Factors Associated with Patient No-Show Rates in an Academic Otolaryngology Practice

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ABSTRACT

Objectives: Identify factors associated with no-show rates in an academic otolaryngology practice to establish targeted areas of improvement in clinical efficiency and patient access to care.

Study Design: Retrospective review.

Methods: A retrospective review of scheduled clinical appointments from February 1, 2015, to January 30, 2016, at a single academic otolaryngology department was performed. Statistical analysis examined the association of no-show rates with the following: Otolaryngology subspecialty, clinic type (e.g., main campus vs. satellite), patient demographic factors, season, day of week, insurance types, distance traveled, and visit type.

Results: The overall no-show rate was 20.00% for 22,759 scheduled clinic visits. Satellite clinics had the highest no-show rates at 25% (p<0.001). New patient visits had the highest no-show rate at 24% (p<0.001). Among subspecialties, facial plastic surgery had the lowest no-show rate (12.6%) while pediatrics had the highest (23%) (p<0.001). No association between gender and no-show rates was observed (p=0.293). Patients with Medicaid (28%), Medicare (15.3%), and commercial insurance (12.9%) had significantly different overall no-show rates (p=0.000).

Conclusions: Clinic no-show rates are associated with satellite clinics, new patient visits, pediatric subspecialty, and insurance type. Further investigation is warranted to assess barriers to appointment compliance and to develop interventions to improve access to care.

INTRODUCTION

Missed clinic appointments can have a detrimental impact on both patient health and outcomes and have been reported up to 33% in the literature. No-shows have been associated with worse health-related outcomes and increased use of emergency departments for care. Additionally, no-show appointment can negatively affect the care of other patients who are unable to get an earlier appointment. This leads to longer waiting times for clinic appointments and a decrease in patient satisfaction, making it imperative to identify and address the factors associated with no-shows.

In addition to patient care, no-show appointments can have a substantial impact on healthcare providers through reduced clinical efficiency and wasted resources. The University of California at San Francisco (UCSF) estimates approximately 67,000 no-show patients a year within the UCSF system, with a financial impact estimated at $7 million for the health care system. Academic medical centers, in particular, are at increased risk for no-show appointments with a patient population that has a larger proportion of Medicaid patients, is more complex and is often traveling farther distances to be evaluated.

Previous studies have shown multiple factors affecting no-show rates. These factors include distance from clinic, insurance carrier, timing of clinic visit, and gender. However, most studies examining factors that affect no-show rates have looked at the primary care and pediatric population with few studies being performed within surgical subspecialty clinics, specifically in otolaryngology clinics.

METHODS

A retrospective chart review was conducted on all patients with a scheduled appointment with a physician in the University of Kentucky (UKY) Otolaryngology Clinics, an academic tertiary care center, between February 1, 2015 and January 30, 2016. Patients seeing a midlevel provider (nurse practitioner or physician’s assistant) or resident only were excluded. Audiology and allergy-only appointments were excluded.

RESULTS

Total number of visits over one year was 22,759 for all UKY Otolaryngology clinics. Overall no-show rate was 20.00%.

CONCLUSIONS

1. Higher no-show rates were associated with satellite clinic visits, Pediatric Otolaryngology subspecialty, new patient visits, younger age and Medicaid insurance.
2. Further study into interventions that target these factors is warranted.

REFERENCES