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Reducing No Show Rate In the Primary Care Setting

CVPH Family Medicine

Heng Tan

Rotation 6 - December 2019

Dr. Tristen Ripley

Problem Identification

- ▶ Healthcare systems consumed 16 % of the U.S. Gross Domestic Product (GDP) in 2007. Its share of GDP reached 17.7 % in 2018[1]
- ▶ Efficiently using clinical resources is critical.
- ▶ No-show appointments decrease the provider's productivity, increases healthcare costs, and limits the health clinic's effective capacity [4].
- ▶ Good patients who keep their appointments suffer from dissatisfaction, long waiting times and decreasing service quality
- ▶ Social costs related with unused staff time, ineffective use of equipment and possible misuse of patients' time

Public Health Costs

- ▶ In a community hospital setting, an average no-show rate of 62 appointments per day generates an estimated annual cost of \$3 million [3].
- ▶ No-shows and cancellations per year at a large family practice center with an estimated total annual revenue shortfall of 3 % to 14 %.
- ▶ The average cost of no-show per patient was \$196 in 2008 [2]
- ▶ The average yearly no-show rate for primary care is 19%[5]
- ▶ Our clinic :
 - Resident no-show rate 14-16%
 - Attending no-show rate 4-10%
 - Time lost to patients not arriving for scheduled appointments last year : 325 hours 20 minutes
 - Rough estimate of revenue lost assuming \$120 per visit on average: \$103,680
 - 136 out of 847 no show patients had 3 or more times of No-Show incidence during last year (16.1%)

Community Perspective

Tristen Ripley, PGY2 at CYPH Family Clinic

What are some extra impact of No-Show patients to a Resident clinic?

Lost education opportunity, lost experience, lengthening the time required to getting enough patient numbers for graduation, and may lead patient to unnecessary ED / urgent care visits.

Why is there a discrepancy between the resident and the attending no show rate?

Most of the attending here are well established and already having a good and stable relationship with their patients, while we, the residents, are still going through this process and have many more new patient encounters

Steven Heintz, Attending at CYPH Family Clinic

Should the health provider do the No-Show survey during the patient encounter?

No. Each encounter has very limited time. The survey will occupy too much time frame and affects the health care quality.

It should be carried out by the front desk or by the nurses when they are rooming the patient.

Should the provider address the underlying cause during the patient encounter?

Absolutely. Once the underlying cause could be identified, the health provider should be the person to address the issue, provide the resources or direct to the right personnel to provide further assistance.

Intervention & Methodology



Address patients with history of no show with targeted questionnaire



Verify contact information and phone numbers



Engage in shared decision making regarding upcoming appointment



Improve reminding system



Implement a No-Show policy



Provide earlier access to resident schedule to improve booking



Double book high risk patients, move them to last slot, transition patients with high No-Show incidence to SDS only.

Result / Response Data

- ▶ Short and full version of Questionnaire is created to target underlying social economy determinants.
- ▶ Residents were amenable to utilizing the questionnaire to identify the weak point and willing to do it during the encounter
- ▶ Attendings are more interested in addressing the underlying issue if the survey is carried out by front desk or nurses
- ▶ The scheduling and reminder system is actively reforming based on the suggestion. Front desk training is on the near future schedule
- ▶ No show policy is actively re-designed and reviewed by multiple attending and residents.

Evaluation of Effectiveness, Limitations

Evaluation

- ▶ Survey template was met with positive feedback from the health providers in the clinic
- ▶ The survey increases provider awareness at a minimum, even if the questions are not asked
- ▶ Quantitative evaluation of the major factors that cause patients no show can be studied based on the questionnaire in near future
- ▶ Quantitative evaluation of the no show rate trend for both resident and attending can be actively carried out every month following each intervention methodology implementation

Limitation

- ▶ Extra workload for the front desk/nurses. No feed back has been studied from their perspective
- ▶ Time constraints limited evaluation of survey implementation and patient acceptance of the survey
- ▶ Not enough time to build itemized support implementation based on the questionnaire

Future Works



Work with ER for follow up to target high utilizer potentially related to the repetitive No-Show behavior



Regularly assess provider survey rates through QA initiatives



To reinforce provider awareness and provide tools for a conscientious approach to no show survey



Gauge patient acceptance and response to no show survey



Further stratify the response data based on the demographic information for further targeted assist.

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