Patients' Missed Appointments in Academic Family Practices

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INTRODUCTION

No-show patients can have a negative impact on the quality of patient care, the efficiency of ambulatory services and the learning opportunities in academic family medicine settings. Some studies have explored this phenomenon. The few studies conducted in academic settings reported a prevalence ranging from 10% to 16%. Reasons for missing appointments were either personal (work or family obligations…) or related to organizational characteristics (timing of the appointment, lack of confirmation..). None of these studies took place in the Canadian health care system nor in its academic settings. Therefore, evaluation of the importance of this phenomenon was needed.

OBJECTIVES

1- To evaluate the prevalence of no-show patients within the academic family medicine practices (AFMP) from the family medicine department of the University of Montreal, Quebec, Canada

2- To investigate the reasons given by patients for missing an appointment without notifying the clinic and identifying factors that could be acted upon to improve accessibility

METHODS AND MATERIALS

Design: Observational descriptive study

Setting: Four AFMPs, both in urban (A and B clinics) and rural (C and D clinics) areas

Objective 1 :
- No-show patients : patients who missed an appointment without notification
- Prevalence : the number of no-show patients divided by the total number of scheduled patients
- Data extraction from electronic medical record in each clinic between July 1st and December 31st, 2016

Objective 2 :
- Participants : Patients 18 years and older consulting at the four participating AFMPs. First-time patients were excluded.
- Distribution of surveys in the waiting room of AFMPs between February and April 2017.

RESULTS - OBJECTIVE 1

Mean no-show prevalence of 7,7%
Marked difference between each type of professional

Fig 1 : Prevalence of no-show overall (Total), for physicians (P) and residents (R) among four AFMPs (A, B, C, D)

