

Reducing the No Show Rate at Healthcare Associates

Kayla Tremblay, Blair Bisher, Whitney Griesbach, Jeff Vale, Randy Gonchar

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Introduction

Reducing no shows is a common theme among primary care and outpatient practices. A missed appointment can represent lost revenue, reduced efficiency, wasted resources, and increased health risk.

In 2015, HCA developed a practice No Show Guideline outlining a progression of letters to send to patients if they miss appointments. However, the guideline was not reliably followed by the practice. Providers sent letters ad hoc without designated administrative support. The practice also lacked a formal tracking process to escalate patients for consideration for discharge. Additionally, patients were not informed of HCA's expectation that appointments be kept or cancelled in advance.

In October 2017, Healthcare Associates commissioned a task force to address the practice's high no show rate of 20.4% including did not keep and same day cancellations. The task force met weekly from October 2017 through October 2018. A sustained improvement of 3% over a period of 10 months was expected to generate \$490,000 in additional revenue for the practice.

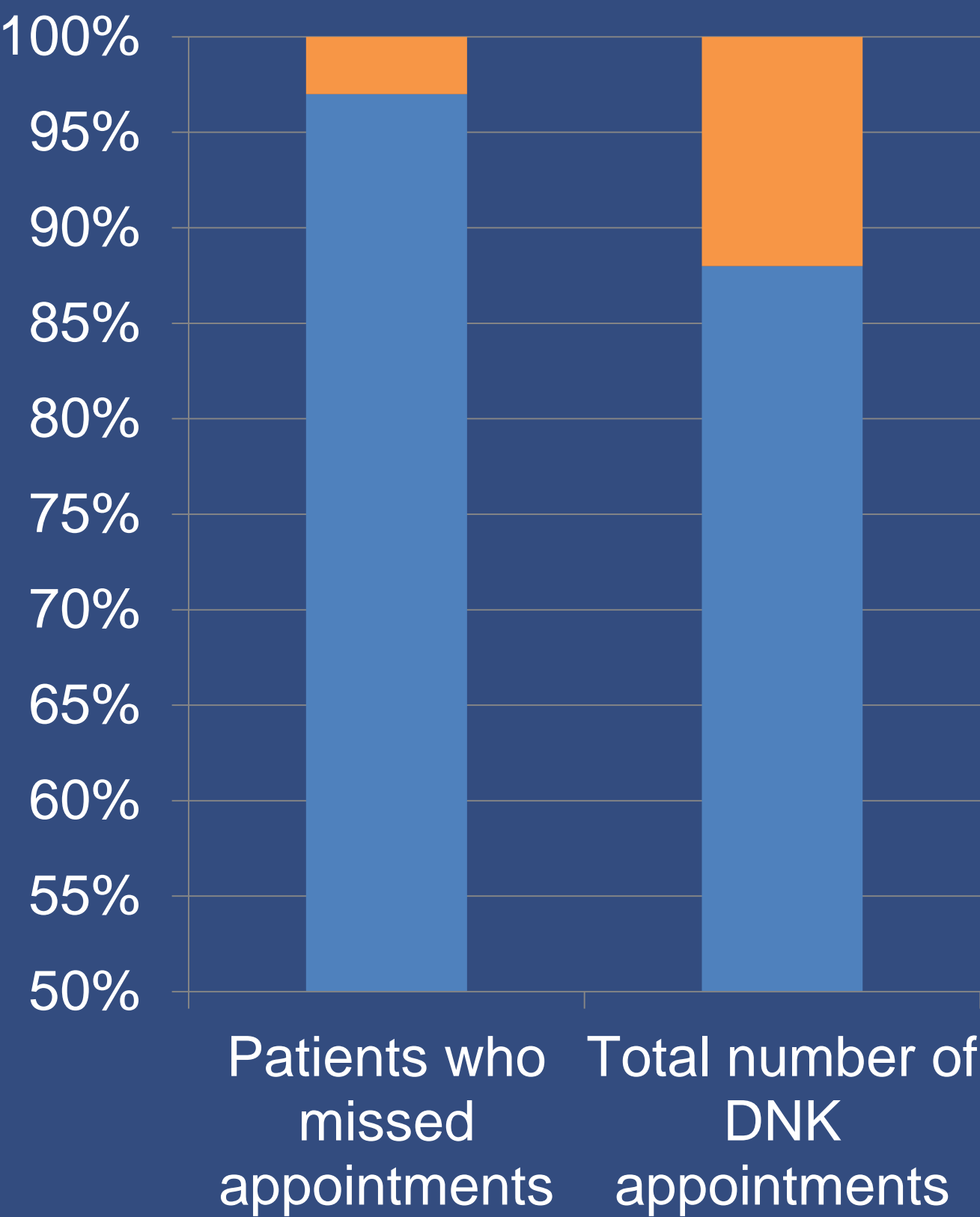


Figure 1. HCA found that 3% of patients represented 12% of DNKs.

Aim

Reduce HCA's did not keep rate by 3% from 10.2% to 7.2% by September 30, 2018.

The Team

- Blair Bisher, MHA, Director of Ambulatory Operations, Division of General Medicine
- Kayla Tremblay, MBA, Senior Project Manager, Healthcare Associates
