

Decreasing a No Show Rate in a Rural Internal Medicine Residency Clinic

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DATA

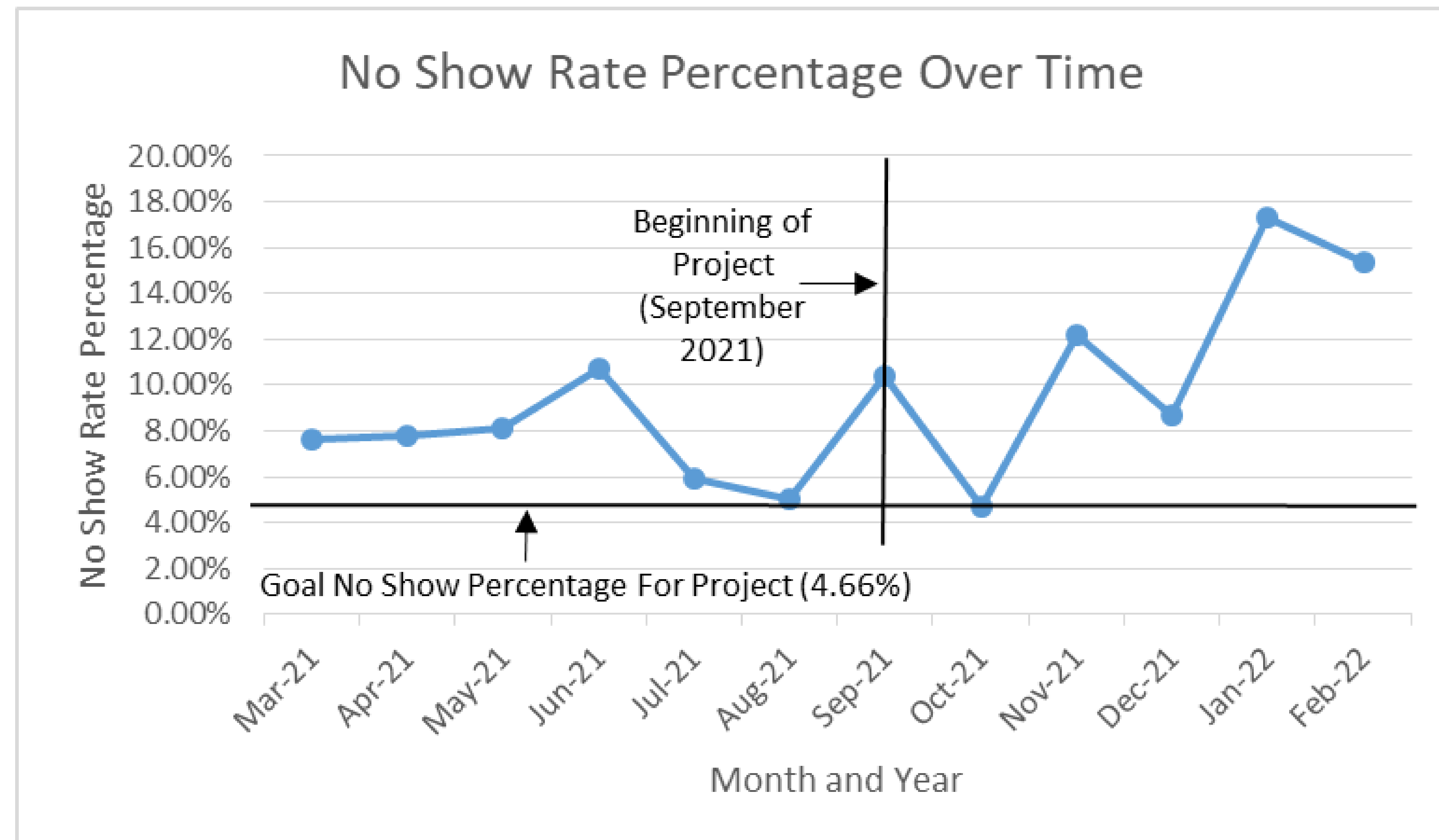
From March 2021 to August 2021, there were a total of 1571 Internal medicine residency clinic visits, of which 122 of them were missed due to “no show” appointments. This resulted in a pre-project no show rate of 7.77%. After the start of the project there was a total of 805 visits with 89 being missed due to No Shows, totaling 11.06%.

