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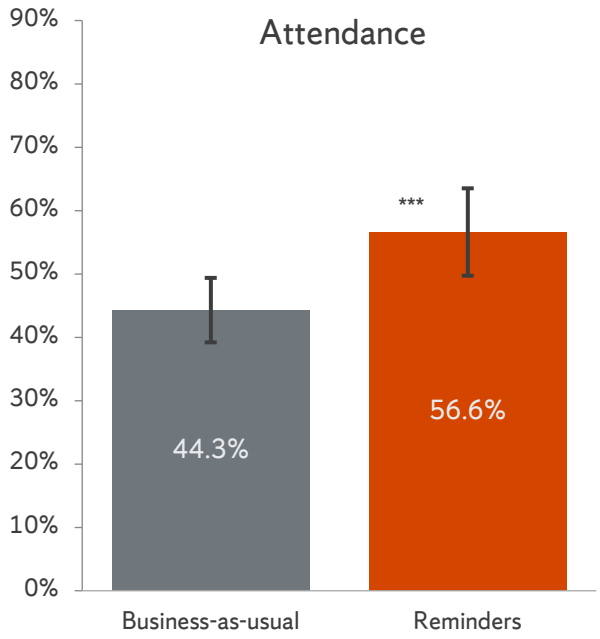
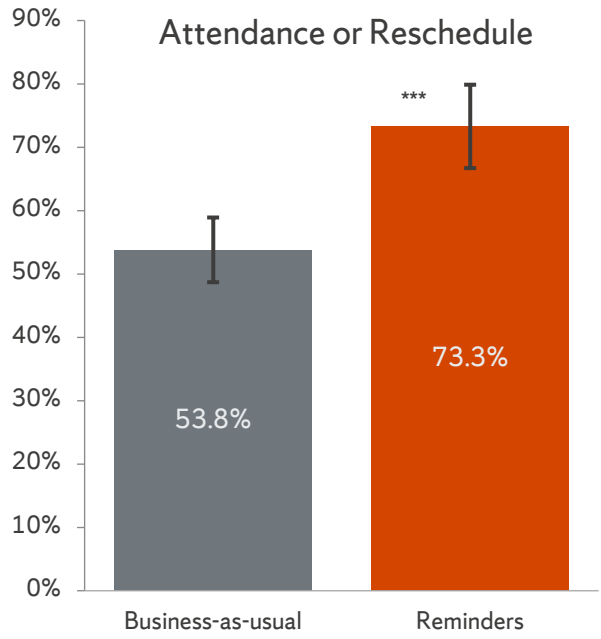
Reducing No-Shows to Health Clinic Appointments

The Maxwell X Lab recently partnered with Syracuse Community Connections/Family Planning Service of Onondaga County Health Department to test whether behaviorally informed appointment reminders could increase attendance at reproductive health clinics. Each day, patients were randomized to receiving text reminders (day before, morning of, and day after) or business-as-usual (no reminders). The reminder messages were personalized, came directly from staff (allowing patients to communicate directly), and told patients that staff would check in with them the day after to see how things went.

Over two months, patients who received text reminders were 28 percent more likely to show up (12.3 percentage points) - an increase from 44 percent to over 56 percent. Patients were also 125% more likely to reschedule when they could not make their appointment. Combined, this means that patients were 36 percent more likely to either show up or reschedule a new appointment (19.5 percentage points).[1] At scale, we estimate this will save FPS $170,000-$230,000 per year.



n = 806 | *** p<.001, ** p<.01, * p<.05



n = 806 | *** p<.001, ** p<.01, * p<.05

[1] Based on the more complete data in round two, we found that the show-up rate for patients who rescheduled was 51.4 percent, meaning that the eventual show-up rate (and treatment average) is around 65 percent.