- Whitney Griesbach, Practice Manager, Healthcare Associates
- Jeffrey Vale, Patient Access and Call Center Manager, Healthcare Associates
- Randy Gonchar, Patient-Family Advisory Council Representative, Healthcare Associates

Interventions

Key Interventions

- **Developed patient education materials**
Including a letter to give all patients and send with appointment reminders, a sign to hang in practice, and scripts for phone staff.
- **Created a cancellation voicemail**
To allow patients to cancel appointments without waiting on hold. Checked at least once per hour.
- **Operationalized patient letters after missed appointments**
Created workflow for staff to send patient letters and involve practice manager as needed (see Figure 2)
- **Sent reminders to patients who scheduled within 72 hours of visit**
Patients who schedule their visit less than 72 hours in advance do not receive reminder calls. These visits are primarily episodic/urgent care

visits and represent roughly 25% of all visits scheduled at HCA with a 5%-10% no show rate (see Figure 3). Using the Clienttell Broadcast feature, a text message or recorded voice message was sent to all patients the night before their visit.

Additional Interventions

- Developed operational definitions and measurement plan
- Analyzed data for patterns
- Asked patients about barriers to keeping appointments
- Sent daily email to management
- Set expectations for accurate and timely visit dispositioning
- Removed staff ability to override blocks
- Adjusted call confirmation timeline
- Encouraged text message enrollment

