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Development of a Clinical Practice Guideline to Improve Appointment Adherence Among Adults with Depression in an Outpatient Setting Using the AGREE II Framework

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Clinical Practice Guideline

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Summary

This Doctor of Nursing Practice (DNP) project was designed to develop a clinical practice guideline (CPG) to enhance appointment adherence among adults with depression in an outpatient mental health clinic, thereby improving outcomes. The practice-focused question was Will a CPG utilizing a multimodal reminder system improve appointment adherence? Missed appointments in outpatient mental health care contribute to delayed treatment, increased symptom severity, and higher rates of emergency care utilization. These disruptions not only compromise clinical outcomes but also financially burden healthcare systems and disrupt continuity of care.

The CPG was developed using the Johns Hopkins evidence-based practice model and a systematic review of the literature. Studies were appraised using the Johns Hopkins hierarchy of evidence to evaluate strength and quality. The guideline incorporated multimodal reminders (phone, text, email), positively framed messaging, and predictive modeling to identify high-risk patients. The panel of expert reviewers found the tool satisfactory with a mean item rating of 6.22 based on a Likert scale of 1 = *Strongly* disagree for failing to meet the item criteria and 7 = *Strongly agree* for *exceptional quality* for meeting the item criteria. Reviewers recommended improving stakeholder engagement, enhancing transparency in evidence appraisal, and clarifying editorial independence. The final product includes implementation strategies, staff training, and monitoring plans. Designed for dissemination in outpatient settings, the guideline promotes evidence-based care, improves appointment adherence, and contributes to positive social change through improved access, equity, and patient-centered outreach.

Background

Depression is a prevalent and disabling mental health condition that requires consistent treatment and follow-up to manage symptoms and prevent relapse. However, patients with depression are among the highest risk groups for missing scheduled outpatient appointments, with rates of nonattendance often exceeding 30% in some mental health clinics (McQueenie et al., 2020). Missed appointments can interrupt therapeutic progress, delay medication adjustments, and contribute to worsening mental health outcomes, such as increased suicidality, hospitalization, or chronic symptom burden. These disruptions in care continuity compromise both patient safety and clinical effectiveness.

The impact of missed appointments extends beyond individual patient care. From a systems perspective, frequent no-shows create inefficiencies, reduce provider productivity, and result in considerable financial losses for outpatient clinics (Stewart, 2019). These effects are magnified in safety-net and community-based mental health settings, where resources are limited and patient acuity is often higher. Addressing appointment adherence in this population is therefore both a clinical and operational priority.

Evidence supports the use of multi-modal reminder systems, such as automated phone calls, SMS text messages, and emails, to improve patient attendance. These reminders are most effective when tailored to the individual, using positive and supportive language, and sent at intervals aligned with patient preferences (Crable et al., 2021; Fournier & McCabe, 2021). However, as technology advances, reminder systems

alone may not be sufficient to reduce no-show rates in high-risk populations. This is where predictive modeling becomes an essential innovation.

Predictive modeling uses historical patient data (e.g., past no-show behavior, demographic risk factors, clinical complexity, transportation access) to estimate the likelihood that a patient will miss a future appointment. These models can be integrated with electronic health records (EHRs) and used to trigger targeted interventions—such as enhanced outreach, personalized follow-up, or flexible scheduling—for patients at highest risk (Teo et al., 2023; Oikonomidi et al., 2023). Incorporating predictive tools allows healthcare teams to allocate reminder resources more efficiently and proactively prevent care gaps, especially in populations with chronic mental illness.

To address the multifaceted problem of missed appointments, this DNP project involved the development of a CPG informed by the Appraisal of Guidelines for Research and Evaluation (AGREE) II framework (Brouwers et al., 2017). The purpose of this DNP project was to create an actionable, evidence-based CPG that integrates multimodal reminder strategies, predictive modeling, stakeholder engagement, staff training, and outcome monitoring to support appointment adherence and continuity of care in outpatient mental health settings, and achieve a favorable evaluation from an expert panel using the AGREE II framework. The practice-focused question guiding the project was “Will a CPG utilizing a multimodal reminder system improve appointment adherence?”