A	B
9,2%	8,3%
P : 7,8%	P : 7,4%
R : 9,7%	R : 11,9%

TOTAL 7,7% P : 6,7% R : 10,0%

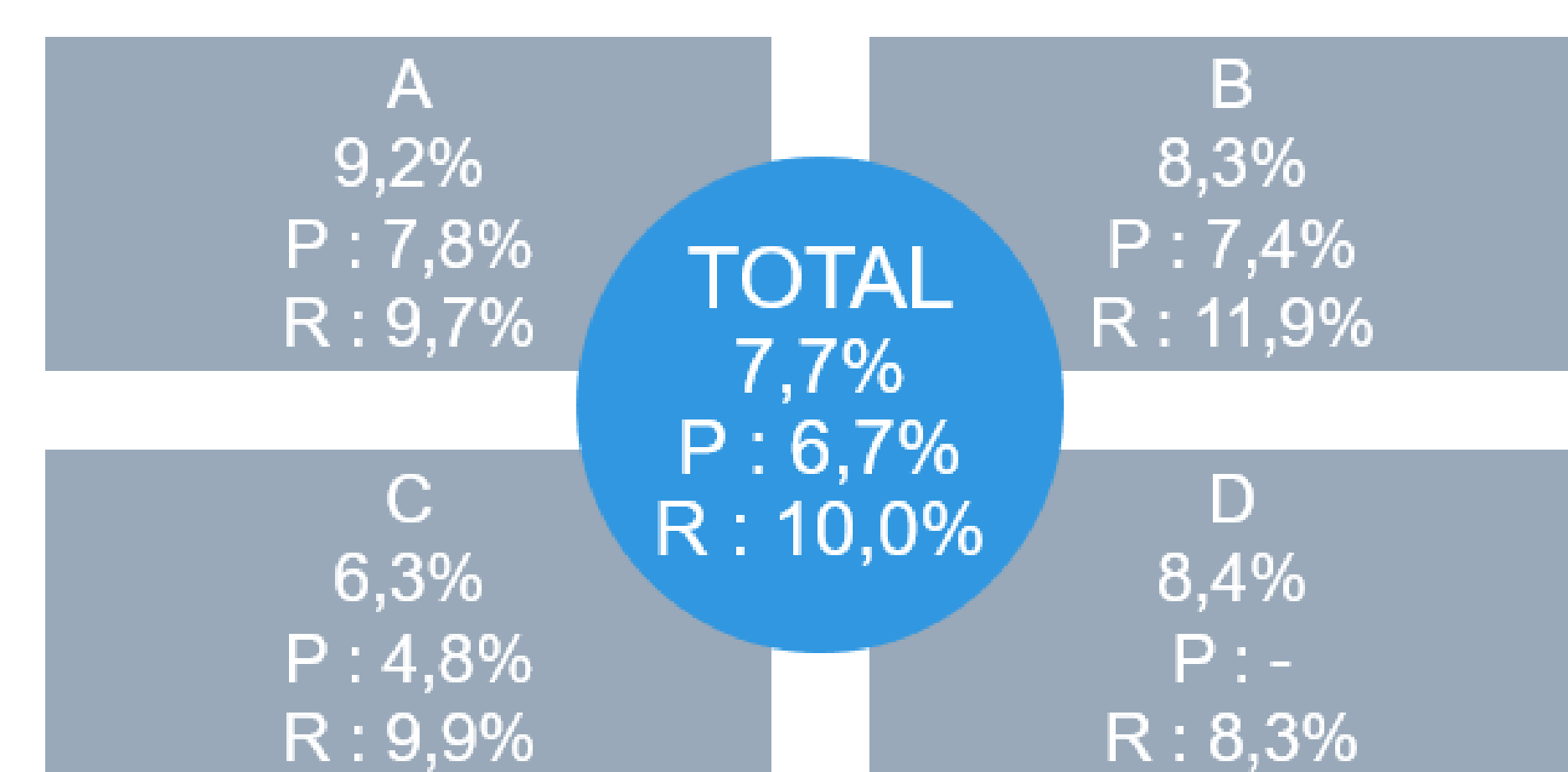