No Show Solutions

There are a number of ways you can effectively minimize this pervasive and disruptive problem.

BY LYNN HOMISAK, PRT

To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: No Show Solutions

Dear Lynn,

Here is our predicament. Lately, we've had a run of patient no-shows more than we ever had before. Up until now, we've just been working around it, but some days, it's just one after the other. Something needs to be done to minimize this as our schedule is constantly interrupted and our revenue is taking a hit. Any ideas?

Admittedly, having patients not show for scheduled appointments is a disruption indeed—causing a problem in the moment, and that unwanted downstream ripple effect. It interrupts the continuity of the schedule, wastes staff preparation time, limits patient access to appointments, and has a calculable, financial impact on the practice.

You mention you have more no shows than ever before. Is this a number you have actually tracked? Do you know if it involves a particular type of patient (i.e., gender, age, symptom, etc.)? Or are they those patients with a particular insurance plan? Does it occur most often on a certain day or at a certain time of day? Those who rely on public transportation?

The reported average within the medical community as a whole falls anywhere from 5–30%. With simple math and round numbers let's suppose you had 500 patients scheduled last week, and only 400 showed up. 100 fewer patients! The formula for this example is:

No-shows (100) ÷ scheduled patients (500) x 100 = 20%.

Using this formula, where do your fall? And, more importantly, do you see your "normal" trend from month-to-month getting worse? If your patient per visit value is $100, just five no-shows per day amounts to a $500 loss. Weekly: $2,500. And yearly? OUCH! There are many reasons for patient no shows—some rational, others just plain inconsiderate. Why the sudden change in your practice?

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Broken down, here are three major causes for no shows:

1) *Untimely life mishaps*—Accidents, illnesses, transportation problems, weather issues, (emergent) last minute conflicts, family and work obligations, or death;

2) *Personality weaknesses*—Patient was too lazy to call and cancel, they FORGOT, fear (anxiety) of anticipated treatment, or because the initial sense of urgency faded (they got better), they simply wanted to avoid

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a co-pay (financial issues);

3) Disconnection—Dissatisfied with current services, lack of rapport with doctor/office/staff, unhappy with appointment wait, didn't respect schedule, didn't understand purpose of further treatment or the clinical ramifications of not returning, or felt their showing up wouldn't matter (perceived overbooking).

We tend to give "life's mishaps" a pass, and rightly so. They're not intentional and largely unavoidable. Life happens. We deal with it and move on.

Personality patterns are a different story. Forgetting and not showing without the courtesy of a phone call is irresponsible and not at all how we want our patients to behave. What's important to understand in these cases is that patients who exhibit this pattern or rudeness tend to get away with it—and they know it. If office policies dealing with these issues are inconsistent or not fully enforced, patients maintain control. They quickly realize there is no consequence for their behavior and don't consider it a priority. So, next time they reschedule, they might show up, but on their terms (late? unannounced?) expecting to be seen. And they are. Imagine that! What's to stop them from doing it again?

If patients feel disconnected at all, it tends to happen before they even leave the office. Maybe they had a disagreeable encounter with the front desk, or the clinical staff, or even the doctor. Maybe they didn't feel the treatment they received was worth the fee charged. Perhaps the doctor was unable to explain their condition, possible complications, or the importance of follow-up in terms they could understand. What if the patient delayed making an appointment, then once they did, it was scheduled so far out they went elsewhere? I call those dis-appointments! Another big disconnect is that often patients feel medical offices don't respect their time—so should they respect your time?

Here are a number of ways you can effectively minimize no shows:

1) Create a no-show policy. Stick to it and take the time to educate your patient about it.

2) Attach value to your patients' encounters. Explain the consequences of neglect and the importance of return visits.

3) Schedule (and reschedule) patients in a reasonable amount of time.

4) Respect that your patients' time is important. Strive every day for on-time appointments. Keep to your schedule as best you can, and then do better.

5) Apologize for late appointments.

6) Initiate an effective patient reminder system. Studies have shown that patient no-show rates decrease from 23% to around 15% when notified a few days before their appointment. Communicate through multiple channels—phone, text, email.

7) Schedule repeat offenders at off-peak times, so recurrent "no-show" violators don't totally disrupt the daily flow.

8) Don't guess; call patients 20 minutes following their "no-show" and track reasons why, so you can fix what may be broken.

9) Create patterns and routines for patients. For example, if they were scheduled at 2pm on a Tuesday, offer to reschedule them again for a Tuesday at 2pm.

Active listening helps to bridge the physician-patient relationship.

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10) Incentivize and reward on-time incidents. Consider a monthly prize drawing for patients who arrive for their appointment on time.

11) Don't use overbooking to counterbalance no-shows. This merely treats symptoms instead of cause, preventing you from getting to the root of the problem.

The only way to create change is to take action. Gather the data from all these areas discussed and see if you can narrow the reason(s) for the rise in no show patients. This is definitely a case of "if you can't measure it, you can't manage it."

Re: WAIT!

Dear Lynn,

I was listening to my doctor the other day as his new patient explained

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to him the pain she was feeling in her foot. What I observed is that he never really let her finish her sentences before he responded. I could see her frustration as she was not allowed to relay certain details without him interrupting her. I'm guessing your advice is to go to him and tell him, but I am reluctant to do that as I don't want him to think I am judging his approach to patient care in any way.

Believe it or not, this is not an uncommon occurrence. It happens because your doctor is one step ahead. He hears something familiar and quickly begins formalizing a response which he wants to deliver immediately. Unfortunately, in doing this, he unintentionally, but abruptly, interrupts before she can get her words out. It is doubtful that he even realizes he is doing it. No one likes being interrupted!

Active listening helps to bridge the physician-patient relationship. Some important traits of active listening involve listening to understand—not to reply; don't interrupt; avoid distractions; paraphrase (repeat for accuracy); and don't "ESP" think or "assume" something before you know it for a fact.

By not allowing patients to fully convey their symptoms, especially during the initial encounter, there is a chance that doctors fail to get all the necessary details that would allow them to arrive at a diagnosis or put forward the best individualized treatment plan.

Yes, he should be made aware of what you observed. Certainly, not from a judgmental standpoint, rather from one of concern and in a lighthearted way.

Enter the "WAIT" acronym. "WAIT", in this case, stands for "Why Am I Talking" at the same time my patient is? Sharing this mental picture with him is bound to get at least a smile, more positively a new awareness. Maybe next time, he'll WAIT and let patients finish their thoughts before interjecting his. A great lesson is: When you talk, you are only repeating what you already know… but if you listen, you may learn something new. **PM**

Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.