The No-Show Phenomenon

A Collaboration with Baystate High Street Health Center to Research Reasons Why Patients Do Not Show Up, and Techniques to Decrease No-Show Rates

This report is the final product of a student team that spent the month of January 2011 researching the “no-show phenomenon” nationally and in Springfield, Massachusetts in order to help the Baystate High Street Health Center reduce the significant financial and human costs of no-shows. The student team included: Veronica Arndorfer, Diana Diaz, Sarah Alper, Lunise Joseph, Sarah Baughman, Amy Bradshaw, and Sophia Meyerson.

The course was facilitated by Aron Goldman from The Springfield Institute, and Josh Mayer from the Amherst College Chapter of the Roosevelt Institute. This policy team was advised by Dr. Richard Aronson from Amherst College. The course was sponsored by the Amherst College Center for Community Engagement. Special thanks to Michael Roseblum, Eric Churchill, and the entire staff of the Baystate High Street Health Center.

For more info: http://www.springfieldinstitute.org/?p=4412
Background

Our team is one of three from our Applied Policy Analysis course. The course is designed to connect students with their community in a mutually beneficial way, and also to present policy-making as both a problem-solving and political process. It is conducted by the Springfield and Roosevelt Institutes over January Term, a three to four week period. Given our limited time with our client, with the community, and to do research, this report serves not as an imposing and presumptuous list of recommendations, but rather as a collection of our findings that we hope will be useful to the High Street Health Center and others within (and perhaps outside of) the Springfield Community.

Over the past three and a half weeks, our health disparities policy team has worked with and for the High Street Health Center to examine no-shows for doctor appointments in the larger context of health disparities in Springfield and in the United States. We looked at a wide variety of contributing factors to no-shows by addressing questions such as: what distinguishes the population of people who go to their appointments (no-shows) from those who don’t (yes-shows)? How do structural barriers like transportation, welfare rules, and racism contribute to the problem? How are other clinics in Springfield and around the country addressing these structural barriers? How are public health programs and policies relevant to this discussion?

In our approach to answering these questions, we began by looking at demographics of Springfield and more specifically the clients that the High Street Health Center serves. Springfield has a population of 146,949, and the rates of adverse health conditions in the city are among the highest in Massachusetts. For example, the infant mortality rate for Springfield (number of infant deaths over 1,000 live births) was higher than any other community in the state for the three year period of 2006-2008, and this rate of 9.3 was almost double the rate for the state as a whole. Comparable disparities exist for diabetes, cardiovascular disease, homicides, and other conditions. The High Street Health Center serves a population that is made up of half Puerto Rican immigrants and half African American, White, Vietnamese, and a few smaller groups of minorities. Half of the patients consider Spanish their first language, and all of them live within a one to five mile radius.

Approximately two thirds of patients have Medicaid, a little under one third have Medicare, four percent have private insurance, and four percent pay out-of-pocket. One third to one fourth report a lack of access to health care because of inability to pay. High blood pressure and heart disease are common, and about twenty percent of patients have diabetes. The High Street Health Center has put considerable effort into bringing the no-show rate down during the past five years, and has reduced the no-show rate from 35% to 25%. The center’s goal is to decrease the rate even more, and to reach 12-15% no-shows. One of our aims in this report is to provide information that the center can use to move forward in its efforts to help meet this goal.

While we were gathering information about Springfield and High Street’s clients, we also looked into the definition and significance of health disparities as the primary context for our work. The National Institutes of Health defines health disparities as “differences in the incidence, prevalence, mortality, and burden of diseases and other
adverse health conditions that exist among specific population groups.” Health inequities are “differences in health which are not only unnecessary avoidable but, in addition, are considered unfair and unjust”. The field of health disparities can be distinguished from other health fields in its pursuit to address the effects of cultural, social, economical, political, and environmental factors on health. Specifically these factors often translate to patterns of health issues within certain communities that cannot be reduced to the examination of an individual’s behavior.

