

### Introduction

No-shows are not just a nuisance for practice management. They are an opportunity to turn things around for a poorly understood group of patients: the ones who don't come in. This is where the action is for conditions like bipolar disorder, where treatment adherence hovers around 60%. Innovative practices have developed patient-centered approaches to the problem, and they are seeing improvements not just in attendance but in the health of their patients and the satisfaction of their employees

Source: Chris Aiken, MD

<http://www.psychiatrytimes.com/news/six-ways-reduce-no-shows-save-lives>

### Groups at increased risk for no-shows:

1. New patients (the first 3 visits)
2. History of missed appointments
3. Long delay between the act of scheduling and the actual appointment
4. Younger patients (age 20-39)
5. Addictions and multiple comorbidities
6. Recent hospitalization
7. Medicare and Medicaid plans
8. Unemployed or low socioeconomic status
9. Transportation problems
10. Treatment by a resident in academic settings

### 1. Reduce Lg Time fr New Patients

The longer the patient have to wait for that first visit, the more those rates go up. To address this problem, a public mental health center in Los Angeles created a walk-in system that allowed new patients to come in for their visit on the day they called.

### 2. Personalize Appointment Reminders

A center in Los Angeles created a walk-in system that allowed new patients to come in for their visit on the day they called. No-shows fell from 52% to 18%, and the need to hospitalize patients at their first visit dropped—by a remarkable 13-fold.

### 3. Make it easy to Reschedule

A surprising number of patients know that they can't make their appointments but neglect to cancel them. Scheduling conflicts are challenging for most people, and symptoms such as ambivalence, avoidance, and cognitive dysfunction don't make it any easier. The process can be improved with online scheduling, personalized reminder calls, increased scheduling staff, and even the motivational interview

### 4. Make Repercussions Clear & Humane

### 5. Avoid Double Booking

Some practices overbook their schedules to compensate for no-shows, but this can create a vicious cycle. The inevitable appointment conflicts lengthen wait times, and that in turn increases the risk of future no-shows. On the other hand, occasional overbooking may be appropriate in a large practice with a high no-show rate and urgent cases that need to be fit in. Dynamic booking is a strategic form of overbooking that uses computer modeling to minimize the risks of appointment collisions. It can bring that risk down to 5%, but not to zero.

### 6. Reachout When Patients Drop Out

What about patients who don't reschedule their missed appointment? This is where it gets tricky. To reduce their liability, most psychiatrists send a termination letter, clearly specifying when their availability will end. On the other hand, these are the patients who most need our availability. Around 20% of psychiatric patients drop out of treatment prematurely, and they carry a high suicide risk.[8] The "postcard" studies offer a unique solution to this dilemma.

### Tips

1. See no more than 6 clients per day.
2. Be clear and firm with your cancellation policy.
3. Use a scheduling or practice management software that sends automatic appointment reminders.
4. Offer 2 weekday evenings of appointment times.

Most practices have some repercussions for no-shows, such as charging a small fee (\$20-\$50) or terminating care after 3 missed appointments. There's evidence supporting both approaches, especially when the policies are discussed directly. Both have unique drawbacks as well.

The American Psychiatric Association warns that missed appointment fees "should be resorted to infrequently and always with the utmost consideration for the patient and his or her circumstances."



By **[deleted]**  
[cheatography.com/deleted-2754/](https://cheatography.com/deleted-2754/)

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