

Original Question:

I'm looking for information regarding attendance policies used for outpatient clinics. Is anyone willing to share their specific policy? For those with organizations utilizing population health models or operating as ACOs, has this impacted your use of attendance policies?

ORG A	Discharge after 2 no shows or high frequency of cancellations with physician informed and discharge letter sent to family.
ORG B	<p>The following will result in being removed from the therapy schedule:</p> <ul style="list-style-type: none"> • Three no-show appointments in a 30-day time period (this means that you do not call to notify the therapy center or therapist of your intent to miss your scheduled appointment) • Five total no-show appointments in a calendar year, or • Cancelling 50% of the scheduled appointments in a four-week period. <p>Note the following</p> <ul style="list-style-type: none"> • If your child is removed from the therapy schedule, it will be your responsibility to call on a weekly basis to schedule an appointment in an open time slot. The office will not call you to schedule. • If you fail to call to schedule an appointment within 3 consecutive weeks, your child's chart will be discharged from therapy services and will require a new physician referral to return.
ORG C	<p>We continue to enforce the no-show portion of the policy. We are being much more lenient in terms of cancelations with the reason "sick."</p> <p>After 2, we remove any ongoing appointments and defer the order (unless some extraordinary circumstance) to a deferral queue. If they call back to schedule, the order can still be used if it is within valid date range (MDs do not want to be asked for another order if it is still valid for insurance). They are only able to schedule one appt at a time once they have been removed due to NS.</p>
ORG D	<p>We require that the patient attend at least 75% of their appointments—it's an easy metric to remember. If they come 1 X/week they can miss 1X/month, 2X/week can miss 2X/month and so on. If there are 2 no call, no show appointments we also begin the discharge process, but we will work with families in extenuating circumstances. Required to get a new order from provider if discharged.</p>
ORG E	<ul style="list-style-type: none"> • Patients who do not show for their initial evaluation can be rescheduled for one more evaluation before being placed on same day scheduling. • Patients who cancel their initial evaluation can be rescheduled a maximum of two more evaluations before being placed on same day scheduling. • When a patient does not show, the patient is contacted by the therapist, assistant, or scheduling/financial specialist and rescheduled. When a patient is unable to be contacted and does not contact the

	<p>therapy clinic for more appointments, the therapist is to notify the ordering provider and may consider discharge.</p> <ul style="list-style-type: none"> • If an existing patient no shows or cancels more than three visits in the course of their episode, the therapist is to discuss the option of same day scheduling with the patient; discharge can be considered. • Patients that do not attend 75% of scheduled appointments within a 90-day reporting period may be discharged.
ORG F	<p>Basically, after 2 consecutive, or 3 total no-shows, we discharge the patient and require them to have new physician's orders. We do not bill for No Show appointments because a large percentage of our patients receive Medicaid. We do not have a policy regarding cancellations, but when cancellations are high for a patient we have conversations about the barriers, evaluate frequency of treatment, and either make a change in their schedule, or have the family call weekly to schedule, or take a break from therapy until they are able to come more consistently. If they are discharged twice for non-attendance, they go on a scheduling hold for 6 months- 1 year. Of course there are always exceptions.</p>
ORG G	<p>We are focusing on changing of language (e.g. "missed appointment" rather than "no show") and really partnering with referring providers, families, and social workers to identify the reasons for missed appointments rather than jumping to discharge. Patients can be discharged after 3 missed appointments in a 6 month period if we have worked to identify ways to facilitate attendance. In Therapies, when we are not achieving better attendance outcomes when involving the above parties, we let families know that we are going to discontinue their current plan of care and will not be scheduling any additional appointments at this time, but we also welcome them to return when they are in a position where they feel like they can attend more regularly after they have discussed it with their PCP/had a new order submitted. We have not needed to use that strategy a lot, but it has been fairly well received by families and physicians.</p>
ORG H	<p>See de-identified policy.</p>
ORG I	<p>2 no shows and can discharge</p>
ORG J	<ul style="list-style-type: none"> • If your child misses two (2) or more scheduled sessions in a four (4) week period, we have the right to stop therapy (even with prior notification from you or if appointments are rescheduled) • If your child is a no-show for therapy three (3) times, therapy will be discontinued • If your child is ten (10) minutes late to therapy, we reserve the right not to see your child. It will be counted as a missed appointment
ORG K	<ol style="list-style-type: none"> 1) Cancels or misses 3 out of 12 sessions without a doctor's note for illness 2) Arrive more than 8 minutes for 3 out of 12 In Person therapy session 3) Log onto Zoom/Portal more than 8 minutes late for 3 out of 12 sessions.
ORG L	<p>2 no shows or same day cancellations and may discharge</p>