INTRODUCTION

No-show in outpatient clinics is a cause of significant concern for healthcare providers. Financial loss is a big concern both to the healthcare providers and the society. A study published in the Medical Decision Making journal estimated that 67,000 no-shows can cost the healthcare system about 7 million US dollars (1). Other than financial loss, there is also a health risk for those who did not attend their appointments as this can lead to the delay in diagnosis or treatment and preventable ER visits. Furthermore, there is a risk in those who needed to be seen in clinic but couldn't as the appointment time was taken up by the patients who didn't attend their appointment. Another type of loss that we often don't think about is also the loss of education that can occur in a residency-run clinic. When patients opt to skip their appointments, learners miss an educational opportunity that these patients could present with. The unexpected ramification of a high no-show rate could also lead to higher, and often inappropriate, admissions to the ER. Inappropriate ER visits can then lead to an increased burden on healthcare expenses and provide little preventative care (4).

A study conducted in South-Eastern American rural free clinic found the no-show reasons include hard transportation access, consulting various doctors, long waiting times, bad weather and fear of doctors/hospitals (2). There are also appointment related reasons including; short notice of appointment, inflexibility of the clinic scheduling, appointment being changed, communication, and timing of the appointment (3). Epidemiologically, multiple studies suggested that the patients who were most likely to miss their appointments were young (17-40 years of age), from a low socioeconomic status, and lived in deprived areas (5). One study showed that the no-show rate in US primary care practice ranges between 5 to 55% (6). Our residency-run clinic evaluated our no-show rate over a 18 month period. From Jan 2020 until Dec 2020, it was found that 10.13% patients did not attend their appointments.

The No Show Percentage Monthly Prior to and After the Project



AIM STATEMENT

The aim for this project is to reduce no show rates at the residency. The aim for this project is to reduce the average no show rate in the residency clinic by 40% overall, taking the average percentage from 7.77% to 4.66% in 6 months from the start of the project date.

RESULTS

Prior to Project March 2021 – August 2021	
Number of No Shows	122
Total Patients	1571
Percentage of No Shows	7.77%
After the Project (September 2021 - February 2022)	
Number of No Shows	89
Total Patients	805
Percentage of No Shows	11.06%

PROJECT DESIGN AND STRATEGY

The process behind this study included brainstorming to attempt to identify potential issues and barriers to attending the appointment. These barriers include:

- Lack of transportation
- Unable to find substitute caregivers for children or family members during the appointment
- Lack of insurance
- Weather
- Lack of reliable reminders of their appointment

After identifying potential barriers, we requested data from clinical IT to determine the no show rate of our clinic. We then developed solutions to try to improve access for patients to attend their appointment at our primary care clinic in the rural Oklahoma. We implemented the following changes to our clinic:

- Develop a standardized process to salvage a no show
- Utilizing telehealth as an option for a follow up appointments.
- Converting a potential no-show to a telehealth appointment via Ipad or phone.
- Establish an accurate phone number or contact information in every visit.
- Educate the clinic staff and residents on the new standardized process.

DISCUSSION

Unfortunately, our initial expected outcome was not met. Between the late spring and early fall, our clinic underwent several staff changes. We added a new at least 3 new LPNs and one clinic manager while the older ones were transferred to different clinics or departments within the health system. There were also a couple new medical assistants that were hired to supplement the workforce of our clinic. The high staff turnover rate leads to multiple reeducation and difficulty in implementing the protocol for a no show.

Another reason as to why the expected outcome was not met was the logistical issues with telehealth. Our clinic initially only has one ipad for telehealth visit. Additionally, the new staff was not familiar on the process of initiating a telehealth visit. Implementing telehealth visit consistently in every clinic day became a challenge to our project. Insurance also became a roadblock in telehealth visit as some insurances do not cover telehealth. At the of the project, we had much fewer telehealth visit than expected.

Additionally, there was no clinic director to ensure continuity of projects. With the addition of a clinic director, we suspect adherence to the project will be significantly increased and therefore telehealth may have a larger impact on reducing the no shows as we initially believed it would.

When evaluating the difference in the number of clinic visits pre-project to post-project, there were 766 more clinic visits prior to the project starting than during the project. We believe this has a significant impact on the number of no shows we had after the project compared to before the project. Of note, we also incurred significant weather occurrences that coincide with the two largest peaks of no-show percentages. We believe this also had a significant negative impact on our project.

Overall, we plan to continue collection of data and implement the changes for a multi-year analysis. We will also provide routine and periodic education to the residents, front office, and nursing staff to ensure that the patients with history of multiple no-shows to be given the option to have a telehealth visit to provide flexibility in attending their appointments.

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