

## Understanding Patient Discontinuation Factors in Predoctoral Clinics: A Comprehensive Analysis

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**Objectives:** This project aimed to identify the causes of patients discontinuing treatment prior to completing an initial Comprehensive Oral Exam (COE), which includes an in-depth initial assessment of their oral condition and treatment needs.

**Experimental Methods:** A retrospective chart review was conducted for 200 patients out of 1783 who were accepted to the predoctoral student clinics at the UTHealth Houston School of Dentistry (UTSD) from January – December 2022. Patient demographics and medical and dental history were collected for all patients. The 200 sample patients consisted of 66 patients who completed a COE and 134 patients who discontinued treatment without completing a COE. For these discontinued patients, treatment records, contact notes, transaction notes, and discontinuation letters were reviewed to search for documentation of reasons why treatment was discontinued.

**Results:** Of the 1783 patients accepted, 29.5% discontinued their treatment before a COE was completed. In the sample of discontinued patients reviewed, the average number of completed appointments before discontinuation was 1.6. Patients are discontinued from the program after being sent and not responding to a contact letter (sent on average 154 days after acceptance) or discontinuation letter (sent on average 158.5 days after acceptance). The most common issues identified as potential contributing factors to discontinuation were: the patient was unable to be contacted following their last appointment (30.6%), the provider's failure to contact the patient within a month after their last appointment (23.9%), the patient did not receive medical clearance (14.2%), and the patient experienced financial barriers to continuation of care (13.4%).

**Conclusion:** The results suggest that patient-provider communication may play an essential role in patient retention in the initial stage of care. A deeper dive is warranted to explore current patient communication and documentation practices to make changes that facilitate better patient oral health outcomes.