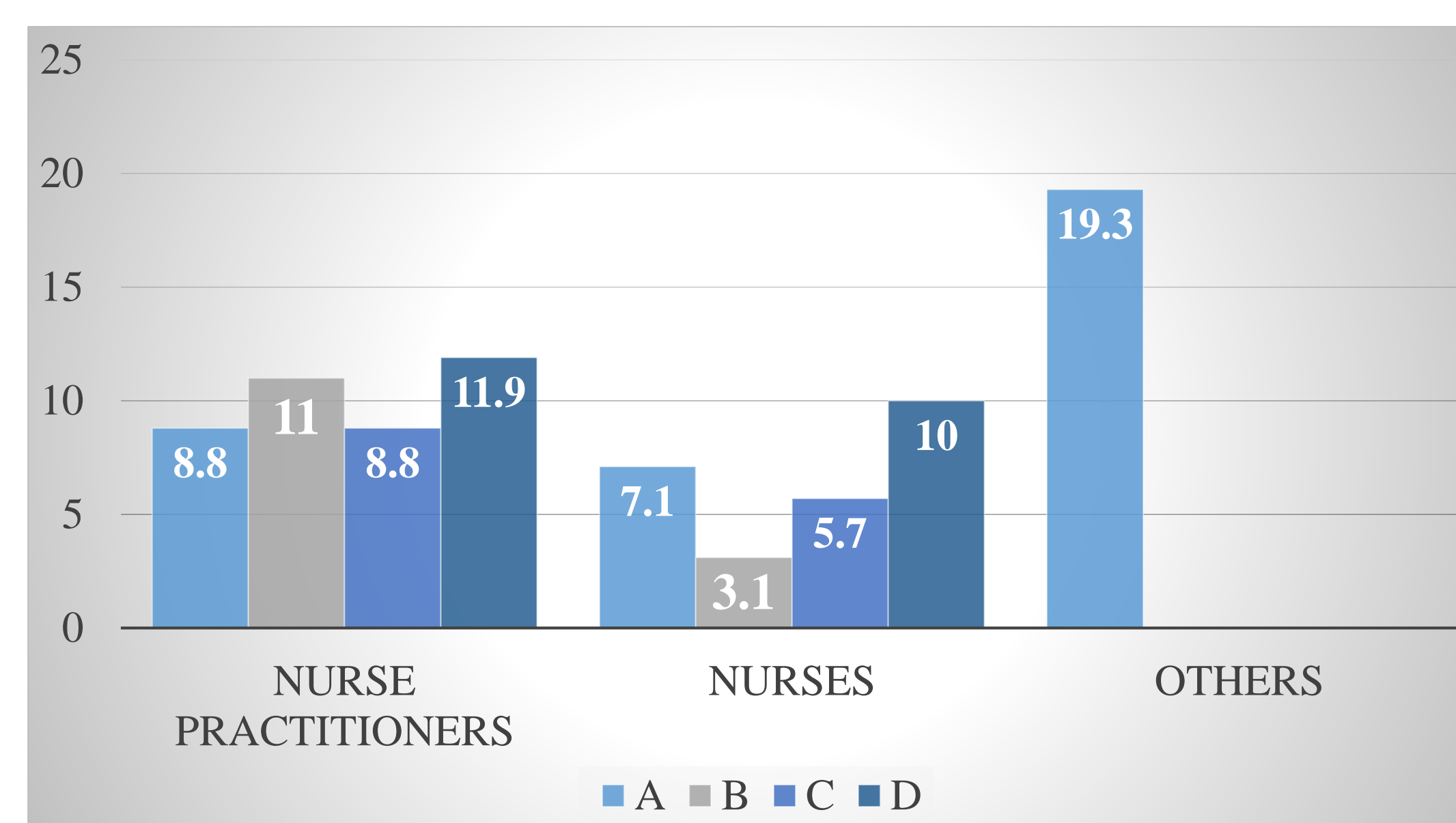| C	D
6,3%	8,4%
P : 4,8%	P : -
R : 9,9%	R : 8,3%

