Getting tough is not enough. You've got to discover—and try to eliminate—the reasons why patients skip appointments.

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Medical Economics

For many practices, missed appointments are like a perpetual flu—always keeping them under the weather.

Sure, some no-shows are inevitable (think flat tire), and if only 4 percent of your appointments are broken—a median reported by members of the Medical Group Management Association—you're not suffering much. But it's not unusual for practices to experience skip rates of 10, 20, or 30 percent. That's on top of cancelled appointments.

You can fill some empty slots with walk-in and same-day appointments, but probably not all of them, and such substitutes usually won't generate as much revenue as regular visits. One study took these factors into account and estimated that no-shows robbed a family practice residency clinic of 14 percent of anticipated revenue.

No-show-itis isn't just a money sapper. It wastes the time of staffers who prepare for appointments, deprives patients of needed care, and exposes you to a malpractice risk if an untreated condition worsens. Some doctors have taken the draconian step of charging for missed appointments, but there are gentler cures that go to the heart of the problem.

Diagnose the problem: Who are your no-shows?

One traditional way of countering broken appointments is by overbooking patients. However, this does nothing to curb the problem, and it creates others instead, says Curt Mayse, a St. Louis consultant with the accounting and consulting firm LarsonAllen. "On days with fewer no-shows than expected, the doctor will fall behind," he says.

What's worse, longer wait times in the office due to the vagaries of overbooking tend to encourage no-shows. Research suggests that patients who don't feel respected by their doctor—"Hey, my time is valuable, too"—feel a greater
temptation to skip.

To get serious about fixing the no-show problem, first diagnose the causes. For example, the longer out the appointment time, the greater the chance of a patient missing it. Forgetfulness, too, is a leading cause. No-show patients tend to be younger and male. Medicaid patients also are more likely to skip, partly due to transportation problems.

To get a picture of what's happening in your practice, query your practice management software for all no-shows over the past three months. Produce a table with columns for patient gender, age, insurance status, day of the week the appointment was made for, morning or afternoon appointment, new or established patient, and physician—any variable you'd like to explore. You may discover that most no-shows are new visits in the afternoon, or occur with a cold, uncommunicative doctor in the group, or on Fridays.

"Export your table to a spreadsheet and graph the results—you'll spot trends more easily that way," says consultant Rosemarie Nelson in Syracuse.

Remove access barriers that encourage skipping

Patients are more likely to keep their appointments if you become more accessible. If you're experiencing an inordinate number of no-shows for appointments scheduled months in advance, consider adding an extra physician, nurse practitioner, or physician assistant so patients can get in sooner.

Acute care patients are another group to look at. By booking someone with a dizzy spell three days out, you risk creating a no-show, says FP Mark Mengel, chair of the community and family medicine department at Saint Louis University School of Medicine. "Either the problem resolves itself before the appointment, or the patient looks for another doctor who can treat him earlier," he says.

Some doctors have avoided these scenarios and lowered their no-show rate by as much as one-half by converting to open-access scheduling. Mengel has a hybrid system that keeps 50 percent of slots open for people who call that day. "We don't have many no-shows—maybe 8 percent," he says. Such systems can even accommodate patients whose illnesses require regular follow-up visits. Simply remind them with a phone call or postcard to ask for an appointment at the set time.

To learn more about these techniques, read "Don't be afraid of same-day scheduling," in the Nov. 5, 2004 issue at www.memag.com/memag/article/articleDetail.jsp?id=130921.
Implement a reminder system that works for you

If you schedule any appointments in advance, your no-show strategy should include patient reminders. Some practices favor the personal touch of old-fashioned telephone calls, but consultant Curt Mayse notes that reminder calls can drop to the bottom of the list on a hectic day. Another problem is that employees often must leave messages on answering machines since most patients work from 9 to 5, preventing them from confirming the appointment. The rise of cell phones, however, is increasing the likelihood of a live connection.

Many practices swear by automated phone systems, which can dial patients at night when they're more likely to be home. These systems typically allow the patient to confirm or cancel the appointment with the push of a button. Then they generate a report for the practice.

"Our clients usually reduce their no-show rate by 30 percent," says Larry Thompson, sales manager for TeleVox Software, an automated messaging service company in Mobile, AL. Its HouseCalls service costs roughly $40 a month for a solo doctor, depending on call volume—an expense just one or two averted no-shows could pay for.

