# '3 Strikes 'n' yer out': Dismissing no-show patients

Douglas Mossman, MD

**Douglas Mossman, MD**
Department Editor

Dear Dr. Mossman,
The clinic where I work initiated a "3 misses and out" policy: If a patient doesn't show for 3 appointments in a 12-month period, the clinic removes him from the patient rolls. I've heard such policies are common, but I worry: Is this abandonment?

Submitted by "Dr. C"

The short answer to Dr. C's question is, "Handled properly, it's not abandonment." But if this response really was satisfactory, Dr. C probably would not have asked the question. Dealing with no-show patients has bothered psychiatrists, other mental health professionals, and other physicians for decades.[1]

Clinicians worry when patients miss important follow-up, and unreimbursed office time won't help pay a clinician's salary or office expenses.[2] But a policy such as the one Dr. C describes may not be the best response—clinically or financially—for many patients who miss appointments repeatedly.

If no-show patients worry you or cause problems where you practice, read on as I cover:

- charging for missed appointments
- why patients miss appointments
- evidence-based methods to improve show-up rates
- when ending a treatment relationship unilaterally is not abandonment
- how to dismiss no-show patients from a practice properly.

## The traditional response: Charging for no-shows

Before the mid-1980s, most office-based psychiatrists worked in solo or small group and required patients to pay cash for treatment; approximately 40% of psychiatrists still practice this way.[3] Often, private practice clinicians require payment for appointments missed without 24 hours' notice. This well-accepted practice[2,4,5] reinforces the notion that psychotherapy involves making a commitment to work on problems. It also protects clinicians' financial interests and mitigates possible resentment that might arise if office time committed to a patient went unreimbursed.[6] Clinicians who charge for missed appointments should inform patients of this at the beginning of treatment, explaining clearly that the patient—not the insurer—will be paying for unused treatment time.[2,4]

Since the 1980s, outpatient psychiatrists have increasingly worked in public agencies or other organizational practice settings[7] where patients—whose care is funded by public monies or third-party payors—cannot afford to pay for missed appointments. If you work in a clinic such as the one where Dr. C provides services, you probably are paid an hourly wage whether your patients show up or not. To pay you and remain solvent, your

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clinic must find ways other than charging patients to address and reduce no-shows.

## Why patients miss appointments

The literature abounds with research on why no-shows occur. But no-shows seem to be more common in psychiatry than in other medical specialties.[8] The frequency of no-shows varies considerably, but it's a big problem in some mental health treatment contexts, with reported rates ranging from 12% to 60%.[9] A recent, comprehensive review reported that approximately 30% of patients refuse, drop out, or prematurely disengage from services after first-episode psychosis.[10] No-shows and drop outs are linked to clinical deterioration[11] and heightened risk of hospitalization.[12]

A recent study from Scotland suggests that, in general practice, a small fraction of patients account for a large proportion of no-shows.[13] Studies of psychiatric outpatient care find that a variety of factors are associated with no-shows, including clinical and demographic characteristics of patients, referral and practice patterns, and patients' attitudes and beliefs about treatment (***Table 1***[8,14]).

Jaeschke et al[15] suggests that no-shows, dropping out of treatment, and other forms of what doctors call "noncompliance" or "nonadherence" might be better conceptualized as a lack of "concordance," "mutuality," or "shared ideology" about what ails patients and the role of their physicians. For this reason, striving for a "partnership between a physician and a patient," with the patient "fully engaged in the two-way communication with a doctor … seems to be a much more suitable way of achieving therapeutic progress in the discipline of psychiatry."[15]

**Table 1**

### Factors associated with no-shows in psychiatric outpatient settings

| |
|---|
| **Clinical characteristics** |
| Low adherence to treatment regimen |
| Insecure attachment |
| Depression |
| Substance use disorder |
| Personality disorder |
| **Demographic factors** |
| Younger age |
| Low socioeconomic status |
| Patient functioning |
| Forgetting |
| Oversleeping |
| Getting the appointment date wrong |
| Memory/cognitive problems |
| **Social circumstances** |
| Receiving disability payments |
| Lack of family support |
| Homelessness |
| Transportation problems |
| **Referral and practice patterns** |
| Distance to travel |
| Time between referral and first appointment |
| Limited or poor therapeutic alliance |
| Poor patient–clinician collaboration |
| **Attitudes and beliefs** |
| Dissatisfaction with current services |
| Poor experience with previous services |
| History of medication adverse effects |