Fig 2 : Prevalence of no-show among four AFMPs for the nurse practitioners, nurses and other professionals (physiotherapists, nutritionists, pharmacists)

NURSE PRACTITIONERS: 8.8, 11, 8.8, 11.9
NURSES: 7.1, 3.1, 5.7, 10
OTHERS: 19.3
■A ■B ■C ■D

RESULTS - OBJECTIVE 2

1768 patient surveys completed
336 (19%) had been no-show patients in the previous 2 years

Fig 3 : Personal reasons reported by patients to be a no-show and potential solutions to minimize them
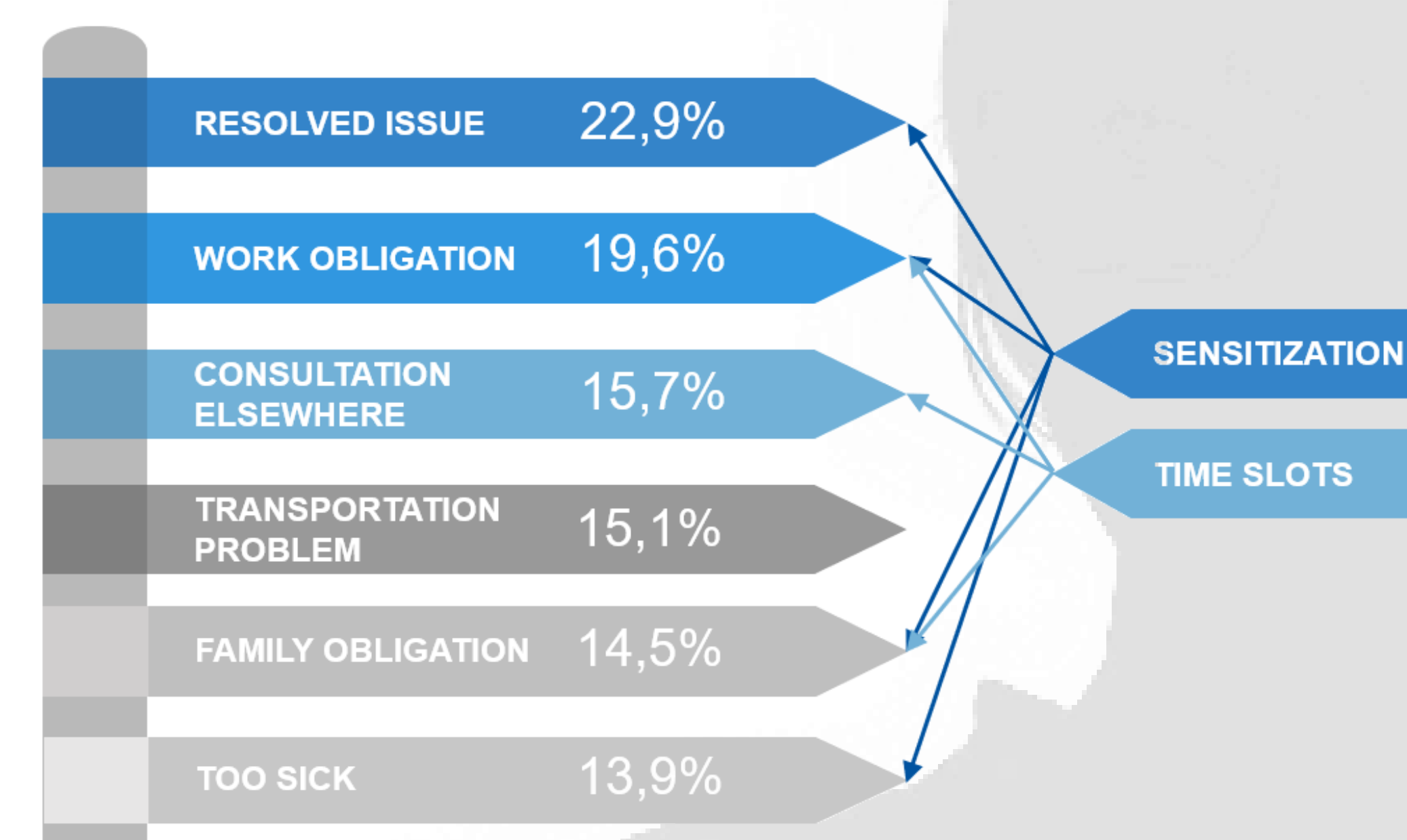

RESOLVED ISSUE 22,9%
WORK OBLIGATION 19,6%
CONSULTATION ELSEWHERE 15,7%
TRANSPORTATION PROBLEM 15,1%
FAMILY OBLIGATION 14,5%
TOO SICK 13,9%

SENSITIZATION
TIME SLOTS

Fig 4 : Organizational reasons reported by patients to be a no-show and potential solutions to minimize them