HCA No Show Documentation Process

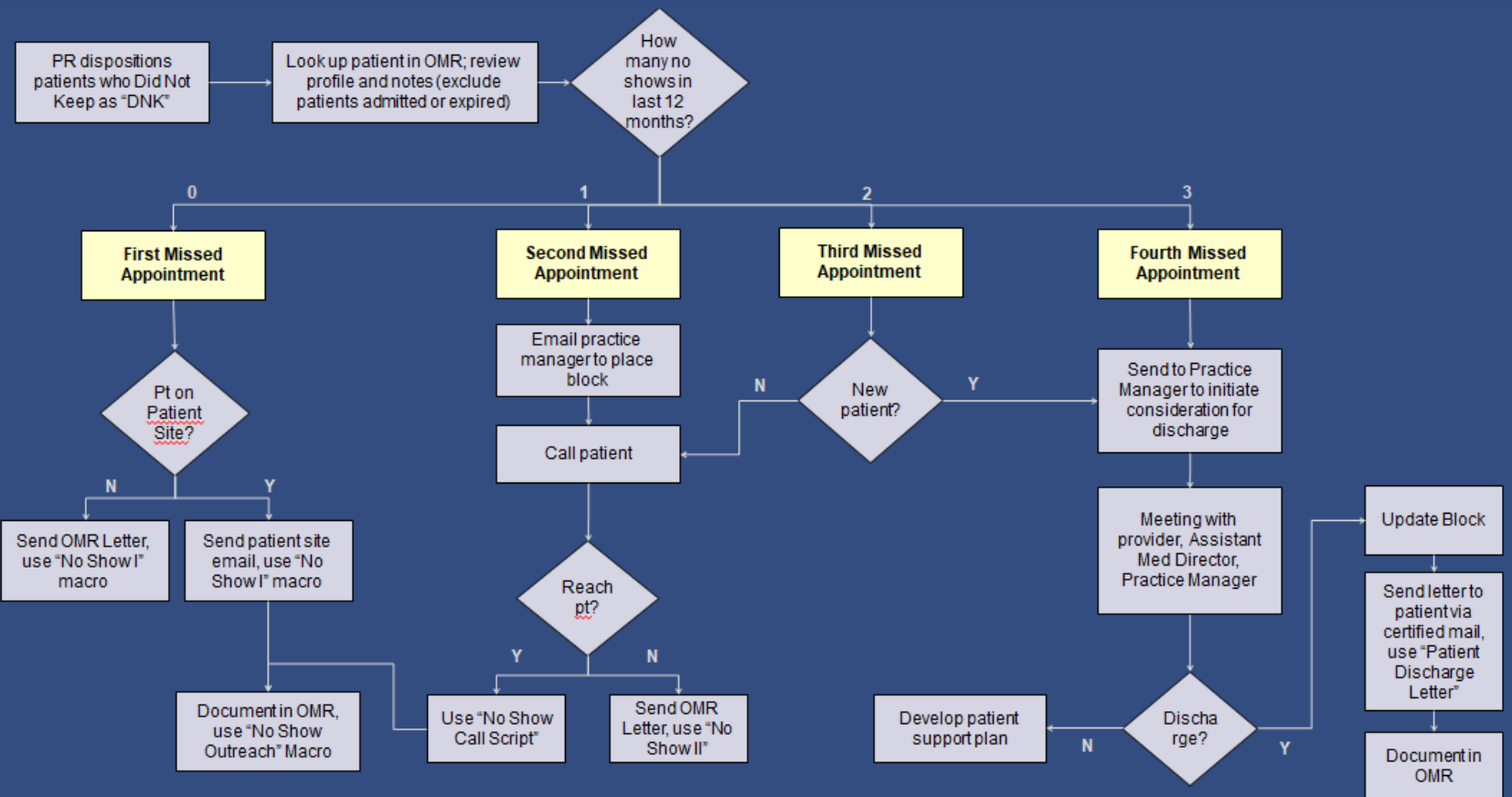


Figure 2. HCA's workflow for documenting patient missed appointments. (Enlarged on slide 2)