(http://www.nida.nih.gov/about/organization/healthdisparities/about/nihhealthdisparities.html)

**Methodology**

Our health disparity team collected information by conducting interviews and reading published articles and studies. Some interviews took place in person, while others were conducted by phone. We interviewed a wide range of stakeholders: physicians, staff, practice managers, and community residents. Unfortunately, because of logistical issues, we did not have the chance to speak with any patients. We realize that understanding patients’ perspectives is absolutely essential to understanding reasons for and solutions to no-shows, and we hope that future research will take this into account. The stakeholders that we interviewed represented several health centers, including High Street Health Center, Mason Square Health Neighborhood Health Center, Caring Health Center, Milwaukee Health Services, Inc., Providence Prenatal Care in Holyoke and Springfield, and the Family Health Center of Battle Creek. We also spoke with Patricia McManus, and listened to an insightful lecture by Dean Robinson from the University of Massachusetts. We connected with some of the interviewees through a partnership between faculty and community health organizations called SHHARE – Springfield and Holyoke Health Alliance for Research and Engagement. SHHARE is based out of the University of Massachusetts, in partnership with a wide array of community and campus partners throughout the Pioneer Valley, and its goal is to promote collaboration. The interviewees answered open-ended questions about their experiences with no-shows, possible reasons for no-shows, and ways to reduce the amount of no-shows. Reading articles and studies about no-shows, and about health disparities in general, helped provide background, put the information from the interviews in context, and find out additional reasons for no-shows and ways to reduce them.

**Findings**

1. **Federally Qualified Health Center**

   We spoke with many other healthcare providers that serve similar populations as the High Street clinic, and learned that many are Federally Qualified Health Centers (FQHC). This status helps subsidize their services; FQHCs are paid through Medicare, and also have a number of guidelines that are helpful for providing better care. One is involving community representatives on a board (sometimes more than half). This is critical for making decisions that impact patients and patient care. This practice encourages community participation so patients are more involved in their care, will provide insight to barriers patients face when trying to access healthcare, and promotes solidarity between healthcare providers and clients. Having representation and feeling
involved in the center will increase patient involvement in their own health and compliance with treatment.

These health centers also attempt to maintain diversity in their employees similar to the racial makeup of their clients. Diversity among the health care providers helps the health center reflect the community it serves. To make health centers appeal to community as active, relevant support systems, they need to dedicate themselves to the neighborhood and hire professionals that can relate to the population and make clients feel comfortable sharing about their lives. Since High Street Health Center's target population is that of many federally qualified health centers, it can work toward the process of becoming federally qualified, or adopt some of these practices of FQHCs.

2. Reasons for No-Shows

Our research included investigation into the reasons for no-shows. Often, several factors work together to discourage or prevent patients from coming to their medical appointments. Although each case is different, some common reasons for no-shows include:

**Logistical barriers:** The patient may have trouble getting to the appointment, possibly due to inconsistent or expensive transportation, or lack of childcare. The timing of the appointment may also cause difficulties, especially for a patient with a job or other commitments. The patient may also have trouble contacting the health center to cancel or change an appointment, especially if he or she cannot access a telephone.

**Emotional barriers:** The patient may hesitate to come to an appointment that no longer seems necessary. If a long time has passed since scheduling the appointment, the patient may feel better, or decide that the appointment is not urgent. Also, the patient may feel unwelcome or out of place at the health center, especially if there are race, class, language, or culture barriers between the patient and the providers. Other emotional barriers include lack of understanding about the purpose of the appointment, anxiety about uncomfortable procedures, and fear of bad news.

**Lack of understanding of the scheduling system:** The patient may not realize the impact that no-shows have on a practice. The patient may think that no one will realize if they do not show up, that they simply will not be missed. The patient may think that by not coming to an appointment, he or she is helping the doctors and nurses by giving them a chance to catch up or see extra patients.

**Perceived disrespect of patient by healthcare providers/system:** The patient may feel that the provider does not respect his or her time, feelings or culture. This perceived disrespect is sometimes caused by negative past experiences, such as long wait times or language difficulties. If the patient does not feel respected and welcomed by the health care provider/system, he or she often will not feel any obligation to come to an appointment.

**Other reasons:** Cost may be an issue, especially if the patient cannot afford the co-pay or has scheduled more appointments than their insurance covers. The patient may forget about the appointment or think that the appointment is at a different time. The patient may feel too sick to come to an appointment.
3. Bridging Cultural Differences

Everything has a culture: not only patients have cultures (races and ethnicities) but medicine and medical facilities do too. Hence, it is very important to create bridges of thorough communication across cultures. After conversations with representatives from Caring Health Center (Springfield) and Milwaukee Healthy Beginnings (Wisconsin), cultural humility seemed to be a very important aspect in the relations between health center’s employees, providers and the patients. Taking into account that the population that High Street Health Center serves is in majority Puerto Rican, it is crucial to consider taking a cultural humility initiative. This means becoming aware that you never know enough about a culture because individuals experience their own culture differently. Also, to address the problem of lack of representation of the consumer, it has shown success to have an advisory board in which the patient perspective is represented and used to make important decisions for the functionality of the facility.

