AUGUST 2026

NEO QI Hub
NORTHEAST OHIO QUALITY IMPROVEMENT HUB

Patient Perspectives Resource 5:
What Patients Want Health Care Teams to Know

Appointment No-Shows

Developed January 2024 with input from members of the NEO QI Hub Patient Advisory Council to help health care teams provide more patient-centered diabetes care.

Access and Scheduling Flexibility

Try This:
- Offering same-day or short-notice telehealth appointments when symptoms change
- Providing easy rescheduling options when patients' conditions or circumstances shift
- Proactively reaching out after missed appointments with sooner appointment options

Instead of This:
- Requiring long wait times for rescheduling
- Treating missed appointments as non-compliance without context

Understanding Follow-Up and Appointment Purpose

Try This:
- Clearly explaining why follow-up visits matter
- Using plain language to describe next steps and expectations
- Reinforcing appointment purpose through verbal and written communication

Instead of This:
- Assuming patients understand the importance of follow-up
- Using vague or technical explanations

Reminders and Forgetfulness

Try This:
- Using proactive reminder systems:
  - Day-before reminders
  - Same-day reminders, when possible
- Offering reminders via multiple channels (phone, text, email, patient portal)

Instead of This:
- Relying on a single reminder or platform
- Assuming forgetfulness equals lack of motivation

Telehealth Access and Technology Support

Try This:

- Assessing whether patients have access to telehealth technology
- Providing basic guidance on how to use virtual platforms
- Offering alternatives (phone visits, in-person) when technology is a barrier

Instead of This:

- Assuming all patients are comfortable with telehealth
- Canceling care without offering another option

Transportation and Logistical Barriers

Try This:

- Exploring transportation assistance programs
- Offering telehealth or flexible scheduling when transportation is unreliable
- Asking directly about transportation challenges

Instead of This:

- Assuming transportation is available or affordable
- Penalizing patients for barriers outside of their control

Provider Continuity and Trust

Try This:

- Prioritizing scheduling with trusted providers whenever possible
- Explaining the roles of care team members (e.g., physician, nurse practitioner, physician assistant, registered nurse, dietitian, educator)
- Involving patients as active members of the care team
- Supporting continuity to build rapport and trust

Instead of This:

- Frequently switching providers without explanation
- Minimizing the importance of established patient-provider relationships

Financial and Personal Barriers

Try This:
- Asking about financial concerns, including co-pays
- Normalizing conversations about work schedules, childcare, and fatigue
- Inviting patients to share personal reasons for missed visits
- Tailoring solutions based on patient circumstances

Instead of This:
- Assuming patients will raise cost concerns on their own
- Dismissing personal barriers as lack of engagement

Equity, Bias, and Patient Experience

Try This:
- Acknowledging that implicit bias and racism affect patient experiences
- Using respectful, trauma-informed communication
- Creating space for patients to share negative care experiences
- Addressing concerns promptly and empathetically

Instead of This:
- Dismissing or minimizing experiences of bias or discrimination
- Ignoring how trust impacts appointment attendance

Care Coordination and Shared Decision-Making

Try This:
- Coordinating care across disciplines
- Asking about patient preferences for treatment plans
- Practicing shared decision-making
- Ensuring care plans are aligned and clearly communicated

Instead of This:
- Delivering fragmented or uncoordinated care
- Excluding patients from care planning

This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit NEOQIHub.org.

In partnership with

The Northeast Ohio Quality Improvement Hub is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center.
The views expressed in this website are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.