Late Arrival, No Show, and Late Cancellation Policy
Frequently Asked Questions

1. **How will patients be informed of this policy?**
   a. New patients will be notified of the policy in their new patient paperwork, and Access team members will inform all patients of the policy with every appointment scheduled. In addition, notification of policy expectations will be sent via mail and MyChart immediately following a late cancellation or no show.

2. **How will policy violations be tracked?**
   a. Late cancellations and no shows will be tracked in Epic. We will provide tip sheets to team members on how to run follow-up reports and send letters to track.

3. **Can patients be dismissed for repeated late arrivals?**
   a. The policy does not provide for patient dismissal for late arrivals. If the patient is more than 15 minutes late, clinics will determine if the patient can still be seen that day or needs to be rescheduled.

4. **What happens when a patient is dismissed? Are they dismissed from a clinic, a department, or the entire health system?**
   a. The policy provides for patient dismissal at the clinic level. We will not track patient violations of the policy across clinics, departments, or system wide. For example, a patient may be dismissed from a primary care clinic but continue to be seen by another specialty clinic.

5. **What does this policy mean for our patients who rely on Medicaid transportation or have barriers to care that may lead to no shows outside of their control?**
   a. The policy emphasizes the need to consider special circumstances. Access teams will reach out to patients who miss appointments to help identify and remove barriers. Patients who are unable to attend an appointment due to circumstances beyond their control will be rescheduled without penalty.

6. **What if we don't want to dismiss a patient even though they have reached the threshold for no shows and/or late cancellations?**
   a. The new policy *does not require* clinics to dismiss patients but provides clear guidance if they determine that dismissal is the prudent course of action. It *does* require proactive communication with patients who may be at risk of dismissal as well as provider sign-off on any patient dismissal. Special circumstances and barriers to care should always be considered (e.g., availability of care elsewhere), and we will not penalize patients for issues beyond their control (e.g., Medicaid transportation, hospitalization, etc.).

7. **How will the supervisors calling patients about repeated no shows and/or late cancellations know what to say?**
    a. We have developed a guide for supervisors that includes helpful scripting and links to available resources to help solve potential barriers to care (e.g., transportation, social work, etc.).

8. **Will we charge patients a fee for no shows?**
    a. We will not charge patients a fee for no shows, late cancellations, or late arrivals. The modest potential deterrent effect of fees often does not justify the increased workload to collect them, nor the reputational risk.

9. **Can a clinic dismiss a patient for reasons other than no shows or late cancellations?**
    a. This policy only addresses criteria and procedures for patient dismissal because of late cancellations and/or no shows. Dismissal for other reasons may be covered by other health system policies or standard operating procedures.

10. **Is a dismissed patient ever eligible for reinstatement?**
    a. A patient dismissed for repeated no shows and/or cancellations is eligible for reinstatement three years from the date of dismissal at the clinic's discretion.

11. **Our clinic would like patients to have more buffer time to be late. Can we set the late arrival threshold at 30 minutes?**
    a. Delivering a consistent patient experience across the health system is a primary objective of the new policy, as well as minimizing the disruption that late arrivals may cause for fellow patients and clinics, so it is important that all clinics follow the 15 minute threshold established by the policy. Team members should check patients in as they normally would if the patient is late by 15 minutes or less, and only escalate to the clinic if the patient is more than 15 minutes late. The decision as to whether the patient can still be seen will continue to lie with the clinic and be based upon provider availability.

12. **Our clinic needs at least three days to fill an open slot. Can we define a late cancellation as 72 hours instead of 24?**
    a. Delivering a consistent patient experience across the health system is a primary objective of the new policy, so it is important that all clinics follow the 24 hour late cancellation threshold established by the policy. The 24 hours aligns with industry standard and Epic tracking and data and reporting.

13. **How are you going to track compliance with the policy?**
    a. Ambulatory leadership will track several key performance indicators, including the No Show rate and the recording of no shows and late cancellations in Epic.

14. **I work in a UPG or UVACH clinic that already has a no show policy. How is this new policy similar/different?**
    a. There are several key similarities. The new policy and existing UPG and UVACH polices all:
       - Permit dismissal after 3 no-shows in a 12-month period (for existing patients).
       - Define late cancellations as cancellations within 24 hours of the scheduled appointment.
       - Defer to clinics and providers to determine if dismissal is appropriate once the threshold is met.
       - Set expectations for proactive communication with patients to understand what may be causing no-shows, late cancellations, or late arrivals.

       The principal differences are that the new system-wide policy:

       - Uses different dismissal criteria for new patients vs. existing patients. (The new patient criteria are more stringent.)
       - Provides for patient dismissal guidelines for repeated late cancellations, in addition to no shows. (Two late cancellations will be treated as the equivalent of one no show.)
       - Defines late arrivals (more than 15 minutes late).
       - Applies to telemedicine (video and phone) appointments.

15. **Who can I talk to if I have questions about the policy?**
    a. The policy and related standard operating procedure will be available in PolicyTech once the policy goes into effect. Questions may be directed to the Access team at RPFA@uvahealth.org. Prior to go-live, the project team will be hosting virtual office hours in late January to address individual questions. Dates and connection details will be posted to the project website in early January: https://ambulatoryops.uvahs.org/one-team-united-on-access/events/

16. **Where can I get a copy of the policy?**
    a. The policy and related standard operating procedure will be available in PolicyTech once the policy goes into effect.