Clinical Practice Guideline Development

This DNP project utilized the AGREE II framework to guide the systematic

development of a CPG aimed at reducing missed appointments among adult patients with depression in an outpatient mental health setting. The AGREE II instrument, developed by an international consortium of guideline development experts, serves as the standard for assessing the quality and rigor of clinical practice guidelines (Brouwers et al., 2017). It consists of 23 key items grouped into six domains: (a) scope and purpose, (b) stakeholder involvement, (c) rigor of development, (d) clarity of presentation, (e) applicability, and (f) editorial independence. These domains ensure that the guideline is not only evidence-based but also practical, transparent, and adaptable to real-world settings.

To develop the CPG, a systematic review of the literature was conducted using the Johns Hopkins evidence-based practice model (Dang et al., 2022). The search focused on peer-reviewed studies published in the last 5 years that addressed interventions to improve appointment adherence in behavioral health settings. The evidence base included Level I randomized controlled trials, Level II quasi-experimental studies, and Level III non-experimental design. Notable findings from high-quality studies supported the use of multi-modal reminder systems, including automated calls, SMS messages, and emails, to increase attendance among patients with depression (Crable et al., 2021; Fournier & McCabe, 2021).

Additionally, emerging evidence emphasizes the value of integrating predictive modeling into adherence strategies. Predictive modeling uses patient-level data from electronic health records to estimate the likelihood of non-attendance. Factors such as a history of missed appointments, comorbidities, demographics, and social determinants of

health (e.g., access to transportation, housing instability) are analyzed to identify individuals at high risk. This allows clinics to allocate resources and outreach efforts more efficiently (Oikonomidi et al., 2023; Teo et al., 2023). These findings were foundational in shaping the content and approach of the CPG.

The development of the guideline was a collaborative effort involving the project preceptor who is a psychiatric-mental health DNP from the outpatient mental health clinic. The preceptor contributed to the design and feasibility review of the guideline, ensuring that the recommendations were grounded in the needs of the patient population. Her input helped tailor the guideline to reflect real-world implementation constraints and opportunities.

The CPG included step-by-step guidance for implementing a multi-modal reminder system that integrated automated communication tools and supported predictive modeling for risk stratification (See Appendix). It outlines staff training plans, defines team roles, includes templates for reminder content, and describes monitoring strategies to assess effectiveness and support continuous quality improvement. Emphasis is placed on culturally responsive messaging, flexibility in outreach timing, and technology compatibility with existing electronic health records systems.

To evaluate the quality of the CPG, an expert panel was assembled consisting of four seasoned professionals with advanced clinical and academic experience in psychiatric care. The panel included two board-certified psychiatric-mental health nurse practitioners with over 5 years of direct outpatient mental health experience and two DNPs with expertise in clinical guideline development, project management, psychiatric

nursing, and evidence-based practice. These experts independently reviewed the guideline using the AGREE II tool's score sheet and submitted both quantitative scores and qualitative feedback.

Results

The CPG developed for this project was evaluated by a panel of four expert reviewers using the AGREE II scoresheet. Quantitative analysis revealed consistently high scores in domains such as Scope and Purpose and Clarity of Presentation, indicating that the guideline's objectives, health questions, and recommendations were clearly defined and relevant to the practice problem. Reviewers found the recommendations practical and aligned with evidence-based practices, such as the use of multi-modal reminders and personalized nudges (Fournier & McCabe, 2021; Teo et al., 2023). Detailed domain scores and item-level data are provided in Table 1.

