No-Show Management Guide

The goal is to make an appointment a promise kept between you and the patient. If a patient confirms an appointment and then does not show, it is important to find out why. The easiest way to learn what got in the way is to interview them. This follow-up call is an opportunity for you to renew your relationship with your patients. A sample script for the “no-show follow-up” call is provided with this handout.

When making follow-up calls, it is important to communicate:
• Why keeping appointments is important for the health center and for the patient.
• Confirm options for getting, cancelling, and rescheduling appointments.
• Any available resources to help the patient keep appointments, such as transportation assistance.

Do what you can to prevent the no-show event:
• Make appointment reminder calls to patients.
• Use open access scheduling to enable patients to get appointments in their desired time frame rather than one to two months in the future.
• Keep track of patients’ behavior. Identify them as CNS (chronic no-show) or CLA (chronic late for appointment).
• For general patients who are CNS, ask them to call for a same-day appointment. This will help you meet your goals for open access.
• For patients with chronic conditions who require care management, and are also CNS, notify the care team so they can incorporate the importance of appointment completion into their patient education goals. These patients need to have scheduled appointments so that the care team can properly plan for their care.
• Avoid bumping patients. When patients get bumped and rescheduled for the health center’s convenience, they feel that their care needs do not matter. Develop contingency staffing plans for providers’ planned and unplanned absences, such as developing a provider float pool or establishing contracts with locum tenens providers. Get contingency plans approved in advance so they can be quickly executed as needed.

• Answer the phone. Staff the phones appropriately at peak times to accommodate callers seeking same-day appointment requests. Have voice mail backup and a plan for checking it frequently.
• Provide a separate telephone line with voice mail just for cancellations and check it frequently. Act quickly on the cancellation messages and re-code the cancelled appointments for same day access.

Create a log of no-show reasons
Keep a log sheet to document the reasons patients provide for not keeping their appointments. There may be recurring themes for no-shows that can trigger action by the health center. These reasons for no-show should be reviewed by the health center’s management team on a regular basis for information and action where possible. This log sheet is another way to capture the patient’s voice and use it to guide patient-centered planning.

Lack of transportation might cause the health center to initiate the following partnerships:
• Talk with city planners about adding a bus stop within one block of the health center’s front entrance.
• Discuss options for obtaining taxi vouchers from a local taxi service.
• Consider developing a shuttle service for the health center.

Enough citations of lack of childcare might cause the health center to consider a drop-in child care facility.

You might get feedback that the patient needs to set appointments after hours because absence from work can lead to termination of employment. Hearing this feedback should cause the health center to examine ways to expand hours beyond 9 am and 5 pm Monday through Friday.

On page 2 is an example of a script for interviewing patients who confirm and then do not show for an appointment.
<table>
<thead>
<tr>
<th>Purpose of Statement</th>
<th>Call Script</th>
<th>Comments/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce yourself.</td>
<td>“Good Morning (afternoon, evening), this is Janie, Dr. Welby’s nurse, calling from Goodwill Clinic. I notice that you missed your appointment today.”</td>
<td>Listen carefully to patient’s response and how he/she says it.</td>
</tr>
<tr>
<td>Obtain Patient’s Reason for Not Keeping the Appointment</td>
<td>We care about your health. Dr. Welby wanted me to call and find out what happened today because he/she was waiting for you.”</td>
<td>Could the health center have provided assistance with the patient’s issue?</td>
</tr>
<tr>
<td>Share the message about the importance of keeping appointments or cancelling.</td>
<td>“When you don’t keep an appointment, we lose that time that could have been dedicated to another person who needed care. It is very important that you let us know if you cannot come in.”</td>
<td></td>
</tr>
<tr>
<td>Offer a new appointment.</td>
<td>“Would you like me to schedule another appointment for you? What day and time would work best for you? Remember, if you are running late or need to cancel or reschedule, you can always call me at 555-1234.”</td>
<td>Code the missed appointment as a no-show. Create and save the new appointment in the scheduling system.</td>
</tr>
<tr>
<td>Offer assistance with keeping next appointment.</td>
<td>“How can we help you keep this next appointment? (e.g., reminder call, text message, etc.).”</td>
<td></td>
</tr>
<tr>
<td>Ask if the patient needs support to keep the appointment.</td>
<td>“Is there anything that we can do to help you keep this new appointment?”</td>
<td>Document any needs the patient identifies (e.g., transportation).</td>
</tr>
<tr>
<td>Review process for cancellation.</td>
<td>“If you are running late or need to cancel or reschedule—for any reason, even on the day of your appointment—please call me at 555-1234 and I can reschedule you. Dr. Welby uses the cancellations to fit in other patients who need immediate care.”</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from materials developed by Primary Care Development Corporation and Coleman Associates, 2006-2007; Neal R, et al.
Safety Net Medical Home Initiative

This is a product of the Safety Net Medical Home Initiative, which was supported by The Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice policy. The views presented here are those of the author and not necessarily those of The Commonwealth Fund, its directors, officers, or staff. The Initiative also received support from the Colorado Health Foundation, Jewish Healthcare Foundation, Northwest Health Foundation, The Boston Foundation, Blue Cross Blue Shield of Massachusetts Foundation, Partners Community Benefit Fund, Blue Cross of Idaho, and the Beth Israel Deaconess Medical Center. For more information about The Commonwealth Fund, refer to www.cmwf.org.

The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S. For more information about the Safety Net Medical Home Initiative, refer to: www.safetynetmedicalhome.org.