

# Reducing No-Shows and Improving Health Equity

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## Introduction

- No-shows cause care gaps resulting in the worsening of chronic diseases, increased utilization of high-cost care, and a diminished patient experience<sup>1,2</sup>.
- Strategies to reduce no-shows that do not tailor unique approaches to specific population segments yield mixed results<sup>3</sup>.
- Studies that measure the effectiveness of interventions to reduce no-show appointments in Black patients are lacking.

### Background & Review of Literature

- Black patients no-showed more than 3 times higher than White peers at the project site
- Automated reminder calls/texts do not reduce no-shows<sup>4</sup>
- Effective communication and educating providers and clinic staff on possible reasons for no-shows may reduce no-shows<sup>3</sup>

## Objectives

The **purpose** of this evidenced-based quality improvement project is to evaluate a 12-week intervention to reduce primary care no-shows in patients who identify as Black.

**Aims:** To determine whether live pre-visit planning phone calls and educating staff on the reasons why Black patients may no-show will:

- 1 Reduce the no-show rate of primary care patients
- 2 Increase patients' scores on the communication-specific question of the patient satisfaction survey

## Intervention

### Live reminder calls with script



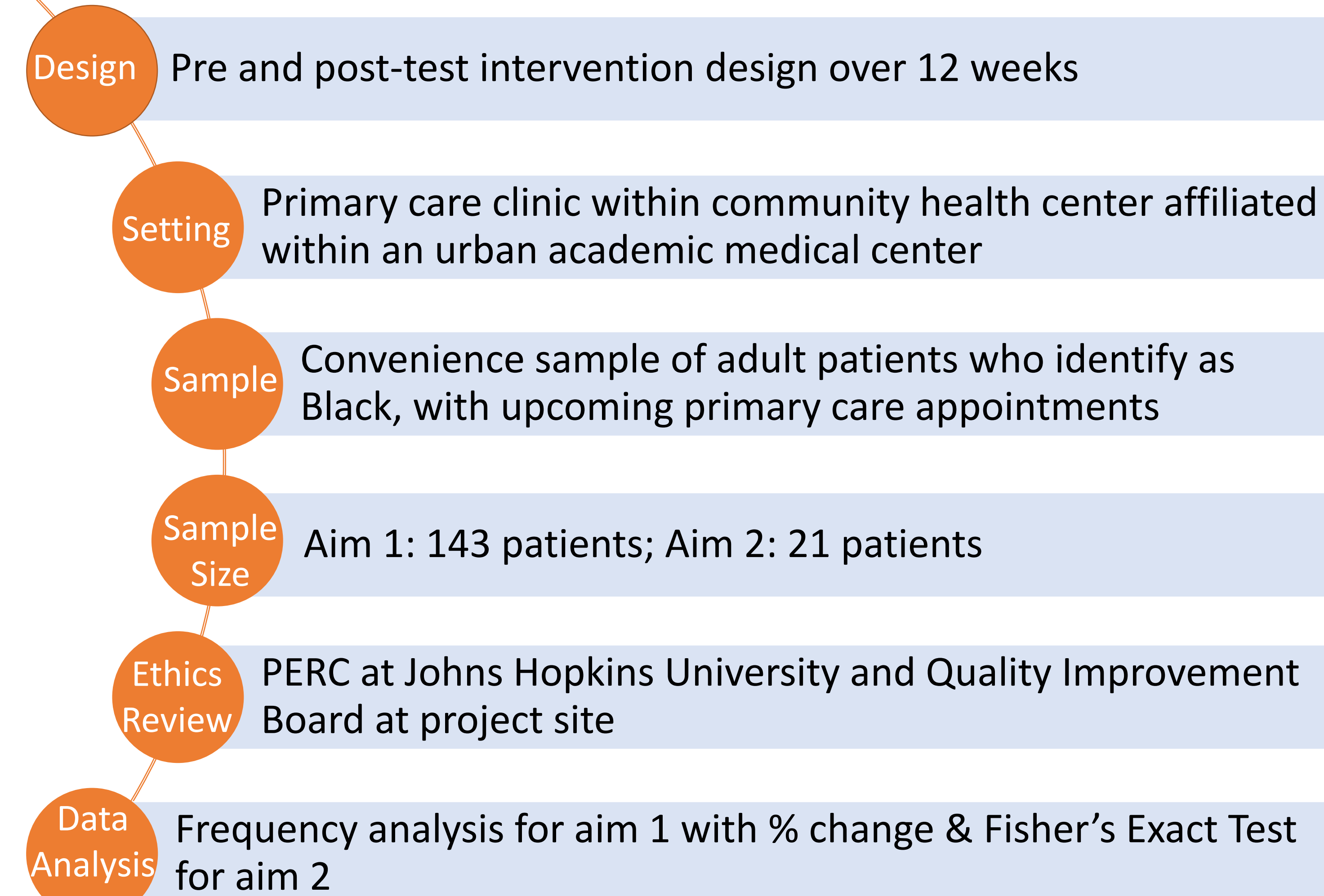
1. When you think about your schedule tomorrow, what might get in the way that would prevent you from coming to see us?
2. Is there anything we can do that would help you keep the appointment tomorrow?