Moderate scores were observed in the Rigour of Development and Stakeholder Involvement domains, suggesting opportunities to provide more detail on evidence selection, appraisal processes, and integration of stakeholder feedback (Crable et al., 2021; Oikonomidi et al., 2023). Editorial Independence also received moderate scores, with reviewers noting the importance of clarifying potential conflicts of interest and the influence of funding bodies. Qualitative feedback emphasized the guideline's strengths in structure, clarity, and practical recommendations. Reviewers particularly praised the integration of multi-modal reminders and the inclusion of implementation tools, which make the guideline actionable in real-world outpatient mental health settings (See Table 1 for mean item AGREE II scores and see Table 2 for qualitative comments).

Table 1

Detailed Average Agree Scores

Item	Domain	Item Description	Average Score
1	Scope and Purpose	The overall objective(s) of the guideline is (are) specifically described.	6.5
2		The health question(s) covered by the guideline is (are) specifically described.	6.5
3		The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	6.5
4	Stakeholder Involvement	The guideline development group includes individuals from all relevant professional groups.	6
5		The views and preferences of the target population (patients, public, etc.) have been sought.	6.25
6		The target users of the guideline are clearly defined.	6.25
7	Rigour of Development	Systematic methods were used to search for evidence.	6.25
8		The criteria for selecting the evidence are clearly described.	5.75
9		The strengths and limitations of the body of evidence are clearly described.	6
10		The methods for formulating the recommendations are clearly described.	6
11		The health benefits, side effects, and risks have been considered in formulating the recommendations.	5.75
12		There is an explicit link between the recommendations and the supporting evidence.	6
13		The guideline has been externally reviewed by experts prior to its publication.	6.5
14		A procedure for updating the guideline is provided.	6
15	Clarity of Presentation	The recommendations are specific and unambiguous.	6.25
16		The different options for management of the condition or health issue are clearly presented.	6.5
17		Key recommendations are easily identifiable.	6.25
18	Applicability	The guideline describes facilitators and barriers to its application.	6.5
19		The guideline provides advice and/or tools on how the recommendations can be put into practice.	6.75
20		The potential resource implications of applying the recommendations have been considered.	6.25
21		The guideline presents monitoring and/or auditing criteria.	5.75
22	Editorial Independence	The views of the funding body have not influenced the content of the guideline.	N/A
23		Competing interests of guideline development group members have been recorded and addressed.	6.25
Overall Rating of Guideline Quality by Experts		Rating of overall quality of the guideline	6.25
Average of all item scores			6.21

Table 2

Summary of Qualitative Data

CATEGORY	SUMMARY OF EXPERT FEEDBACK
Clear Objectives and Health Questions	All experts appreciated how the guideline's objectives and health questions were articulated, providing a solid foundation for understanding its scope and purpose.
Well-Structured Recommendations	Reviewers noted that the recommendations were practical, straightforward, and easy to follow, effectively connecting evidence to practice.
Implementation Focus	Reviewers highlighted the inclusion of implementation tools (e.g., reminders and follow-up systems) as a strength, making the guidelines actionable in practice.
Stakeholder Involvement	Some experts felt the guideline could better capture the views and preferences of the target population, including more detail on how stakeholder input was gathered and integrated.
Evidence Appraisal Transparency	A few experts recommended providing more detail on how evidence was selected and appraised, including an explanation of study selection, quality assessments, and limitations of the evidence base.
Monitoring and Evaluation	Experts suggested adding more detail on monitoring and evaluation components to enhance the applicability and sustainability of these components in clinical practice.
Editorial Independence	One reviewer noted that clarity regarding conflicts of interest and the influence of funding bodies could be strengthened to ensure transparency.
Overall Recommendation	All experts recommended the guideline either as is or with minor modifications. The consensus was that the guideline provides a solid foundation that would benefit from additional details in stakeholder engagement, evidence appraisal, and implementation monitoring to meet the AGREE II standards fully.

