

BACKGROUND

Failed or no-show appointments (NSA) are an inconvenience to many medical practices, but are unfortunately a common problem. With the high demand for dermatology care across the country, it could be assumed that the NSA rate would be lower in this specialty as patients are reluctant to miss their appointments. A recent survey of dermatology practices nationwide revealed that the average NSA rate was 7.6% if the practice enforced a no-show policy and 8.6% if they did not. The demand for health care is growing, and the wait time for appointments is rising. For subspecialties such as dermatology, it is not uncommon for wait times to get an appointment to exceed 12 months for a new patient. Reducing the rate of NSA could impact these excessive wait times as well as the financial impact that NSA rates have on dermatology practices.

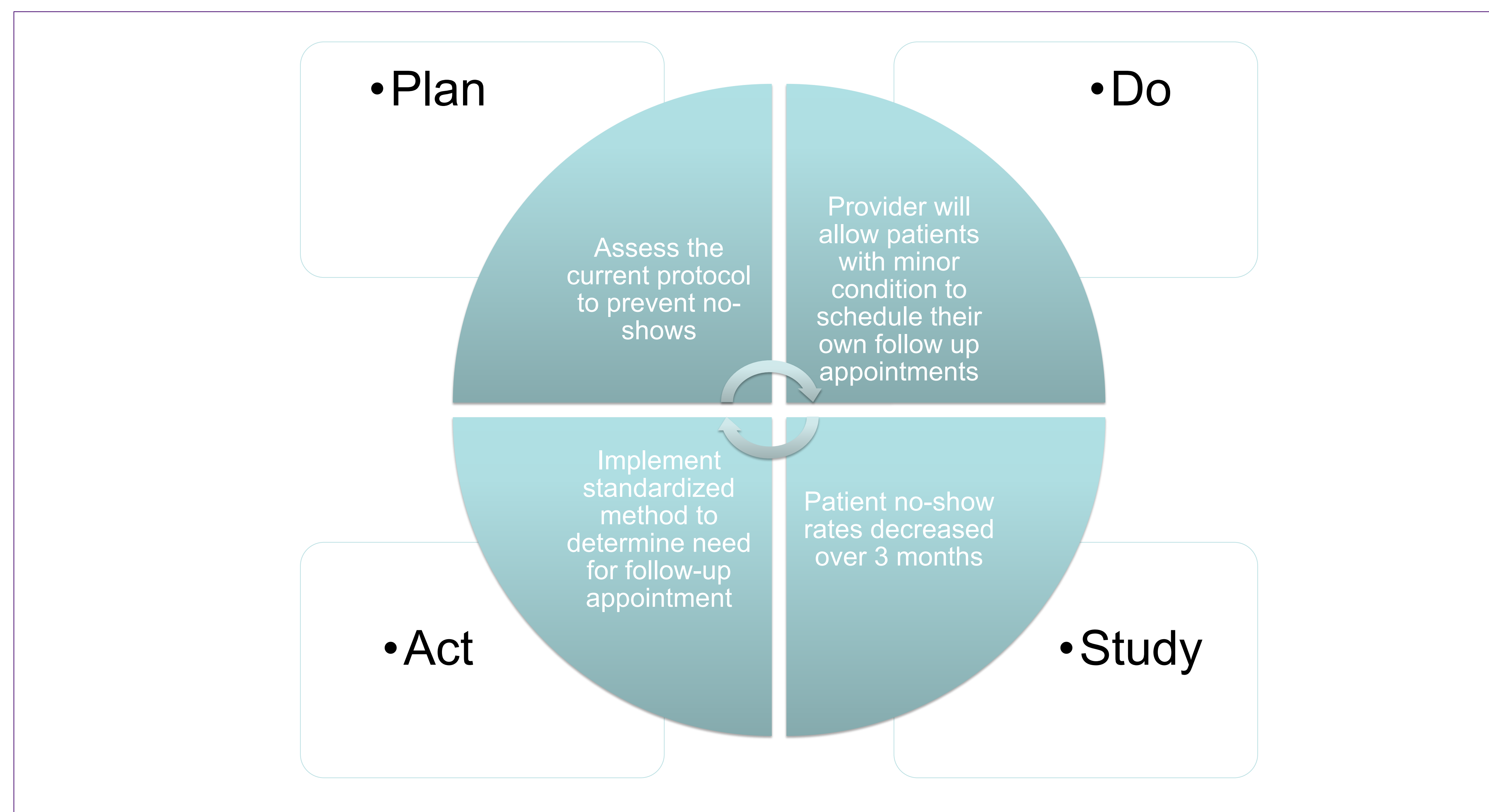
PROJECT AIM

The specific aim of this project was to reduce the patient no-show rate by 30% over 6 months. In order to reduce the rate of no-show appointments, providers agreed to change the way they scheduled follow-up appointments. Patients who had a rash or skin lesion that was expected to resolve on its own or with prescribed treatment were told to schedule a follow-up appointment as needed, instead of being scheduled an appointment when they left the dermatology clinic.

