Quality Indicators:

Real-time Tracking of Missed Appointment Rates

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Tracking missed appointments provides clinic directors with a powerful tool for monitoring patient and staff progress. Every no-show represents a client who is not receiving services and a highly-paid clinician unable to generate income. And the rate of missed appointments is remarkably high nationwide, often estimated at between twenty-five and thirty percent of all scheduled appointments. A missed appointment often reflects flaws in a treatment plan or the need to address patient motivation for care. Missed appointments reduce effective case management, clinical efficiency, staff morale, and resource utilization.

Despite the serious impact of patient noncompliance on clinic functioning, most administrators are unable to track those rates by individual clients, staff members, and clinical programs. Without easy access to that information, you have no way of knowing which patients should be considered for discharge or which clinicians have a curiously high rate of patients who fail to show for appointments. Most importantly, you are without the data you need to reduce overall no-show rates for your clinic. How can you know if your efforts to improve the accessibility and efficiency of your clinic are successful if you have no method of measuring the outcome?

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Now imagine that with one mouse click you knew the missed appointment rate for every patient, staff member, and program in your agency. You'd have a way to better manage your clinicians, improve clinic productivity, and track the impact of your efforts to encourage compliance. But you would also have the means to predict which patients are likely to miss appointments, thereby allowing you to be precise in your interventions.

With the help of ClinicTracker, a group of research psychologists analyzed data from 2903 psychiatric patients (1727 males, 1176 females) who were enrolled in a child psychiatric clinic in Upstate New York. They were interested in the extent to which missed appointment rates can be predicted by demographic variables, diagnostic status, parental psychopathology/family history of mental disorders, and staff variables. Unlike prior studies, the focus of the current study was ongoing treatment, not the initial appointment. What they discovered was fascinating. While several variables discriminated between families who never missed an appointment to those that did, a self-reported history of maternal depression was by far the most powerful predictor. That one factor (a) increased the risk for missing an appointment six-fold; (b) explained nearly half of the variance in how many appointments a family would miss; and (c) dwarfed all other predictors we considered. While they were not surprised that a mother's level of depression would be relevant to the number of missed appointments, they were struck by the sheer magnitude of the effect. It was especially impressive that maternal depression proved so powerful a predictor even though they considered only self-reported history of depression (as opposed to standardized ratings of current status).

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Armed with the data ClinicTracker exported to a statistical package, these psychologists were able to develop an in-service training program for staff that reinforced the central importance of assessing the presence of maternal depression in every case they managed. They also encouraged supervisors to keep an especially close eye on whether clinicians were assessing that factor forthrightly. As a consequence of their findings (and scientific literature that provided similar evidence), they have highlighted maternal depression a critical factor to monitor in the management of child psychiatric disorders.

By identifying which patients are prone to miss appointments, clinicians and clinic managers can focus on that group and monitor their compliance. Missed appointment data also allow a clinic to generate policies and procedures aimed

at monitoring and reducing no-shows. Those strategies might involve both enforcement mechanisms (such as termination policies) as well as interventions aimed at making attendance easier (such as transportation, child care, and extended hours). Reducing the rate of missed appointments and enforcing treatment adherence policies can improve service availability without funding additional staff or programming. Given the nationwide shortage of mental health services for child and adolescents, an improvement in missed appointment rates represents a substantial and measurable benefit

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These results were presented at the Annual Conference of the Research & Training Center for Children's Mental Health, Tampa, February, 2009 by M. Gordon, K. Antshel, and L. Lewandowski).

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