### In-service with clinic staff



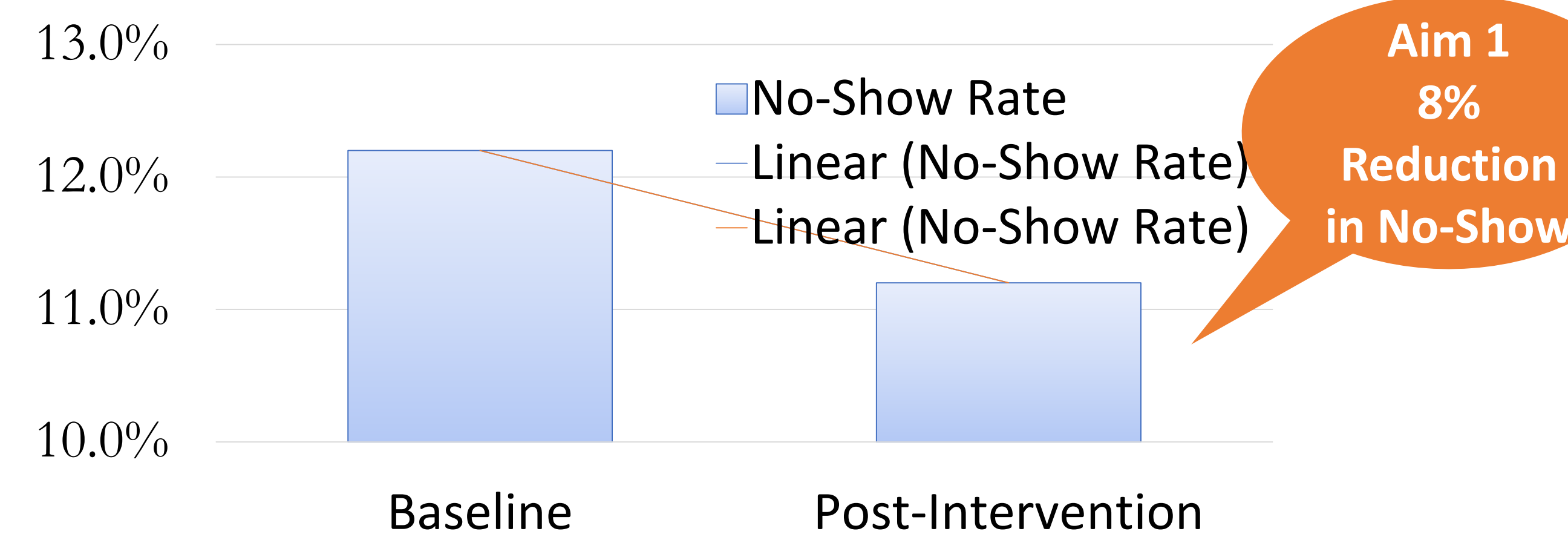
1. No-show rates in Black patients at national/local levels
2. Clinical sequelae of no-shows
3. Frequent reasons why Black patients no-show

## Methods



## Results

Difference in No-Show Rates at Baseline and Post-Intervention



Comparison of Survey Responses at Baseline and Post-Intervention

Survey response	Baseline n=46 n (%)	Post-Intervention n=21 n (%)	P
Yes, definitely	35 (76)	17 (81)	0.76 <sup>a</sup>
Not yes, definitely	11(23.9)	4 (19)	

<sup>a</sup> Fisher's Exact Test (P>0.05 so test not significant)

## Conclusion

- Promotes measuring & analyzing no-show and satisfaction outcomes by race to improve health equity
- Adds to the body of evidence that interventions to reduce no-shows must consider the barriers of specific patient segments
- Live scripted reminder phone calls for patients who frequently no-show are sustainable without huge implementation costs
- Promotes innovative solutions to reduce barriers to no-shows (e.g., converting to virtual visits)

### Limitations

Staff absent on day of in-service, phone calls only made the business day before the appointment – many not reached, new staff hired during 12-week intervention missed script training

### Implications

Implementing evidence-based interventions that address the root causes of why Black patients no-show is necessary. Continuing the status quo with automated reminders for all will result in harmful gaps in care for Black patients.

### Conclusion

Live scripted reminder calls to assess barriers to keeping the appointment did reduce no-shows in Black patients. The in-service with staff was not statistically significant to raise patient satisfaction survey scores about good communication with clinic staff.

## References

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