How to Encourage Parent Accountability With Pediatric Patients

Why is it that some medical practices seem to have more nonadherent patients than others? Is it because healthcare providers don’t always know when to say no? High-maintenance customers often expect special treatment — accommodations for uncooperative children, preferential appointment scheduling, extended payment schedules, etc. In their desire to provide outstanding customer service, healthcare providers may inadvertently inconvenience their employees as well as their other patients.

The ability to differentiate between customer service and common-sense business practices is vital in the healthcare setting. Ideally, both should reflect the needs of all patients, staff accountabilities, and the standard of care. Accommodations that aren’t compatible with patient safety initiatives and practice policies may have unintended negative results for providers, staff, and patients.

Planning a Good Start

Healthcare providers can establish more effective working relationships with pediatric patients and their parents when they have mutually shared expectations. However, if providers and parents have different expectations for treatment or outcomes, miscommunication and patient nonadherence may occur. Identifying these issues early is important so they can be resolved.

Try to schedule extra time for new patient appointments. Explain to the parent — both verbally and in writing (e.g., in a welcome brochure) — the importance of mutual trust, respect, and shared accountability in the provider–patient/parent relationship. Take the time to identify and assess parental expectations to find out if everyone is on the same page.

If you encounter a parent who doesn’t seem committed to a proposed course of diagnostics or treatment, engage the parent in further discussion to identify obstacles, assess concerns, and hopefully come away from the discussion with a plan that will work for both parties.

Although it is not always possible, refusing to initiate treatment might be an option if a pediatric patient’s parents have a history of nonadherence or blatantly refuse to cooperate. Again, part of the basis for a successful provider–patient relationship is parents’ willingness to act as partners in their children’s care.
Depending on the patient's current health status, it might be beneficial to elect not to start treatment. You can refer the family to their health insurance carrier or to the local medical society for the names of other providers. Rarely is it a good idea to directly refer this type of patient/family to another provider.

**Be Clear About Policies, Expectations, and Boundaries**

Unfortunately, many healthcare providers can give examples of parents who (a) won't authorize or follow through with treatment for their children, (b) fail to follow through with a treatment plan they've agreed to, or (c) simply "fade away" before treatment can be initiated or completed. For example, clinicians often report that they are frustrated by parents who won't obtain needed screenings, inoculations, consults, or follow-up care.

Treatment planning discussions with parents can be reinforced by using educational materials and requesting verbal commitments. These interactions should be documented in each patient's health record.

Provide parents with documentation that explains your policy related to tests, screenings, consults, etc. Explain why these procedures are useful and how they help you diagnose, treat, or monitor a child's health. Parents who balk at this policy likely are not going to become more adherent over time.

Depending on your specialty and the patient's condition, it might be possible to discharge the patient from your care — hopefully, before you initiate treatment. Explain to the parents that your practice is unable to meet their requirements. Refer them to their health insurer and the local medical society, and don't charge them for the initial consult.

Yes, you've lost a potential source of income. But you've also lost a patient/family that might use up an inordinate amount of your time and your staff's time. Further, you've lost the liability that often is associated with nonadherent patients.

**Address Nonadherence When It First Occurs**

If your initial meeting with a new patient/parent has provided a strong foundation for the concept of partnership, you may decide to accept the patient. However, at the first sign of nonadherence, follow up with the parents. Politely remind them that they committed to a team approach when they asked for your care. Reinforce the importance of teamwork between the provider and the patient/family.

Parents should know that you will follow up on missed appointments, nonadherence with home care instructions, and failure to respond to recalls or referrals. Hold them accountable for their end of the agreement, just as they expect to hold you accountable for your clinical efforts.
**Remind Parents That Nonadherence May Lead to Discharge**

From the very first office visit, parents should know that nonadherence essentially severs the provider–patient relationship and may "force" you to discharge their child from your practice.

When parents don't abide by treatment plans they have previously agreed to, you are limited in your ability to provide appropriate care. If you ignore this problem, you are inadvertently reinforcing inappropriate behavior. This behavior likely won't go away; rather, it will become a habit.

