Abstract

Problem: Patients who miss appointments have poorer health outcomes and increase costs for medical care. The purpose of this quality improvement study was to evaluate the effects of missed appointments on patients’ outcomes for diabetes mellitus, and resulting financial losses to a private primary care practice.

Method: A quality improvement initiative with a retrospective review of patients over a six-month period in 2018 (before) and 2019 (after a missed appointment fee was implemented). All adult patients, aged 718-92 years, were included. For those with diabetes, a HbA1c for each patient who kept or missed their appointment was recorded.

Results: Of all appointments (N=8,166), there were 410 missed appointments (5.0%). There were 236 (n=236) with a diagnosis of diabetes. The HbA1c and age had a very strong inverse relationship, indicating as age increased, HbA1c decreased (p=.000). Those who completed their appointment had significantly lower HbA1c values by 0.7 mmol/mol than those who missed appointments. Unemployed females with private insurance and employed males with Medicare were more likely to have a lower HgA1c value (p=.005). Males kept an appointment more frequently than females (x²=.703, df=1). There was minimal lost revenue between the two cohorts ($1,280).

Implications for Practice: Diabetic patients who kept their appointments had lower HbA1c values, however, a missed appointment fee may not influence a patient’s reason for missing the appointment.

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