In the case of Caring Health Center, a federally qualified health clinic based in Springfield with a high serving population of Puerto Ricans, they have created a patient navigator program to better assess their issue of no-shows. These patient navigators work with clinical translators and providers to understand the importance of the appointment and then approach the patient to understand the reason for not showing up. The majority of the reasons included not having understood the importance of the appointment, and feeling limited and misunderstood in terms of language. For example, Latinos who are more accustomed to homemade remedies might not go for the medical attention if it is not needed. The patient navigator embraces the perspective of the patient and clarifies any misunderstanding without blaming the patient for being incompliant. In addition to the presence of patient navigators, all employees undergo training to gain cultural humility. Even though one might know the language, one might not understand the culture and the cultural interpretation of the language. (interview with Olga Capas)

The Milwaukee Healthy Beginnings Program is a federally funded Healthy Start Project that aims to reduce birth outcome disparities in Milwaukee, Wisconsin, a city with many similarities to Springfield. The program has used, self-assessment to create positive changes in patient interactions. Self-assessing means a self-reflective process that evaluates how the people in an organization understand their own cultural assumptions and how they view differences between and among people and communities. Such differences not only relate to the more obvious issues of race, ethnicity, income and gender, but also to implicit assumptions about people’s behaviors and appearance. The key to such self-reflection is to first become aware of them and how they affect the health care provider and patient relationship. In this way, learning more about the culture of the patients and keeping in mind that one never learns everything helps to understand why patients act a certain way in a clinical space. In addition to self-assessing the employees, a group of outreach workers was created to go into the communities to educate people about the importance of the appointment. These outreach workers clarify to the people that it is not “just going to a doctor’s appointment.”(interview with Patricia McManus)

Additionally, from a conversation with Dr. Eric Churchill and his work in
cultural competency with the residents, we thought it could be a possibility to integrate a similar curriculum of behavior assessment with the staff members. This helps to understand where everyone comes from and what perspectives, either positive or negative, everyone has on the people around. We know that in the staff there are members native to the area and others that are not and this is why it is important to congregate and self-assess in order to serve the patient population.

4. Models of Scheduling Appointments:

Our research into the rate of no-shows included exploration into the methods that health care center’s employ to schedule appointments. The Family Health Center of Battle Creek in Michigan, a federally qualified community health center, recently converted to a modified open-access scheduling model. By making this change, the health center decreased its rate of no-shows by 12%. The Institute for Healthcare Improvement also recommends this model in order to increase a health center’s capacity for seeing patients.

The key phrase of open-access care is “do today’s work today.” Thus, in this system patients can see their own physician on the day that they call to make an appointment. Patients can be seen the day of for any reason – routine physicals, urgent needs or preventative measures. In a center using this system, a receptionist first asks a patient when he or she would like to be seen. Then, the receptionist asks why the patient needs an appointment. Questions are asked in the opposite order in centers using a traditional scheduling system. First, the receptionist asks why a patient needs to be seen. Then, the receptionist determines when the patient can be seen based on this reason. In a traditional system, only patients with urgent needs can be seen the day that they call. Other appointments are made in advance. According to Dr. Mark Murray, the founder of the open-access scheduling system, this system maximizes a health center’s capacity because physicians can fill every appointment slot. Other benefits include a decreased waiting time for appointments and an increased likelihood that patients can see their own physicians.

Despite these benefits, there are also challenges in implementing and continuing open-access care. For example, many patients like to make appointments in advance. Additionally, the center must reach a balance between supply and demand – a balance between the number of open appointments and the number of patients calling that day. Family Health Care Center of Battle Creek took these challenges into account and developed a system specific to their center’s needs.

Janis Dillard, the Chief Operating Officer of this center, explained its system. In the health center’s modified open-access model, 60% of appointments are planned up to three months in advance and the remaining 40% of appointments are booked that same day as the appointment. This percentage allows the center to handle every phone call that was coming in on a given day. Patients have the choice to make an appointment in advance or the same day; for example, if a provider wants to see a patient for a follow-up in two weeks, the patient can make the appointment when leaving his or her first visit or the patient can wait until the day that he or she wants to be seen. Despite trying to modify the schedule to fit the center’s specific needs, scheduling problems do still occur. It is important to think about these scheduling problems and what they show about improvements that could be made. For example, if preplanned visits are full and a patient
wants an appointment in advance, a slot that is normally reserved for open-access must be taken. This is a sign that there are not enough providers on that day to see patients.

