

7 | NO-SHOW FOLLOW-UP PHONE SCRIPT

Category: Clinic Flow

Agency: Orange County Health Care Agency

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Subpopulation: MSM of Color

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Regional Group: California

Evidence of Improvement: Yes **Other Data:** Yes

Intervention: Created script for front office to follow up with no-shows by phone.

Change Ideas:

- Phone script was developed based on no-show list in EMR
- In addition to following up to reschedule, phone script included an inquiry on possible transportation barriers
- Inform those patients who are eligible for transportation assistance through outreach
- Provided transportation assistance through bus passes if necessary, after follow up no-show call
- Case management referral not needed

Intervention Description:

There is some evidence that shows that follow-up phone calls for missed appointments reduce no-show rates, which has been proven along with reminder phone calls.¹ A no-show script that identified barriers to keeping appointments was developed for front office clerical staff to follow up with no-show patients 15 minutes after the appointment time to reschedule. This intervention was carried out due to no-shows being identified from a Cause and Effect Diagram as a cause of poor viral suppression among MSM of color. The phone script included asking about possible transportation barriers for patients. If transportation was found to be a barrier, a bus pass was mailed to the patients. Phone script was developed based on no-show list in EMR. This intervention helped streamline the no-show follow-up process. Among the staff making the phone calls were the eligibility staff, since they tend to have better responses from patients concerned about maintaining Ryan White HIV/AIDS Program benefits such as access to medical, food, or housing services. Those who were eligible to receive transportation assistance were informed during outreach activities. In the clinic, the overall no-show rate decreased by 2% during this intervention. In a 6-month period during the intervention, there was a 28.6% increase in patients attending their next follow-up appointment. Viral suppression among the youth subpopulation has increased from 87% in 2018 to 90.9% currently.

¹ Adams JA, Whiteman K, McGraw S. Reducing Missed Appointments for Patients With HIV. *Journal of Nursing Care Quality*. 2019. 35(2):165–170.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>In the clinic, the overall no-show rate has decreased by 2%</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>4-Very Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$-No Additional Costs</p>	