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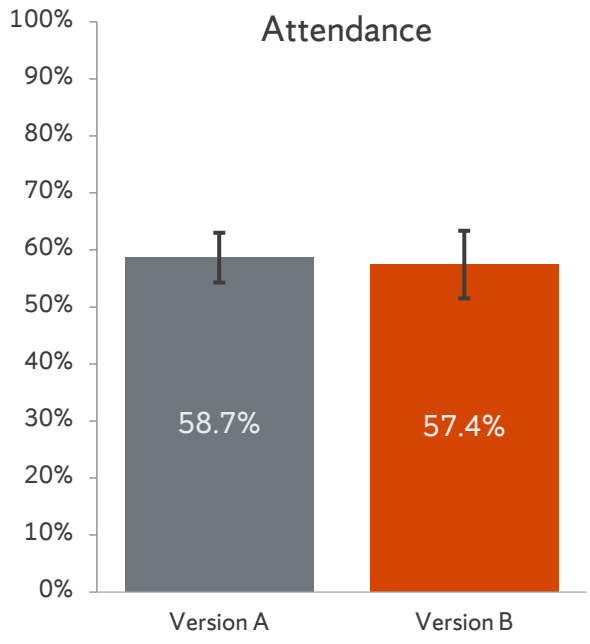
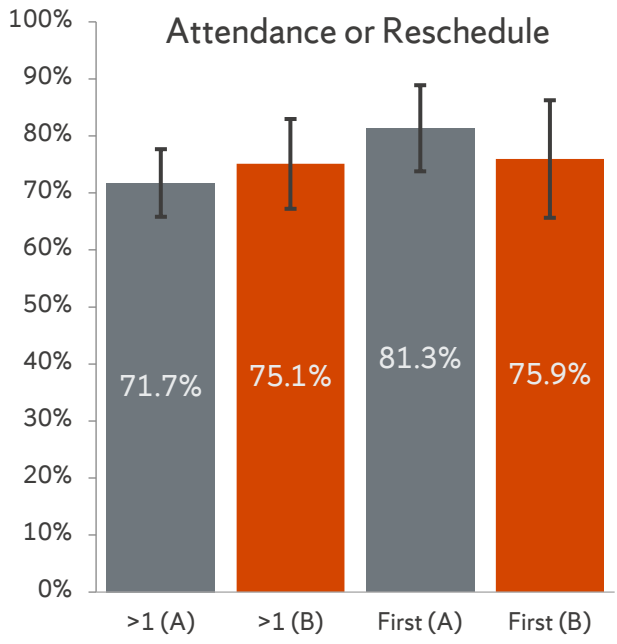
In round two, we tested whether a different version of the reminder messages could further improve attendance. The new messages (version B) substituted the language around staff checking in post-appointment for language that (1) asked patients if they were still able to make it, and (2) prompted them to plan how they will get there. As a result, version B did not text patients the day after their appointment (to see how things went). Each day, patients were randomized to receive either the original reminders (version A) or the new iteration (version B).

After two months, the messages were equally effective, on average, at getting patients to attend. Version A was only a statistically insignificant 1.2 percentage points or 2 percent better overall.[2] When we separated analysis by whether a patient has made an appointment in several months (>1 or First), we found that version B does 3.3 percentage points better with returning patients but 5.4 percentage points worse with newer patients. This 8.7 percentage point (10%) shift, although not statistically significant (p-value = .096), does suggest that version B may do worse with newer patients and better with returning ones.[3] We recommend future testing to tease apart these potential differences.



n = 1,076 | *** p<.001, ** p<.01, * p<.05



n = 1,076 | *** p<.001, ** p<.01, * p<.05

[2] When we look at attendance or reschedule as an outcome, the gap is nearly unchanged at 1.4 percentage points: 76.9 percent with version A and 75.5 percent with version B. Although we found underlying differences in attendance across age, race, and gender, the performance gap between the messages is largely consistent.

[3] We found a larger 9.7 percentage point shift when our outcome was on attendance alone (p-value = .108)