

## **Missed Appointments = Missed Opportunities**

### **Proven Strategies to Reduce Your No-Shows**

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1. Thank patients for keeping their appointments and arriving on time.
2. Do not “celebrate” when patients don’t show up.
3. Engage providers to explain the reason and timing of the next appointment.
4. Address patients’ fears and anxieties about their treatment proactively.
5. Educate patients who have chronic conditions that their status and medications need to be monitored with regular office appointments, even if they feel fine.
6. Develop a relationship with a patient by performing pre-appointment screening (e.g., reviewing history and films or coming in to complete the registration paperwork), which requires an investment of time on the patients’ part and engages them in the relationship with you.
7. Hold a team conference before every clinic and prioritize a review of the schedule for today. For example, cancel patients who have been admitted to the hospital the night before.
8. Ask patients how they want to be reminded of their appointment and provide options for cell phone and home phone.
9. Seek written permission to email appointment confirmations to established patients.
10. Text patients two hours before their appointment.
11. Perform automated telephone appointment confirmation calls using appropriate technology.

12. Document disconnected phone numbers in the practice management system.
13. Don't "remind"; "confirm"!
14. Make the confirmation call at least two days prior to the appointment.
15. Ease patients' ability to notify you of a cancellation by offering 24/7 cancellation line with voicemail or email.
16. Develop a protocol for how cancelled appointments will be rescheduled for other patients.
17. Rebook the cancellation slots with emergent patient appointments for the day. This strategy requires constant communication between the scheduling and phone triage teams.
18. Establish a waitlist of patients who want earlier appointments for rescheduling. Call it a "priority" list. (Don't forget to cancel the patient's original appointment when you take them off of the priority list.)
19. Provide information via your phones and website about transportation, location and travel advisories.
20. Communicate the importance of being a "good neighbor."
21. Display your no-show rate prominently in the reception area, and ask your patients to help you – and your community – by coming to their appointments.
22. Document history of patients' no-shows; and identify "chronic no-show-er" or "CNS" in your practice management system alert messaging. Add a number at the end – "CNS1", for example – to indicate the number of offenses.
23. Do not offer "prime" appointments to patients with a history of no-shows.
24. Charge patients who don't show. See memo from CMS regarding charging Medicare beneficiaries:  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5613.pdf>.
25. Take a credit card number to "reserve" the slot and charge patients if they don't show up. (Please seek legal advice before implementing.)
26. Do not bump patients; they will bump you.
27. Contact patients who miss appointments and rebook them promptly.

28. Engage the patient in the relationship with the practice by making statements such as: “Dr. Jones was very disappointed that you didn’t show up for your appointment...”, “I’ll let Dr. Jones know that you wish to reschedule. When shall I tell him that you would like to reschedule?”
29. Send correspondence about no-shows directly from the physician.
30. Target manual or “warm” confirmations (phone calls or emails) to patients who are pre-disposed not to show for their appointment. Patients pre-disposed not to show are those with a history of more than two no-shows, Medicaid and uninsured patients, patients scheduled for diagnostic procedures, patients who were previously bumped, and patients who were scheduled more than 60 days in advance.
31. Confirm that you have cancelled previously scheduled appointments in the practice management system when a patient calls for an acute appointment request.
32. Offer patients who have more than two no-shows “stand-by” appointments only.
33. Develop a scheduling template for the “no-show” doctor. Book patients who have a history of no-shows on this template. If they do show up, rotate responsibility for seeing patients among the physicians. The “no-show” template will mean that these patients won’t take slots away from patients who do show up!
34. Ask patients what date and time work best for *them*. Avoid scheduling slots based on strict internal availability – first caller gets the 8:00 a.m. slot, second the 8:30, third the 9:00 a.m., etc. Instead, ask the patient, “When would you like to come in?”
35. For specialty practices, avoid scheduling exclusively with the referring physician’s office, particularly if the patient isn’t present. At minimum, contact those patients who have been scheduled by their referring physician’s office directly to confirm the time and date.
36. Dismiss, terminate or excuse patients who are chronic no-shows. (Discuss the strategy and logistics with your malpractice carrier, paying careful attention to the discussion of the “abandonment of care”.)
37. If you can’t or don’t want to terminate patients who chronically don’t show, use wave scheduling. Schedule a bolus of patients at the top of each hour, and then a few more during the second quarter. For example, if you see five patients an hour, schedule six at 9:00 a.m., and two more at 9:15. Even if three don’t show – and a couple are late, you aren’t wasting the provider’s time. And, no patient waits more than 45 minutes to be seen (which is typically better than average wait times at practices where patients are chronically late or don’t show at all).

**Articles of interest:**

**Reducing the Rate of "No-Show" Appointments Isn't Easy, but It Can Be Done**, by Debra C. Cascardo, Medscape, 2005.

<http://www.medscape.com/viewarticle/500543>

**Some physicians charge deposits to curb no-shows**, by Karen Caffarini, Practice Management, 2008.

<http://www.ama-assn.org/amednews/2008/06/02/bica0602.htm>

**Why We Don't Come: Patient Perceptions of No-Shows**, by Naomi L. Lacy, Ph.D., et al, Annals of Family Medicine, November/December 2004.

<http://www.annfammed.org/cgi/content/full/2/6/541>

**Research Reveals Reasons for Underlying No-shows**, by Stacey Butterfield, ACP Observer, February 2009.

<http://www.acpinternist.org/archives/2009/02/no-shows.htm>

**Reducing No-Shows: Q&A**, by Mark Murray, MD, Family Practice Management, 2007.

<http://www.aafp.org/fpm/2007/0700/p50.html#fpm20070700p50-sa1>

**Managing the Habitual No-Show Patient**, by Tito Iazard, MD, Family Practice Management, February 2005

<http://www.aafp.org/fpm/20050200/65mana.html>

**Missed Appointment Rates in Primary Care: The Importance of Site of Care**, by Karen E. Lasser, MPH., Ira L Mintzer, MD, Astrid Lamber, MA, Howard Cabral, PHD, MPH, David H. Bor, MD, Journal of Health Care for the Poor and Underserved 16 (2005): 475-486.

[http://muse.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/summary/v016/16.3lasser.html](http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/summary/v016/16.3lasser.html)

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