A general ophthalmologist examined a 29-year-old man with intraocular pressures of 37 mmHg in the right eye and 31 in the left eye, with 50% peripheral vision loss in the right and 7% in the left. The ophthalmologist prescribed Betagan drops twice daily. Pressures dropped to 19 mmHg in the right eye and 18 mmHg in the left by the time the patient attended for a follow-up visit nine days later.

The patient, however, missed his four-month follow-up appointment, prompting a reminder letter from the ophthalmologist. When the patient finally returned seven months later, his pressures were 38 mmHg in the right eye and 36 mmHg in the left. Although the ophthalmologist referred the patient to a university surgeon immediately for trabeculectomies, the patient became legally blind in the right eye and had best corrected visual acuity of 20/25 in the left eye within two years.

Ultimately, the patient sued the general ophthalmologist for failing to remind him to keep his appointment and failing to warn him that glaucoma could lead to blindness. The patient also claimed he had followed the Betagan treatment instructions. With inadequate documentary evidence of his reminders to the patient to follow-up, the ophthalmologist’s defence was weak. However, the court ultimately acquitted the ophthalmologist of negligence after the patient’s pharmacist gave evidence that the patient failed to fill his Betagan prescription often enough to comply with the ophthalmologist’s advice.

Welcome to the world of the non-compliant patient, says Anne M. Menke RN PhD, risk manager for Ophthalmic Mutual Insurance Company (OMIC), the largest insurers of ophthalmologists in the United States. Often, the patients who miss appointments are the same ones who don’t fill their prescriptions or take them properly, Dr. Menke says. They are also more likely to sue you for malpractice than compliant patients.

Non-compliance can be the first sign of dissatisfaction with your care, Dr. Menke says. She recommends the “ICEDD” approach: Identify, Clarify, Educate, Decide, and Document.

Identify. The first step is to identify non-compliance. This requires knowing what treatment was ordered and verifying that it was received. Reviewing the medical record before each visit will serve to identify what was ordered. Determining if orders were followed can be more complicated. Enter referrals for tests and procedures in a tracking system, then record reports from the facility or doctor to which you referred the patient. Then, follow-up with the patient and document the treatment plan in your tracking system.

Clarify. If these procedures show your patient is not complying, the second step is to clarify why. Are there financial difficulties, child care issues, or other circumstances that prevent the patient from taking a test or refilling a prescription? Does the patient understand the need for the treatment? Does the patient fear the outcome of a test? Is the patient having trouble administering medicine?

Educate. Once the reason for non-compliance is known, the physician should target the issue with education. If it is a matter of understanding, more teaching about the condition and need for treatment may be in order. If the issue is difficulty taking drops or other medicines, more training or assistance may be needed. If the issue is financial, referral to a social service agency or social insurance program may be called for.

Decide. If the patient is just not ready to be treated or refuses with full understanding of the consequences, you must then decide whether to continue treating the patient, Menke says. You may want to adopt an “open-door” policy, in which you invite the patient to return for treatment when they are ready.

Document. Whatever the outcome, document everything you do in the medical record. If the condition you are dealing with is vision or life-threatening, you may want to send letters informing non-compliant patients of your recommendations and actions by registered post. You may also want to get the patient to sign a statement that you have informed them of the consequences of refusing treatment. Copies of all correspondence should go into the medical record to document you actions in case of a lawsuit.

Documenting missed appointments

Missed appointments are a special case of non-compliance. Not only do they make treatment decisions impossible; they may also be the first sign of dissatisfaction with your care, Dr. Menke says. She recommends a system to schedule, identify and review appointments to make sure that at-risk patients do not fall through the cracks.

Schedule. Appointments should be scheduled according to medical need. The follow-up interval should always be indicated in the medical record, and the follow-up appointment should be scheduled before the patient leaves the office.

Identify. Missed appointments should be identified as cancellations, reschedules or no-shows. The ophthalmologist should review a list of missed appointments every day.

Review. Missed appointments that place a patient at risk of not receiving timely care, particularly for serious conditions, should receive a special flag.

Act. Have your staff call patients who miss appointments to find out why. Specify a timeframe to reschedule for patients who may need immediate care or attention to progressive conditions. If this cannot be done over the phone, write a “missed appointment” letter reminding the patient of the missed appointment.

Document. Document every step of this process in the medical record. While all this sounds like a lot of trouble, it will serve your patients and your practice well, Dr. Menke says. “You will know that you have done everything you can to make sure the patient is aware of what needs to be done and makes an informed choice. You also have everything you need to protect yourself and your staff from any accusation of negligence.”

Non-compliance letter can protect patient and ophthalmologist

Sample Letter to Patient Who Missed/Cancelled Appointment

Date

Dear Patient:

You cancelled (or failed to attend for) your follow-up appointment on (date) without rescheduling. We were unable to reach you by telephone.

You are at risk of not receiving timely care, and continuing care is essential to the health of your eyes. You have an eye condition which will worsen without proper care.

We are unable to reschedule your appointment. If the condition you have does not improve, you may wish to contact a social insurance program for assistance.

By Howard Larkin

EuroTimes February 2006