HCA No Show Rates by Visit Type

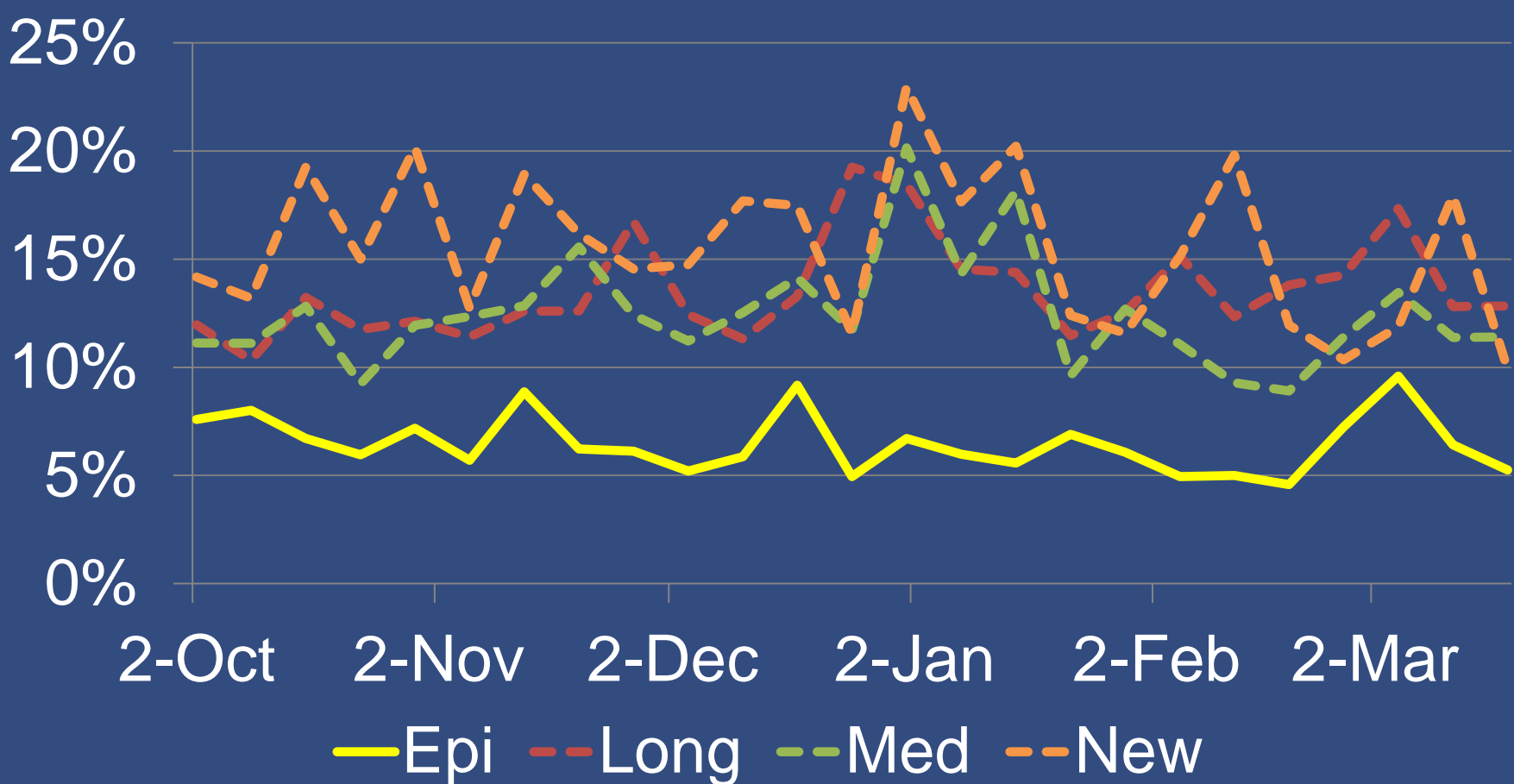


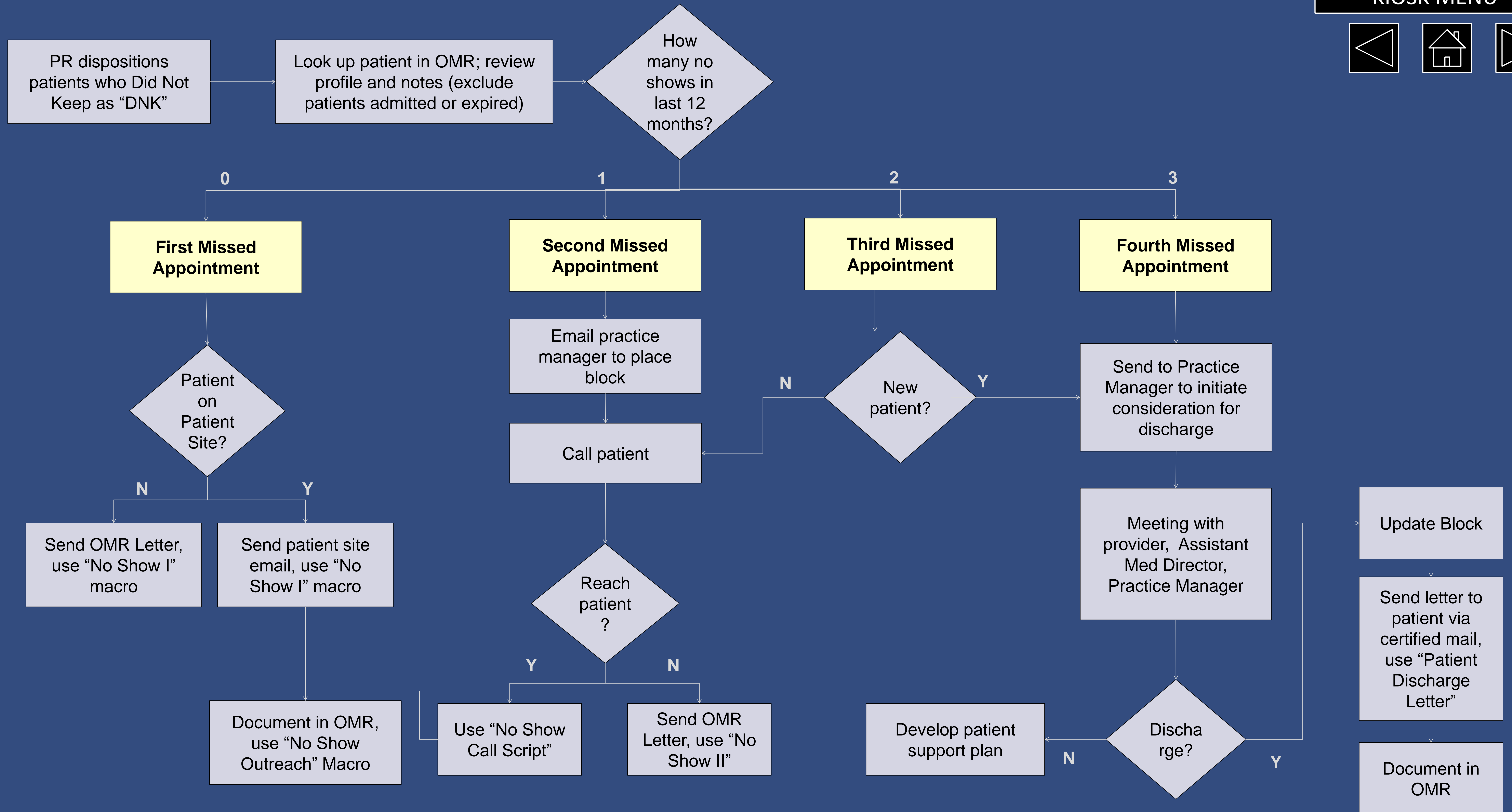
Figure 3. Episodic visits represent 25% of HCA visits and have a 5% to 10% no show rate.

