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Original Article

The Estimated Cost of “No-Shows” in an Academic Pediatric Neurology Clinic



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ABSTRACT

OBJECTIVE: Missed appointments (“no-shows”) represent an important source of lost revenue for academic medical centers. The goal of this study was to examine the costs of “no-shows” at an academic pediatric neurology outpatient clinic. **METHODS:** This was a retrospective cohort study of patients who missed appointments at an academic pediatric neurology outpatient clinic during 1 academic year. Revenue lost was estimated based on average reimbursement for different insurance types and visit types. **RESULTS:** The yearly “no-show” rate was 26%. Yearly revenue lost from missed appointments was \$257,724.57, and monthly losses ranged from \$15,652.33 in October 2013 to \$27,042.44 in January 2014. **CONCLUSIONS:** The yearly revenue lost from missed appointments at the academic pediatric neurology clinic represents funds that could have been used to improve patient access and care. Further work is needed to develop strategies to decrease the no-show rate to decrease lost revenue and improve patient care and access.

Keywords: no-show, missed appointment, cost, finance, health care, academic medical center

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Introduction

Pediatric neurology is a small subspecialty that is in short supply; the supply of pediatric neurologists is estimated to be at least 20% less than demand,¹ and this shortfall is expected to get worse as more senior pediatric neurologists retire. Many of the largest practice groups are based in academic medical centers (AMCs). Academic pediatric neurologists face increasing pressure to be more clinically productive.

L.M.G. was responsible for drafting the article, design and completion of study, interpretation of data. S.G. was responsible for retrieving data and calculations. M. R.G. was responsible for design and concept of study, interpretation of data, and revising the article and was the study supervisor.

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Missed appointments (also known as “no-shows”) decrease clinical productivity. Although, there have been studies on the reasons patients provide for no-shows^{2–4} and patient demographics^{3,5,6} associated with no-shows, there are few studies that focus primarily on analyzing the financial strain missed appointments put on health-care systems and subspecialties such as pediatric neurology.

AMCs are especially vulnerable to economic threat because of increased costs associated with training physicians and decreased revenue associated with serving a high percentage of Medicaid patients. In the United States, training physicians in residency and fellowship costs \$16 billion annually, most of that money coming from the teaching hospitals themselves.⁷ In addition, AMCs take care of 26% of all Medicaid hospitalizations, but account for only 5% of hospitals.⁷ The added cost of missed appointments puts increasing pressure on an AMC. The survival and health of AMCs are important for the continued care of a vulnerable patient population, the training of future physicians, and continued advancement in the treatment of complex diseases.

The pediatric neurology outpatient clinics at Riley Hospital for Children are associated with Indiana University

School of Medicine and are part of a large AMC. This group is the largest provider of pediatric neurology care and the only provider of pediatric neurology fellowship training in Indiana, with 12 pediatric neurologists and two nurse practitioners. All of the pediatric neurology faculty participate in teaching, and several participate in research. The Riley pediatric neurology clinics have faced ongoing issues with “no-shows,” with no-show rates of generally 20% to 30%. The goal of this study was to estimate the economic impact of missed appointments on the pediatric neurology clinic, one of the many specialty clinics at Riley Hospital.

Methods

Participants and design

A retrospective cohort study was performed of all patients who missed appointments in the outpatient pediatric neurology clinics at the Riley Outpatient Center (ROC) location downtown at Riley Hospital for Children in Indianapolis, Indiana, and its primary satellite clinic, (Riley North) during the medical academic year from July 1, 2013 to June 30, 2014. Data on two smaller, part-time satellite clinics with three or fewer total half-day clinics a week were not included.

A missed appointment or “no-show” was defined as an appointment where the patient and family simply did not show up, or an appointment that was not canceled at least 24 hours in advance. All patient families received reminder phone calls both 3 and 2 days before the visit; the first call was by a staff member, the second was an automated call. Patient families had the opportunity to cancel during each of those calls, and if they did cancel, that was not counted as a “no-show.”

