

No Show Appointments:
Why They Happen and How to Reduce Them

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Introduction

A recent Medical Group Management Association (MGMA) Stat Poll revealed that practice leaders say no shows account for the biggest appointment challenge in their medical practice (Harrop). It is estimated that no shows cost the health care industry \$150 billion each year. McKee states that some estimates show missed appointments cost single physicians as much as \$150,000 annually. For multi-physician offices, the numbers are even more staggering. One clinic he researched documented 14,000 no shows in a single year with an estimated loss of over a million dollars. No shows mean lost revenue. According to the Medical Group Management Association 2016 Practice Operation Report, most specialties have a median of 5 percent patient no shows, with neurology and general surgery being higher, at 8 percent. This paper defines a no show as a patient that failed to inform the practice that they were not showing up for their appointment. The purpose of this paper is to provide research why no shows happen, how they impact the physician practice as well the patient's treatment efficacy and ways to prevent no shows.

Why No Show Appointments Happen

According to Lacy in The Annals of Family Medicine article "Why We Don't Come: Patient Perception on No-Shows" the most common reasons for missing appointments are:

- Logistics
- Too much time between the scheduling and the appointment
- Emotional barriers
- Perceived disrespect
- Lack of understanding of scheduling systems

Logistics

Within the impediment that logistics comprises to patients making their scheduled appointments are a variety of factors. Patients have issues getting off work to come to their scheduled appointment. It is difficult to take time off work to receive medical care especially if one is only able to get an appointment time anytime during the work day. Tibbs states, “It might surprise you to know that no employee is automatically entitled to time off for any routine appointment. They’re not even given an automatic right to take their time off unpaid.” Most doctor’s offices are typically open during normal business hours so for some people they have to essentially choose between work or their health. Previously, physician practices were more motivated to accommodate work schedules and offer evening or even Saturday appointments. As practices have grown and are more corporate, availability of appointment times has decreased putting added pressure on patients to find a time that does not conflict with work obligations. Employers who are not flexible with their employees make this even more challenging for some patients. Patients may have to prioritize emergency care over routine appointments and thus be more likely to miss or late cancel routine care appointments.

Transportation barriers are often cited as an obstacle to healthcare access. Pennic states, “Nationally, 25 percent of patients who do not show up for a clinic or doctor’s office appointment cite transportation as the reason. Over three and a half million Americans can’t get the care they need because they don’t have the transportation to or from the doctors’ office.” Although transportation is a basic but necessary step for ongoing healthcare and medication access especially for those with chronic disease, it is a big issue for patients’ access to care in making their scheduled appointments. Wallace & Hughes state 3.6 million is the approximate number of Americans who miss or delay medical care because of transportation issues. Car trouble is included in this issue. Syed

has extrapolated that, “studies suggest that lack or inaccessibility of transportation may be associated with less health care utilization, lack of regular medical care, and missed medical appointments, particularly for those from lower economic backgrounds.” She later stated, “Transportation barriers to health care access are common, and greater for vulnerable populations...Millions of Americans face transportation barriers to health care access, and addressing these barriers may help transport them to improved health care access and a better chance at improved health.”

Child care is also an issue as many patients are unable to find available resources to watch their children during their scheduled physician appointments or to have child care for other children in the home not being seen by the physician. Most patients find it difficult to bring a child to an appointment where they will be receiving intimate information on which they want to concentrate. They choose to miss the appointment all together rather than to bring a child with them. Divorced, separated or two parent working households may have difficulty coordinating appointments due to their visitation or child care schedules. If grandparents or non-custodial parents bring a child to a doctor’s appointment, they legally need permission from the custodial parent and are given second hand information about the appointment place and time because they were not the person who scheduled the child’s appointment. This can result in no shows.

Too Much Time between the Scheduling and the Appointment

The more time between the scheduling of a physician appointment and the appointment itself, the higher the likelihood of a patient no showing. A 2008 Athena Health white paper found that 40% of appointments scheduled more than 20 days prior get canceled or are no shows. That rate drops to 7% for same day appointments (Kakavoulis). Patient’s lives get busy and they forget about the appointment the longer the time between the scheduling of the appointment and the appointment itself. Access to healthcare becomes a deterrent and therefore causes no shows. Although primary care

practices may function with more recent appointment scheduling, many specialists have follow-up appointments weeks or months later, contributing to the likelihood that appointments will be forgotten or missed. In studies related to accessing mental health medical care, patients who had to wait more than six weeks for an appointment were more likely to cancel or no show due to partial or complete resolution of complaints. Some have referred to this as a “placebo effect.” The urgency of the symptoms has decreased over time, so the appointment is considered unneeded or irrelevant.

