

## Reducing No-Shows in Family Medicine Residency Program Practices

Exemplars (NS rates < 10%; N = 11) used the following methods:

Patient Education	10 (91%)
On enrollment in practice	7 (64%)
When each appt is made	6 (55%)
When reminded of appt	4 (36%)
After each no-show	7 (64%)
After repeated no-shows	5 (45%)
Number of Education Strategies	Median: 3 Range: 0-5
Patient Reminders	9 (82%)
Phone call to all patients	9 (82%)
Phone call to high risk patients	2 (18%)
Letter/card to all patients	1 (9%)
Letter/card to high risk patients	1 (9%)
Number of Reminder Strategies	Median: 1 Range: 0-3
Patient Sanctions	9 (82%)
Expelled from practice	9 (82%)
Required to walk-in (no appts.)	1 (9%)
Open Access *	9 (82%)
Complete	3 (27%)
Partial	6 (55%)
Continuity Emphasis	
Residents work in small teams	7 (64%)
Scheduling Rules	6 (55%)
Residents can't schedule appts.	
Work with individual residents	
Try to determine cause for no-shows	2(25%)

\*Open Access defined as no appointments made beyond 1 week ahead.

Complete Open Access defined as no advance appointments. Partial Open Access defined as some advance appointments.

In addition, residents should probably be taught to negotiate follow-up intervals with patients.

Exemplars at managing no-shows (N = 8) used the following methods:

Overbooking	5 (63%)
Overbook all residents equally	3 (38%)
Overbook based upon no-show rate	2 (25%)
Overbook high-risk patients	2 (25%)
Walk-ins and Work-ins	8 (100%)
Encourage/Allow walk-ins/work-ins	7 (88%)
Make high-risk patients* walk-in/work-in	2 (25%)
Adjust Schedule to Demand	
See all patients wanting to be seen	2 (25%)

\* Patients more likely to no-show