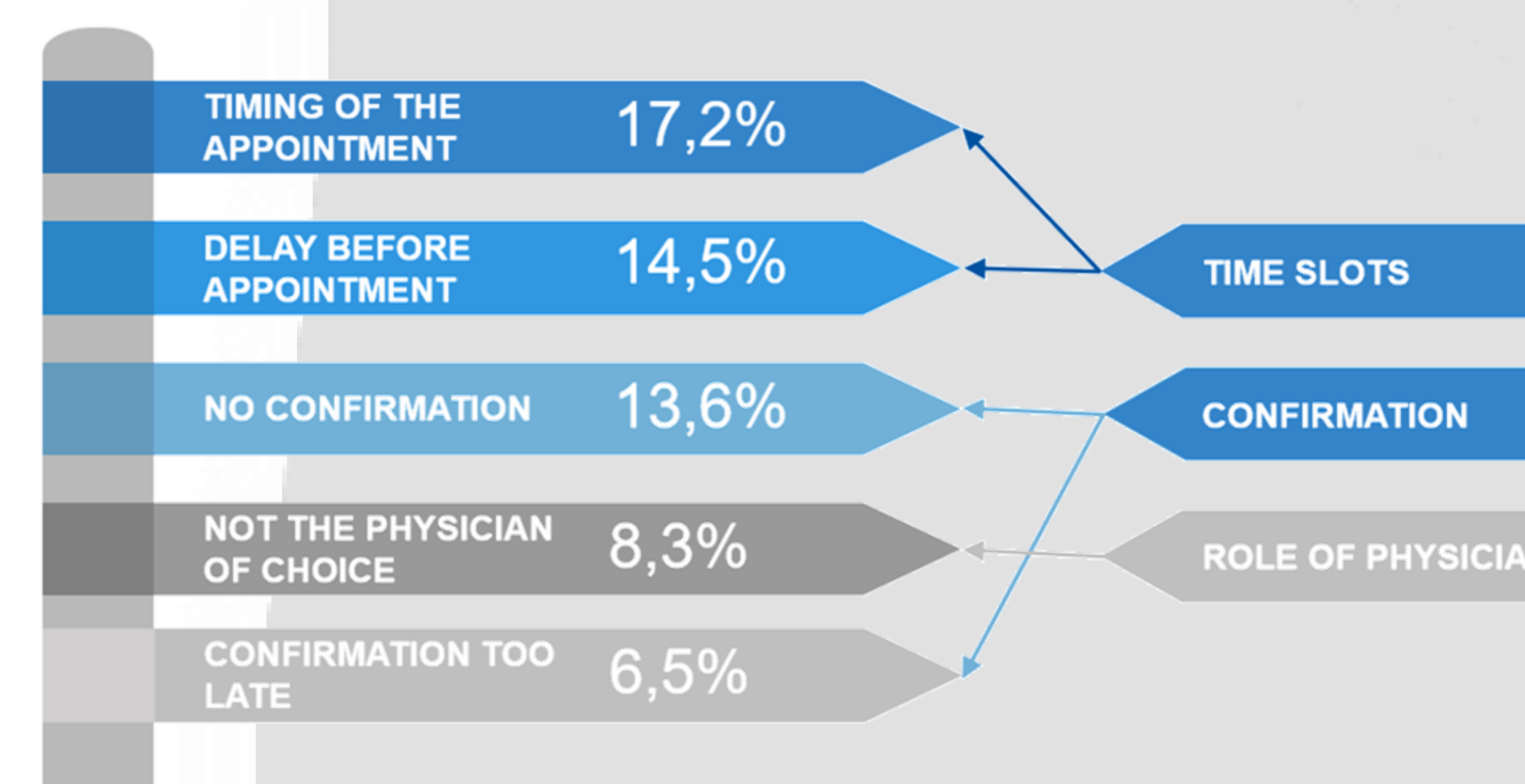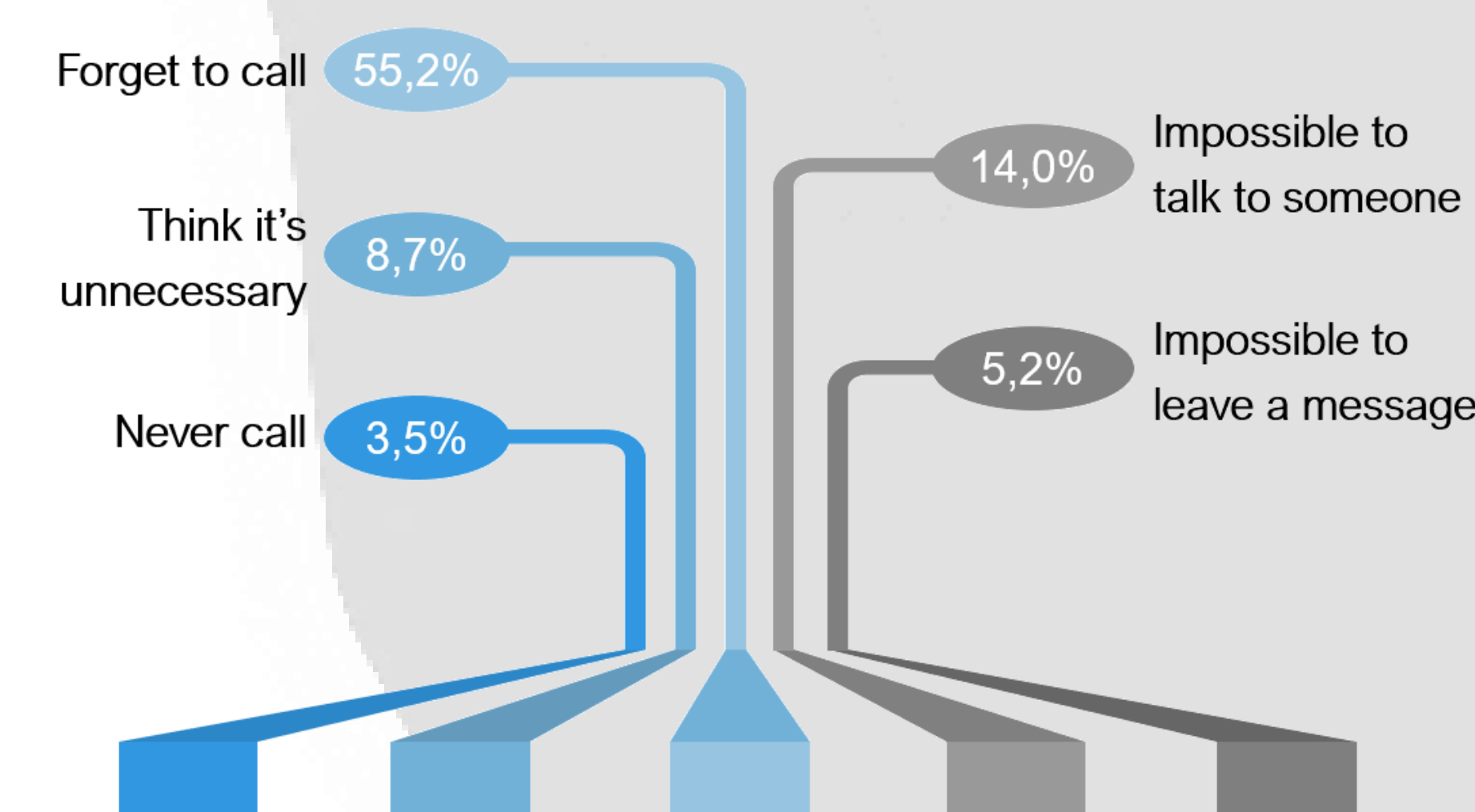TIMING OF THE APPOINTMENT 17,2%
DELAY BEFORE APPOINTMENT 14,5%
NO CONFIRMATION 13,6%
NOT THE PHYSICIAN OF CHOICE 8,3%
CONFIRMATION TOO LATE 6,5%

