Showing Up: An Evaluation of No Show Rates

An examination of no show rates and suggestions for improvement in a community health center setting in San Antonio, Texas.

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Introduction:

San Antonio, Texas is the seventh most populous city in the Unites States. Among this population of 1.6 million people lies a group that requires health care, but has a lack of access due to financial burden. This population relies on the philanthropy of others to provide its medical, dental, and behavior health care. CentroMed is the community health care center that provides this benevolent care for the underinsured population of the greater San Antonio area.

CentroMed has been providing comprehensive care to the community for forty years. Now with twenty-one locations throughout greater San Antonio, CentroMed has distinguished itself as a health care provider that strives for superior quality and easy accessibility for all patients seeking care.

Background:

In beginning my journey as a GE and NMF Primary Care Leadership Program scholar, I wanted to research a challenge that CentroMed faces and provide insight that could positively impact the ongoing operations of this community health center. After talking with Ms. Jackie Medrano-Lewis, the Director of the Community Healthcare Clinics, she identified several challenges that CentroMed faces: difficulties with access to

specialty care, high no show rates, and barriers enrolling in discount programs. With a large Hispanic population, the majority of who are under or uninsured, these problems are multi-faceted. Hoping to emerge with ideas on improvement, I chose to delve more deeply into the issue of high patient no show rates. The goal of GE-NMF PCLP is to provide scholars with insight into the challenges and rewards of working in a community health center, and my angle was to examine the challenge of high no show rates.

In 2012, CentroMed saw approximately 76,000 patients; on a daily basis 1000 to 1200 patients were seen in the organizations 21 clinics. A startling 59% of these patients were uninsured with the remaining 41% consisting of Medicare, Medicaid, and private insurance patients. Payment from the latter sources makes up about 30% of CentroMed's revenue, with the remaining 70% of funds coming from grants. All revenue from CentroMed is invested directly back into the company for expanding services and improving clinics. With such a large quantity of daily patients it is reasonable to anticipate a few missed appointments. When this few patients becomes many, the issue of no show rates must be recognized as an obstacle for CentroMed to overcome. Fortunately it can also be recognized as an opportunity to improve operations and increase revenue.

Methodology

The current patient no show rate at CentroMed is around 30%. This is nearly six times the national average of 5% reported by the Medical Group Management Association [2] in 2000. The high no show rate needs to be looked at as an opportunity to create more revenue, improve patient satisfaction, and increase the number of patients who are receiving proper care.

No shows are a problem that every practice encounters, whether public or private, general or specialized. There are many different strategies [1,2] to manage no show rates in the health care community. These include improving patient flow, increasing communication, implementing no show policy, charging for missed appointments, and excusing the constant offender. Of these strategies, many simply cannot be applied to a community health center because of the patient population served. Charging a fee to individuals that are already financially disadvantaged and lacking insurance will only serve to create another barrier to care. If you dismiss a chronic offender, they may not seek routine healthcare; ultimately this could lead to an emergency room visit with an even heavier cost to the community. Considering the challenges presented by the patient population, what steps can a community healthcare center take to improve the patient no show rate?

Results

Exploration and thinking about no show rates and how to improve them in the CHC environment was a tough task. How can what has been done in other clinics and practices, and apply it to CentroMed? Some of the best ideas that I had were to work on the flow of patients, improve communication and reminders, and contacting patients to inquire as to why they had missed an appointment. In looking at the no show rate, CentroMed has already begun to take steps in examining and lowering the critical number. A few flow studies have been completed and certain statistics on missed appointments have been calculated. With these aspects already being covered I decided my short time working with CentroMed would be best spent working on reminder calls and communication regarding appointments.

The automated call is a newly implemented system at CentroMed, having just started in late May 2013. The current reminder protocol at CentroMed includes an automated message to the patient two days in advance of their appointment, and a personal call if needed. Implementation of the automated system had its bugs to work out, with many patients reporting that they did not receive calls in the first month of the system's use. These problems have since been identified and rectified. The automated system creates the query at 8:00am and, using eight different lines, begins making calls. Averaging over 1000 calls per day, the outbound messages are usually finished by 1:00pm, with a report of the responses being created by 3:00pm. This report generates information on how many calls were successful and confirmed, successful and cancelled, unanswered with a message left, or unsuccessful. Those that cancelled or were unsuccessfully reached are scheduled for a live callback.

