and unknown to the

dentist at that point in time, the patient began to experience numbness, tingling and pain. The patient sought care from his physician, an oralmaxillofacial surgeon and other medical specialists over the next several months.

Less than one year following the restorative treatment, the dentist received a summons regarding a lawsuit filed by the patient and his spouse, asserting malpractice related to the restorative treatment. According to the lawsuit, the patient suffered permanent nerve injury and pain, requiring costly medical evaluations and ongoing treatment.

**Key Allegations:** Improper dental anesthetic injection; failure to diagnose and/or treat nerve damage.

**Alleged Injury/Damages:** Permanent nerve injury; temporomandibular joint dysfunction; loss of a tooth; pain and suffering; loss of consortium; lost wages and medical expenses in excess of \$1.2 million.

**Analysis:** The lawsuit asserted that the proximate cause of the patient's injuries was that the dentist injected too deeply, penetrating, and injecting the local anesthetic solution into a nerve. The lawsuit further asserted that the dentist should have known that he caused injury, since the patient tensed and winced in pain during the injection, gripping the dental chair handles. The complaint stated that the dentist should have withdrawn and re-positioned the needle to minimize damage to the nerve, but he did not do so. During his deposition, the patient testified that he advised the dental assistant after the injection that "something happened" and that he felt there might be a problem with the anesthetic.

The dentist immediately contacted his insurance company about the summons and, within a short time, he discussed the case with the claim professional and defense counsel. A comprehensive review of the dental healthcare information records was performed, and discovery was conducted to permit a review of additional medical records. The discovery process confirmed that the patient incurred medical costs from an oral surgeon for treatment of temporomandibular joint disorder (TMD) and extraction of a tooth (not the same one that was treated by the GP). Ongoing complaints of nerve-related pain resulted in the patient seeking care from a neurologist. The neurologist established a provisional diagnosis of trigeminal neuralgia. Prescribed medications provided limited benefit. Later in the patient's course of treatment, the neurologist performed a thermal rhizotomy procedure.

The patient experienced complications from the procedure, including chronic pain and partial facial muscle paralysis. This led to the need for speech therapy and various medications to help manage chronic pain. The review also revealed that the patient's general anxiety had previously been treated with benzodiazepines, which had been discontinued around the time of the dental restorative treatment.

There was no dispute that the patient experienced pain and suffering, and the jury would probably be sympathetic to his situation. The question was whether the insured dentist's actions resulted in the patient's injuries.

Although the patient's complaint primarily involved the maxillary area on the side of the dental restorative care, the medical records revealed that there were complaints of nerve "tingling" and related symptoms in other areas. Defense experts proposed that the patient's initial complaints related to "tingling" or paresthesia may have been associated with known symptoms of benzodiazepine withdrawal.

From a dental care perspective, the experts strongly supported the dentist's treatment. Defense counsel and the dental experts concluded that the comprehensive dental healthcare information record supported the treatment provided and would enhance the dentist's credibility at trial. The dental healthcare information records did not support the patient's statement of severe pain during the injection. During her deposition, the dental assistant did not recall a discussion with the patient following the injection.

Key points in this case include:

- The plaintiff's expert initially contended that the dentist injected into the nerve, causing injury to a branch of the trigeminal nerve. However, the facts of the case regarding the treatment and location of the injection did not support this position. As a result, the plaintiff modified its causation theory, weakening their case.

- Two defense experts presented strong positions related to causation and standard of care. The possibility of benzodiazepine withdrawal, though not confirmed, required acknowledgment by the plaintiff's expert.
- The insured dentist presented extremely well at deposition. While he had not been sued previously, he was an experienced presenter of continuing education topics at dental professional meetings. He was confident in his knowledge, skills, and patient care. This constructive demeanor was perceived both at deposition and at trial.

Although the outcome of any professional liability trial may be unpredictable, a comprehensive dental healthcare information record represents your primary source of defense. It is difficult for a plaintiff to challenge an accurate and unaltered dental healthcare information record documented at the time of treatment.

The quality of the dental healthcare information record was a key factor in the decision to proceed to trial and proved to be an essential element of the insured's defense.

**Outcome:** Verdict for the defense.

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CNA Dental Risk Control



## New Dental Claim Report Released!

You have invested your life in your career, all of which can be threatened by a single malpractice lawsuit or state licensing board complaint. Dentist's Advantage, in collaboration with CNA, has released their newly updated claim report: Dental Professional Liability Claim Report: 2nd Edition. Included within the report are in-depth analysis and risk management recommendations designed to help dental professionals avoid claims and improve patient outcomes.

### Key findings from the 5-year study include:

- **\$134,497:** Average cost of a malpractice lawsuit against a dental professional, including legal defense costs
- **30.5%:** The increase in the average cost for a malpractice claim against a general practitioner since the 2016 claim report
- **Inadequate precautions to prevent injury:** Most common malpractice allegation against dental professionals
- **Corrective Treatment:** Procedure resulting in the highest percentage of injury claims (25.5%)
- **\$4,428:** Average legal cost to defend a dental professional from a licensing board complaint – an increase of 18.7% from the previous dataset

[Click here](#) to get your free copy of the report.

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N-14339-1021