Overall, the guideline received a "recommended with minor modifications" rating, indicating that it is suitable for implementation in clinical practice with opportunities for ongoing evaluation and refinement. Their recommendations were focused on enhancing the clarity, transparency, and applicability of the guideline (Appendix C). First, they advised including greater detail on the methodology used to

select and appraise the supporting evidence, specifically identifying the levels and quality ratings of the studies reviewed. Second, they recommended expanding stakeholder engagement by incorporating more patient-centered input and describing how stakeholder views could be gathered and integrated into the guideline development process. Third, they encouraged strengthening the section on monitoring and evaluation by outlining clear outcome metrics and establishing feedback loops to support ongoing assessment and refinement. Finally, the panel suggested improving editorial independence by explicitly stating whether any funding sources or external parties influenced the content of the guideline. These recommendations aim to enhance the overall rigor and usability of the CPG in real-world clinical settings. This outcome demonstrates the feasibility of integrating evidence-based reminder systems into outpatient mental health care to improve appointment adherence and patient outcomes.

Conclusions

This DNP project successfully developed a CPG designed to reduce missed appointments among adult patients with depression in an outpatient mental health setting. Utilizing the AGREE II framework ensured a rigorous, systematic approach to guideline development and evaluation (Brouwers et al., 2017). The CPG's emphasis on multi-modal reminders, personalized nudges, and predictive modeling aligns with current best practices for improving appointment adherence and patient engagement (Fournier & McCabe, 2021; Teo et al., 2023).

Expert evaluations demonstrated strong performance in domains such as Scope and Purpose and Clarity of Presentation, confirming the guideline's relevance and

applicability to clinical practice. Areas for enhancement, including stakeholder involvement, evidence transparency, and monitoring strategies, provide valuable direction for future iterations and implementation efforts. The project also highlights the importance of integrating systematic evidence appraisal and stakeholder input into guideline development to ensure quality and usability. Overall, this project advances evidence-based nursing practice by providing a structured, practical, and adaptable tool to address a persistent challenge in mental health care. Its successful development and evaluation reinforce the potential of CPGs to improve patient outcomes, support operational efficiency, and promote positive social change within outpatient mental health settings.

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Appendix: Clinical Practice Guideline

Introduction

Objective: To develop a Clinical Practice Guideline aimed at improving appointment attendance among adult patients diagnosed with depression in an outpatient setting. The guideline will focus on designing a multi-modal reminder system to enhance follow-up adherence.

Target Population: Adult patients diagnosed with depression who attend outpatient mental health clinics.

Background: Patients with depression frequently miss follow-up appointments, resulting in gaps in care, delayed treatment, and worsening health outcomes (McQueenie et al., 2020). Missed appointments not only affect patient health but also lead to significant financial losses for healthcare organizations. Studies estimate that no-shows can cost medical practices up to $150,000 annually due to lost revenue and inefficient use of resources (Stewart, 2019). Implementing a structured, multi-modal reminder system, including phone calls, text messages, and emails, may reduce no-show rates and improve adherence to treatment protocols (Teo et al., 2023; Fournier & McCabe, 2021).

Scope and Purpose

Guideline Objectives:

- Develop a Clinical Practice Guideline to improve appointment attendance rates among adult patients with depression.
- Propose a multi-modal approach for appointment reminders, including phone calls, text messages, and emails.
- Address potential barriers to appointment attendance, particularly in vulnerable mental health populations.

Health Question: How does the development of a Clinical Practice Guideline for structured appointment reminders, based on the AGREE II framework, influence expert approval and perceived quality?

Stakeholder Involvement

Key Stakeholders:

- Field Experts: To provide insights, evaluate, and give feedback on the proposed Clinical Practice Guideline.

Engagement: Gather feedback from field experts on the content, clarity, and practicality of the proposed Clinical Practice Guideline.

