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Patient No-Shows

It's a multifaceted challenge for modern physicians.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.

Everyone in healthcare knows that patients who do not show up for their appointments place a large burden and have significant effects on medical practices. It has affected my own practice recently, with a no-show rate higher than acceptable. Instead of bemoaning the process, it's better to be proactive with education and then to strategize ways to combat the problem. A first step in the process, then, is understanding this phenomenon and finding out what research has been done on the subject. Let's explore this topic together and see where it leads us. The intent here is not to advocate for one method over others but to identify options for providers to consider.

Defining a problem is helpful to understand its parameters and keep organized in pursuit of a solution. A no-show is defined as a patient who fails to attend a previously scheduled appointment without contacting the practice in an appropriate period of time to allow rescheduling. This is in distinction to a cancellation, in which the practice was informed ahead of time.

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What is the Effect of No-Shows?

Let's estimate the monetary effects of no-shows. If we use a round $100/patient visit (for ease of calculation), a doctor will lose $100 per no-show. If one patient per clinic day did not show up and the clinic runs four days per week, that leads to $20,800 in lost earnings. If a busy doctor seeing 40 patients/day has a 25% no show rate, this leads to a loss of 10 patients/day x 4 days/week (many docs have an admin or surgery day) x 52 weeks/year. This doctor lost 2,080 patient visits for a lost revenue of $208,000 per year. Over a 30-year professional career, this represents an opportunity cost of $6,240,000. That's a lot of lost money! For some practices, these estimates are not overinflated.

Why Do Patients No-Show?

An international systematic review in 2018 found the average no-show rate to be 23%, and the most common characteristics associated with no-shows were younger adults, lower socioeconomic status, living a far distance from the clinic, and lack of private insurance. Their most commonly reported determinants were a longer time between making the appointment and the actual appointment date and a prior history of no-shows.[1] According to an industry white paper, the primary reasons for no-shows were: forgetfulness (the top reason), time (accepting an inconvenient appointment time), cost (concern about insurance costs), fear (anxiety about

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visiting healthcare providers), and demographic barriers (trouble with transportation).[2]

What to Do About It

Track the Data

Before we get to the specifics, one suggestion is for practices to track their no-show rates and demographic details. This might sound obvious at first, but a busy doctor doesn't always have time to analyze numbers like this. To calculate the rate, simply divide the number of no-shows by the total number of scheduled patients. Many electronic medical records programs track this data, making reports easy to create.

It is also helpful to examine who the no-show patients are. Do only new patients no-show or is it more established patients? Are most of the no-show appointments driven by a smaller number of specific patients? What percentage of these failures to show up were repeats versus different patients? If a habitual no-show population exists, is there anything common to the group? Do they have similar diagnoses, driving distances, insurance types, locations, or other characteristics?

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Make Sure the Office Isn't the Problem

It is also important for the practice to analyze its own behaviors. Does the practice commonly cancel and reschedule patients? Are there other practice behaviors that may cause patients to reconsider their appointments? Liu et al. used a modeling analysis of practice patterns and found patients were more likely to no-show to return appointments if they were rescheduled by the practice rather than if patients initiated their own reschedules.[3] Similarly, new patients who were scheduled for longer future appointment times were more likely to no-show. A study by Mehra found forgetfulness, being called in to work, and—very important to all practices—not being able to get through to the practice when patients attempted to call, as the most common reasons for no-shows.[4]

If the physician's office has a no-show policy, it is recommended that it communicates this policy to patients in a clear and simple manner ahead of time, preferably at the establishment of the first appointment.

Also consider the lead time, how long a patient must wait for an appointment from the point at which they call for that appointment. As mentioned above, longer lead times result in increased no-show rates. Practices should consider limiting how long in the future an appointment should be made.[5] However, this needs to be balanced to prevent creating an overly restrictive schedule that prevents patients from scheduling appointments. Similarly, giving patients more of a choice of when they schedule an appointment (flexibility in date and time) tends to decrease no-show rates.

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No-Show Fee

This consists of charging patients a certain fee for a no-show. This is thought to have a deterrent effect and may recover at least some lost money from the missed appointment. You can imagine the fee will vary in amount, and, as it turns out, charging a fee is highly controversial. Doctors don't want to alienate their patients but must balance this with the lost revenue of a patient who could have been seen in the no-show patient slot.

Overbooking

In this scenario, the practice books a larger number of patients than they would otherwise, expecting a number of these appointments to not show. The obvious method to set this up would be to take your no-show rate and add that number of patients to the regular schedule. For example, if you see 40 patients per day and the no-show rate is 25%, then you would add 10 extra patients, scheduling 50 patients. The obvious flaw in this method is found when one asks what happens if all 50 show up. Well, obviously, the doctor must see them. Work faster! This has the disadvantage of potentially running late with longer wait times and dissatisfied patients.

Giachetti and colleagues created a model clinic to study best methods to improve no-show rates and found that a modified overbooking system improved outcomes[6] in which they segregated habitual no-show patients and double-booked them whenever they were scheduled. They also found that decreasing the number of different types of appointments would open up further scheduling opportunities.

Reminders

Three primary options exist to remind patients: verbal (AKA a phone call), text, and email. Most experts recommend automating these processes as much as possible. Addition-

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ally, sending multiple reminders that are properly timed improve adherence to the appointment.

Alternative Scheduling Programs for Habitual No-Show Patients

Izard in 2005 described an innovative probationary scheduling method used on their habitual no-show patients.[7] They created an extra "virtual physician" wide open calendar only for those patients who commonly no showed. If the patient showed up, they were placed in a queue behind a patient who did show up. These patients were informed of the policy ahead of time. In this way, the habitual no-shower stopped affecting the physicians' schedules. These patients were given six months to show up appropriately, and if they did, they were removed from probation. If they did not, then they were discharged from the practice. Izard reported that this method decreased no-show rates by 20% and increased physician appointments by 30%. In a similar manner, Huang and Hanauer used a logistic regression model to create a dynamic scheduling system that predicted patients likely to no-show and then double booked only those patients.[8] This system reduced patient wait times by 6%, and 3% on total costs.

A thoughtful, patient-centered approach is likely to yield a lower number of no-shows, more satisfied patients, and happier healthcare providers.

Clearly, no one characteristic places patients at risk for no-shows; this is a complex multifactorial problem. Similarly, there is no one best way to fix this problem, but a thoughtful, patient-centered approach is likely to yield a lower number of no-shows, more satisfied patients, and happier healthcare providers. **PM**

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