TIME SLOTS
CONFIRMATION
ROLE OF PHYSICIAN

Fig 5 : Reasons reported to not notify the clinic

Forget to call 55,2%
Think it's unnecessary 8,7%
Never call 3,5%

Impossible to talk to someone 14,0%
Impossible to leave a message 5,2%

DISCUSSION

Objective 1

The mean prevalence observed in this study is comparable to those reported in the literature based in academic settings. The prevalence of no-show patients is lower with the physicians than with the residents. The continuity of care and the trust bond developed over time probably explain the lower prevalence among physicians. Furthermore, the higher prevalence among other professionals is most likely explained by the fact that those appointments are often proposed and booked by the physician rather than coming from the patient's own choice.

Objective 2

Reasons reported by patients in this study are similar to those reported in the literature, and many were related to organisational characteristics. Potential solutions to reduce no-show prevalence and improve the access to our clinics can be developed based on these results.

From an organisational point of view, we could try to :
- offer a wider range of time-slots for the appointments;
- have a systematic confirmation before the appointments;
- improve the phone services;
- give access to new communication medias (mail, sms).

From the patient's personal reasons, we learned that we have to :
- inform the patients of the importance of cancelling their appointment when it's no longer needed or when they can't attend it.

Each clinic will develop and implement personalized options based on the reasons given by their patients.

CONCLUSION

Approximately 1 out of 10 appointments is a no-show for various reasons. Our results will contribute to the development and implementation of solutions adapted to each AFMP in order to reduce the no-show rate. Reporting our results will be important to other academic clinics of the network who aim at improving the clinical exposure of their students on an already short residency program.