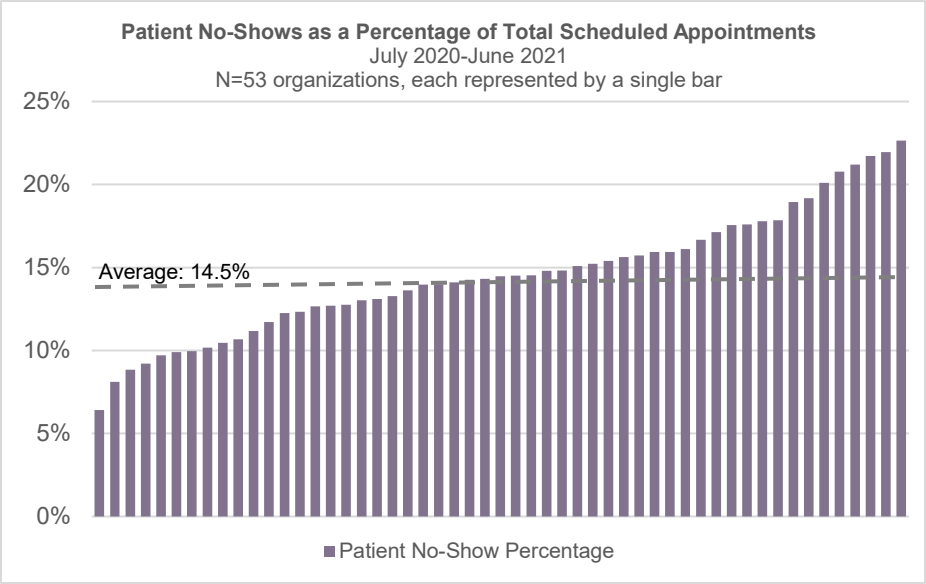
AAMC and Vizient Data Snapshot

Clinical Practice Solutions Center

April 2022

Ambulatory Access Measures: No-Shows

Health systems are continuously working to decrease patient no-shows. Research has shown that multiple factors are tied to patient no-shows, including long wait times, misunderstandings around the reasons for the visit, and transportation challenges.[1] Missing appointments is a problem. Other patients who may need to be seen in a timely manner may not be able to be seen when visit slots are wasted. No-shows can also waste health system resources and provider time. This snapshot will examine the variations in no-show rates across organizations within the Clinical Practice Solutions Center (CPSC) and offer questions your organization should consider when attempting to reduce no-show rates.



Metric Description

No-shows are defined as appointments for which the patient did not show up or cancelled either the day of or day before the appointment as a percentage of the total number of scheduled appointments. The CPSC calculates this metric as:

- Numerator: The number of appointments in the "cancelled" or "no show"[2] Vizient-defined appointment category. "Cancelled" appointments are attributable to the patient and the cancellation occurs within one day of the 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 1,000 completed appointments within each specialty[3] between July 1, 2020, and June 30, 2021.

Findings and Questions to Consider

Across the 53 CPSC members (each represented by a single bar in the figure above) that met the criteria for the analysis, the mean no-show percentage was 14.5%, with a range from 6.4% to 22.7%. Within primary care only, the mean was 13.7% (range: 4.9% to 23.1%), while for medical specialties[3] the mean was 14.3% (range: 7.3% to 23.3%).

When analyzing your own data, consider these questions:

- Have you stratified your data to understand the patient types/characteristics of those who no-show?
- Are there trends in days, time slots, clinics, providers, or specialties that have higher no-show rates?

Strategies for Improvement

The following strategies can help organizations reduce no-shows:

- Modify approach to pre-visit outreach. Leverage technology, including the use of chatbots, automated text reminders, automated phone reminders, email, and other tools.
- Measure effectiveness of different interventions (including technology mentioned above) to understand the impact on no-show rates. Analyze the effectiveness of interventions by time and day

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(e.g., are patient reminder texts/calls more effective in the evening or daytime?). Effective strategies may differ by clinic type or clinic location.

- Make it easy for patients to cancel appointments to avoid a no-show. A cancellation enables a clinic the opportunity to refill the slot.
- Use predictive analytics to identify patients who are likely to no-show. Use this data for targeted interventions. Many organizations double-book patients who they predict will no-show. Even though this is a common practice, health systems should be cautious about practices that can create inequity for patients who come for care. Alternatively, health systems should work to better understand upstream causes of no-shows and engage with patients, community benefits offices, community partners, and the health system to identify ways to overcome these barriers to care.
- Revisit your no-show policies and consider revising them to reflect upstream efforts, including engaging clinicians and administrators in establishing policies and setting expectations for consistent adherence. The policy may include a maximum number of allowable no-shows, rewards for patients who do show up (e.g., gift card raffles), or penalties for no-shows.
- Share the no-show policy with patients and explain the need for such a policy.
- Evaluate the inflow of referrals to identify low-acuity/discretionary referrals who are more likely to no-show. Consider ways to reduce low-acuity referrals and find more effective means to provide support for said patients (e.g., eConsults).

Data Points for Predictive Modeling

- Age, marital status, religion, race/ethnicity, and primary language.
- Social determinants of health.
- Appointment length, day, and time.
- Visit type.
- Payer type.
- Patient portal usage.
- Prior one-year history for the following:
  - Outpatient visit count.
  - Inpatient visit count.
  - Emergency department visit count.
  - Clinical classification software codes.
  - Cancelled appointments.
  - No-show appointments.
  - Mean wait times.

Organizations should look at their ambulatory access metrics holistically as there are clear connections among performance across the metrics reviewed in this data snapshot series. Please refer to the AAMC/Vizient publication *A Patient-Centered Approach to Optimizing Ambulatory Access: Insights From Leaders in Academic Medicine* for more information about strategies to improve ambulatory access metrics.

For more information or if you have questions about the CPSC, contact CPSCsupport@vizientinc.com. For additional information about 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. Pesata V, Pallija G, Webb AA. A descriptive study of missed appointments: Families' perceptions of barriers to care. *J Pediatr Health Care*. 1999;13(4),:178–182. doi:10.1016/s0891-5245(99)90037-8.
2. Specialties included: cardiology, dermatology, endocrinology, ears, nose and throat, gastroenterology and hepatology, hematology and oncology, infectious disease, nephrology, neurology, obstetrics and gynecology, ophthalmology, orthopedics, primary care, pulmonology, rheumatology, surgery, and urology.
3. Medical specialties included: cardiology, endocrinology, gastroenterology and hepatology, hematology and oncology, infectious disease, nephrology, neurology, pulmonology, and rheumatology.

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