Which is Better: Reminder Card/Patient Call Back *or* Prescheduled Appointment/Notification Letter?

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Abstract

Background

We studied two common processes which are used to contact patients for follow-up appointments after they have left the office. The 'Reminder' method relies on the patient to contact the office; in the 'Prescheduled' model the office assigns the patient an appointment via a letter.

Methods

All reappointment patients (n= 2116) from two successive quarters were assigned to each method. We calculated the number of completed successful appointments and the no-show rate; and evaluated the patient's satisfaction with each method.

Results

A larger number of patient re-appointments were completed using the pre-scheduled reappointment procedure as opposed to the patient reminder system (74% vs. 56%). There was no difference in patient satisfaction between our 2 groups of patients.

Conclusion

We suggest adopting a pre-scheduled appointment method using a patient notification letter when patients do not schedule their appointments on the way out of the office.

Introduction

The most popular model for patient follow-up appointments involves the patient negotiating a follow-up appointment time as they exit the health care setting. For a variety of reasons, most practices experience a significant population of established patients who need to be contacted to schedule a follow-up appointment.

Reminder postcards (1, 2) telephone calls, letters, & computerized reminders (3, 4, 5) improve appointment rates. There is no consensus on which method is best.

We studied two common processes:

- 'Reminder Postcard'
  - reminder postcard sent
  - patient is responsible for contacting provider
  - no process for patient follow-up
  - if patients do not re-contact, they are 'lost to follow-up'

- 'Pre-scheduled Appointment with Notification Letter'.
  - patients scheduled for specific date & time by staff
  - notification letter sent to patient
  - letter contains instructions on rescheduling or canceling
  - if 'no-show', status resolved at physician chart review

Methods

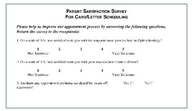
- Controlled, staggered, prospective study
  - 2 different patient groups on successive quarters
- Group 1
  - 1062 post cards sent requesting patient reply
  - appointments made within 3 months of mailing tallied
  - 129 random patient satisfaction surveys completed
- Group 2
  - 1054 pre-scheduled appointments made by secretary
  - automatic letter generated with appointment date & time
  - letter has instructions for canceling or rescheduling
  - appointments within 3 months of mailing tallied
  - 129 random patient satisfaction surveys completed
- Appointment successful if completed or pending
  - completed if the patient arrived at the office
  - pending if a follow-up appointment scheduled 3 months after the mailing
- No show rate was recorded.
- Appointments distributed among a variety of eye care professionals within a ten provider ophthalmology practice at a university clinic.
- Reasons for follow-up appointments ranged from contact and spectacle checks by optometrists to yearly diabetic retinopathy checks by retinal specialists and follow-up for ocular surgery.

Results

- The pre-scheduled appointment letter procedure resulted in significantly more patient follow-up appointments when compared to the reminder card method. (p-value = 0.000 for Chi-square and Fisher test)
- Card reminders:
  - 599 (56%) successfully scheduled and kept appointments
  - 27 (2%) became no-shows.
- Pre-scheduled/letter notification appointments
  - 780 (74%) successful appointments
  - 69 (6.5%) became no-shows
  - 205 (19.5%) re-scheduled or canceled
- The pre-scheduled appointment letters resulted in a larger number of no-show for patient re-appointments when compared to the reminder cards (6.5% vs. 2%).
- Patients did not prefer either method (p-value of Pearson chi2 and Fisher's > 0.05)

Completed, Pending, & No-show for Each Method

	Reminder Cards		Presched. Appts.	
Total Patients	1062	100%	1054	100%
Appointments Made	599	56%	1054	100%
Appointments Completed + Pending	492 + 83 = 575	54%	720 + 60 = 780	74%
No Show	27	2%	69	6.5%



PATIENT SATISFACTION SURVEY
FOR CANCELLATION SCHEDULING

Please help us improve our appointment process by answering the following questions. Return the survey to the receptionist.

1. On a scale of 1-5, was waiting at our office to keep your appointment time a problem for you?

1	2	3	4	5
Not Bothersome				Very Bothersome

2. On a scale of 1-5, how satisfied were you with your most recent visit to Ophthalmology?

1	2	3	4	5
Not Satisfied				Very Satisfied

3. Are there any improvements you think we should be made to our office? Yes ☐ No ☐

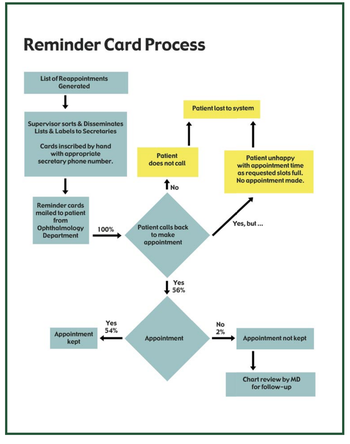
Comments?