This automated machine making reminder calls is able to detect a voice when a patient answers. In the event of an answering machine receiving the call, the automated machine perceives a pause and continues to leave a message. If the call is received by a person, a dialogue is launched, stating "CentroMed is calling for a reminder." The call's recipient is next prompted to select the language they are most comfortable with, either Spanish or English. Once a language is chosen the automated message tells them the date, time, and location of their appointment with the additional advice to arrive 15 minutes early. At the conclusion of this message the patient is able to press different numbers to either confirm or cancel the appointment, repeat the message, or state they are the not patient the message was intended for. If a patient cancels or does not make a selection, they will receive a personal call to reschedule. Should no one answer the call,

the automated system detects an answering machine and leaves a message with similar information, first in English, then in Spanish, about the date, time, and location of the appointment.

The minimum may be involved in the call reminder, but this is to provide privacy to the patient. We would not want a reminder about a psychiatric appointment or OB exam with Dr. X, to be dictated if the family is unaware of a psychiatric illness or prengnancy. Also, the name of the provider isn't stated due to similar reasons, being able to search what services a practitioner provides.

While research has shown [3] that live calls attribute to a lower no show rate than automated systems (13.6% compared to 17.3%), this is not a technically feasible option for CentroMed. An unthinkable amount of man-hours and financial resources would be squandered trying to conduct more than 1000 personal phone calls per day. It would be unreasonable and unproductive to expend CentroMed's personnel resources and revenues to make personal reminder calls. For this reason CentroMed has chosen the second best option, an automated reminder system. This system allows the organization to handle appointment communication in an efficient and cost effective manner. With the automated system, I believe there are still many factors, both good and bad, to take into consideration. I agree that calling 48 hours ahead of time gives a chance for cancellation versus a no show. Patients have the opportunity to rearrange their work schedule, find childcare, make travel arrangements, etc.

Discussion:

There are two main points that could improve upon the automated system. First, the system may be more effective at reaching patients if the call time window is changed.

Many people work first shift and are unable to answer their phones during the day hours. Placing calls in the afternoon or evening hours, perhaps between 1 pm and 7pm, may increase the number of patients able to answer the reminder call. This change could be implemented almost immediately with a few programming changes automated call machine. This is one of the great advantages of the automated system over personal calls; CentroMed employees need not be present in the evening to make the reminder calls. The second point of improvement to the automated system would be to implement a program for selection of primary language, English, Spanish, or otherwise. I believe that programming the outgoing call to be in the patient's chosen language (selected by the patient at the time of scheduling) would greatly improve the reception of messages that are left when a patient doesn't answer. Under the current settings and a left voicemail, a Spanish-speaking patient is forced to listen to the entirety of the message in English before having the option to hear it in Spanish. This process is both time consuming and tedious for the Spanish-speaking patient, and may cause them to dismiss the call before hearing the reminder information. The ability to select English or Spanish may be an option that is being worked on with an overhaul in EMR and the new computer system that CentroMed is implementing. The application of these suggested changes would require a minimal amount of time and no additional staff or resources. Simply changing some programming has the potential to increase the number of patients that receive a reminder and, ultimately, decrease no show rates.

In addition to changing the automated system, other reminder strategies can be use to aid in patient reminder. Other options for reminding patients of upcoming appointments include text messages, emails, post cards, and calendars. Each of these

incurs a cost, but the benefit may outweigh the expenditure. An increase in kept appointments is economically beneficial to the company and personally beneficial to the patients requiring healthcare.

Recommendations:

According to the US Postal Service website [4], to send a postcard FirstClass costs $0.33. Basing the average day throughout CentroMed on 1000 patients. Sending 1000 reminders would cost $330.00. Then the cost of materials bases on signazon.com [5] shows 1000 appointment cards costing $62.95. That means to send 1000 appointment reminder cards costs approximately $393. This would be the cost that needs to be overcome in order for the postcard appointment reminders to be successful. The average patient generates $80.00 per office visit for CentroMed. Five additional patients would need to be seen each day to overcome the cost of the postcards. Five patients generate about $400.00 and would cover the costs. Using the 30% no show rate and scheduling patients per day means that approximately 300 patients do not show up each day seeing 700. Seeing five additional patients each day would only be a change in the no show rate of 0.5%, an easily attainable goal. With a proposed change and hope to decrease the no show rate 10%, an additional 100 patients would be seen each day, increasing income $8000.00 per day. That is $40,000 per week and approximately $2 million per year. While some of this revenue would go towards materials and postage, approximately $98,250 per year, the organization would still see a $1.9 million growth. This number is aiming for a 10% decrease in no show rates to 20%.

