Clinic staff and providers experience high variability and unpredictability in their schedules. It is hypothesized that the patient no-show rate is increasing the unpredictability and variability and negatively impacting the patient and provider experience.

### Key Takeaways, Limitations and Considerations

- Multiple approaches to reducing no-show rate & recommendations may vary by department (or should be adjusted) depending on procedures and appointment characteristics. Limitations with the recommendations exist based on data metrics and a need for a consistent definition for a successful session at BMC.

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**Endocrinology**

### Recommendation A Deep Dive

1) **Model that provides a “menu” of double-booking recommendations based on a provider’s NEW and EST patient no-show rates:**

#### Method:
Find the optimal amount of time to be double-booked (during a 4-hour session) rather than explicit schedule

#### Optimization Model:
- **Parameters:** no-show rate for new and established patients
- **Decision variables:** 1) amount of time to be double-booked established over established and 2) amount of time to be double-booked new over established
- **Objective:** minimize idle time

#### Constraints:
- 1) expected total congested time (i.e. time where two patients need to be seen, and both show up) is less than 30 minutes
- 2) expected idle time is at least 10 minutes and 3) session has 2 new patients, each scheduled for 40 minutes.

2) **Sample template change based on provider specific patient no-show rates:**

#### Friday Morning Current State:
- EST Patient No-Show Rate: 30%
- NEW Patient No-Show Rate: 35%

#### Recommended Schedule:
- EST/EST Double-Booking: 0 mins
- NEW/EST Double-Booking: 40 mins

### General Internal Medicine

#### Recommendation B Deep Dive

1) **Understand current no-show rates based on appointment lead time and reasoning for pattern in EST patient no-show rate:**

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>EST No-Show Rate</th>
<th>NEW No-Show Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>&lt; 3 Days</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>&lt; 1 Week</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>1 Month</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>3 Months</td>
<td>42%</td>
<td>43%</td>
</tr>
<tr>
<td>&gt; 3 Months</td>
<td>46%</td>
<td>56%</td>
</tr>
</tbody>
</table>

#### Conclusions:
- As lead times increase the no-show rate for NEW patients increases
- When lead time is under a month, behavior across NEW and EST patients is similar
- Expected that EST patients booked more than 3 months out are booked due to need and NEW patients are booked based on availability - thus the increase in no-show rate for NEW patients is more dramatic

2) **Understand necessary lead times to lower average no-show rate for a provider to allow for booking 11 patients to see 9**

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**Recommendation C Overview**

- Proactively manage patients who do not show for appointments
- Potential recommendations include: maintaining a no-show list, standardizing communication with patients following no-show, and “open-access” appointments or “no-show” clinic for identified patients
- Create consistent patient touch points with a variety of stakeholders (call-center/schedulers, providers, practice managers)

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**Opportunity exists to standardize communication & processes once patients no-show**

- **Determine appetite for intervention post no-show**
- Develop consistent communication & processes for no-shows
- Determine scheduling strategy for no-shows
- Evaluate no show rate & impact

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**Endocrinology**

**General Internal Medicine**

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**Key Takeaways, Limitations and Considerations**

- There are multiple approaches to reducing no-show rate & recommendations may vary by department (or should be adjusted) depending on procedures and appointment characteristics. Limitations with the recommendations exist based on data metrics and a need for a consistent definition for a successful session at BMC.