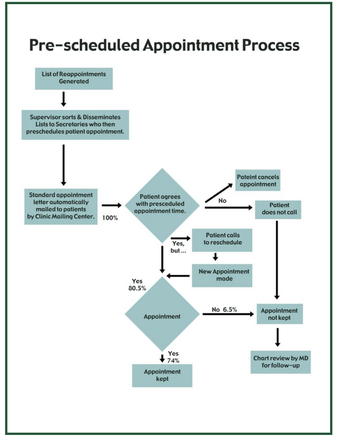
Patient Satisfaction:
Appointment Date & Time
(1 = not satisfied, 5 = Very Satisfied)

Appointment scheme	Survey Scores						Average score (sd)	p-value
	1	2	3	4	5	Total		
						129		
Card	1 (1%)	1 (1%)	3 (4%)	20 (16%)	101 (78%)	126 (100%)	4.69 (0.89)	0.454
						129		
Letter	2 (1%)	1 (1%)	6 (4%)	28 (22%)	92 (74%)	124 (100%)	4.64 (0.72)	
						272		
Total	3 (1%)	2 (1%)	11 (4%)	48 (18%)	207(78%)	260 (100%)		

Patient Satisfaction:
Reappointment Process
(1 = not satisfied, 5 = Very Satisfied)

Appointment scheme	Survey Scores						Average score (sd)	p-value
	1	2	3	4	5	Total		
						128		
1	1 (1%)	1 (1%)	3 (5%)	10 (15%)	48(77%)	62 (100%)	4.68 (0.88)	0.240
						129		
2	2 (1%)	2 (1%)	3 (2%)	21 (16%)	101 (79%)	127 (100%)	4.75 (0.71)	
						256		
Total	3 (1%)	3 (1%)	10 (4%)	42 (16%)	206 (78%)	262 (100%)		





Discussion

- Provider opinions were split prior to study.
  - Reminder card proponents
    - cards were the less expensive
    - card method was 'tried and true'
    - the patient population was a 'loyal group'
    - 'almost all' patients replied to the reminder cards
  - Pre-scheduled appointment proponents
    - patients have been lost to follow-up
    - pre-scheduled letters were more efficient from computerized central clinic mailing system.
  - Clinic secretaries favored the letter system
    - significant increase in incoming telephone after each appointment card mailing

- In this study, a larger number of patient re-appointments were completed using a pre-scheduled reappointment procedure as opposed to the patient reminder system (74% vs. 56%). We have converted our practice to the pre-scheduled reappointment procedure.
- The pre-scheduled no shows (6.5% or 69 patients) are tracked within the system. If a patient misses a scheduled appointment, the provider reviews the patient's chart and may recommend contacting the patient. In the card reminder system, there is no follow-up if the patient does not respond to the card, so a patient who does not respond (44% or 429 card patients) becomes lost to the system.
- There were more no-shows (6.5% vs. 2%) with the letter vs. the card method.
  - Reminder Card
    - 56% of the patients scheduled an appointment
    - 2% of these did not show
    - successful patient appointments = 54%
  - Pre-scheduled appointment
    - 74% successfully completed appointments
    - 6.5% were no shows
    - remaining 19.5% rescheduled or canceled

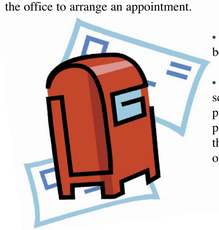
The 6.5% no show rate of the reappointment letter population is consistent with ophthalmology's 2001 monthly computer tabulated no-show average of 6.1% (range 5.0% to 7.7%). A low no-show rate of 2% was seen in the clearly more motivated card method patients who chose to contact the office. This success is contrasted by the 44% of non-responding reminder card patients.

While the 19.5% reschedule/cancel rate is high, these patients do remain in contact with the office, unlike the 44% of card patients who did not reply to the card.

- Additional kept appointments by patients yields additional billing revenue.
- The effort for each method is roughly equivalent in terms of labor.
- Although we did not specifically track the amount of secretarial phone time, our impression was that the prescheduled appointment method was more time effective.

Conclusion

- Substantially more follow-up appointments are completed when patients are notified of a pre-scheduled follow-up appointment; as compared to when patients are contacted with a postcard which requests they contact the office to arrange an appointment.



- We saw no patient preference between the two methods.
- We suggest adopting a pre-scheduled appointment with patient notification letter for patients who do not schedule their appointments on the way out of the office.

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