Kaplin describes the primary care pattern as, “providers typically serve a large and steady pool of regular patients and relatively few new patients. The demand for primary care appointments usually has a predictable variation. There is higher demand for the first and last appointments of the day to accommodate work schedules and increased demand on Mondays and in the winter months. The variation in supply is less amenable to change, due to several factors, including competing priorities and responsibilities of the providers and workforce shortages. As a result of the recent Medicaid expansion and the number of patients who are now insured through state exchanges, a shortage has developed in the supply of primary care physicians in some areas of the country relative to the demand (Pettersen et al.,). Although hiring additional physicians might seem to be the obvious solution to this shortage, given the financial constraints in today's health care sector, this is not a viable option for many health care organizations, and thus they need to find ways to make better use of the existing provider capacity.” Some physicians may be overbooked and inundated with referrals making no shows less costly and detrimental to their practice, but the result is still lost revenue and potentially decreased patient satisfaction indicators. Also, an additional revenue factor associated with no shows is the time involved for support staff to schedule, confirm benefits, provide directions, document patient concerns, etc. Therefore, one appointment

no show could potentially cost the physician practice more than just the physician's lost treatment i.e. billing income.

Kaplin explains the specialty care dilemma as, "Providing timely appointments for specialty care requires the same baseline measurements that are needed for primary care. Specialty care scheduling can be affected by a number of external factors that are not within the control of either the practice or the patient. These include delays caused by the requirement for insurance preauthorization, the need for additional diagnostic tests that are performed by third parties, and the referring provider not being co-located with the specialty care provider (Murray). For some conditions, it may be necessary for multiple specialists to coordinate their care, which introduces another level of variability that must be accommodated. An additional challenge for specialty care practices is responding to new patients with urgent needs while maintaining available appointments for returning patients.

Academic specialty practices experience a high degree of variability in providers' availability because the providers tend to have competing education, research, and clinical responsibilities. Although the natural variation in demand in an academic specialty setting is similar to what is seen in other types of settings, the higher degree of variability in supply i.e. available clinic time, can lead to challenges. These challenges are complicated by the presence of resident physicians, who are found in specialty care practices as well as other settings. Residents can increase the capacity of a clinic as their experience and training progress, but they can have frequent absences from the practice and require a more flexible model, with additional senior physician oversight. It is a challenge to achieve the competing goals of having patients see their own physicians, minimizing delay, and offering an educational environment for resident physicians. Any scheduling system used in specialty care must not only accommodate a clear definition of

a care team, variable caseloads, and clinical times, it must also accommodate providers with substantially different experience levels.” Patients may perceive a lack of responsibility for their appointments with specialists since the appointments are generally scheduled by their primary care physician and relayed through this third party. They may not have received the information needed to easily cancel or reschedule with a specialist, especially for the initial appointment when there is not yet a treatment relationship. It should also be noted that many insurance companies prevent physicians from charging a fee for no show appointments, making it less important to patients to call to cancel.

Emotional Barriers such as a Negative Perception of Seeing the Doctor

The fear of going to the doctor or iatrophobia affects 3% of the population according to Esposito. The sense of urgency about needing to be seen decreased when it is felt something uncomfortable would happen such as lab draws, pelvic exams, rectal exams and testicular exams. Some patients’ symptoms resolved by themselves and the medical staff have nothing to go on; therefore, the patient fears they will not be believed if they do attend the appointment. “People often avoid seeking medical care even when they suspect it may be necessary; ¹⁻ nearly one-third of respondents in a recent national United States (U.S.) survey reported avoiding the doctor. Even individuals with major health problems or who are experiencing symptoms¹⁰⁻¹² avoid seeking medical care. For example, in one study, 17% of patients diagnosed with rectal tumors reported that they waited a year or more to seek medical consultation after noticing symptoms, with some waiting up to five years.¹² Avoiding medical care may result in late detection of disease, reduced survival, and potentially preventable human suffering, “according to Taber.

