Commentary

Patient late policies need a diversity, equity, and inclusion refresh

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After cofacilitating a diversity, equity, and inclusion (DEI) workshop for oral health care residents from various specialties, the topic of patient late policies was discussed. It was followed by an intense discussion. The residents expressed strong emotion on this issue and shared stories about when patients were late to an appointment. Reactions ranged from an assumption that lateness represented a strong sign of disrespect to a belief that lateness was out of the patient's control. Although many of the residents had already been exposed to DEI concepts and generally agreed that it would be helpful in practice, there was a disconnect in applying the concepts to patient late policies. Of the various structural policies commonplace in clinical practice, it seems that these late policies may not be the focus of DEI work. Yet, its structure appears to have a daily effect on the amount of patient care services delivered or if a patient has a chance of achieving successful treatment in a dental practice. The problem with not reassessing these policies is that it may alienate patient populations, reduce the number of quality patient care services provided, and cause dentists to miss out on opportunities for more clinical efficiency. Patient late policies are ready to be reframed according to DEI considerations.

The goals of a patient late policy refreshed by inclusion of diversity, equity, and inclusion considerations could be achieved: better provider-patient relationships, clinical efficiency, and more quality dental care.

The idea of optimizing the patient clinical schedule has been in the medical literature since the 1960s.[1] The focus of this work was to improve outcomes for both health care providers and patients.[2] Efficient patient care scheduling made better use of provider time, which was beneficial operationally and financially. It also reduced patient wait times, and that was linked to increased patient satisfaction.[3] Because patient lateness is a factor that affects these outcomes, policies have been integrated into clinical scheduling to mitigate the impact. These policies can range from zero tolerance to 15-minute grace periods to pairing with any available provider. Other mitigating solutions include overbooking patient appointments for the same appointment time, charging fees for lateness, or incorporating lateness as part of a patient dismissal policy. Although varied, these policies seem to be universally important to the health of a dental practice.

However, with the continued shift of dental practices to electronic dental management software and automated scheduling technology, late policies may become set by parties outside of the dental practice. Furthermore, machine learning and artificial intelligence (AI) have been integrated into the scheduling of patients.[4,5] These algorithms are complex and include multiple factors like distance traveled, the typical weather for that time of year, and closeness to holidays. It also considers the socioeconomic status of the average resident from a certain ZIP Code. Because these AI algorithms are not programmed by oral health care providers, the scheduling programs may create decisions on the basis of aggregate information and not the individual context of the patient needing care. The lack of DEI input, such as incorporation of social determinants of health into the base programming of AI algorithms, could lead to discrimination against protected groups and unjust ethical decision making. For example, patients from certain ZIP Codes may be excluded systematically if they do not meet an appointment show rate average. AI appears to have an

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increasing role in practice management, and it is important to ensure that it incorporates DEI to keep it ethical.

Therefore, there is an important need for this input. It serves as the foundational information needed to serve both the oral health care provider and patient well. There are barriers to care, like socioeconomic status and transportation issues, which should be considered to address equity in the late policy. Some examples of how these affect patients are job types and transportation to the office. Patients with hourly jobs may not have the same flexibility for dental appointments as those with paid time off or sick days. In addition, public transportation is subject to schedules that may not be fully aligned with the dental practice. It can also be helpful to establish a mutual understanding, between the provider and the patient, of what arriving late to an appointment means. Patients can have varied cultural contexts regarding lateness and may have multiple competing priorities to arrive on time. Understanding the common barriers they face provides context and awareness of what is and is not in the control of the patient.

One perceived challenge may be integrating this information-gathering process into the clinical workflow. A solution could be to ask for this information as part of the patient intake questionnaire. The front-desk staff could effectively schedule a patient for an ideal appointment time, and it could highlight potential issues with patients arriving late. As a bonus, this information allows the oral health care provider to build rapport with an extra DEI perspective. Furthermore, late policies are concrete and relatable. DEI can sometimes feel abstract. By pairing the 2, it can be a gateway for the continued practical application of DEI into dental practice. It also reinforces empathic questions and setting expectations, which support high-quality patient care.

There are multiple benefits for the oral health care profession when DEI is integrated into the system.[6] However, there are also practical challenges, and the solutions need a reexamination of long-standing policies with a DEI lens and openness from oral health care providers. With this, the goals of a patient late policy refreshed by inclusion of DEI considerations could be achieved: better provider-patient relationships, clinical efficiency, and more quality dental care.

DISCLOSURES

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