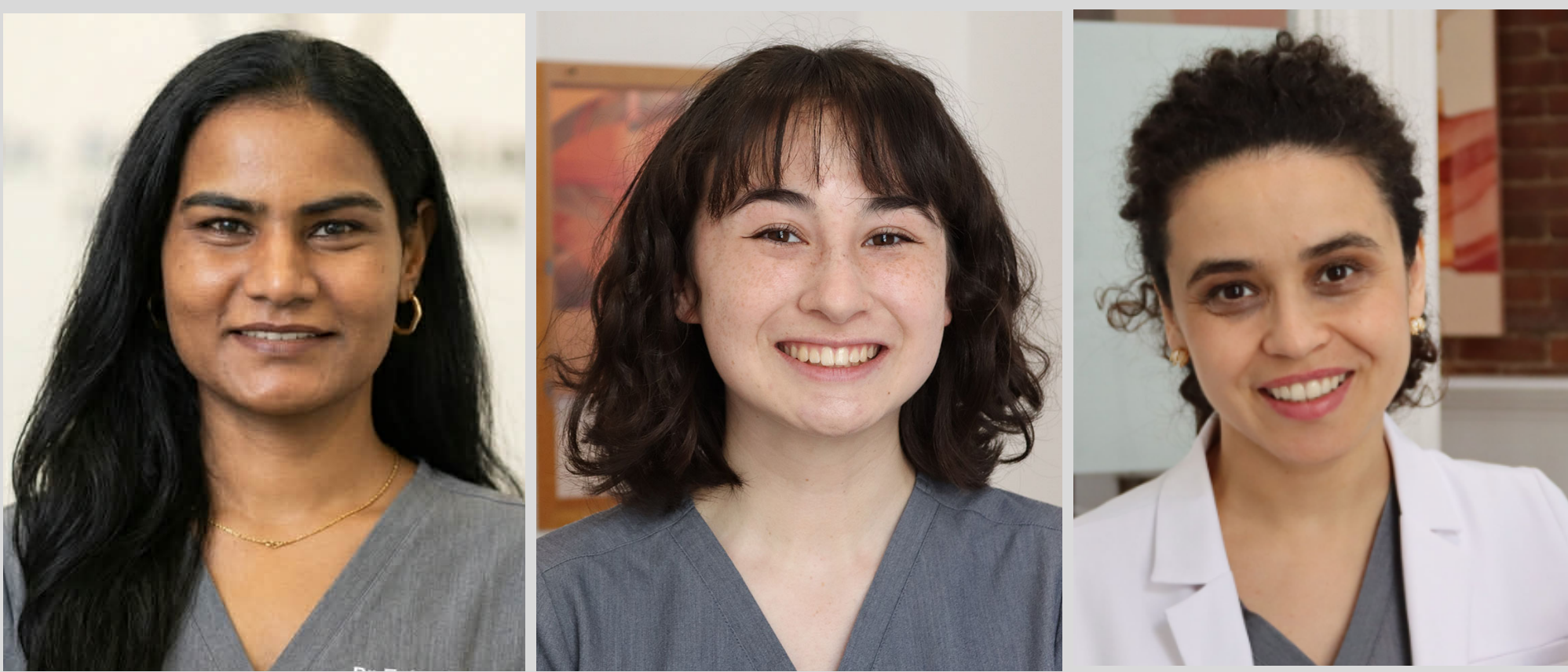


B.R.A.V.E. Framework:
Integrating Patients’ Availability for Dental Care in a Private Practice

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Background

Patients’ limited availability is one of the major barriers in dentistry. Time-constraints, work-schedules, travel, and competing responsibilities are consistently identified as key barriers to accessing dental services. Person-centered care (PCC) in dentistry emphasizes adapting to patients’ realities, preferences, and logistical constraints in a holistic way, caring for patients’ needs and values,^{1,2} rather than expecting patients to fit into traditional scheduling systems. This aligns with the principles of PCC reinforced in dentistry, highlighting person-centered dentistry to understand patients’ individual circumstances and tailor customized treatment.³ Evidence also shows that aligning scheduling systems with patient behavior improves access, reduces no-shows, and strengthens continuity of care.⁴ The proposed framework builds on this foundation by categorizing patients according to their availability and tailoring scheduling strategies to support both clinical excellence and operational efficiency.

Objectives

Understanding and developing a person-centered framework categorically based on the patients needs and availability to strategically plan an individualized dental care and continuity of care with improved access and efficient workflow.

Methods

Through direct observation and documentation of patients treated in a private practice setting, five patterns of patients were identified. By recognizing defined patient patterns one can propose the **B.R.A.V.E.** framework, that corresponds with the patients’ availability for dental care in a private practice.

Results	
Availability Pattern	Definition of the Availability Patterns
B - busy	Very limited availability, appointments must be planned in advance.
R - responsive	Moderate flexibility, available but constrained by local obligations.
A - available	High availability, open to various scheduling options.
V - veteran of time	Fully available and flexible, compliant with the proposed schedule.
E - emergency	Seeking dental care only in emergency situations.

Table 1. The B.R.A.V.E. framework definitions.

Real-life examples of the proposed patients’ availability patterns

BUSY

Figure 1. Patient B is concerned about surgery, as that may impact his travel schedule. Thus, he is very compliant and motivated for a successful outcome of the non-surgical treatment. One can appreciate the change in plaque control, tissue appearance over time.

RESPONSIVE

Figure 2. Patient R presented with #12 hopeless that was planned for extraction and site development for a future implant supported restoration.

AVAILABLE

Figure 3. Patient A reported a bony defect of tooth #11. GTR with allograft and growth factor was used.

VETERAN

Figure 4. Patient V presented with purulent discharge around implant #5. The site was accessed, debrided, and regenerated.

EMERGENCY

Figure 5. Patient E presented in emergency mentioning that her teeth are falling out. Gross debridement was completed to reduce the inflammation.

Discussion	
By recognizing who our patients are and how they operate, we can deliver excellent care curated to their needs that’s not only clinically sound but operationally smart and emotionally grounded. This approach helps us meet patients where they are, while still holding the line on excellence.	
Availability Pattern	Approach
B - busy	Prioritize long-range scheduling, offer flexibility, and reserve anchor slots for continuity.
R - responsive	Use short - window scheduling, sending proactive reminders.
A - available	Offer standard scheduling.
V - veteran of time	Emphasize continuity of care, build rapport.
E - emergency	Maintain buffer slots, implement triage protocols.

Table 2. The B.R.A.V.E. availability approaches.

Current research highlights that the patient compliance may play an important role in terms of the success of the procedure. Further more, the personality of each patient can influence the treatment outcomes too. In today’s world where patients have multiple “homes” and some of them are engaged in very busy travel schedules, is key to identify very early on what type of patient one is treating and adapting their messaging based on who the patient is and their respective availability. Further prospective inter professional studies are required to validate the proposed B.R.A.V.E. framework.

Conclusion

This proposed framework contributes to a general understanding of what factors may come into play when helping patients retain teeth for a longer period of time, especially when the prognosis of some teeth or the overall dentition may be questionable or poor. Keeping these themes in mind while planning for patient treatments can serve as a good framework for conservatively treating patients before electing to pursue extractions and implants.

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