The National Coalition for Cancer survivorship has published, “Barriers for the Doctor and the Patient”. Certain barrier, if not recognized or corrected, can hamper or destroy doctor/patient communication. The doctor barriers include:

- Withholding information or giving information in a cold, tactless manner.
- Raising his or her voice.
- ‘Talking down’ to patients.
- Holding discussions with the patient while standing in the doorway, signaling he or she is really too busy to give the patient the time that he/she needs.
- Discussing serious or personal matters with the patient or family in busy hospital halls, busy waiting rooms, etc.
- Pressing the patient to make a serious medical decision without adequate knowledge or time to think about it.
- Belittling patients who ask questions that are important to them.
- Not making available pen and paper in the waiting room and examination room so patients can organize their questions and make notes.

Patients feel physicians are not empathic. In short, the patient wants the physician to focus their attention on them and not be distracted. Empathy is the ability to understand what the other is going through. For physicians, this is a long-standing tension with their role. A Leading group from the Society for General Internal Medicine defines empathy as “the act of correctly acknowledging the emotional state of another without experiencing that state oneself,” Halpern.

Halpern states that empathy can help physicians by:

- Emotional attunement helps physicians appreciate the personal meanings of patients’ words.
- Physicians’ emotions focus and hold their attention on what the patient is anxious about.
- Facilitates patient trust and disclosure.
- Makes practicing medicine more meaningful.

Empathy enhances the physician-patient relationship and an engaged patient is more likely to show up for their appointment.

Perceived Disrespect of Patient Beliefs and Time by the Healthcare System

Patients feel their time is not respected. Patients arrive on-time for their appointment yet they have to wait. They may feel that they are disrespected by waiting for an appointment, waiting in the waiting room itself and then in the exam room for the provider. This includes having their appointments rescheduled by the provider due to scheduling conflicts. Patients may also feel their feelings and opinions are discounted. All of these perceived disrespects could contribute to why patients do not call to cancel their appointment. Their time, feelings and opinions do not matter so why should it matter if they do not show up to their appointment? In fact, DeVries stated 44% of those surveyed said that missing an appointment was a way to retaliate against perceived slights from the healthcare industry. It also seems that in cases where patients are confronted or held accountable for their missed appointments, many are likely to express discontent with their medical treatment as a way of justifying the missed appointments. Some families have trouble handling non-medical appointments consistently and responsibly so their frequent no shows reflect a structural breakdown rather than a personal action toward the system. Making the system easier to navigate could be beneficial to patients and physicians for a better show rate.

Lack of Understanding of Scheduling Systems

Lacy states in her well known study “Why We Don’t Come: Patient Perceptions on No-Shows” that, “Forty-one percent of the participants indicated they did not know what happens in a clinic if there is a failed appointment.” Many patients believe they are doing the practice a favor by no showing as they perceive the doctor is being overbooked because they may be waiting a long time to see the doctor when they do have an

appointment due to the doctor running behind. Patients may believe the provider simply moves on to the next patient. They don't see what goes on in the background when an appointment is missed such as letting the referring provider know the appointment was missed and calling the patient about their appointment to name a few of the required actions to document a missed appointment within the scheduling system.

The same study shows that participants fail to understand the financial impacts of no-shows as they believe it may in fact be a good thing for the provider and staff. When asked what the providers and staff do when they have no-shows one participant said, "I don't know. I guess they get free time." Another participant stated, "You know what, I don't know. I know that if it's a crowded day, they're probably very happy." These perceptions illustrate the basic lack of understanding that patients have about their missed appointments, although they may sign a policy initially and be verbally reminded to give notice at various points in the process of making appointments to be seen.

In the studies, participants also believed the schedule to be "fluid and subject to negotiation" with cancellations occurring frequently. With this in mind, patients can call and get put on the schedule easily. They also failed to understand the scarcity of appointment times and possibly the triage system and its purpose.

Patient groups that often miss appointments are patients with chronic conditions. Ironically this group needs to see their care provider the most. Additionally, chronic conditions often add to the reasons to the missed appointment. Medicaid patients are also more likely to miss their appointment due to transportation issues especially if they live in a rural area.

Impact on the Practice

No shows produce artificial access problems. Every missed appointment could have been filled by another patient who increases the length of time that patients have to wait to see the doctor. Practices may think they have long wait periods for patients to be seen

when in fact no shows are to blame. The Medical Group Management Association shows that even physicians with busy practices and long wait lists lose 12% of their available appointment times daily, due to patients that do not show up, or cancel at the last minute.

Every practice has a cost of care to see a patient and no shows increase this cost. They have fixed costs such as staff, rent, computer systems and less visible are confirming insurance coverage, previewing the chart and preparing the exam room. When a patient no shows the fixed cost per visit increases.

