Cracking the Code on Missed Appointments

Effective Electronic Outreach

Evidence-Based Best Practices

- Use SMS (24–72 hours prior), email, and automated calls. SMS remains the most effective channel, with the highest open rates.
- **Bi-directional Workflow:** Systems should allow patients to text "CANCEL" or "RESCHEDULE," which then updates the EMR status automatically.
- When choosing a system, prioritize EMR integration and the ability to support multi-lingual preferences.
- Develop metrics to track effectiveness of outreach efforts (e.g., monitor fill rates" [did the cancelled slot get reused?]) and "Closed-Loop Rates").

Key Learnings from the Pregnant People & Children Action Community

- Many centers use Artera or MyChart but are still transitioning from unidirectional (broadcasting) to bi-directional (interactive) messaging.
- There is significant provider and staff resistance to full self-scheduling due to concerns about double-booking or complex scheduling rules.
- A major challenge is "assigned but unseen" patients. EMR data on contact preferences is often missing or inaccurate, making automation difficult without human intervention.
- Use MRNs (Medical Record Numbers) to select specific "campaigns" in Artera for targeted outreach (e.g., Medicare Annual Wellness Visits).