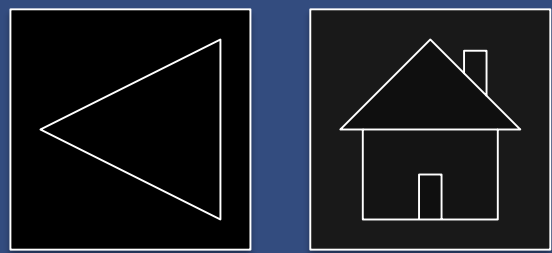
For more information, contact:

Kayla Tremblay, MBA, Healthcare Associates | ktrembl1@bidmc.harvard.edu

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Results

HCA Daily Did Not Keep Rate

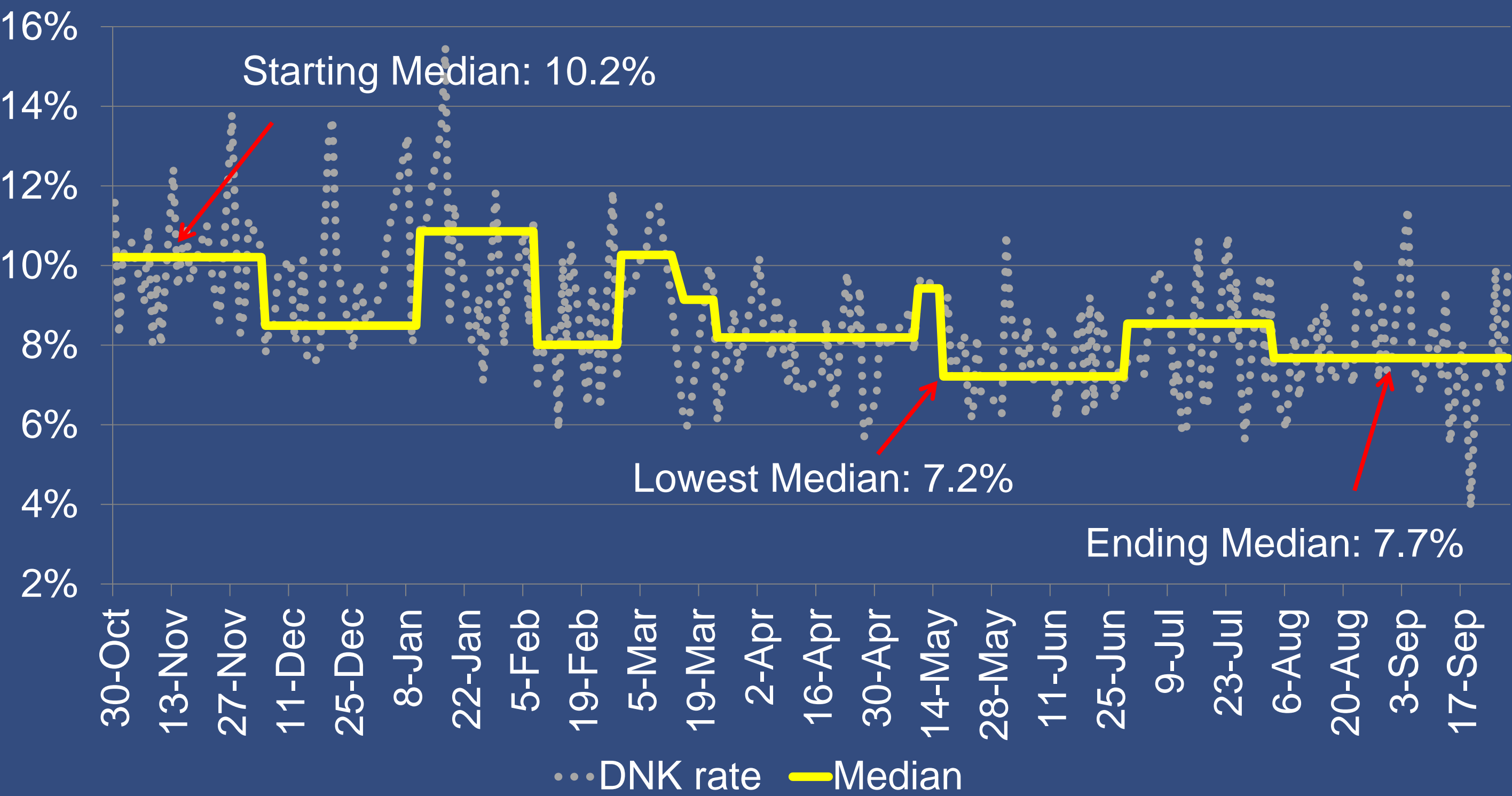


Figure 4.

In May 2018 HCA achieved the goal of a 3% reduction in the no show rate from 10.2% to 7.2%. In the last few months of the project the median shifted up and ended at 7.7%. The team suspects this is likely due to seasonal variation and summer vacations.

HCA Weekly Did Not Keep Rate (Year Over Year)

