Managing Missed Appointments

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Appointment no-shows can be incredibly frustrating, but the chief negative impact is on your bottom line. Like all practices, yours carries a tremendous amount of fixed expenses. That is, you are paying for your space, employees, insurance, technology, and many other costs, regardless of how many patients you see today. When one fails to show, the expenses don't disappear – but the revenue does. Consider some of these tactics to alleviate the impact on your practice from those troublesome and expensive missed appointments:

Confirm appointments. Ideally, ask patients how they want to receive their reminders. If that's too burdensome, your default mechanism should be texting. It's rare for anyone to pick up the phone from a number they don't know, so calling is an increasingly ineffective means to remind patients – and automatic emails often get caught in spam or junk filters. The cadence of text confirmations is important and may vary by patient population. For many, texting at seven and three days out, with a final reminder on the same day, proves to be the most effective strategy. The seven-day confirmation is an important one; if the patient is going to cancel, you want to give yourself the biggest window of time possible to

book another patient in that slot.

Manage your time-to-next-available appointment. Research has shown that the scheduling horizon is correlated with missed appointments: that is, the longer the wait, the higher the probability of a no-show. Strive to appoint patients within 30 days. If it takes months to get an appointment, additional capacity may be needed. If possible, consider recruiting a part-time advanced practice provider to help with routine maintenance of your established patients, or triaging your new patients with initial assessments, ordering of tests, and prioritization of time to appoint with you. At the very least, make sure you review any blocks that you've placed on your appointment template. If, for example, you hold certain appointment slots for new patients, be sure that they are released for general use if they aren't booked as of the day prior. The details of the block-and-release strategy vary by practice, but don't ever implement blocks without a corresponding protocol for the release of slots.

Use a waitlist. Many practice management systems have an integrated, automated waitlist function as a component of the scheduling module. If yours doesn't, consider a bolt-on solution. Once a slot becomes open, the software transmits texts to patients who have indicated their interest in being seen earlier. Make sure your solution allows you to control how many patients are being texted with each opened slot. Start with ten, and see if you need to increase or decrease, as the number depends on your patient population.

Penalize (or not?). Life is challenging for most patients, as the pandemic has adversely impacted the lives of many. Sending a $25 no-show charge may produce more frustration and ill-will than revenue. However, that doesn't mean that you should not reach out to the patient with a message that you missed providing them with the care that they deserve – and notifying them that if it happens again, there will be a $100 charge (or whatever amount you choose). Because sending out statements can be costly, if you determine that charging patient is your preferred method, consider contracting with a credit-card-on-file vendor and automatically debit the card in the event of a missed appointment. Alternatively, release patients with chronic failure-to-show from your practice altogether or indicate that you'll see them on a walk-in basis only. (For the latter, create a "Dr. No Show" template so that you can park the patient on the schedule in case they do show, but it will avoid cannibalizing an appointment slot.)

Roll with it. No-show rates vary between practices, from near 0% to rates that top 50%. Measure yours, ideally by day and session (morning v. afternoon, at minimum), and reengineer your template to accommodate it. If your no-show rate is, for example, 20% on Monday mornings, and you have 10 patients on the schedule, increase the number of available slots to 11 or 12. Consider what "safety valves" you have available; for example, if you have two providers in the office, call a "DNKA [did not keep appointment, pronounced 'dinka'] code" when all 12 patients show, indicating that you need help from the other team working that day.

Missed appointments are inevitable, but they can be managed. Consider these strategies – and more – to lessen any negative impact on your practice.