Rigor of Development

Evidence Supporting the Guideline:

- Fournier & McCabe (2021): Multi-modal reminder systems (phone, text, email) significantly improve appointment attendance, particularly in mental health settings.
- Teo et al. (2023): Personalized behavioral nudges are effective in reducing no-show rates among patients with mental health conditions.
- Malhi et al. (2021): Depression care guidelines recommend follow-up systems as part of routine care.
- Oikonomidi et al. (2023): Predictive models help identify patients at high risk of missing appointments, enabling targeted reminder strategies.

Criteria for Evidence Selection:

- Recent studies (within the last five years) focused on outpatient settings and adult patients with depression.
- Studies evaluating validated reminder systems or predictive modeling techniques.
- Excludes research focused on inpatient settings or non-adult populations.

Clarity of Presentation

Recommendations:

- Propose using a combination of phone calls, text messages, and emails to remind patients of upcoming appointments.
- Include personalized, positively framed messages to encourage attendance.
- Incorporate predictive modeling to identify high-risk patients and tailor reminder strategies accordingly.

Management Options:

- Provide patients with multiple options to confirm or reschedule appointments, such as responding via text or phone.
- Recommend sending reminders at strategic intervals (e.g., one week and one day before the appointment).

Editorial Independence

The development of this Clinical Practice Guideline is independent of commercial interests and funding sources. All contributors will disclose any potential conflicts of interest to maintain transparency.

Overall Assessment

This Clinical Practice Guideline will be presented to field experts for evaluation and feedback, using the AGREE II tool to assess its quality, clarity, and relevance. The goal

is to gain expert approval and determine whether the guideline is suitable for addressing the issue of missed appointments among adult patients with depression in outpatient settings.

Clinical Practice Guideline to Improve Appointment Attendance for Adult Patients with Depression in an Outpatient Setting - Sources

Recommendation/Limitations	Level of Evidence/Quality Ratings	Comments	Source of Evidence
Implement multi-modal reminder systems (e.g., phone calls, texts, emails) to improve appointment adherence for depression patients.	Level III (Non-experimental study): Good	Multi-modal reminders (phone, text, and email) significantly reduce missed appointments, especially in vulnerable populations, including those with mental health conditions.	Fournier & McCabe, 2021; Crable et al., 2021
Use personalized, positively framed behavioral nudges to enhance engagement and reduce no-shows.	Level II (Quasi-experimental study): Good	Personalized, positively framed nudges are particularly effective in mental health settings. These nudges engage patients by emphasizing the value of attending appointments.	Teo et al., 2023
Incorporate predictive modeling to identify high-risk patients and tailor interventions accordingly.	Level III (Non-experimental study): Good	Predictive modeling helps identify high-risk patients for missed appointments, allowing for targeted follow-up reminders to reduce no-shows.	Oikonomidi et al., 2023; Milicevic et al., 2020
Integrate reminder systems into clinical practice guidelines for managing depression care.	Level IV (Clinical practice guideline): Excellent	Clinical guidelines recommend incorporating reminder systems as part of depression care protocols to improve adherence and patient engagement.	Malhi et al., 2021
Use multi-channel reminders (e.g., text and phone) for outpatient settings to reduce no-show rates.	Level V (Literature review): Moderate	Multi-channel reminder systems (text and phone reminders) are highly effective in reducing no-show rates, especially in outpatient specialty clinics.	Barraza, 2023

Notes/ Additional Comments:

1. Multi-modal Reminder Systems: The evidence strongly supports using a combination of text, phone, and email reminders. This approach ensures that patients, especially those with mental health conditions such as depression, are more likely to engage with their appointments. The multi-modal approach enhances reach and effectiveness across diverse patient groups.

2. Personalized Nudges: Positive, personalized nudges (such as framing reminders positively) are particularly effective in improving engagement with mental health patients, making them feel that attending appointments is valuable to their well-being.

3. Predictive Modeling: Using predictive modeling to identify high-risk patients allows clinics to implement more targeted interventions for those most likely to

miss appointments, leading to more efficient use of resources and increased adherence.

