Department of Medicine

SMALL Changes Now, BIG Impact Later: "Non - Attendance" For Appointments In a Patient Centered Medical Home Model--Impact of a Personalized Appointment Reminder In A Vulnerable Population

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SMALL Changes Now, BIG Impact Later: "Non -Attendance" For Appointments In a Patient Centered Medical Home Model--Impact of a Personalized Appointment Reminder In A Vulnerable Population.

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BACKGROUND:

- Missed medical appointments (commonly known as "no-shows") represent a serious problem for many healthcare providers.
- Complete financial recovery from a high no-show rate is most likely impossible.
- In the U.S. over one third of surveyed practices had a no-show rate of over 21%.[1]
- More recently, multiple studies have reported high no-show rates ranging from 23% to 34% in outpatient clinics.[2-4]
- Patient no-shows represent a significant problem that follows from unreliable schedules: the administration is inconvenienced and clinicians' time, which could have been used to serve other patients, is wasted. Both of these problems reduce the efficiency of care delivery.[5-6]
- Many interventions assume a "one-size-fits-all" approach; that is, by implementing phone or SMS appointment reminder systems, all patients receive their reminders in the same fashion. However, prior efforts suggest that the effectiveness of a reminder system is dependent on the patient population, the modality of the reminder, and the service type.[6]
- Consumers' preferences for reminder systems in health-care settings might be impacted by their preferences for reminder systems from other service providers.
- No-show rates are lowest when patients called by a human being.

OBJECTIVE:

- To conduct a practice-based quality improvement project to determine the impact of a customized intervention to decrease the no show rateat a program providing care for a predominently Hispanic patient population.
- To increase patient satisfaction after the intervention.

METHODOLOGY:

All scheduled appointments for two providers in a five-provider bicultural, bilingual internal medicine practice that serves uninsured and underinsured patients were analyzed for no show rates during the period between March 2012 and November 2012. During the first four-month run-in period, a standardized, automated appointment reminder system was used for all patients scheduled for both providers. During the second four-month period (ie, the practice intervention period), all patients scheduled for Provider #1 continued to receive appointment reminders in the same manner; whereas patients for Provider #2 received a short phone call message with the recorded voice of the bilingual health care provider reminding them of their upcoming appointment and an additional reminder to bring their medications along to the visit. "No show" rates were analyzed and compared for both providers during both the run-in and practice intervention periods.

RESULTS:

There were a total of 2234 scheduled appointments for the two providers during this nine month period. During the run-in period the no show rates for Provider #1 and Provider #2 were similar (22.67% and 21.83%, respectively (p= 0.88). During the intervention period, however, the no show rate was reduced by almost 30% for Provider #2 (from 22.77% to 15.83%) compared with no change for Provider #1 (22.67% vs. 222.77%; p=0.01). The Patient Satisfaction Score at Outpatient Health Care facilities (Press-Ganey Score) of the practice improved after the implementation of intervention.

CONCLUSIONS:

- Our quality improvement initiative demonstrated that using an appointment reminder consisting of a short phone call message with the recorded voice of a bilingual healthcare provider (MD) resulted in a markedly improved no show rate and increased patient satisfaction among ethnic minorities and vulnerable populations cared for in our medical practice.
- This strategy employed by this program was simple and straightforward.
- Future study is warrented to address how routine "personalized" reminder systems can maximize effectiveness, reduce cost and improve patient satisfaction in other care settings.

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No Show Rate
Pre-Practice and Post-Practice Intervention

No Show Rate
Pre-Practice and Post-Practice Intervention

No Show Rate
Pre-Practice and Post-Practice Intervention

Provider	Pre-Practice Intervention	Post-Practice Intervention	P-value
Provider 1	22.67%	22.77%	p=0.88
Provider 2	21.83%	15.83%	p=0.01

Patient Satisfaction Trend Post
Patient Satisfaction YTD (n=number responses)