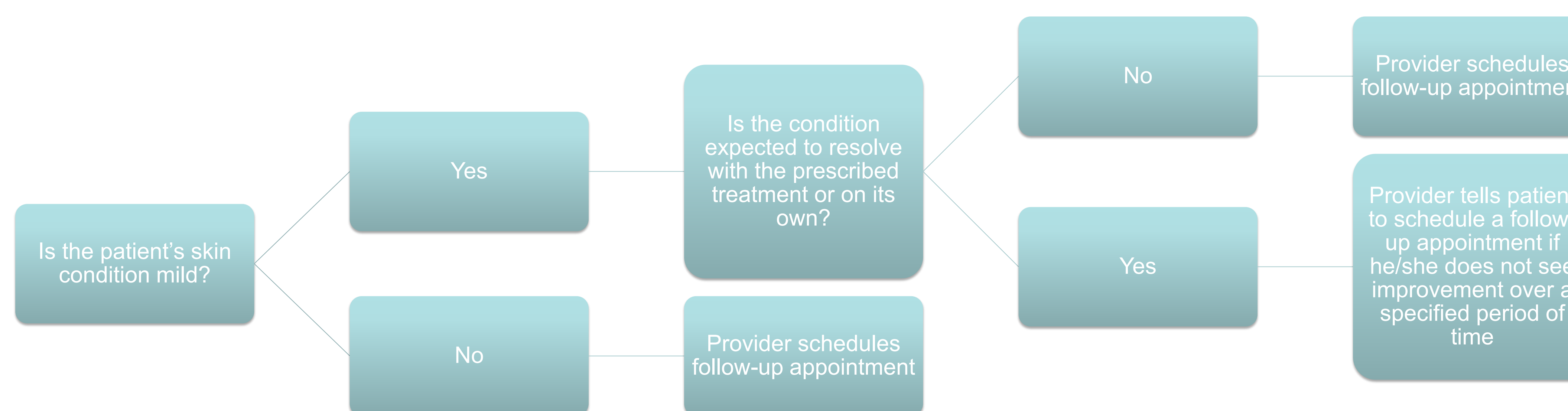
PROJECT DESIGN/STRATEGY

As of February 2018, the NSA rate in the ECU Dermatology clinic averaged between 25-30% over the previous 6 months. Literature review and clinic staff opinions revealed that patients who have scheduled follow-up appointments for a skin condition that is expected to resolve after their initial appointment often miss the follow-up appointment due to symptom resolution. We reviewed patient charts to determine the percentage of missed appointments that were follow-up appointments. The clinic providers agreed to allow patients to schedule follow-up appointments as needed, if they expected that the patient's condition would resolve with prescribed treatment or on its own. We analyzed patient rate of NSA again 3 months after implementation to determine the effectiveness of this change.

CHANGES MADE (PDSA CYCLES)



Proposed change to scheduling follow-up appointments



RESULTS/OUTCOMES

As of February 2018, the average patient no-show rate in the ECU Dermatology clinic was 25-30%. After implementing a change in protocol for scheduling follow-up appointments, the no-show rates were analyzed. Between November 2018 and the end of January 2019, the average NSA rate in the dermatology clinic was 11%. Of the patients that no-showed, 65% were follow-up appointments. Unfortunately, data is not available to show what percentage of the initial no-show appointment rate were follow-up appointments.

LESSONS LEARNED

The high rate of patients that no-show for appointments in a dermatology clinic not only means loss of efficiency for the clinic, but also the loss of appointments that are available to patients seeking medical care. The demand for dermatology appointments is high and unfortunately, the number of available appointments is low, with many patients being forced to wait 3 months before seeing a provider.

We have encountered difficulty implementing a standardized measure that describes when to schedule a follow-up appointment as opposed to allowing the patient to schedule one as needed. Much of this is left up to the provider's discretion and their opinion of the necessity of a follow-up appointment.

NEXT STEPS

- The ECU Dermatology clinic has a robust call and text reminder system in place to alert patients to their upcoming appointments. By targeting the method of scheduling follow-up appointments, we hoped to decrease the no-show appointment rate.

- Due to confounding factors, such as providers retiring and the clinic taking fewer new patients, we cannot conclude whether the intervention was successful

- One particular barrier was that patients would often ask the provider to go ahead and schedule the follow-up appointment because of the difficulty and wait time required for scheduling a clinic appointment. One possible solution to this might be to block off a certain number of appointment slots per day or week for existing patients to schedule follow-up appointments. If there are still slots available one or two days before, those spots could be opened up to work-in patients.

- Some QI studies have shown that instituting a monetary fee for missed appointments may be effective. Our department is very resistant to this idea.

ACKNOWLEDGEMENTS

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