Additionally, these numbers are based on the average consumer ordering postcards online and paying the standard postage for mailing. When one considers the

discount for ordering in bulk and other discounts for non-profit companies, I feel the cost would be even less than I have projected above.

For the younger generation of patients, newer technology provides opportunities for even less expensive reminders[1,3]. I believe that the time has come to implement email and text messaging services for reminders. Cell phone technology has already changed how we communicate; we often opt to text friends and coworkers instead of calling them. A simple message or email stating that the patient has an upcoming appointment on this date and time would be an easy way to jog a person's memory and encourage them to cancel the appointment if necessary. In the same way that a patient can confirm or cancel by pressing a number on a phone, a response text message can be sent back (i.e., reply 1 to confirm, reply 2 to cancel, etc). Another great advantage to messaging is that it doesn't require answering a call to convey the reminder. Many people ignore phone calls if they don't recognize the number calling. With text messages there would be no need for a patient to answer the phone, they could simply read a small message. Much like opting for Spanish or English, a patient could choose their preferred method or methods of communication regarding appointment reminders: call, text, or email.

According to a research study done in Family Medcine Residency programs [2], the best results of improving no show rates incorporated several techniques of patient reminders. The research group also found that the practitioners need to be aware of no show rates and directly involved through patient education. The practices with the lowest no show rates encouraged walk-ins and work-ins according to those individuals. With this, I feel that it is important to conduct further flow studies to find individual practitioners who have more no shows. There is often a trend on the number of no shows

and the length of time a scheduled appointment takes [1,2]. Patients are less likely to make their appointment if they know that they must take a half or even full day off of work for a routine visit that should last 30 to 60 minutes door to door.

That is where the next challenge lies, in examining the flow of patients through different specialties and how they handle delays. Patients are very conscious of their own time and may respond negatively to a delay in seeing the practitioner, especially when there is limited face time. The value of the visit decreases if they are in the waiting room for over an hour and then see the practitioner for ten minutes. This is hard to manage and additional strategies and protocols on walk-ins and work-ins must be implemented. This needs to be overseen by a productivity group and decisions made with the practitioners. I believe that this would be the next, and perhaps most difficult, step for CentroMed to take.

Another practice that has been shown to improve patient no show rates is having a follow up call to the offender. It is necessary to judge the reason why patients do not show up to scheduled appointments. It has been shown that there are several barriers and reasons that patient's don't keep their appointments: lack of transportation, acute illness, financial woes, and fear of chastising for being noncompliant with a practitioner's orders. Besides these logistics, the top two reasons why patients did not show up were long wait times, and perceived lack of respect by staff. Health care is becoming more of a customer service industry and keeping the patient happy is essential to keeping business. Constant training on customer service by all members of the care team from front desk to nurse to practitioner is important to gain trust and return business.

Although walk-ins can help offset the financial burden of no show appointments, these can affect the flow and increase wait times. They also do not make up for the missed scheduled appointment. Improving no show rates is essential to maintaining survival of the health care system. With a variety of options and ideas for improving these statistics, CentroMed should be able to ameliorate the 30% no show rate with little difficulty.

The medical practices with the best no show rates involve many of the previously discussed strategies to keep their rates low [2,3]. These practices are always aware of their current rate, and are always aiming to improve. Most prominently, four features are evident in those practices with the lowest no-show rates: 1. They are aware of their rates and keep ongoing statistics. 2. They have several patient reminder protocols in place. 3. Their practitioners are aware of no shows and the practitioner responds by attempting to contact the offender. 4. They highlight follow-up appointments by emphasizing their importance and allowing timeframes that are comfortable with the patient and practitioner.

Conslucion:

I believe that CentroMed can become an exemplar in the category of no shows by implementing changes that can improve patient care, patient satisfaction, and revenue. While these changes may come with some expense and difficulty, they will ultimately produce a happier, healthier patient population and a thriving CentroMed to serve it.

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