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## Letter to the Editor: “No-Shows” and Missed Opportunities: Reasons for Missed In-Person and Telehealth Appointments in an Ambulatory Palliative Care Program

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### Dear Editor:

Missed appointments (MAs) in ambulatory palliative medicine limit patient and caregiver benefits and burden palliative medicine programs. Prior work demonstrated variable MA rates and significant improvements with telehealth.<sup>1–4</sup> However, little is known about specific reasons for MAs. To inform efforts to reduce MA rates, we sought to characterize reasons for MAs across in-person and telehealth appointments at an academic ambulatory palliative medicine practice serving a diverse population.

### Methods

We conducted this study across the University of Miami Health System and Sylvester Comprehensive Cancer Center ambulatory palliative care sites. Prior to appointments, patients received automated electronic reminders and clinic staff attempted confirmation phone calls. At the time of an MA, physicians or clinic staff attempted to contact patients and recorded reasons for the MA. Missed visit reasons were codified into categories: competing appointment at same time, died prior to appointment, hospitalized at time of appointment, hospice enrollment prior to appointment, insurance issues, patient declined appointment when contacted at time of appointment, telehealth issues, transportation issues, and unreachable with no known reason.

We retrospectively reviewed MAs occurring across a one-year period between April 1, 2023, and March 31, 2024. We characterized reasons for missed visits and patient demographics using descriptive statistics. The University of Miami institutional review board approved this study.

### Results

The MA rate was 19.5% (490 missed of 2519 total appointments) during the study period. The rate of MAs was 25.7% (88/343) for new patient in-person, 21% (70/334) for new patient telehealth, 29.4% (101/344) for follow-up in-person, and 15.4% (231/1498) for follow-up telehealth appointments. Of MAs, 155/490 (31.6%) were later followed by a completed appointment.

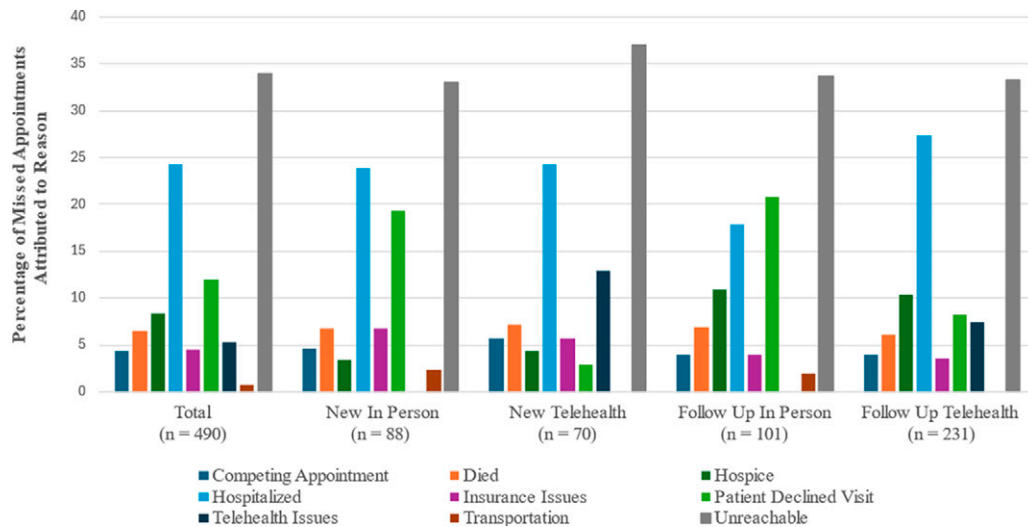
Figure 1 displays the reasons for 490 MAs across new, follow-up, in-person, and telehealth appointments. Across all MAs, the patient was unreachable, and a reason for the MA was not determined for 166 (33.9%) appointments. The most identified reason was that the patient was hospitalized at the time of the appointment, occurring for 119 (24.3%) appointments. This was followed by the patient declining to attend when reached at appointment time (59 appointments, 12.0%), the patient being enrolled in hospice (41 appointments, 8.4%), and the patient being deceased (32 appointments, 6.5%). Of 301 missed telehealth appointments, 26 (8.6%) were due to telehealth connection issues. Of 189 missed in-person appointments, 4 (2.1%) were due to transportation issues.

### Conclusions

The rates of MAs were lower for telehealth appointments compared with in-person. However, these rates were higher than previously reported rates for telehealth.<sup>3</sup> Telehealth alone may not resolve problems with MAs. Reasons for MAs varied, and efforts to improve appointment attendance will require multiple different strategies simultaneously. Telehealth-technology specific issues and transportation for in-person appointments were infrequent reasons for MAs.

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**FIG. 1.** Percentage of reasons for missed in-person, telehealth, new, and follow-up appointments by appointment type.

Improvement efforts should focus on better identification of patients hospitalized, in hospice, or deceased prior to scheduled ambulatory appointments. Further work is also needed to understand patient barriers among those that decline to participate in scheduled appointments.

#### Author Disclosure Statement

The authors have no conflicts of interest to disclose.

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