Data analysis

There were six missed visit types to assess: new Medicaid, follow-up Medicaid, new private insurance, follow-up private insurance, botulinum injection Medicaid, and botulinum injection private insurance. Botulinum toxin injections are used to treat spasticity in children with cerebral palsy and are billed as procedures. Average billing and reimbursement data for each visit type were estimated by the clinic’s financial staff based on average coding for these patients in our clinic, available data, and financial staff’s experience, as reimbursement varies among insurance companies. Patients with self-pay and combination insurance were treated as patients with private insurance based on recommendations from the financial staff. Data on the number of scheduled patients and the number of no-shows for each site were retrieved from the electronic record. Number of each type of visit and number of visits from each type of payer were stored in several different data sets; so, the proportions of the six missed visit types for each month were estimated by detailed record review of 1 week of data from that month.

Ethics

This study was approved by the Indiana University Institutional Review Board.

Results

Estimated billing and reimbursement per visit

The average new patient visit was billed at \$411.00. The average follow-up patient visit was billed at \$231.40. The average botulinum injection visit for spasticity involved injections in two limbs and was billed at \$625.00. Billing did not depend on insurance status.

The average reimbursement for a new patient was \$126.56 from Medicaid and \$219.40 from private insurance.

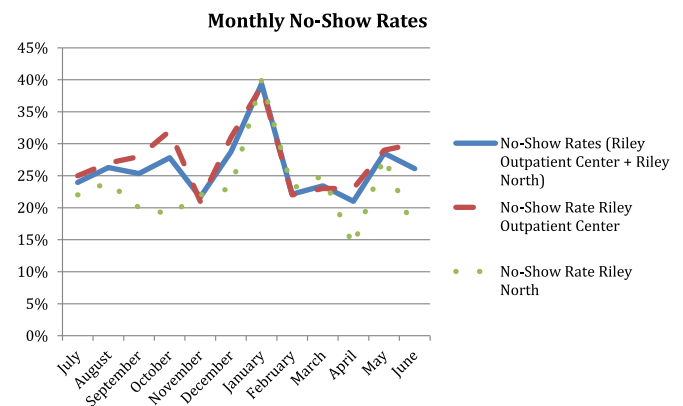


FIGURE 1.

No-show rates by month at the Riley Outpatient Center, Riley North, and average combined no-show rate. (The color version of this figure is available in the online edition.)

The average reimbursement for a follow-up patient was \$49.16 from Medicaid and \$112.85 from private insurance. The average reimbursement for a botulinum injection visit was \$151.00 from Medicaid and \$210.00 from private insurance.

Clinic volume

A total of 10,831 visits were scheduled during the academic year studied: 7808 were scheduled at the primary site, the Riley Outpatient Center location downtown (ROC); and 3026 were scheduled at the primary satellite clinic, Riley North.

No-show rates

The yearly no-show rate for both sites was 26% and ranged from 21% in April 2014 to 39% in January 2014. At the ROC, the no-show rate ranged from 21% in November 2013 to 39% in January 2014. There were 2130 missed appointments (27% yearly no-show rate). At the Riley North satellite clinic, the no-show rate ranged from 14% in April 2014 to 40% in January 2014. There were 668 missed appointments (22% yearly no-show rate) at the satellite clinic. Of note, Indiana had record-breaking cold temperatures in January 2014. (See Fig 1 for variation in monthly no-show rates.)

Estimated revenues lost for each month and for the year

The yearly billing loss for both sites was \$788,733.58, and the total reimbursement (payment) loss was \$257,724.57. The yearly reimbursement loss was \$189,700.99 at the ROC and \$68,023.58 at Riley North. The monthly reimbursement loss from missed appointments at both sites ranged from \$15,652.33 in October 2013 to \$27,042.44 in January 2014. (See Fig 2 for variation in monthly losses.) The average loss per no-show was \$101.83 at the ROC and \$89.06 at Riley North.

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