

Background

- “No-shows occur when a patient fails to attend a scheduled appointment with no prior notification to the healthcare provider” (Marbough et al., 2020, p. 509)
- No-shows can hinder a provider-patient relationship. (Bokinskie et al., 2015)
- No-shows can be detrimental to a patient’s health. (Kaplan-Lewis & Percac-Lima, 2013)
- Primary care visit reimbursement ranges from \$79.00 for Medicaid patients to \$186.00 for patients without insurance (Machlin & Mitchell, 2018)
- Project’s federally qualified healthcare center (FQHC) noted a 25.1% no-show rate with standard protocol

Purpose

To decrease no-shows at an FQHC by 3%

Method

- A quasi-experimental quality improvement project
- Convenience sampling of patients 18 and older
- Provider A patients: Intervention group
- Provider B patients: Control group (standard protocol)
- 28-day Pre-intervention phase
 - Questionnaire completed for all patient no-shows: (Providers A & B)
 - ✓ Reason for no-show
 - ✓ Reminder received or not
 - ✓ Lead time between scheduling and appointment
 - ✓ Appointment type
 - ✓ Gender
 - ✓ Age group
 - ✓ Ethnicity

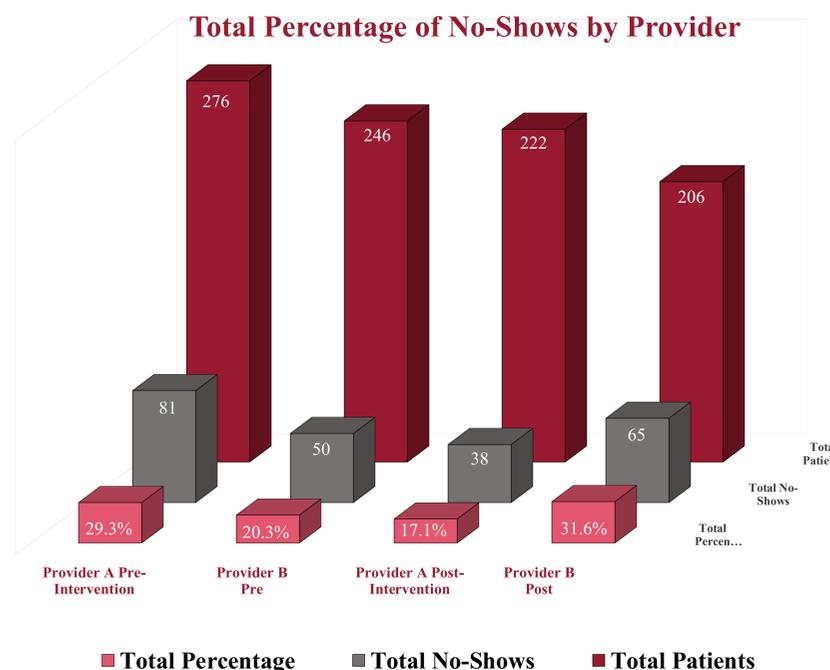
Method

- 26-day Intervention phase
 - Provider A: Project interventions:
 - ✓ Text reminders 3 days before appointment
 - Patients instructed to confirm or cancel
 - ✓ Provider phone reminder 2 days before appointment
 - Provider B: Control group (standard protocol):
 - ✓ Reminder from automated system
 - ✓ Phone reminders from support staff afternoon before or day of appointment
- Collected post-intervention no-show data

Discussion

- Provider A (intervention) had a 12.2 % **decrease** in no-shows
- Provider B (control group) had a 11.3% **increase** in no-shows
- 65% of patients in Provider A (intervention group) stated a preference for text reminders on post no show questionnaire.
- Limitations:
 - Project length
 - Small sample group
 - Limited stakeholder participation

Results



Conclusion

- Eliminating all no-shows is an unrealistic expectation
- A consistent patient reminder system should include:
 - Correct contact information
 - Diverse contact methods
 - Simple and convenient ways to cancel or reschedule appointments
- Recommend additional study with larger sample group and longer implementation period
- Project FQHC plans to continue the study company-wide using various contact methods:
 - Texting
 - Personal phone calls
 - Improved automated system