
View Abstract

CONTROL ID: 3392113

TITLE: MD Phone Home: Decreasing no-show rates in an urban underserved resident practice through direct physician to patient reminder phone calls

ABSTRACT BODY:

Statement of Problem or Question (one sentence): Will direct physician to patient telephone call reminders 24 hours prior to scheduled appointments decrease primary care no show rates in a predominantly Afro-Caribbean underserved population in Brooklyn, NY?

Objectives of Program/Intervention (no more than three objectives): To decrease "no-show" rates by 10% from our practice's usual care (37%) over two months (October-December 2019)

Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) : No-show is defined as a patient who does not appear for their scheduled appointment. Lower socioeconomic status, income, and unemployment are associated with higher missed appointment rates. Patients with higher no show rates are more likely to suffer from poorer chronic disease control, higher rates of hospital admissions, and substandard cancer screening. Our practice uses Medical Assistants (MA) to make live patient reminder telephone calls 48-hours prior to scheduled appointment date. Our no-show rate was 37% compared to national average of 23-34%. Resident primary care providers (PCP) called their patients 24-hours prior to the scheduled appointment. Patients were reminded about their scheduled appointment time and date using a standardized script. Appointment adherence rate was recorded following the completion of each clinic day.

Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention): The absolute decrease of no show rates following the intervention.

Findings to Date (it is not sufficient to state findings will be discussed): A total of 301 patients were given reminder calls, PCP (n=143); MA (n=158). The no show rate among the PCP group was 22% compared to the MA group's 37%. The association between reminder calls and appointment keeping (attendance) was statistically significant, $\chi(1) = 7.969$, ($p=.005$). The intervention reduced the practice's absolute no show rate by 15% ($p=.005$).

Of the 143 patients called by their resident PCP, 49% of patients were successfully reached. For patients that spoke with their PCP, 96% presented for their scheduled appointment, the remaining 4% notified that they were unable to attend their visit.

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): Despite studies showing that no-show rates can be reduced by telephone reminders by administrative staff, no prior studies have examined the impact of PCP-led personal reminders. Using a typical Medicaid reimbursement of \$90 per visit and a 15% increase in show rate, the value to the practice is \$1350 per 100 calls, without accounting for lost productivity or other costs. Direct PCP reminder calls seem to be more effective than MA reminder calls. Strategic use of PCP reminder calls in high risk patients could have added benefit.

Impact: Although it may not be feasible to implement direct physician to patient telephone reminders throughout an entire practice, this model could be used as a targeted approach for high risk patients, especially in communities where lower socioeconomic status and social determinants of health make traditional care delivery models less effective.

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AUTHORS (FIRST NAME INITIAL LAST NAME): F. Oleszak^{1,2}, H. Aboushi^{1,2}, H. Chaudhary^{1,2}, H. Cha^{1,2}, D. L. Stevens^{1,2}, A. A. Chang^{1,2}, N. A. Williams^{1,2}, M. S. Lee^{1,2}

INSTITUTIONS (ALL): 1. Ambulatory Medicine, NYC Health + Hospitals/Kings County, New York, NY, United

States.

2. Medicine, SUNY Downstate Health Sciences University, Brooklyn, NY, United States.

SGIM MEMBERSHIP STATUS (IHD):

Filip Oleszak : Non-Member Resident

Haytham Aboushi : Non-Member Resident

Hira Chaudhary : Non-Member Resident

Helen Cha : Non-Member Resident

David Stevens : Non-Member

Andrew Chang : Full Member

Nadia Williams : Non-Member

Melissa Lee : Non-Member

PRESENTATION FORMAT: No Preference

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