Sharing Promising Practices: No-Show Management

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Most Frequent Practice Management Issue

- Impacts revenues/budget projections
- Impacts schedule
- Creates uncertainty
- Common strategies to address create stress (double booking etc.)
What is your current no-show rate?

- Not measured
- < 10% - 4
- 10-25% - 11
- 25-50% - 3
- > 50%
How do you measure your no-show rate?

- Number of no-shows and same-day cancelations (less than 24 hours)/ divided by the total number of patients scheduled for the day
Tracking No-Shows

- Tracked in the EHR's transaction screen as “no-show 1,” “no-show 2” and “no-show 3”
- Dental software (Eagle Soft) creates alert system for patients’ no-shows
- Mark no-shows in schedule, appears as a pop-up note, indicating how many appointments each patient has missed historically. There is no aggregate report
No-Show Patterns

- Types of appointments/procedures
- Specific providers
- Days, dates, times
Do you have particular scenarios or patterns that appear common with No-Shows?

- Most are from dental hygiene appointments
- Patients that change phone numbers frequently
- Patients often cancel the same day, which is considered a missed appointment. Staff 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
Common Scenarios or Patterns

- Dental hygiene appointments
- Adults post emergency exam visit
- Kids post exam Tx visit
- Black Fridays, state fair days, community event days
- Start of school, school testing week
Causes of No-Shows

- New FQHC still building reputation
- New patients don’t have vested interest in improving their oral health yet
- Patients with transportation and/or insurance/cost issues
- Custom of only accessing health care on emergent basis
- Competing needs/crises
- Patients unaware of the system/clinic impact of No-Show like longer waits for appointments
Causes of No-Shows

- Fear of dental procedures
- Last minute work/school changes
- Forget if appointment interval too long, lose contact
- Patients try to gather sufficient money for payment by the appointment, but when they can’t, they no show
- 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
What have you tried? What worked?

- Confirming
  - If the patients do not confirm back, they are removed from the schedule, and social workers follow up
  - Patients 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
  - Cel-phone technology
  - Incentivize staff confirming
No-Show Policies

- Standard for all HC departments or can be different for dental program
- Board approval needed
- Effectiveness only as good as adherence to policy
“No-Show” Policy

- Patients signs acknowledgment form summarizing the policy. The record goes into the EMR.
- “3 strikes and out” policy.
  - First no-show- patient notified
  - Second one- call and letter
  - Third no-show- letter stating unable to make appointments in future but can come in on a walk-in basis.
Variations on “No-Show” Policy

- Recognize emergencies happen at the last minute. As long as patients call beforehand, up to time of appointment they are not penalized. After 3 no-shows, they can only make the same day appointments.

- After 3 strikes, patients are asked to submit a reinstatement form. If they break another appointment after that, they are discharged for a year.

- Zero-tolerance policy. After patients failed to comply with no-show policy, they receive a letter notifying them they are no longer able to come to the HC for dental Tx. If they want to appeal, patient needs to write a letter to dental director.
More Policy Variation

- Put on 3-month probation after 2 broken appointments. Encouraged to come in to discuss their situations.
- After patient misses 3 appointments, patient must speak to dental director/office manager before more appointments made.
- Open access policy, where people with more than 3 no-shows can schedule appointments only 7 days in advance. After 3 no-shows in a row, they are put on probation and can only come in as walk-in.
Patient Education Aspect

- When is the right time? At what point?
- How in depth?
- Bilateral expectations
- Belief more effective if provider speaks to patient
Scheduling Systems for No-Show Prevention

- Determine optimal appointment interval to maximize treatment completion, minimize no-shows and access for new patients (i.e. 2 weeks, 4 weeks)
- Match clinic hours with population needs
- Match appointment times with patient needs

Anecdotally, NS rates go up in appointment interval is more than 30 days
Overbooking

- How much a Health Center should overbook depends on their current no-show rate and their patient population.
- Column for each of the two dental hygienists’ schedules. Also a “middle” column, where only new patients and child prophy appointments are scheduled.
- Overflow schedule
Summary Strategies

- Measure & describe no-show rate (know your baseline)
- Implement confirmation policies
- Implement no-show policies
- Educate patients
- Look into alternative scheduling models or overbook in order to minimize/compensate for no-shows
Contact Us!

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