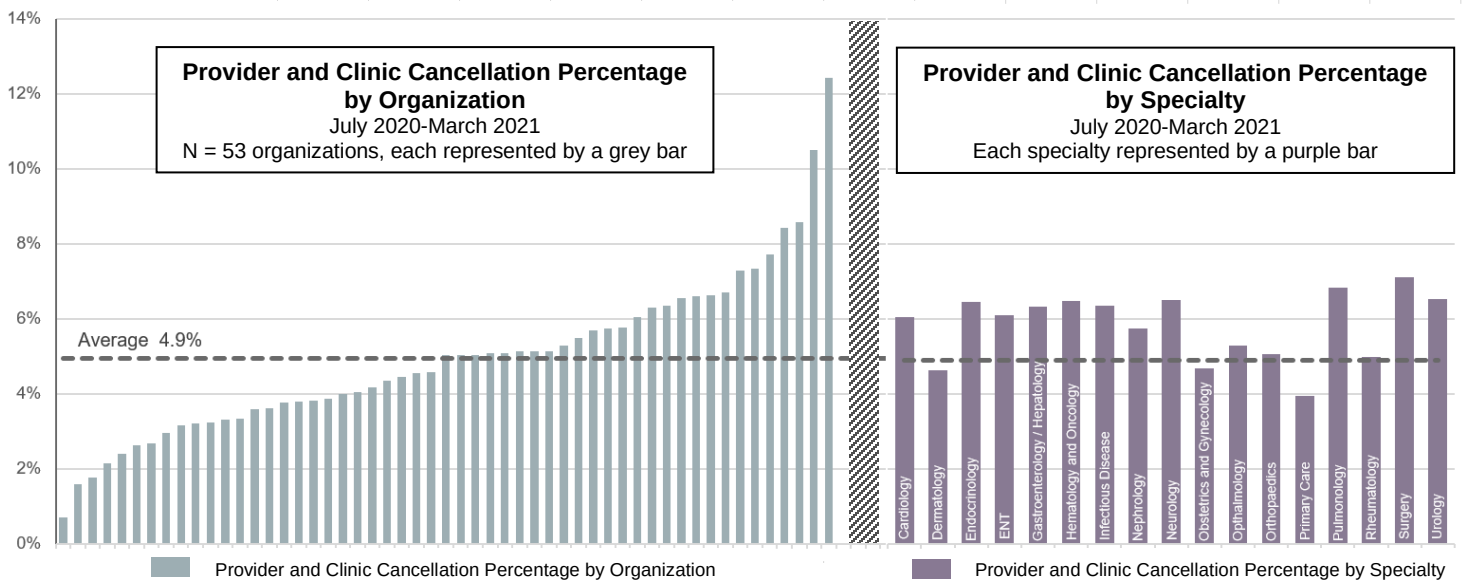
AAMC and Vizient Data Snapshot

Clinical Practice Solutions Center

October 2021

Ambulatory Access Measures: Provider and Clinic Cancellations

While patient cancellations and no-shows have a significant negative impact on patient care,[1] provider and clinic cancellations or "bumps" can dramatically disrupt patient access within ambulatory care. Further, provider- and clinic-driven cancellations can seriously dissatisfy patients. When appointments are not rescheduled in a timely manner, it leads to delayed and potentially compromised patient care, patients seeking care elsewhere, and inefficient use of staff and other clinical resources. In this snapshot, we explore the variation in provider and clinic cancellation rates across Clinical Practice Solutions Center (CPSC) organizations and various specialties.



Metric Description

Appointments cancelled by the provider or clinic as a percentage of the total number of appointments is defined by Clinical Practice Solutions Center (CPSC) as:

- Numerator: number of appointments in the "cancelled"[2] Vizient-defined appointment category with cancellation reason as "Provider/Clinic" **or** number of appointments in the "bumped" Vizient-defined appointment category that are cancelled within 30 days of the appointment and exclude cancelled appointments that are completed with any provider belonging to the same specialty on or after the cancelled appointment and no later than the original appointment date.
- Denominator: The numerator plus completed appointments.

Only appointments where the scheduling provider is mapped to the following Vizient-defined provider types are evaluated: physician, APP, Learner, Group schedule-faculty, and Group schedule-resident. Institutions included in this analysis had a minimum of 750 completed appointments within each specialty[3] and a minimum of 14 out of the 17 specialties had to meet that threshold between July 1 and March 31, 2021.

Findings and Questions to Consider

Across the 53 CPSC members included in the analysis, the mean clinic and provider cancellation percentage was 4.9%, with a range from 0.7% to 12.4%. Primary care was, on average, the specialty with the lowest rate of these cancellations, with a mean of 3.9% (range: 0.8%-8.4%). Conversely, the specialty with the highest rate of provider- and clinic-driven cancellations was surgery, with a mean of 7.1% (range: 1.1%-15.1%).

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When analyzing your own data, below are questions to consider:

- Do you have an organization-wide definition of provider and clinic cancellations?
  - Is the data consistently captured in scheduling data across departments and practice sites and routinely reported across the organization?
- Do you have an organization-wide provider and clinic cancellation policy?
  - What processes exist for oversight of policy adherence?
- How is performance on this metric trending over time, overall, by specialty, and by practice site?
- Are there specialties, or providers within specialties, that are outliers within your organization?

Strategies for Improvement

- Create a standardized definition for provider and clinic cancellations.
- Establish a formal policy for provider and clinic cancellations that includes: process to request/approve cancellations, standard typology for cancellations, and timing for requests.
- Identify individuals responsible to monitor policy adherence and application.
- Identify which individuals/roles are authorized to change provider schedules at the clinic/department level. Keep this group limited in number to facilitate better oversight and adherence to the policy.
- Engage providers and clinic staff on policy rationale, review, and adherence.
- Ensure rescheduling policies promote timely access to care (e.g., patients are offered an appointment with a different provider).
- Collect and review data to understand reasons driving provider/clinic cancellations. Review performance data with all providers on a routine schedule (e.g., monthly).
- Identify clinics and providers that overuse cancellation exceptions. Conduct deeper one-to-one conversations with those providers and clinics that continually have excess cancellations outside the policy.
- Consider aligning provider and clinic incentives to metric performance.
- Reinforce the importance of the clinical mission and discourage avoidable clinic cancellations that may be inadvertently driven by education and research.

Please refer to the AAMC/Vizient *A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine* for more information on these strategies for improvement in action.

For more information or questions related to the CPSC, contact CPSCsupport@vizientinc.com. For additional information on the AAMC/Vizient Access Data Snapshot series or other access-related resources, contact Danielle Carder at dcarder@aamc.org or Nicole Spatafora at nicole.spatafora@vizientinc.com.

Notes

1. Dantas L, Fleck J, Cyrino Oliveira F, Hamacher S. No-shows in appointment scheduling – a systematic literature review. *Health Policy*. 2018;122(4):412-421. doi:10.1016/j.healthpol.2018.02.002
2. This analysis attempted to capture discretionary cancellations by providers and clinics; therefore, the following cancellation types were excluded from the analysis: patient, weather, organization, technical, insurance/billing, and COVID-related cancellations.
3. Specialties included: cardiology; dermatology; endocrinology; ears, nose, and throat; gastroenterology and hepatology; hematology and oncology; infectious disease; nephrology; neurology; obstetrics and gynecology; ophthalmology; orthopaedics; primary care; pulmonology; rheumatology; surgery; and urology.

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