

The Cost of Cancelling (or Bumping) a Patient Appointment



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There's no doubt that missed appointments have an adverse effect on your practice, but there is a related challenge that may be exacting a greater toll – bumps. “Bumping” a patient occurs when a practice cancels an appointment. The reason can be valid, such as when a patient is scheduled for emergency surgery this afternoon, causing the entire schedule of patients to be contacted for rescheduling. A bump may also be a result of a not-as-admirable cause, such as when a provider takes the afternoon off to play tennis or may have failed to alert anyone in advance about a planned vacation.

One could spend hours debating the validity of the circumstances that generated the bump. Don't exert your efforts in that regard. From the patient's perspective, the *reason does not matter*. The result is that they didn't get the care they expected. Therefore, it's important to

identify, catalog, and manage bumps, regardless of why they occur.

First, make sure you have a reporting system that allows you to capture the reason for a missed appointment. It's not uncommon for a practice to have a single category, and provider-generated cancellations are mixed in with no-shows, patient cancellations, and so forth. Remember, in the event of a lawsuit you may need to be able to prove who was responsible for a missed or cancelled appointment: the patient or the practice. Consider including enough detail that allows for the creation of an action plan, without dragging down your team with a multitude of options from which to choose.

After you distinguish the categories, train your employees to use them properly and spot check for compliance. It's not unusual for a provider who makes it a habit of bumping patients to hide the behavior, particularly once you alert everyone that you're monitoring it.

Recognize the cost of bumping patients. Of course, it doesn't take a rocket scientist to realize that you're missing out on the revenue associated with the patient's missed encounter. However, you may not appreciate the fact that all the day's expenses remain (i.e., rent, employees, insurance, etc.) in the event of a bump. Often overlooked, however, is the cost of managing the cancellation of the patient's appointment. Your team must spend time reaching the patient (which often takes multiple attempts), as well as executing the mechanics of rescheduling the patient. Importantly, efforts must be expended on the patient to provide needed care. For example, the patient may need a prescription refill, referral, etc. These tasks are often performed by employees who are supporting the practice, not just the provider who created the bump. Perhaps the most devastating fact, however, is that the bumped patient may not return. Run a report on your bumped patients, but my research shows that 50% of new patients whose appointments are cancelled won't reschedule – or don't show up if they do. If these were surgical candidates, the loss can be in the thousands – for each and every bumped patient.

If there is a problem with the cancellation of patient appointments, it may be costing the practice financially, as well as the opportunity cost. Patient dissatisfaction and a loss of trust may be the result.

Once you get acquainted with the data, consider the opportunities. You may have none (because there are no bumps), or you may realize that it's a much bigger problem than you realized. If you determine there is an opportunity for improvement, create messaging to distribute internally. Often, bad behavior, if applicable, is halted, when perpetrators realize they're being watched. Consider strategies to mitigate the problem – in the event of an emergency, shift the work to another provider, and/or add an on-call-for-clinic rotation to your call schedule (with corresponding compensation if called to duty). Establish requirements for leave (e.g., minimum 60-day notice), and specific protocols to accommodate bumped patients (e.g., patient must be rescheduled with you or a colleague who agrees to see the patient[s] within five business days of the original appointment). Consider charging the provider for each bumped patient in the event of an irrational bump (i.e., one that could have been avoided), as it's not fair for the entire practice to bear the financial burden of one provider's problematic behavior.



Hopefully, bumps won't ever be a problem for your practice – but if they are, consider better methods to identify, catalog – and manage them. Your patients (and your bottom line) will appreciate your efforts.

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