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Notes on *Why We Don't Come*

Study of why patients at an urban family-care practice don't show up for appts

Method: interviews w/ 34 patients (32 female, mostly low-income)

Possible risk factors for no-shows, according to other studies:

- Youth
- Low SE status
- History of no-shows
- Govt-provided health benefits
- Psychosocial problems
- Lack of understanding of appt's purpose
- Long time b/t scheduling and appt
- Long wait times → lower satisfaction

Main reasons for no-shows, according to this study:

- Emotional barriers
 - Hesitancy, esp if appt was scheduled a while ago and no longer seems urgent
 - Worry about uncomfortable procedures
 - Fear of bad news
- Perceived disrespect of patient by health care system
 - Patients feel that staff don't respect patients' feelings, opinions, time
 - Esp. in cases of long wait time
 - No sense of obligation to the system
- Distrust and lack of understanding of scheduling system
 - Don't realize impact of no-shows
 - Some patients think that no-shows help doctors (by giving them time to catch up)
- Logistical barriers (childcare, transportation)—but patients said these could usually be overcome if necessary

Recommendations:

- ***Make sure patients feel respected***
- Try to decrease wait times
- Try to decrease time b/t scheduling and appt
- Ask patients about and address their fears/anxieties

Notes on *Analysis of Health Appointment No-Shows*

Article about research into why patients don't show up for appts and what can be done about this

Look at "Key Points" section for summary

Some ideas for recommendations:

- Reminder system (telephone calls)
- Reward system
- Mandatory group compliance orientation for new patients (difficult but effective)
- Education about importance of preventive care
- Minimize waiting room time
- Targeted interventions (focusing on patients w/ history of no-shows)
- Telephone consults when possible (to minimize logistical difficulties)
- Minimize gap b/t scheduling and appt
- Written clarification of office policies, in multiple languages
- Patient surveys to collect feedback

Notes on *Reduction and Management of No-Shows by Family Medicine Residency Practice Exemplars* article:

(This study didn't come to many definite conclusions, and the practices studied weren't all similar to the High St. Health Ctr, but some of its ideas about possible causes and solutions seem worth looking into further)

Study of methods used by family medicine practices with low no-show rates (under 10%) OR with high visit rates despite no-shows (residents see 8-10 patients per half-day)

Characteristics of no-show patients:

- Practices w/ higher proportions of new patients, Medicare patients, and self-pay patients are more likely to have more no-shows
- Practices w/ higher proportions of 46-64yo patients are more likely to have fewer no-shows
- No correlation b/t no-shows and pediatric or Medicaid patients

Found six categories of ways to reduce no-shows:

1. Patient education
2. Patient reminders
 - all but two practices tried to contact patients 24-48h before appts
3. Sanctions
 - Most practices that used sanctions warned patients extensively before dismissal
 - Some didn't dismiss patients completely, but required them to have walk-in (not scheduled) appts
4. Open access
 - Partial (lots of walk-in spots) or complete (no scheduled appts)
5. Emphasis on continuity
6. Scheduling rules

Ways to reduce impact of no-shows:

1. Overbooking (of all patients or just high-risk patients)
2. Walk-ins or work-ins
3. Adjusting schedule to demand

Qualitatively, successful practices were:

- committed to reducing the amount or impact of no-shows
- interested in finding out about other practices' strategies
- held in high regard w/in their communities

Anecdotally, no-shows are a problem b/c of impacts on:

- Resident education
- Continuity of care
- Access to care
- Practice income