Clinical Safety & Effectiveness
Cohort # 19

Reducing “No Shows” for Appointments in Psychiatry

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT Health Science Center
SAN ANTONIO
The Team

• Division
  – CS&E Participant Steven Pliszka, MD
  – CS&E Participant David Hunter,
  – CS&E Participant Racquel Reid, MD

• Sponsor Department:
  Steven Pliszka, M.D., Chair of Psychiatry
AIM Statement, revised

• Over a four month period, the percent of patients who contact the UTHSCSA Department of Psychiatry for behavioral health services who do not arrive for their appointment will decrease from 40% to 25%

• Baseline Denominator-patients scheduled for an initial or follow up in the Psychiatry between August 1- August 31, 2016.
• Baseline Numerator- Patients above who failed to show or had a same day cancellation during this time period.

• Follow up Denominator-patients scheduled for initial or follow up in the Psychiatry between November 28, 2016 to December 23, 2016
• Follow up Numerator- Patients above who who failed to show or had a same day cancel during this time period.
Project Milestones

• Team Created August 2016
• AIM statement created September 2016
• Weekly Team Meetings 8/29/16 – 11/30/16
• Background Data, Brainstorm Sessions,
  Workflow and Fishbone Analyses 8/29/ – 10/7/16
• Interventions Implemented 10/10/2016
• Data Analysis 12/27/2017
• CS&E Presentation 1/17/2017
Background

• Clinical revenue constitutes a growing proportion of faculty compensation.
• No shows or same day cancellations result in no revenue
• Many third party providers prohibit charging for “No Shows”; in any case it is very difficult to collect No show fees. No show fees do cover the costs of the provider’s time.
No show rates in mental health

• No show rates for initial appointments in mental health settings are substantial.
  – 20-30% (Gould et al., 1970)
  – 44% (Krause, 1966)
  – 42.5% (Raynes % Warren, 1971)
  – 43% (Swenson et al., 1988)
Factors related to No show’s (Swenson et al., 1988)

• Longer period of time between first contact and appointment.

• Conflicting evidence on role of social class- unclear if lower SES leads to higher no show rate. SES may be a proxy for other variables (ie, lack of transportation) related to No Show rates

• Gender, race, ethnicity do not show a clear relationship to No Show rates

• Very few large scale studies on the issue
Interventions to Reduce No Show

• Most attempts to improve show rates have focused on enhancing contact with patient prior to appointment.
  – Personal phone call by staff instead of automated system (Gajwani et al., 2014)
  – Personal phone call by Nurse Practitioner with detailed description of services (Clouse et al., 2015)
  – More detailed letter describing services mailed to arrive 1 day before the appointment compared to simple prompt letter (Swenson et al. 1988)
Intervention Effects on No Show Rates - Previous Studies
Observations of Intake Office (Dr. Reid)

• Patients often:
  – Called in specifically requesting to see a physician because they had run out of medications and did not have a provider to refill them.
  – Called in reporting that they were lost, either on the campus or within the building.
  – Reported being unwilling to schedule appointments due to the long wait times before an availability.
Difficult Call

Chief Complaint - 80-90% of calls

- Doesn't know diagnosis
- Don't take pt's insurance
- Wants ADHD treatment
- Insurance calling for adult
- Family member of adult

- MD puts referral in EPIC
- Call patient
- Pt doesn't return call
- Pt. calls wrong clinic to
- Insurance issues

- Out of meds (78%)
- Not Followed - Lost Psychiatrist
- Counseling without meds
- Needs to see how far out
- Adult ADHD (<1%)
- Children (28%)- Intakes
- Insurance calling for

- 7th Floor Faculty
- TCC
- 7th Floor Advance
- DAR
- Insurance
- Authorizations
- Access group - get insurance, get registration into Directions through mail

Problem Statement

- Doesn't see provider

- Describe ADVANCE
- Pt doesn't want to see resident
- Enter registration into
- Directions through mail
- Confirmation issues
- Lost
- Waited too long for appointment

- Staff addresses
- Service needed
- Asks what diagnosis
- Providers don't see new pts
- Insurance issues
- Followup v. new appts
- 7th Floor Faculty
- Faculty TCC
- 7th Floor Advance
- DAR
- Insurance
- Authorizations
- Access group - get insurance,
UTHSCSA Psychiatry Clinic

- Project focused on the “HSC Psychiatry” EPIC DEPARTMENT
- Located on 7th floor of School of Medicine Greehey Campus
- Focused on ambulatory mental health (depression, anxiety, bipolar, ADHD) but many severe patients are in the census
## Baseline Data (August 2016)

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<th>EST</th>
<th>NPV</th>
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<tr>
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<td>Same Day Cancel</td>
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<th>EST</th>
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<tr>
<td>Canceled</td>
<td>23%</td>
<td>51%</td>
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<tr>
<td>No Show</td>
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<tr>
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<td>42%</td>
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<tr>
<td>Grand Total</td>
<td>100%</td>
<td>100%</td>
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Issues with Baseline Data

• Staff unclear on how to enter No Show
  – Many no shows categorized as cancellations
  – What is the cutoff time (24 hours, day before)?

• Some patients may have cancelled, rescheduled and then been seen- so templates may in fact be filled more than these data suggest
Results of No Show Interviews (David Hunter)

• Attempt to phone interview 40 patients who no showed during the time period 10/3-10/27 of October 2016
  – New Patient Visit: 5
  – Follow ups: 32

• 18 (45%) did not call back
Design of Intervention (Evals 11/28-12/23)

• New Patient Letter
  – Inviting language (“We are looking forward to seeing you…”)
  – Tips on making visit successful (bring your med bottles)

• Video on how to get to Psychiatry posted on Psychiatry web site: psychiatry.uthscsa.edu

• Personal phone call for all new patients- work to develop alliance with patient-scripted call
No Show Rate: Effect of Intervention
ROI- Implementation Costs

- Staff costs to prepare letters/mail and call patients
- 10 minutes per appt: 10 Min x 122 NPV = 1220 min = 20 hours @ $22 per hour = $440 (ongoing-Marginal Expense)
- Video production: 8 hours - $1,000 (Implementation Expense)
- TOTAL COSTS = $1440
ROI- calculation

- Cost of 1 hour psychiatric evaluation-$300
- No show cost baseline 96 X $300 = $28,800
- No show cost post intervention 20 X $300 = $6000
- Margin Revenue = $28,800 -$6000 = $22,800
- Marginal Expenses = $440
- Implementation Expenses =$1,000

$$ROI = \frac{\text{Marginal Revenues} - \text{Marginal Expenses}}{\text{Implementation Expenses}} \times 100$$

$$ROI = \frac{\$22,800 - 440}{1,000} = 2236\%$$
- Obtain baseline data
- Interview patients/staff
- Identify Issues
  - Forgetting appts
  - Getting lost
  - Connectedness

- New patient letter
- Video directions
- Personal confirmation phone calls

- Reevaluate Show Rate post intervention

- Staff training
- Maintaining effort
Conclusion

• The human touch works!
• Do sweat the small stuff
• Next steps
  – Matching patient to service
    • Psychotherapy vs medication
    • Reducing no shows among established patients
    • Difficult patients who just want meds
Thank you!