Strengthening the Oral Health Safety Net:  
No-Show Management Learning Community Call  
Thursday, April 17, 2014  

SUMMARY

On April 17th, NNOHA conducted a Learning Community Call on “No-Show Management,” a forum that allows Health Center members of the Strengthening the Oral Health Initiative (SOHSN) to connect with other programs in the initiative to discuss their challenges and promising practices around the topic. This call was organized in partnership with DentaQuest Institute’s Safety Net Solutions.

Due to the participatory nature of the call, only 24 Health Centers were given access (on a first come, first served basis), of which 19 participated.

To start the call, Safety Net Solutions provided a short presentation highlighting promising practices and suggestions for no-show management. The group then had a facilitated discussion following a list of questions that were provided prior to the call:

- What is your current no-show rate, and how do you measure it?
- Why do you think are the causes of no-shows in your program? Do you have particular scenarios you struggle with? (e.g. Patients not coming for their first appointments)
- What have you tried? What has worked?
- What other challenges are you facing?

Though discussion was slow the start, participants readily engaged in discussion. A summary of comments and points for each question is included below.

What is your current no-show rate, and how do you measure it?

- No-show rate is not always measured in the same way, and some Health Centers do not measure it at all.
- One Health Center noted their no-show rate is approximately 35%, and it is measured as the number of patients who came to their appointments divided by the total number of patients scheduled for the day, not including walk-ins.
- Another noted their no-show rate is around 25-30%; it is calculated as the number of no-shows and same-day cancelations (less than 24 hours) divided by the total number of patients scheduled for the day. Most are from the dental hygiene appointments.
- One Health Center stated their no-show rate is 50%.
Why do you think are the causes of no-shows in your program? Do you have particular scenarios you struggle with?

- Safety Net Solutions commented that a large portion of no-shows at Health Centers happen with hygiene appointments.
- One Health Center commented that they are a relatively new FQHC and still building their patient base. New patients may not have a vested interested in improving their oral health yet.
- Patients with transportation and/or insurance issues tend to have higher rates of no-show.
- Some patients keep switching between disposable phones, and it is difficult to keep track of them.
- In one Health Center, if the patients do not confirm, they are removed from the schedule, and social workers follow up.
- In another Health Center, patients are reminded of their appointments via text and call 48 hours prior. Many do not confirm, but the Health Center does not remove them from the schedule because frequently they do show up and many that confirm do not show up.
- At one Health Center, providers found out that patients often cancel the same day, which is considered a missed appointment. They speculate that patients try to gather sufficient money for the payment by the time of the appointment, but when they can't, they do not show up for the appointment.

What have you tried? What worked?

- There are various no-show policies implemented at Health Centers:
  - One Health Center just approved a "3 strikes and out" policy. For the first no-show, the patient is notified, and after the second one, they get a call and a letter. After the third no-show, patients receive another letter stating that they are unable to make appointments in the future but can come in on a walk-in basis. They are also working on patient education by asking patients to sign an acknowledgment form summarizing the policy. The record goes into the EMR.
  - Another Health Center started implementing a similar policy with an acknowledgement form about a year ago, but has not seen a decrease in their no-show rate.
  - At another Health Center, they recognize that emergencies happen at the last minute. As long as patients call beforehand, they are not penalized. Their policy states that after 3 no-shows, they can only make the same day appointments.
  - Another Health Center implements a policy where patients are put on a 3-month probation after 2 broken appointments. After that, patients are encouraged to come in to discuss their situations.
One Health Center stated that after 3 strikes, patients are asked to submit a reinstatement form. If they break another appointment after that, they are discharged for a year.

- One Health Center does not have a no-show policy, and asked how broken appointments for patients are tracked at different Health Centers.
  - At one Health Center, no-shows are tracked in the EHR’s transaction screen as “no-show 1,” “no-show 2” and “no-show 3.”
  - Another Health Center uses Eagle Soft to create an alert system for patients’ no-shows.
  - At another Health Center, they mark no-shows in the schedule, and it appears as a pop-up note, indicating how many appointments each patient has missed historically. There is no aggregate report. The Health Center has an open access policy, where people with more than 3 no-shows can schedule appointments only 7 days in advance. If people have 3 no-shows in a row, they are put on probation and can only come in as walk-in. Their no-show rate used to be 45%, but after implementing the policy it went down to 30%.

- Safety Net Solutions shared that when Dr. Mark Doherty was leading the dental department at Dorchester House, he had a zero-tolerance policy. After patients failed to comply with the no-show policy, they received a letter notifying them that they were no longer able to come to the center for treatment. If they wanted to appeal, the patient needed to write a letter to Dr. Doherty.

- Dr. Irene Hilton commented that at her Health Center, after patients miss 3 appointments, the receptionist asks Dr. Hilton to talk to the patient. It is an opportunity to educate the patients about how the behavior affects other patients.

- Some Health Centers schedule patients only 30 days out and that has led to decreased rates of no-shows.

- Safety Net Solutions has heard of one center where dental hygienists are incentivized to confirm their scheduled patients.

Other challenges, questions and suggestions:

- Dr. Hilton pointed out that on the primary care side, patients are seen even when they arrive late to their appointments. As a result, when they make appointments on the dental side, they have the same expectations.

- One person asked whether others overbook patients and if so, what their no-show rates are.
  - One Health Center has a column for each of the two dental hygienists’ schedules. They also have a “middle” column, where only new patients and child prophy appointments are scheduled. Though it could help by having a back-up patient in case the original schedule fails, in most cases new patients and child prophy appointments also have high rates of no-shows.
  - Another Health Center has an overflow schedule, similar to the practice above.
  - How much a Health Center should overbook depends on their current no-show
rate and their patient population.

- Another person asked what the expected number of patients seen by a dental hygienist is. Many responded it is 8 to 10 a day.
- While some Health Centers have a corporate no-show policy applied to both medical and dental, it was suggested having its own dental no-show policy.

**Evaluation:**

The post-webinar survey revealed that all responders found the session to be valuable in relation to their professional development. Additionally, the average response to the effectiveness of this type of presentation compared to a lecture or standard webinar was 4.3 out of a possible 5, indicating that participants found it useful to be able to engage in a discussion which would normally be reserved for in-person meetings.

When asked what changes participants will make to their practice as a result of this session, participants responded with variations of the following themes (n=8):

- Implementing confirmation policies (3) (included comments regarding removing patients from the schedule who have not returned the confirmation call, and confirming appointments 48 hours in advance)
- Sending letters to no-shows (2)
- Educating patients (1) (included comments about educating them on the importance of keeping an appointment and having them submit a letter after a 3rd no-show in order to be reinstated)
- Measure their no-show rate (1)
- Look into alternative scheduling models to overbook in order to compensate for no-shows (1)

The other open-ended question asked of participants was for suggestions for future learning community calls. Responses fell into two primary categories – suggestions for future topics and suggestions for improving the structure (n=5):

- **Topics:**
  - Motivating staff/getting staff buy in to changes
  - Staffing ratios
  - Strategies to increase patient visits
  - How to establish and grow new dental sites
  - Tips on streamlining the credentialing process
- **Structure improvements**
  - Participants will become more comfortable with the discussion aspect of the webinar as time passes and more individuals will comment and share
  - Have participants answer questions in writing prior to the webinar so the moderator can focus on recurring issues or point out interesting/promising practices.