A Quality Improvement Initiative to Lessen No-Show Rates in a Veterans Affairs Pain Clinic

PRESENTER:
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BACKGROUND:

Missed appointments reduce clinic efficiency and may delay pain care. Academic pain clinics have reported no-show rates as high as 20–25%. We evaluated no-show rates in an urban Veterans Affairs Pain Clinic to benchmark performance and identify opportunities for improvement.

METHODS

We analyzed appointments from January 2025 through May 2026. No-show rates for routine clinic and injection/procedure encounters were compared. Provider-specific rates were evaluated after accounting for encounter volume. Routine visits received five multimodal reminders over 14 days (postcard, text, and automated calls). Injection visits receive an additional nurse telephone call 4–5 days before the procedure. Per institutional policy, this QI project was exempt from IRB review.

RESULTS

Overall no-show rate was 6.5%. Clinic encounters had higher no-show rates than injection encounters (8.1% vs 2.7%). APP and physician rates were comparable (7.9% vs 8.6%). Monthly rates showed no consistent seasonal pattern.



Our VA Pain Clinic no-show rate was >50% lower than published academic pain-clinic benchmarks

6.5% at our VA clinic vs 20–25% in published academic pain clinics

Injection encounters had **substantially fewer no-shows** than routine clinic encounters

2.7% vs 8.1%

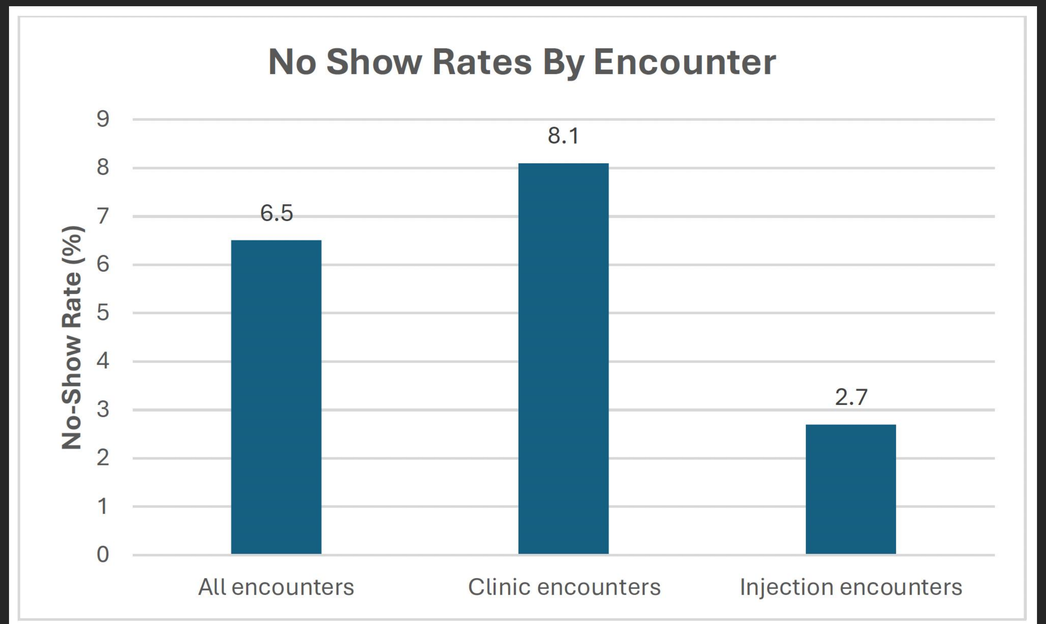


Figure 1. Overall No-Show Rates by Visit Type

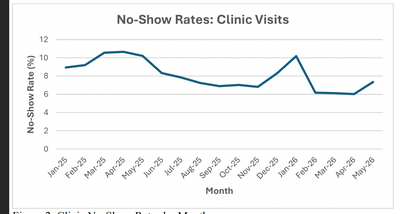


Figure 2. Clinic No-Show Rates by Month



Figure 3. Injection No-Show Rates by Month

INTERPRETATION:

Injection encounters had substantially fewer no-shows than routine clinic encounters. Additional nurse contact and/or greater motivation for planned procedures may contribute to this difference.

NEXT QI STEP:

Pilot nurse reminder calls for routine clinic appointments and evaluate their effect on no-show rates, feasibility, and staffing burden.

Reference: Burshtein A, Shekane P. Pain Pract. 2025;25(2):e70003.

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