4. Clinical Guidelines: Clinical guidelines from Malhi et al. (2021) reinforce the importance of integrating reminder systems as part of depression treatment protocols, advocating for systematic follow-up care to enhance patient adherence.
5. Practical Implementation: The Barraza (2023) study highlights that multi-channel reminder systems (text and phone reminders) are effective in outpatient specialty clinics, emphasizing the value of this approach for clinics focusing on mental health care.

Step-by-Step Implementation Guide for Staff Sending Reminders

1. Initial Setup and Training

- **Train Staff**: Ensure all staff responsible for sending reminders are trained on:
    - Reminder system software/tools (e.g., EHR, automated reminder platform).
    - How to access and use patient contact information.
    - The correct reminder scripts and phone, text, and email templates.
- **Define Roles**:
    - **Administrative Staff**: Schedule reminders, monitor patient contact details, and ensure accurate data entry.
    - **Healthcare Providers (Nurses, Nurse Practitioners)**: Verify patient participation, oversee follow-up protocols, and personalize messages if needed.

2. Setting Up the Reminder System

- **Confirm Patient Information**:
    - Verify that patient contact details (phone number, email) are current.
    - If multiple contact options exist, select the most appropriate (based on patient preferences or previous interactions).
- **Schedule Reminders**:
    - **Reminder 1**: Send text or email 7 days before the appointment (pre-scheduled in the system).
    - **Reminder 2**: Send a phone call reminder 1 day before the appointment. If the patient doesn’t answer, leave a voicemail with a friendly reminder.

- **Reminder 3**: Send a final text reminder 2 hours before the appointment with an option to confirm or reschedule.

3. Sending the Reminders

- **Text and Email**:
  - Access the patient's contact info in the EHR or automated reminder platform.
  - **Text**: Ensure the message is brief, clear, and includes an action (e.g., "Reply YES to confirm or call [phone number] to reschedule.").
  - **Email**: Send a more detailed message with clear instructions on confirming, rescheduling, or asking questions.
- **Phone Calls**:
  - Follow the phone script provided. Keep the tone friendly, empathetic, and straightforward.
  - **Leave Voicemails**: If no one answers, leave a concise message with appointment details and rescheduling instructions.

4. Personalized and Positive Framing

- **Positive Framing in All Reminders**: Use supportive, encouraging language, such as:
  - "We look forward to seeing you at your appointment."
  - "Attending your appointment helps us support your health."
- **Tailor Messages**: Adjust tone based on the patient's communication preferences (e.g., more formal or casual depending on prior interactions).

5. Handling Responses

- **Confirmations**:
  - If the patient confirms attendance via text or email, mark the appointment as confirmed in the system.
  - If confirming by phone, note the response in the system.
- **Rescheduling**:
  - If the patient requests to reschedule, provide options based on the clinic's availability.
  - Update the system with the new appointment date and ensure all reminders reflect the change.

- **No Response**:
    - If no confirmation is received, send a follow-up reminder 2 hours before the appointment or escalate to additional outreach (e.g., another call or message from a healthcare provider).

6. Monitoring and Reporting

- **Track Reminder Success**:
    - Monitor how many patients are confirmed or rescheduled via each communication method.
    - Identify any patterns in missed appointments or specific issues with a particular reminder method.
- **Provide Regular Feedback**:
    - Ensure that any issues with the reminder system are reported to management or IT support.
    - Participate in ongoing feedback sessions with the team to refine the process.

7. Continuous Improvement

- **Patient Feedback**: Collect patient feedback on their experience with the reminder system (e.g., how helpful they found the reminders).
- **Adjust Messaging**: Revise reminder scripts based on patient feedback, ensuring they are clear and effective.
- **Stay Updated**: Keep up with any changes to the clinic's scheduling or reminder system to ensure you are using the latest protocols.