Appointments are made to regulate office flow. Staff and resources are in place according to the patients on the schedule. When a patient no shows Woodcock & Associates describes what happens:

1. Staff then calls the patient in an effort to reschedule,
2. Must document the no show in the medical record,
3. Communicate to the referring physician's office,
4. Clinical management tasks such as prescription renewal are non-billable.

All of this leads to a higher use of resources and is a drain on the staff. When a patient requires medication to carry them until their next appointment, the physician is put in a position of having to weigh the treatments needs of the patient and whether the liability of not prescribing would be higher than continuing to provide refills despite not having been able to see the patient in the office. All this physician or clinical time is not reimbursable.

Provider compensation is often based on the volume of patients they see. No shows impact provider compensation. McKee states that some estimates show missed appointments cost single physicians as much as \$150,000 annually. This can drastically impact a provider on a productivity based compensation model. Also, patients who have multiple no shows may be perceived by the treating physician as either unmotivated or

even possibly non-compliant with their treatment, affecting the treatment relationship and alerting the physician to potential liability issues with that patient's continued care.

Impact on the Patient

There are indicators that patients who tend to fail for appointments are less likely to have age appropriate preventive health services. Which in term, impacts their overall and long term health. This group is likely to have delayed disease detection. They have poorer health outcomes such as poorly controlled diabetes and high blood pressure. In short, they do not get the care they need. Researchers at the Indian University School of Medicine tracked 7,000 geriatric patients referred to a specialist from their primary care provider and found only 71 percent of those patients scheduled a follow up appointment and only 70 percent of those actually went to their appointment. No shows mean missed care.

How to Stop No Show Appointments

Having a No Show Policy educates the patient to the practice policies and explains to new patients the practice's policies for canceling an appointment and the consequences of being a no show. A practice may politely remind their returning patients of their policy. The policy sets boundaries and expectations for the patient in terms of no showing to their appointment.

A practice may charge for no show appointments. However, it is difficult to collect the money as the practice is collecting on a service never provided. This is a negative connotation for the patient. Many practices decide not to charge for no shows as the fees that would be collected barely make up for the lost revenue. Many insurance providers such a Medicaid prohibit from charging for missed appointments and studies have shown that patients will change doctors or stop coming if pursued for missed appointment fees.

A practice may choose to dismiss offenders but often these are the patients that need care the most. As stated earlier, chronic care patients are most likely to miss their health care appointments simply due to their health. Patient dismissal is a difficult scenario to do in rural areas due to access to care. If this must be done, Moch suggest three strikes is a good rule of thumb. Sometimes this will prompt the patient to call with explanations and the office is then in a position of having to explain the policy to an unhappy patient, or make exceptions that take staff time and energy. Many practices try to avoid negative perceptions in the community so they fail to enforce their dismissal policy to maintain goodwill.

A wait list or a “priority” list can be utilized too as suggested by Woodcock & Associates. They suggest that maintaining a wait list is a great way to fill open slots. One simply lists the patients and their appointment type that want to be seen at the practice. Then, when a slot is open, someone will call to fill it. They advise not to leave a message, but rather just call until you get a person who can take the open slot. Dentist offices are the best at utilizing this method. Of course, this method of avoiding lost revenues only works if the patient gives reasonable notice of the need to cancel or reschedule an appointment. True no shows are just that, not appearing for the scheduled appointment and not giving notice.

Overbooking appointments is another strategy to mediate the impact of missed appointments in the physician’s schedule takes into account patients who will no show for appointments. This however, must be done with care. Overbooking needs to allow for catch up time. Popular times for overbooking are first thing in the morning or just after lunch to allow for catch up time. Other times suitable for overbooking include physicals or new patient appointments when the nurse is working up the patient, because the provider can see a work in patient. Double booking helps to maintain productivity

and financial stability. Dr. Tito IZard describes what happens next, “The staff then struggles to balance patient flow and flaring tempers. The physician has two patients every 15 minutes. Patients who arrive on time are treated like an imposition. And everyone’s praying that someone will not show. The potential for staff frustration and patient dissatisfaction is enormous.” Therefore, overbooking as a way of dealing with no shows may actually have the unintended side effect of decreased efficiency and thus patient satisfaction.