When you shop for an automated phone system, get a recommendation from the company that sold you your practice management software. After all, it must interface with the phone system. "You're better off buying a system that already interfaces with your billing and scheduling software rather than having someone write a new interface," says Rosemarie Nelson. "Your current system may even have a phone reminder tool built in."

Good practice management programs also can generate written reminders that you mail. These may be better for elderly patients who might forget a phone call. For your computer-savvy patients, consider e-mail reminders. Clinical messaging services like RelayHealth and Medfusion offer these in conjunction with a system that allows patients to schedule and cancel visits online.

Ideally, every scheduled patient should receive a reminder. Short of that, however, you should at least target the kind of visits that your analysis reveals are most likely to be skipped. And use reminders for your most important appointments—follow-up visits for the seriously ill, new patients, and procedures. The latter two are typically higher paying, and the sort you can't afford to lose.

Whatever system you deploy, issue reminders at least two days in advance. "Two days gives you enough time to plug in a new patient," says consultant Judy Bee in La Jolla, CA. Your ability to improvise, though, depends on maintaining a list of scheduled patients who'd like to be seen sooner.
Address the emotional and mental components

A high-tech reminder system alone won't prevent no-shows. You also need good communication skills.

After all, research has uncovered emotional barriers to keeping appointments. Patients may worry that a test or procedure will be uncomfortable, or that they'll hear bad news. By taking time to learn about your patient's fears, you can help them over the hump.

Likewise, patients with chronic illnesses often underestimate the importance of follow-up visits because their doctor merely told them, "I'll see you in three months," says FP Mark Mengel. "You have to explain that diseases like hypertension and diabetes can get worse even if the patient isn't experiencing symptoms."

Patients may mistakenly assume that their absence doesn't hurt your practice—and may even give you a welcome breather on a busy day. The message that you should deliver through your brochure, your Web site, and your employees is this: No-shows disrupt the practice, and that an unfilled slot is a lost chance to help another patient.

Should you charge for no-shows?

Some practices try to deter no-shows by attaching a financial penalty to them. To avoid a $25 or $30 missed-appointment charge, patients typically must cancel the appointment at least 24 hours in advance. It's a get-tough approach that receives mixed reviews.

"The policy will get patients' attention," says Curt Mayse, "but when you actually charge someone, it's bad for public relations." Judy Bee agrees. "This policy sets a sour tone," she adds. "It's like announcing, 'Welcome to our practice—here are the things that will get you in trouble.'"

Consultants also say that many patients balk at no-show fees; as a result, they often go uncollected. Furthermore, Medicaid and some private insurers prohibit these fees.

That said, some practices report that charging for no-shows has been a success. Ever since Family Medical Associates of Raleigh (NC) implemented this policy in January 2004, the no-show rate has dropped from 12-15 percent to roughly 6 percent. Charges range from $25 for routine follow-up visits to $75 for new-patient visits. "We collect about 90 percent of our no-show fees," says practice
administrator Janet Jessey. "Patients have accepted this incredibly well. I can recall only three conversations with people who have challenged the policy."

It's been less of a breeze at Partners in Internal Medicine in Ann Arbor, MI, which collects only 41 percent of its no-show fees. "Some patients complain that they're not reimbursed for lost time in the waiting room," says practice administrator Debra Roberts. However, the two-year-old policy has achieved its primary goal, reducing the no-show rate from roughly 35 percent to 15 percent.

"We're serious about no-shows, although we give people the benefit of the doubt about their first miss if they have a reasonable excuse," says Roberts. "The penalty has definitely raised patients' awareness about their responsibility."

Discharging no-show patients: Write a game plan

While no-show charges remain controversial, virtually everyone agrees that practices are entitled to drop patients who repeatedly blow off appointments.

One sound approach is to dismiss a patient after three no-shows within a given period, say, six months. Record the first no-show in the chart and send a letter asking him to reschedule. A second violation triggers a second, stronger letter (for a sample, see page 66). After the third skip, the decision to terminate should fall to you, the doctor—not to the office manager. You may want to contact the patient to ferret out any extenuating circumstances that would warrant leniency.

If you decide to divorce a patient, send him a letter by Certified Mail with Return Receipt stating that the relationship will be terminated in 30 days. For more tips on this topic, read "Clip and Copy: How to 'fire' a patient," in the Dec. 5, 2003 issue, available at www.memag.com/memag/article/articleDetail.jsp?id=111625.

The best policy, however, is preventing no-shows in the first place. Face it—nobody really likes going to the doctor. By helping patients overcome barriers to keeping appointments, you'll spend less time and energy being a medical truant officer.