The Family Health Care Center of Battle Creek did not always use this scheduling system. It used Dr. Mark Murray’s advice to convert from a traditional to an open-access system. Dr. Murray recommends starting slowly; the first step is to work on reducing the number of appointments booked in advance. To get over this hump, for a short amount of time physicians may have to see more patients than normal. Dr. Murray gives several tips for this task. Physicians can check to see whether a patient has multiple appointments scheduled in the future; if so, the physician can combine these appointments. The center can also question the patients’ appointment frequency. According to Dr. Murray, the intervals between appointments are often based on habit or culture, and not necessarily need.

5. No-Show Follow-Ups

Our team also looked into health care centers’ systems for contacting patients after they miss appointments. We learned that personal contact and long-term relationships improve patients’ satisfaction and motivation to show up for their appointments. By talking with Mable Sharif and Gregory Delozier, we learned about Mason Square Neighborhood Health Center’s system. After patients miss one appointment, they receive a letter in the mail. After a second missed appointment, they receive another letter and the social worker calls patients to find out why they missed their appointment. Thus, accommodations to help the patient may be made if possible. Then, after a third no-show, Mable, a community member herself, calls the patient. Once patients have missed four appointments they cannot book appointments in advance. Instead, they must call for same-day appointments. This rule does have exceptions, though: it does not apply to children, and providers use their discretion to exempt patients.

Martiza Smidy, director of Providence Prenatal Center of Holyoke and Springfield, spoke to our team about her center’s system. After patients miss one appointment, they receive a phone call and a letter. Then, if they miss a second appointment, they receive a certified letter, meaning that the mailman needs a signature from the patient to deliver the letter. After patients miss their third appointment, a staff member visits the patient’s home. Thus, the staff member ensures that the patient is safe and engages in a face-to-face conversation about what can be done so that the patient attends his or her appointment. By taking the time to visit the patient, the staff member shows that the health care center cares about the patient and has respect for him or her.

The Family Health Care Center of Battle Creek provides another example of following up with patients. Each receptionist is assigned a portion of appointments for the next day and is responsible for calling the patients with these appointments to remind them. The receptionist asks patients whether or not they will be keeping their appointments and expects a verbal response from the patients. The receptionist also asks patients to call the center if they need to cancel. If patients then do not show up for their appointments, the same receptionist calls the patients again and asks why they did not show up. By having the same receptionist call both times, the staff shows interest and investment in each patient. Continuity is essential for patient satisfaction. Another key to this system is that by asking the patients questions, instead of merely reminding them of
appointments, the staff engages the patients in their own care. Once patients miss around six appointments, they are referred to a resource team. This team investigates the problems facing the patient and tries to figure out if the center can help overcome any of these problems.

6. Other Strategies Employed by Health Centers

Our team also learned of other strategies that health care centers have found helpful in decreasing the no-show rate. Some health care facilities provide childcare services within their clinics, enabling parents to leave their child with a chaperon that works within the center. At the Mason Square Neighborhood Health Center there is a playroom where children may wait. Mason Square also allows parents to bring their children or other family members into the examining room while being seen. Accommodations for children decrease the likelihood that parents need to miss their appointments due to last minute or continuous issues with childcare.

Many patients are also limited by transportation. Thus, some health centers provide transportation, such as a shuttle bus to and from the hospital to a bus stop. Yet, some centers are not located near public transportation routes. Shuttle buses can also provide transportation to and from a clinic that is not near a bus stop. Supplemental transportation services provide accessibility to patients. This accessibility is extremely helpful to the elderly who have a difficult time with getting to the clinics. Many clinics provide transportation programs to the patients who are already on Medicare.

Mason Square Neighborhood Health Center in Springfield is also working to decrease their no show rates among patients. A fundamental aspect of this center’s patient care is its advisory board, which discusses any pertinent issues. This advisory board consists of representatives from each aspect of the health center, including patients, members of the community and physicians or other personnel of the health center. When this advisory board meets, it gives the various representatives a chance to all meet and get to know each other outside of a hospital setting and discuss important issues. Thus, the advisory board gives patients a powerful voice, and can therefore be beneficial in reducing the no show rates.

Through our research, we observed the many benefits of community outreach. This work improves relations between the health center and community, increases compliance, and decreases no show rates. One method of outreach is to hire a community outreach workers to seek out and connect with patients. For example, a community outreach program at a health center would ensure that the patient is contacted after a missed appointment and help he or she schedule a more convenient appointment. This person would also have insight about difficulties patients face such as childcare, transportation or getting time off from work. However, the biggest purpose of community outreach is to make the health center's services known in the community. Olga Capas says that the best way to connect with the community is to go out onto the street and talk with people. Having a warm, approachable presence in the community will make providing healthcare easier.
Survey Recommendations

Appointment/No-Show Survey: As the final piece to our partnership with High Street Health Center in Springfield, Massachusetts, our policy team revised a no-show survey that High Street had conducted in 2005. The revised survey includes questions about basic personal information such as race and gender, logistical factors such as modes of transportation, and several others.

