



# Improving Appointment Absenteeism in Disabilities



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## Background

- Appointment absenteeism, or missed appointments, contributes to avoidable inefficiencies in health care delivery and adversely affects patient outcomes.<sup>1</sup>
- Appointment absenteeism leads to poor utilization of health care professionals, increased overall utilization of health care, lost profits, and increased insurance costs.<sup>2</sup>
- For patients, appointment absenteeism can cause delays in diagnosis as well as intervention.<sup>2</sup>
- Compared to an average missed appointment rate of about 24% in North American medical clinics, the rate for patients with intellectual and developmental disabilities (IDD) has been shown to exceed 37%.<sup>3,4</sup>**
- Additionally, patients with IDD face barriers to obtaining care such as limited transportation, sensory-inappropriate environments, lack of appropriate accommodations, and lack of sufficient familiarity with the needs of patients with IDD among providers.<sup>5,6</sup>
- Altogether, these obstacles may lead to reduced access to timely care and worse outcomes for patients with IDD.

## Objectives

- Identifying patients with IDD and providing them with modified care are core components of improving outcomes for this population.
- We sought out to examine how our institution's Intellectual and Developmental Disabilities Patient, Family, and Caregiver Support Program implemented these core components.
- Specifically, we evaluated the impact of creating a registry of patients with IDD on appointment absenteeism.**

### Learning Objectives:

Understand the negative impact that appointment absenteeism has on health outcomes for patients with IDD

Identify how systemic health care barriers impede patients with IDD from obtaining timely and quality care

Describe how identifying patients with IDD in their electronic medical record can facilitate improved outcomes

## Method

### Patient Identification

Patients are identified from a core list of diagnoses such as autism spectrum disorder, cerebral palsy, and Down syndrome as well as criteria from the American Disabilities Association.

### Registry Entry & Monitoring

Patients are manually entered into our registry by our grant team and electronic records support staff. This allows us to monitor patient presence in all health care settings within our institution.

### Care Coordination

Depending on the type of support needed, our team coordinates the appropriate resources or personnel to ensure that patients receive targeted assistance.

### Tracking & Follow-Up

Our team continuously tracks cancelled and missed appointments. After cancelled or missed appointments, our care coordination team conducts follow-ups with the patient to identify any barriers to care and provide support to improve future attendance.

## Results

- Our enhanced electronic record allows us to monitor no-show rates on a daily basis.
- We use this data to identify and mitigate factors leading to appointment absenteeism in patients with IDD.
- Our care coordination team can now reach out to patients and identify any unmet needs in advance of their appointment.
- This process addresses care gaps for patients with IDD by lessening the barriers to obtaining timely and high-quality care.
- Our registry provides a reliable, consistent, and comprehensive view of our patients' access to care.**

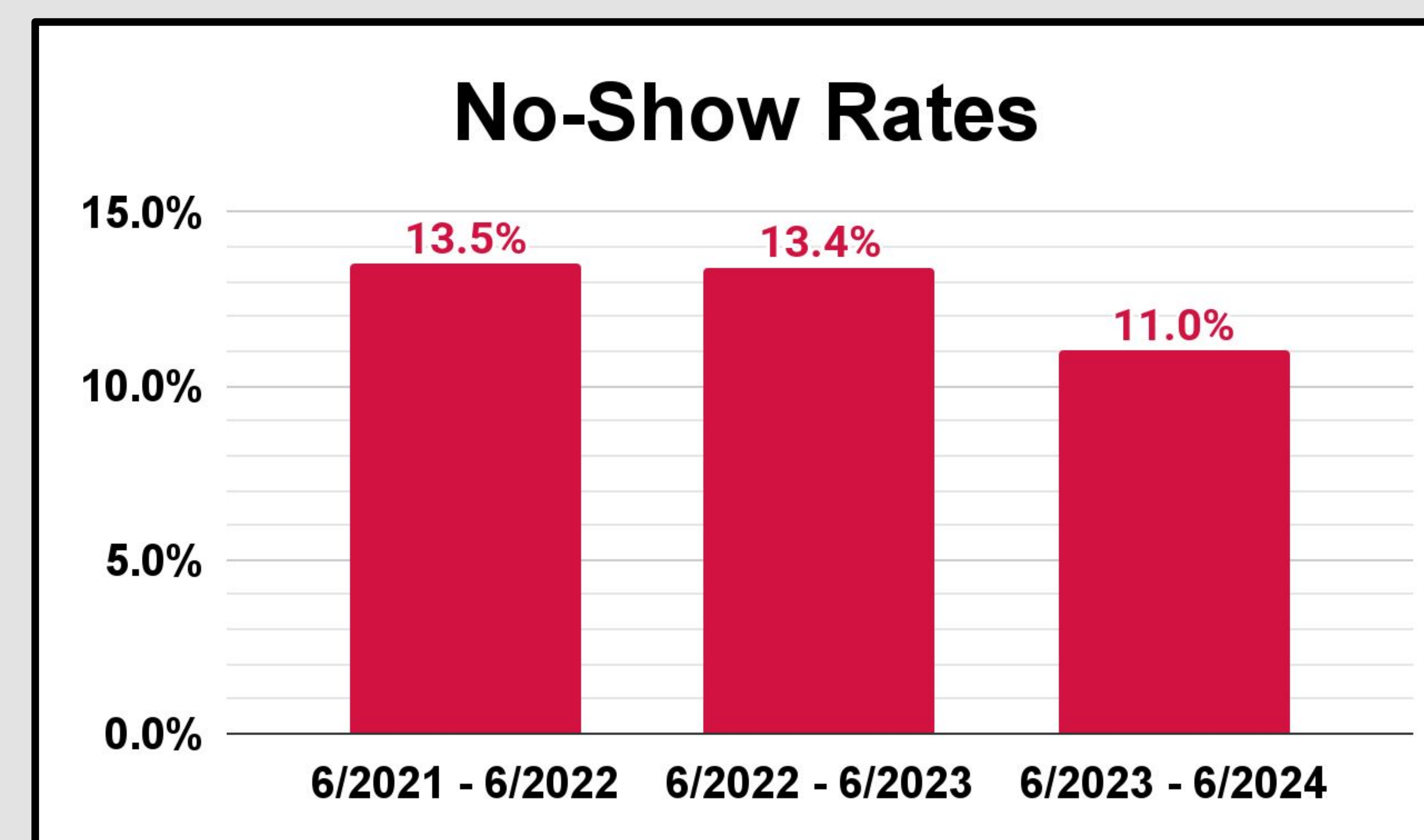
## Discussion

- Our successful registry implementation highlights the importance of targeted programs to reduce the disparity in appointment absenteeism between individuals with and without IDD and to improve their care.
- Our model demonstrates how leveraging electronic health record data can be used on a real-time basis to improve health care disparities.**
- Future directions include analyzing the long-term impact of the registry and incorporating patient and caregiver feedback to refine care coordination strategies.

## References

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## Figure



**The percentage of no-show appointments across our hospital system has declined from 13.5% at the inception of our registry to 11.0%, indicating a significant decrease.**