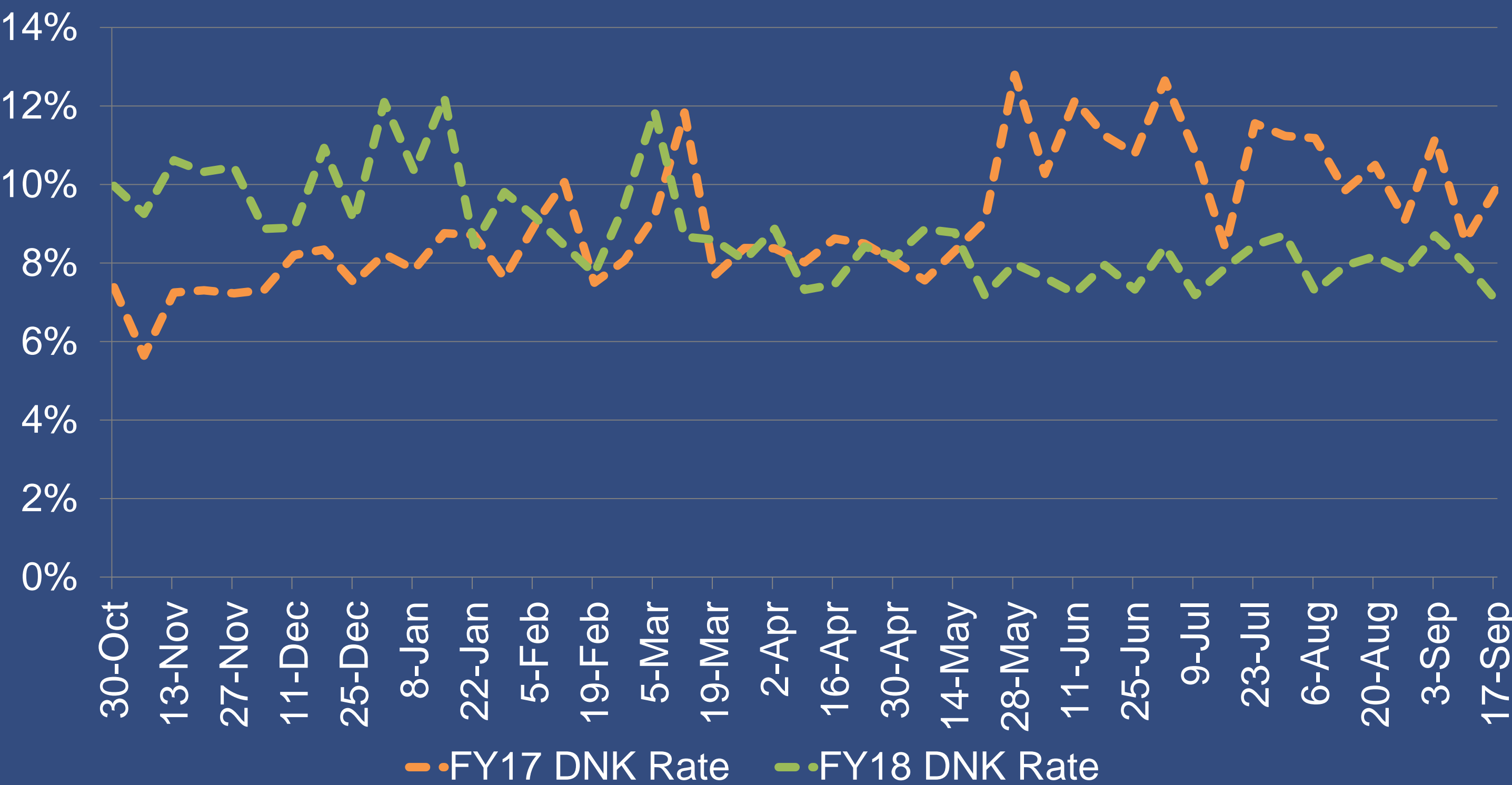


Figure 5.

HCA's weekly no show rate fell over the project period. In comparison to the prior fiscal year, HCA's performance improved. The upwards trend of the no show rate was reversed during the project period.

Lessons Learned

- **Clarify operational definitions.** The complexity of measuring the “no show rate” was a challenge at the start of the project. Ultimately, we chose to focus on the did not keep rate. Although this is not a perfect measure, it allowed us to see the impact of our interventions more directly.
- **Question assumptions.** Many of our successful interventions came from questioning our assumptions and finding measureable support for or against deeply held beliefs.
- **Partner with patients.** Research suggests that patients are often unaware to the impact of no

shows on the provider (Lacy , et al), which is why effective partnership with patients is essential.

- **Invest management attention.** Each intervention required continually following up with staff to reinforce expectations and goals. Because the DNK documentation process was new to everyone audits were performed to understand where there were gaps in training. We also invested one hour per week to our task force meeting.

Next Steps

Ensure sustainability by:

- Communicating cancellation expectations to patients up front, either through a letter with their appointment confirmation, at check out, verbally, or in a practice welcome packet.
- Reliably reminding patients of their appointments, including a broadcast message the night before, supported by a functional technical platform.
- Training all new Practice Representatives on the

DNK documentation workflow and expectation to disposition visits in a timely way.

- Maintaining a workflow to manage the cancellation voicemail box.
- Continued management attention and expectation setting with staff, including regular auditing and follow up.
- Continued and consistent measurement of the DNK rate over time.

Acknowledgments

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For more information, contact:

Kayla Tremblay, MBA, Healthcare Associates | ktrembl1@bidmc.harvard.edu