The center's original survey was given to many patients, both who did and did not show up. In our first meeting at High Street, we were given the survey response summary for those patients who did not show up to one or more appointments, as well as a copy of the survey itself. The staff at High Street already had suggestions for improvements, and also requested that we use our own judgment in editing it. In our pursuit to make our relationship with High Street as beneficial for the clinic as possible, our team decided to draft an actual copy of the revised survey, which can be handed out as a hard copy or conducted over the phone. We hope that this survey meets the needs of High Street in their efforts to reduce the no-show rate, and perhaps to other health clinics seeking to do the same.

Patient Satisfaction Survey: This survey's purpose is for patients to evaluate clinic services and staff in order to help the clinic assess some issues that may, in fact, influence the priority that patients put on health care. Most of the questions are general, and they offer room for comments. Additionally, we hope that the answers to these questions may reveal existing cultural barriers that can be overcome. This survey is meant as a starting point, and we do not assume that it covers all issues that patients may have with their health care service at High Street, in Springfield, or at any clinic.

Acknowledgements

We hope that this information further enlightens the ever present issue of health disparities. The connections we have made have opened numerous doors and opportunities and it will not stop here. We have faith that this mission will be continued in the future and inform students as well as the people of Springfield and beyond. We know that without the willingness and the support of the High Street Health Center this project could not have been a reality in quite the same way. The commitment and time that they have put into increasing awareness for health disparities is truly inspiring. Furthermore, we would like to acknowledge the never-ending assistance from Mr. Aron Goldman and the Springfield Institute, Dr. Richard Aronson, Josh Mayer and the Roosevelt Institute, and the numerous health centers and volunteers who took the time to speak with us.
APPENDIX:

I. Appointment/No-Show Survey
II. Patient Satisfaction Survey
Appointment/No-Show Survey

**Basic Information**
- Sex: Male       Female
- Age: _____
- Race: ___________
- Ethnicity: ________________
- Family size:
  - Number of children: _____
  - Number of adults: _____
- Primary language(s):
  - [ ] Spanish
  - [ ] English
  - [ ] Vietnamese
  - [ ] Other: _______________
- English proficiency:
  - [ ] none
  - [ ] basic
  - [ ] conversational
  - [ ] proficient
  - [ ] fluent

**Appointments**
- Most recent appointment
  - Date: _____/_____/_______
  - Time: morning  afternoon  evening
  - Day of the week: M  Tu  W  Th  F
- Was the appointment with your primary MD?   yes   no
- Reason for visit: _______________________
- How many appointments did you have this year? _____
- Were the majority of your appointments for:
  - [ ] regular checkup
  - [ ] condition (diabetes, asthma, etc.)
  - [ ] illness (pneumonia, fever, etc.)
  - [ ] injury
  - [ ] other: _______________________
- Was it ever impossible to schedule an appointment in the near future because of an inability to get here *during clinic hours*?   yes   no
- What days and hours are best for you to get to a doctor’s appointment?
  - [ ] weekday mornings
  - [ ] weekday afternoons
  - [ ] weekday evenings
  - [ ] weekend mornings
  - [ ] weekend afternoons
  - [ ] other/specific: _______________
If you missed one or more appointments, what was the reason:
- transportation
- forgot
- did not feel well enough
- felt better
- weather
- did not understand what the appointment was for or why it was necessary
- child care
- other (*please specify*): _______________________________

Did you call to cancel the appointment?  yes  no
If you did not cancel, why not?
- forgot
- did not have the phone number
- I tried but waited too long to talk to someone
- other: __________________

Transportation
Do you have a car?  yes  no
If not, how do you get here?
- public transportation
- I walk
- a friend or relative drives me
- other: __________________

How far away do you live?
- less than 1 mile
- 1-3 miles
- 3-5 miles
- more than 5 miles

Other
Employment:
- none
- at home
- M-F days
- M-F evenings
- variable

How often do you need to see your PCP?
- more than 1 visit per month
- monthly
- every 2 months
- every 3 months
- every 6 months
- yearly

Number of years coming to High Street for care: _______
Do you think any of the following would further enable you or encourage you to come to an appointment?
- coupons or vouchers offered for groceries
- coupons or vouchers offered for a pharmacy
- cash or check
- free transportation close to the time of the appointment
- waiving the co-pay
☐ other: _____