

## Dealing with appointment no shows

By Elizabeth W. Woodcock, MBA, FACMPE, CPC

Did several patients fail to show up for appointments this week? Frustrated? Join the club.

Appointment no-shows are a reality of medical practices. They are one of the frustrations cited most frequently by physicians, and with good reason. Not only do no-shows put a crimp in the daily flow of patients, they are money losers. No one reimburses you for a no-show, yet the overhead related to that missed appointment - staffing, leases, insurance, utilities, and so on - remains on the books.

While you can't eliminate no-shows altogether, you can reduce their frequency. Considering the numerous operational and financial problems that no-shows can cause, I'm devoting this and my next newsletter to this important topic.

Here are some steps you can take to reduce the frequency of no-shows in your practice:

- \* Maintain timely patient access. The longer a patient has to wait to be seen, the more likely that he or she will find care from another source - mostly likely another physician. Or the patient may start feeling better. In either case, the patient will rarely call you to cancel the appointment. How do you create more timely appointment access when you already work a full schedule? Strategies may include using midlevel providers and other clinical staff to help handle more appointments daily - seeing just one more patient a day can produce big results over the course of a year. In some cases, it may make sense to stop participating with a payer that may be sending you lots of patients but not much income.

- \* Stop creating no-shows. Do you or other physicians in the practice often cancel clinics? More than once a month is too much. Canceling or bumping clinics accelerates the no-show problem because:

- \* You lose revenue but not any overhead;
- \* Rescheduling takes a lot of staff time;
- \* Patients get frustrated with your staff and, eventually, you; and
- \* Patients stop taking your appointment scheduling needs as seriously.

I worked with one practice that did not realize how big a problem it was creating until a patient called to complain that she had been rescheduled three times. It may seem like the physician bumping a clinic is sufficiently penalized by not

receiving the revenue (thus compensation) related to those missed visits. But, in a group practice, all of the partners may bear the overhead related to the cancelled clinical sessions. Under-utilization of staff, equipment and facility are the true costs of rescheduling.

\* Identify offenders. Detect your no-show problems early. Use your practice management system to track no-shows. Identify the patients who chronically miss appointments. Place an alert note or another simple identifier, such as "CNS" for chronic no-show, in a part of the patient record that is accessible to schedulers during the scheduling process. Instruct staff who schedule appointments to give those patients less desirable appointment times, such as at the end of a clinic or whenever else a no-show will not disrupt patient flow.

I worked with one physician who had his staff schedule any chronic no-shows during his lunch hour. If patients didn't show up, he had the full hour for lunch. If they did, his lunch was a little shorter but he made a little more money that day.

\* Handle chronic offenders. Although it's wonderful for you to be accommodating, patients who habitually fail to show up for appointments are more than nuisances - they are risk management issues. Decide when enough is enough. Make a policy on when to dismiss a patient from your practice. Whether it is three missed appointments or five or some other number, try to be consistent. State your missed appointment policy in the practice policies statements that you ask new patients to review and acknowledge by signature. Inform your current patients, too. At the same time, make sure to carefully review with your malpractice carrier any planned dismissals of patients for whom you have ongoing management of care.

\* Manage to it. Track your no-shows to find patterns. You may find that your highest no-show rate is between 3 p.m. and 5 p.m. on Fridays. You may see them peak during summer months. Discovering when no-shows are most likely to occur gives you more options to manage the problem. For example, it might be safe to book more patients than you normally would during the heaviest no-show periods because you can reasonably expect that one or more will not show up. Or, save on staffing costs by shutting down the practice on Friday afternoons during the summer.

\* Set up a virtual "no-show doctor". Assign a "no-show doctor" template for staff to schedule patients who are chronic no-shows. When and if patients show, they can be moved to a physician's schedule on a rotating basis -- or to the physician who has time to see them. The advantage to this system is that these patients don't block slots and staff don't spend time to prepare for them in

advance. An excellent article about this concept can be found at: [www.aafp.org/fpm/20050200/65mana.html](http://www.aafp.org/fpm/20050200/65mana.html).

\* Remind patients. Assign staff to remind patients 48 hours in advance of their appointments. Although there are plenty of automated telephony solutions that can do this, a live human voice is far more effective. It creates a more compelling reason for the patient to show up. This doesn't have to be an expensive option. Try hiring college students or retirees to make reminder calls at night (it vastly increases the chances of reaching patients instead of their answering machines or voice mail). And people with caller ID do tend to pick up the phone when they see that it's their doctor calling. Telephone reminders also can play a role in your practice's health care mission. Nurses or medical assistants who make reminder calls can emphasize that showing up for the appointment is part of the continuity of care process.

\* Know when to require confirmations. For procedures and other encounters that consume a lot of your time, ask the patient to call back to confirm no later than 24 hours in advance of the appointment. If the patient doesn't call back, shift that appointment to a patient on your waiting list. Be sure you tell patients about this policy in writing. You don't want to create a bevy of incoming telephone calls for every appointment, but getting confirmation for lengthy visits and procedures will make sure your time and overhead are not wasted.

\* Personally remind patients. I often see patients who are surprised to learn at the check out desk that their physician wants them back in a few weeks. Close each encounter with a review of your follow-up plan. If it includes a follow-up appointment, then say so. Emphasize how important it is to stay on the treatment plan, which includes showing up for the next appointment.

\* Consider charging. I say, "consider" because there are many questions ask before instituting charges for missed appointments. These include:

- Will payers allow you to charge their beneficiaries for missed appointments? Some payers allow these charges, but others don't. If some payers allow these charges but others don't, can your office processes track who can be charged and who cannot?
- Have you addressed your own access issues? Make sure your house is in order before you start penalizing patients. You may face some bad publicity and bad feelings if you make patients wait six months for appointments, then charge \$25 if they happen to forget the appointment.
- Will it work? You know your patient population. Will the chronic no-shows just pay up but keep not showing up? Will they ignore attempts to charge them? Can some of them really afford it?

- Will you spend more money charging and trying to collect no-show charges than you'll ever realistically collect? Sending billing statements for missed appointments costs you money in supplies and stamps. It also can divert your billing staff from more important tasks, such as working outstanding accounts, following up on claims denials and so on.
- How will patients react? Follow up on recent chart transfers to make sure no-show charges are not driving away patients. I worked with one practice that realized many of the patients they were charging for missed appointments also brought in the best reimbursement. By comparing chart transfer requests and no-show charges, the practice soon realized that a significant minority of these more lucrative patients transferred their care after receiving a billing statement that contained a no-show charge.

There's no simple solution to preventing no-shows. Maybe a more realistic goal is to reduce the overall rate to a relatively low level. But there are many things you can do to keep no-shows from ruining your day.

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