Evaluation of Personal Intervention Compared to Automated Intervention and the Effect on Patient Appointment Adherence

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Structured Abstract

Local Problem
Decreased patient appointment adherence affects a variety of health care delivery organizations nationwide impacting continuity of care, health outcomes, and healthcare costs. Poor appointment adherence increases financial burden resulting in delayed or missed care and poor utilization of clinic resources. Increased no-show rates in the primary clinics contribute to poor health outcomes, increased burden to staff, and decreased revenue.

Project Purpose
The purpose of this project was to improve appointment adherence by implementing a personal intervention appointment reminder, identify potential barriers, and improve self-care management through adaptation to barriers.

Methodology
The project received approval from the primary clinic where the intervention took place and was approved by the IRB as exempt. Roy’s Adaptation Model was the theoretical framework used to guide the DNP project. The project team consisted of an advanced practice nurse (APRN) and a medical assistant (MA). A phone script was created and reviewed with the MA. A training period of one week took place before implementation. The script was modified based upon feedback from the MA. Reminder calls were made for appointments scheduled for the APRN. The day before all scheduled appointments, the medical assistant called patients to remind them of the date, time, and location. The time frame for implementation was three weeks. Patients whose primary language was not English were asked questions in their preferred language using the organization’s approved language assistant device. Reminder calls included an assessment of appointment barriers including transportation, work schedules, health-related factors, and the inability to get pre-visit lab work done. A resource file was created for the MA to offer patients opportunities to avoid common barriers. Patients were offered resources such as city bus schedules, the opportunity to reschedule appointments, and information regarding lab work needed for an upcoming appointment. Barriers identified by the MA during phone calls were brought to the attention of the APRN in an effort to accommodate patients’ needs and reduce barriers to appointment adherence.
Results

A total of 150 phone calls were made during a three-week time frame. The MA was able to make personal contact with 73 patients, left voicemails for 67, and was not able to contact 10. The MA was able to make contact 94% of patients called. Post-intervention results showed a 2.81% decrease in no-show rate which impacted continuity of care. Results may have been impacted by the fact that the personal reminder phone call was in addition to automated reminders such as texts and emails. There did not appear to be a relationship between the time of day a patient was called and a corresponding no-show rate. The primary clinic where the implementation was conducted sees an average of 12,000 patients a year. An average reimbursement rate is $53.00 per visit. A 2.81% decrease in no-shows for one year equates to a potential $17,871.6 in additional reimbursement. The primary appointment barrier identified by the MA was transportation.

Implications for Practice

A decrease in no show rates has significant implications for practice. These include increased continuity of care, decreased staff time needed to reschedule patients, and improved clinic efficiency. The relationship between the NP and patient is strengthened and the clinic experience is humanized, adding value to patient involvement and self-care management. Improved appointment adherence also increases reimbursement, impacting clinic revenue. A personal phone call reminder allows staff to work with patients to encourage adaptation and self-care management to reduce barriers and increase appointment adherence. The MA who made reminder phone calls felt more connected to patients and had an increased sense of empowerment that her actions contributed to patients’ improved quality of life and health outcomes. Personal phone reminders may decrease no-show rates due to the personal connection it fosters with patients who live in a world primarily dominated by impersonal technology. Recommendations for further study include the adoption of personal intervention appointment reminders by other providers and clinics, especially those in underserved and vulnerable populations. Personal intervention reminders should be evaluated for their impact on appointment adherence, self-care management, and health outcomes.

Keywords: patient appointment adherence, barriers, self-care management, adaptation, nurse practitioner, continuity of care, primary care

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