

An overview of interventions to improve compliance with appointment keeping for medical services

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Abstract:

OBJECTIVE: To determine, by a quantitative meta-analysis of randomized trials, the effectiveness of strategies to improve patient compliance with screening, referral, and clinic appointments for health services that are provided at the time of the visit. **DATA SOURCES:** Computerized searches of MEDLINE (1966 through 1990) were done using two search strategies: (1) (Patient Compliance OR Adhere* OR Dropout*) AND (Appointment*) AND (Screen* OR Follow* OR Refer*); and (2) (Patient Compliance OR Adhere* OR Dropout*) AND (Attend* OR Screen*) OR (Appointment*). A computerized search of PSYCHLIT was done with the terms Compliance AND Appointment*. In addition, the reference list of each retrieved article was reviewed and relevant citations retrieved. **STUDY SELECTION:** Only randomized trials with quantitative data concerning the effect of interventions to improve attendance at appointments for supervised administration of care were considered for detailed review. Studies of appointment keeping for self-administered treatments or tests were excluded. Two independent reviewers assessed each article for inclusion (kappa, for agreement, 0.66 for MEDLINE; 0.95 for PSYCHLIT) and validity (kappa, 0.62) using a priori criteria. Twenty-three (26%) of 88 relevant articles met all criteria. **DATA EXTRACTION:** Data on study populations, interventions, and outcomes were extracted and analyzed using pooled odds ratios (ORs). **DATA SYNTHESIS:** The average rate of compliance with appointments was 58%. Mailed reminders and telephone prompts were consistently useful in reducing broken appointments (OR, 2.2; 95% confidence interval [CI], 1.7 to 2.9; and OR, 2.9, CI, 1.9 to 4.3, respectively). An "orientation statement" (OR, 2.9; CI, 1.5 to 5.6), "contracting" with patients (OR, 1.9; CI, 1.04 to 3.5), and prompts from physicians (OR, 1.6; CI, 1.4 to 2.0) showed positive effects as well. **CONCLUSIONS:** In clinic settings where kept appointments can be an accurate measure of patient compliance with health care interventions, broken appointments can be reduced by mail, telephone, or physician reminders; orienting patients to the clinic; or contracting with patients