**Introduction**

Despite ongoing efforts toward the goals of health care reform goals, annual health care expenditures in the United States reached $3.3 trillion in 2019 as life expectancy declined. Missed appointments, including client no-shows and appointments canceled with less than 24 hours’ notice (late cancellations), pose significant challenges to the health care system. Such appointment failures contribute to the inefficient use of resources as they cost $150 billion annually; delay treatment, and result in worse health outcomes. Rates of missed appointments vary widely depending on specialty and setting, span 5% to 55% in primary care, and are nearly twice as high in behavioral health (BH) clinics.

Appointment adherence rates provide objective measurement of client engagement. Engagement refers to the active participation and collaboration of clients, professionals, and all individuals involved in the treatment process. Successful engagement in BH treatment relies on a strong therapeutic alliance to support ongoing treatment participation, enabling clients to pursue their recovery and wellness goals. Increasing motivation, specifically intrinsic motivation, is an effective strategy to improve engagement and appointment attendance. Interventions using Motivational Interviewing (MI) techniques can facilitate intrinsic motivation, increase engagement, and improve appointment attendance. The most effective evidence-based practice (EBP) interventions to reduce missed appointments involve a combination or bundled approach.

**Methods**

This quality improvement (QI) project investigated the effect of a Psychiatric Mental Health Nurse Practitioner (PMHNP)-led telephone orientation protocol (TOP) on adult psychotherapy appointment attendance in two urban community outpatient BH clinics located in the Pacific Northwest. The goal of this project was to reduce missed appointment rates by improving client attendance behavior early in the treatment process.

The Transtheoretical Model of Change and Self-Determination Theory provided the theoretical framework. A quasi-experimental design was used. A convenience sample of new and returning adult clients aged 18 years of age and older engaging in BH services comprised the study population. English-speaking clients who enrolled in psychotherapy services during the fall of 2020 were included.

Clinic schedules were examined daily to identify potential participants. Participants were contacted via telephone up to three times to obtain verbal consent and conduct the TOP. A twelve-step flowchart (table 1) was used during each TOP intervention. Participant demographic and appointment data was collected from the electronic health record system.

**Results**

90 individuals comprised the final sample, with 45 participants in each of the intervention and control groups. The average age of participants in years was 36.77 (SD = 13.43). More females (63.33%) participated in the study compared to males (33.33%) and nonbinary individuals (3.33%). Most participants were white not Hispanic or Latino (58.89%), single (47.78%), housed (93.33%), and unemployed (56.67%). Nearly all participants had state-funded insurance (61.11%) or were uninsured (24.44%). The average TOP duration in minutes was 8.54 (SD = 3.70, Min = 2.13, Max = 16.73). Missed appointment rates were calculated for the control and intervention groups. Independent samples t-tests were significant at 4, 8, and twelve weeks when comparing missed appointment rates between the two groups.

**Discussion**

The TOP intervention significantly reduced the missed appointment rate by 55% over the twelve-week study period by improving client attendance behavior early in the treatment engagement process. Consistent with previous studies, the TOP used a bundled approach involving community health centers (EBP) for reducing the missed appointment rate. The TOP could readily become a routine part of clinic policy and procedure during orientation to increase client engagement, appointment attendance, and clinician productivity.

Study findings add to the knowledge base of motivation and treatment engagement. Project results further support the importance of MI training in nursing education as EBPs. Future studies are needed and could investigate the effect of similar protocols in populations including pediatrics, adolescents, and clients being discharged from inpatient or correctional settings.

PMHNPs strive to create and nurture strong therapeutic alliances with clients to reach treatment goals, and are well-suited to employ MI techniques during the orientation process to increase intrinsic motivation and improve client engagement in the BH setting. Decreasing missed appointments will reduce costs, increase access to services, improve client outcomes, and ultimately boost efficiency within the entire health care system.