**You Have an Obligation to Note, Document, and Report Suspected Child Abuse/Neglect**

Another example of risks associated with nonadherence focuses on the healthcare provider’s obligation to report cases of suspected child abuse and neglect. Providers who treat children can play a critical role in preventing tragedy.

It is vitally important that you and your staff know your responsibilities under federal and state laws. You may wish to develop a policy and post it and/or include it in your welcome brochure so that parents also are aware of your state's regulations — and your support of them.

In some instances, you might need to work with members of other healthcare professions to determine whether a child's condition warrants a report of suspected neglect or abuse.

**Make It Easy for the Nonadherent, Uncooperative Parent to "Fire" You**

When parents are uncooperative in their children's care, the risk of injury increases. Liability also increases for the healthcare provider. When uncooperative parents seek to manipulate care, or won't follow through with their end of the agreement, it is in the provider's best interest if the patient terminates the relationship with the practice — even inadvertently.

Consider the following example:

Mrs. Anderson has been repeatedly uncooperative — missing appointments for her son Tyler, failing to oversee his home asthma treatments, and generally antagonizing your staff. You have referred Tyler to a pulmonologist, but Mrs. Anderson insists that she wants you to provide the child's treatment. When you insist that Tyler needs to see a specialist, Mrs. Anderson huffs out of the office, saying, "Well, I guess we know when we aren't wanted! We'll just take our business elsewhere!" However, you know that she'll be back again in a couple of weeks, still demanding that you continue to treat Tyler. Cut her off at the pass.
Following is a sample of a discharge letter that can be altered to fit several different types of discharge scenarios:

Dear Mrs. Anderson:

During Tyler's appointment today, you indicated that you would likely seek the services of another pediatrician. I concur with your assessment that Tyler's asthma needs to be treated by another physician, preferably someone his parents trust and with whom they can work collaboratively. Therefore, I agree to withdraw as Tyler's pediatrician, effective [date] (usually 30 days is sufficient notice).

Please make arrangements to transfer Tyler's care to another physician as soon as possible, as you will need to arrange for future refills of his inhalers and medications. The prescriptions he is currently taking should be sufficient to see him through until he sees his new doctor. I continue to recommend that you arrange a consult with a pulmonologist to assess the current condition of his lungs and to obtain expert advice about management of his condition.

To ensure that Tyler has access to emergency care during the transition, you may call my office during this 30-day timeframe and we will help you access appropriate emergency care for him. Please complete the enclosed Request for Records form and return it to the office. At that time we will arrange to provide you, or Tyler’s new doctor, with copies of Tyler’s records.

Tyler is a fine young man; it has been a pleasure to know him. We wish you every success in finding a doctor who can help you manage Tyler’s ongoing health needs.

Sincerely,

Dr. [Last Name]

Send the parent a certified copy of the letter as well as a copy through standard mail. Keep a copy of the letter in the child's now-closed health record. Notify your receptionist that this family is not allowed to schedule future appointments.

If the parent tries to debate the issue, you can respond, "I thought about your comments, and I agree with you; Tyler would be best served if you take him to another doctor with whom you feel comfortable seeing." The parent will find it difficult to debate someone who is agreeing with her.

**Conclusion**

Lack of cooperation and parental nonadherence can hinder a healthcare provider’s ability to care for patients and may negatively affect a child’s health. The very compassion that makes a good healthcare professional can also lead the provider to be manipulated and frustrated in his/her attempts to provide adequate care for a patient.
It's very sad when a child must suffer because of a parent’s difficult behavior or disinterest. However, in some instances, parents receive a wake-up call when they are discharged from a good practitioner's care. Next time, they might be more cooperative if they've learned that providers won't deviate from appropriate standards.

Just as patients and their families have rights, they also have accountabilities if they want to achieve the best results. Healthcare providers will be most successful working with families that want to partner with practitioners to keep their children healthy. When providers can educate, reinforce, and coach families to share in this partnership, everyone wins.