Virtual No-Shows in the Outpatient Psychiatry Setting
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The no-show/cancellation rate to outpatient psychiatry appointments has consistently been higher than goal rate of <7%. In March of 2020, outpatient psychiatry visits began to take place in primarily the virtual setting. We do not yet know how no-shows and cancellations have been impacted by this change, and whether the same factors are associated with no-shows in the virtual and in person settings.

Factors demonstrated in literature to be associated with in person no-shows include longer lead time, younger age, minority status, noncommercial insurance, prior missed appointment, new patient/fewer prior appointments

### Background

**Project Goals**
- Identify similarities and differences between no shows/cancellations in the in person vs virtual settings
- Formulate interventions to either a) reduce cancellation rates and/or b) improve our ability to re-schedule cancelled appointment slots

**Current State**

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<th>Scheduling</th>
<th>Reminder</th>
<th>Project Goals</th>
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<td>Appointment scheduled after visit</td>
<td>Phone call scheduled after 1st reminder</td>
<td>Identify similarities and differences between no shows/cancellations in the in person vs virtual settings</td>
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<tr>
<td>Phone call scheduled after 1st reminder</td>
<td>Phone call scheduled after 2nd reminder</td>
<td>Formulate interventions to either a) reduce cancellation rates and/or b) improve our ability to re-schedule cancelled appointment slots</td>
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<td>Phone call scheduled after 2nd reminder</td>
<td>Reminder email sent</td>
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**Implementation Ideas**

A – Reformat the scheduling process such that patients call in to schedule 1-2wk prior to their expected follow-up date
B – Schedule an earlier reminder portal message call 10d prior to the scheduled appointment date
C – Create a wait list of patients to be contacted in the event of a RV cancellation
D – Allow for text responses to text message reminders
E – Manual phone call to update contact info and portal status

### In Person vs Virtual Results

Factors associated with statistically significant higher cancellation rates in the virtual setting included afternoon time, return visit, and Medicaid or Other insurance. In comparison, return visit, appointment, age greater than 75, female gender, and Medicaid or Other insurance were associated with higher cancellation rates in the in person setting. Visits for those over the age of 75 and with Medicaid or Other insurance accounted for a small minority of total visits.

Lead time was found to be significantly greater in cancelled vs completed in person visits, but the difference in lead time between cancelled and completed virtual visits was not statistically significant.

In person cancellations were made on average 10.6 days prior to the visit date, and virtual cancellations were made on average 3.9 days prior to the visit date