**Source**: References 8,14

## Reducing no-shows: Evidence-based methods

Many medical and mental health articles describe evidence-based methods for lowering no-show rates. Studies document the value of assertive outreach, home visits, avoiding scheduling on religious holidays, scheduling appointments in the afternoon rather than the morning, providing assistance with transportation,[8] sending reminder letters,[16] or making telephone calls.[17] Growing evidence suggests that text messages reduce missed appointments, even among patients with severe disorders (eg, schizophrenia) that compromise cognitive functioning.[18]

continued

**Clinical Point**

**The frequency of no-shows is a problem in some mental health contexts, with reported rates ranging from 12% to 60%**

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**Clinical Point**

**A doctor has no legal duty to treat anyone unless some action is taken to establish a treatment relationship with that person**

**Table 2**

### Evidence-based methods for reducing no-shows and premature termination of care

| |
|---|
| Letting patients choose appointment times and/or the therapist |
| Appointment reminders:<br>• Mail<br>• Telephone call<br>• Text message |
| Case management services |
| Telephone invitations followed by telephone prompting |
| Keep your office running on time; don't make patients wait more than 15 minutes |

**Source**: References 2,8,9,16-19

Dr. C might want to check whether his clinic has tried these or other methods, such as those listed in ***Table 2***,[2,8,9,16-19] which have demonstrated effectiveness in reducing no-show rates or premature termination of treatment. If the clinic isn't using some of these, it might be missing a good chance to keep patients in treatment, provide needed care, and avoid having to dismiss patients from the treatment rolls.

## When dismissing a patient isn't abandonment

The measures I've described won't prevent every patient from no-showing repeatedly. If you or your employer have tried some of these proven methods and they haven't reduced a patient's persistent no-shows, and if it makes sense from a clinical and financial standpoint, then it's all right to dismiss the patient.

To understand why you are permitted to dismiss a patient from your practice, it helps to understand how the law views the doctor–patient relationship. A doctor has no legal duty to treat anyone—even someone who desperately needs care—unless the doctor has taken some action to establish a treatment relationship with that person. Having previously treated the patient establishes a treatment relationship, as could other actions such as giving specific advice or (in some cases) making an appointment for a person. Once you have a treatment relationship with someone, you usually must continue to provide necessary medical attention until either the treatment episode has concluded or you and the patient agree to end treatment.[20]

For many chronic mental illnesses, a treatment episode could last years. But this does not force you to continue caring for a patient indefinitely if your circumstances change or if the patient's behavior causes you to want to withdraw from providing care.

To ethically end care of a patient while a treatment episode is ongoing, you must either transfer care to another competent physician, or give your patient adequate notice and opportunity to obtain appropriate treatment elsewhere.[20] If you fail to do either, however, you are guilty of "abandonment" and potentially subject to discipline by state licensing authorities[21] or, if harm results, a malpractice lawsuit.[22]

## Dismissing a patient properly

In many states, statutes or regulations describe what you must do to end a treatment relationship properly. Ohio's rule is typical: You must send the patient a certified letter explaining that the treatment relationship is ending, that you will remain available to provide care for 30 days, and that you will send treatment records to another provider upon receiving the patient's signed authorization.[21]

One note of caution, however: If you practice in hospitals or groups, or if you or the agency where you work has signed provider contracts, you may have agreed to terms of practice that make dismissing a patient more complicated.[23] Whether you

practice individually or in a large organization, it's usually wise to get advice from an attorney and/or your malpractice carrier to make sure you're handling a patient dismissal the right way.


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## Clinical Point

**You may be guilty of 'abandonment' and subject to discipline by state licensing if you don't end the treatment relationship ethically**

# Bottom line

Dismissing a patient who persistently misses appointments is ethically acceptable and is not abandonment if the dismissal is handled properly. Generally, dismissal should be a last resort when other measures have failed. A psychiatric practice must follow pertinent state laws or regulations for patient dismissals. Unless you're *sure* you know how to dismiss a patient properly, get legal advice before doing so.