

Patient-Initiated Scheduling System

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Introduction & Background

Missed appointments can interfere with appropriate care for both acute and chronic health conditions as well as causing additional burden to the cost of the healthcare system through misspending of both medical and administrative resources. As no show rates continue to increase, wait times will rise for other patients, and overall will affect continuity of care. Currently, the prevalence rate for missed appointments ranges from 5-55%, however these rates may vary between clinics.



There are many reasons patients give for missing an appointment from forgetfulness, feeling better or not feeling well enough to attend, transportation issues, and/or a misunderstanding of what or when the scheduled service was. Patients who tend to miss appointments are younger and

from a lower socioeconomic status. Reminder systems have been proven to be effective in reducing no show rates. The most effective and popular being reminder calls or mailings (email and/or mail). However, these methods may not be feasible for all clinics to undertake.

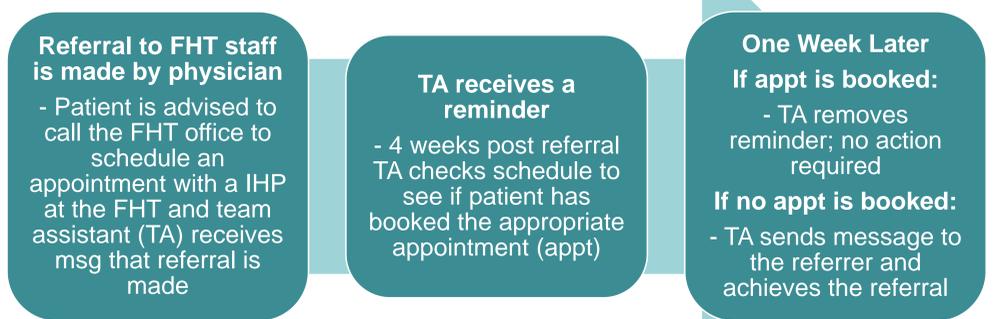


Figure 1. New referral process for patients seeing Family Health Team Staff whereby the patient is responsible for booking their appointments with the receptionist.

Purpose

This study considers the new patient-initiated scheduling process at one of the Thames Valley FHT sites, and hypothesizes that patient-initiated scheduling will reduce no show/late cancellation rates and increase motivation to make lifestyle changes.

Methods

Data was collected from a Thames Valley FHT clinic at two separate time periods: February 2013 to February 2014 (baseline); and March 2014 to July 2014 (intervention) to compare the change in no show rates before and after the new scheduling process. This particular clinic has 16 physicians, 21, 434 patients and 8.6 FTE integrated healthcare professional (IHP) staff. Data was pulled from StatsTracker for Social Work, Pharmacy, Respiratory Therapy, and Dietitians. Nurse Practitioners, Registered Nurses, and Occupational Therapy currently does not track no show/late cancellations, therefore we were unable to report this data. Next, an on-line survey was sent to staff to determine if and how the new scheduling process has changed patient motivation and engagement.