Direct mail reminders provide the patient a physical reminder of the appointment; however, the practice must rely on having the correct address for the patient. These reminders are also costly with postage and paper. The practice must also time the mailing and the timing of the appointment so every patient gets an appointment reminder card. This is the second most expensive method of appointment reminders.

According to a study performed at the Department of Medicine at the Robert Wood Johnson University Medical Group, a live phone call significantly reduced the no show rate. Despite available technology to remind patients of appointments a live person is the preferred appointment reminder. Tsernov states, “The percentage of patients who are likely to forget about their appointments is 17.3% for recorded messages and 13.6% for live calls.” Live calls are the most expensive method of appointment reminders; however, according to the study above they are the only way to significantly reduce a no show rate. Another advantage of a live call is that the appointment can be rescheduled at that time which is more efficient than having another patient contact at a later time.

Automated phone calls are less effective than live calls but their cost advantage makes them attractive. Because the method is automated, it therefore requires no work from the front office staff. A February 26, 2019, Medical Group Management

Association's MGMA Stat poll found that when asked if their organizations used automated appointment reminders 88 percent of healthcare leaders responded yes while 11 percent responded no and the remaining 1 percent were unsure. There were 1,475 applicable responses. When the yes respondents were asked about their return on investment (ROI) "they stated these reminders resulted in:

- Higher revenue
- Lower no-show rate
- Better patient compliance
- Better appointment utilization
- Fewer unfilled appointments
- The ability to see more patients
- More time for staff'

A Medical Group Management Association Stat Poll shows 68 percent of organizations utilize texting to communicate appointments with patients. The same poll states many practices indicate that texting reduces no show and staff time spent confirming appointments; thereby increasing efficiency and productivity. If a practice is looking to increase staff productivity and efficiency then texting is the way to remind patients of their appointments. However, not all patients have access to or desire to use this technology and privacy issues have to be considered.

Open access scheduling is where patients calling to schedule a physician visit are offered an appointment the same day. O'Connor shows that open access scheduling decreased missed appointments for infant well child check visits and appears to increase on-time immunizations. Kopach's results show that, if correctly configured, open access can lead to significant improvements in clinic output with little sacrifice in continuity of

care. It is important to remember that appointment reminders are not necessary with open access scheduling as the appointments are made the same day as the visit.

Utilizing the process of daily huddles where the staff reviews the schedule and discuss patients that are scheduled and make a plan for the day are a good way to advance plan to avoid missed appointments. If a patient who is prone to no show is on the schedule, the huddle may decide to call the patient one more time to remind them of their appointment, overbook the slot or perhaps go ahead and plan for the no show while notifying administration of a pending patient dismissal.

The patient portal is yet another way to remind patients of their appointments. This method will remind patients' via email of their upcoming appointment with the provider. The cost of appointment reminders is minimal as it is typically included in the cost of the portal. However, a Journal of the American Medical Association article by Peter Azilagy et al found that, "Generic patient portal reminders may be slightly effective in increasing influenza vaccination rates, but more intensive or more targeted patient motivational strategies appear to be needed." Thus patient portal reminders are not completely effective in preventing patient no shows. Rebecca Vesely wrote in her article, "Why Are Patient Portals Such Duds" that the Office of the National Coordinator for Health IT (ONC) has found that, "Only 28 percent of the estimated half of patients offered access to their medical record by a provider or insurer viewed their record in the past year. 24 percent of patients offered access to their medical record did not look at it in the past year." This would suggest to practices that the long touted patient portal is not all that it is cracked up to be with regard to decreasing no show and improving patient show rates.

Conclusion

There is no way to completely eliminate no shows in a medical practice but by understanding why they happen and their impact on the practice and the patient, one can find a variety of ways to address the issue. According to a study performed at the Department of Medicine at the Robert Wood Johnson University Medical Group, a live phone call significantly reduced the no show rate. While live phone calls are the most likely way to reduce a patients no show, a Medical Group Management Association Stat Poll shows only 52.23 percent of organizations utilize multiple methods to address this epidemic are suggested. Those specialty practices must work to address the issue of reminding patients of appointments made as much as two to three months prior.

Therefore, more comprehensive studies and strategies need to be developed and implemented by medical practices to more effectively manage missed appointments and the resulting impacts on physician's income generation and patient care. Some of the discussed strategies for dealing with patient appointments may be more beneficial in smaller practices and always, the consideration of barriers to patients making their appointments and perceptions about the importance of cancelling or rescheduling appointment will all result in better patient access to treatment and thus satisfaction.

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