Cracking the Code on Missed Appointments

Rapid Structured Follow-Up

Evidence-Based Best Practices

- Outreach is most effective when conducted within 24−48 hours of a missed appointment.
- Use a patient registry to automatically identify no-shows. Outreach should trigger a direct scheduling link via text, call, or patient portal.
- Simplify rescheduling through online self-scheduling, extended hours, walk-in availability, or "sibling bundling" for pediatric visits.
- For recurrent no-shows, a care coordinator should identify specific barriers (e.g., transportation) and provide immediate solutions (e.g., vouchers).

Key Learnings from the Pregnant People & Children Action Community

- Several centers (Santa Rosa, Petaluma) follow a three-attempt protocol before moving to a standardized "Sorry we missed you" letter in EPIC/MyChart.
- Real-Time vs. End-of-Shift Outreach:
    - *Real-time:* Open Door calls patients if they haven't arrived by their scheduled arrival time (set earlier than the appointment start time).
    - *End-of-shift:* Petaluma finds that calling later in the day may be more effective, as patients often have competing priorities during the missed appointment time.
- Offer a virtual option immediately upon rescheduling if the appointment type allows (e.g., follow-ups, though harder for Well-Child Visits).
- If a patient cancels without rescheduling, use a Telephone Encounter in EPIC to ensure the patient doesn't "disappear" (as referenced by Santa Rosa).