Results

Percentage Increase in No-Show Rates by Profession

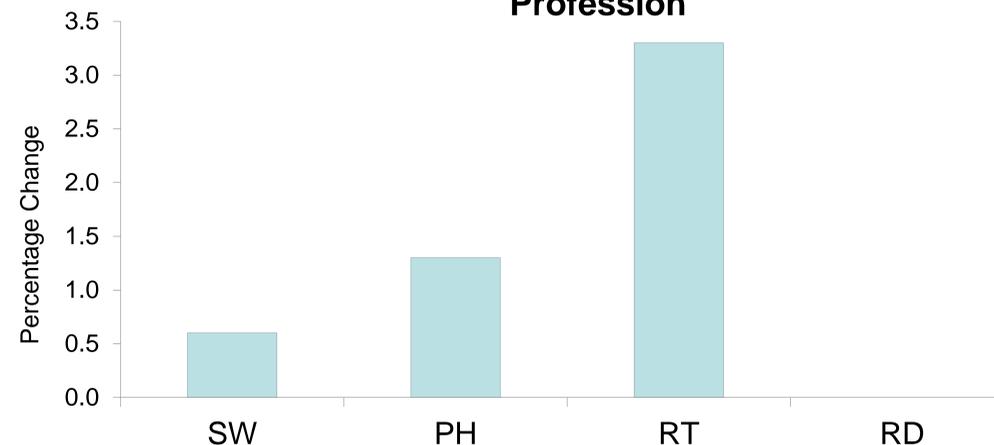


Figure 2. Increasing no show rates were seen in all professions except for Dietitians. Note: SW percentage is an weighted average of 1.6 FTE divided by 2. See Figure 2.2 for breakdown of the percentage change by profession.

Profession	FTE	Baseline	Intervention	% Change
RD	1.0	10.9	10.9	0.0
SW	1.6	20.2	20.8	-0.6
PH	0.8	2.2	3.5	-1.3
RT	0.2	9.6	12.9	-3.3

Figure 2.1 The above chart depicts the percentage change seen by profession at baseline and intervention.

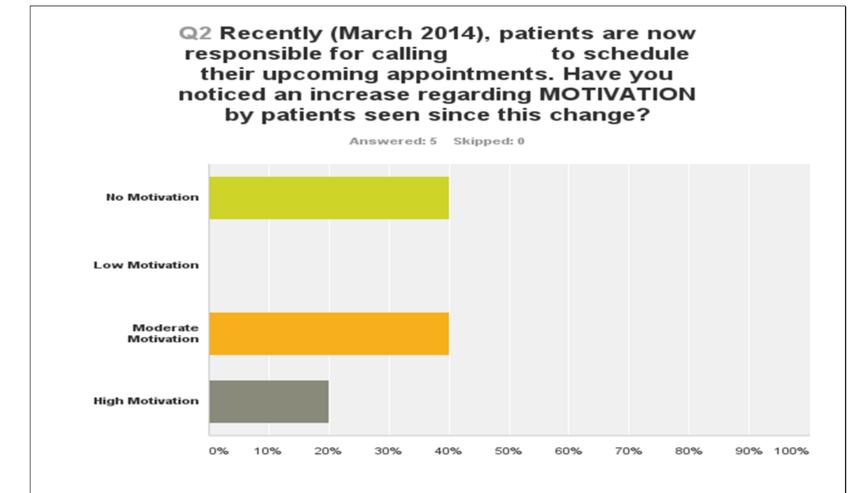


Figure 2.2 Survey Monkey results from IHPs (n=5). Results show that since patient-initiated scheduling 60% of staff who completed the survey found increased motivation in their patients.

“Patients generally take responsibility for their appointments, no-show rates for new referrals are low”.

“I have seen a huge change the require time for scheduling appts, I now have more time to complete other administrative tasks”.

“I feel pt.'s should have to make their own appts for these types of services. Also these appts tend to take the most out of an IHPs schedule, so if the patient is a "no show" they have an hour or more of no work being completed. we should not be "chasing" the people who do not want to come - unless it is a group that has had to be booked months ahead”.

Discussion & Limitations

Figure 2 and 2.1 display that no shows rates have increased since patient-initiated scheduling has been implemented. Qualitatively, staff have expressed a positive change in patient motivation and engagement during appointments as well as a reduced clerical burden on administrative staff. As such, although no shows have increased, patient-initiated scheduling results in meaningful appointments attended by patients who are ready to make changes in their current lifestyle. The limitation of this study was the availability of data, particularly for NPs, RNs, and OTs.

Select References

Lacy, N. , Paulman, A. , Reuter, M. , & Lovejoy, B. (2004). Why we don't come: Patient perceptions on no-shows. *Annals of Family Medicine*, 2, 541-545 Perron, N. , Dao, M. , Kossovsky, M. , Miserez, V. , Chuard, C. , Calmy, A. , & Gaspoz, JM. (2010). Reduction of missed appointments at an urban primary care clinic: a randomised controlled study. *BMC Family Practice*, 11, 1-8.