A Patient-Centered, System-Design Approach to Tackling No-Shows

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SESSION DESCRIPTION
In this session, we’ll explore
- contributing factors to no-shows and identify ways to use system thinking and design to support a more accessible and patient-centered system of access
- actions to reduce the no-show rate and optimize (manage) daily capacity for timely access.

LEARNING OBJECTIVES
By end of session you will be able to...
- describe the interplay of capacity and demand in a system design to optimize access and identify system design elements associated with each
- identify the two approaches to successfully reduce no-shows
- list the five things that can be tried now to begin the work to reduce no-shows and optimize capacity for timely access
A Broken Appointment

You did not come,
   And marching Time drew on,
   and wore me numb.
Was it not worth a little hour or more?
   Grieved I, when, as the hope-hour
   stroked its sum, you did not come.

*Thomas Hardy*

*(with acknowledgement of my poetic license with his poem)*
Problem Statement

No-shows are a persistent and gnarly issue for many practices

- No-shows disrupt daily flow, reduce the ability to use the daily capacity of appointments
- add costs due to the rework required to reschedule the patients who don’t show up for their appointment
- a common response is to implement policies to limit access for those patients who no-show frequently
- these punitive and blocking tactics typically do not work to improve the no-show problem in the practice.
The Context for Successful Change and Improvement

Use a Patient-Centered Lens to Discover, Learn and Improve

Use A Systems Thinking Approach

Understand the Current State: What Contributes to No-Shows in Your Practice

Describe Your Future State Aims and Measures; Identify Change Ideas to Try

Use the Model for Improvement & Rapid Cycle Testing (PDSA) to Test Ideas, Learn & Succeed

Upward spiral of learning and improvement
Effective system design results in high performance that is reliable.
Use a Systems Thinking Approach
How Do All of the Parts and Players Connect?

Every system is *perfectly designed* to produce the results you get.

“[Better] performance is not simply – it is not even mainly – a matter of effort; it is a matter of design” - Don Berwick
Ways to Discover and Learn Your Current State

• Talk to your Patients (best designs are patient-centered)
  - What are their experiences when getting appointments
  - What are circumstances that cause them to no-show when or if they do no-show
  - Ask them about their ideas to make it easier for them to make and keep an appointment

• Talk to the Staff (they are the experts in the work)
  - Get their insights and ideas about the barriers, challenges
  - Ask them about their ideas for how to improve

• Observe and Map Current State Processes

• Assess Cause and Effect
  - Fish Bone
  - Five Whys
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Key principle: *Fail often to succeed sooner*

Source: The Improvement Guide
Don’t Guess, Don’t Hope
Try Out Your Ideas First
The PDSA Cycle

- Rapid cycle tests of a change idea
- Turn ideas into action
- Connect actions, results to learning
- Determine if a change results in an improvement

**Key principle:**
*Fail often to succeed sooner*

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**Act**
- What are your next steps?
  - Adapt, Adjust?
  - Abandon?
  - Adopt?

**Plan**
- Objective
- Questions and predictions (why?)
- Plan for cycle (who, what, where, when)
- Plan for data collection

**Study**
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

Remember:
Distinguish tasks from tests
Don’t Jump to Solutions: Use the MFI and PDSA cycles to test changes

Conference Rooms

Real World of the clinical practice

Design

Test and Modify

Test and Modify

Test and Modify

Approve (if necessary)

Implement the Change

What ideas can we try?

Tackling No-Show in Context of Your Access System
A system designed to provide timely access requires capacity and demand to be in balance.
System Properties Desired
Patient-Centered, “Whole Person” Approach
24/7 Access, No Barriers, Continuity, On-time/Efficient, Quality Outcomes, Satisfaction/Joy

OPTIMIZE Capacity
- Use care teams
- Reduce no-show rates
- Reliable daily capacity for same-day care
- Efficient flow (on-time, preparation, teamwork, communication, tools)
- More options for service than 1:1 visits
- Create contingency plans
- Establish panels & care teams
- Pull work to today
- Do today’s work today
- Exploit technology

REDUCE UNNECESSARY Demand
- Ensure continuity
- Reduce unnecessary demand
  - max pack
  - extend revisit interval
  - group visits/shared medical visits
- Care management for patients who need it
- Population health management (registries)
- Eliminate backlogs for appointments

Capacity = supply x one or more multipliers, e.g., TBC, Empanelment, Technology, Efficient, Effective Workflows
Key Ideas

An appointment is a promise kept between the provider/clinic and the patient.

Success depends on...

1. Reducing No-Shows...AND
2. Optimizing daily capacity to promote timely access for patients.
Strategies to Reduce No-Shows

• Make appointments that work best for the patient – know by asking

• Provide continuity with the provider & care team (empanel)

• Do everything you can to avoid bumping patients (An important element in the promise kept for an appointment)

• Avoid punitive measures for patients who frequently no-show
  • Seek to understand: why don’t they keep their appointments?
  • How can you work with your patients so they can keep appointments, know how to cancel them or enable them to get same-day care
  • Consider not giving appointments to chronic no show patients – let them walk-in or call for a same-day appointment (not as a penalty)
Five Things You Can Do Now to Reduce No-Show and Optimize Timely Access
1. Make Confirmation Calls That Work

• Don’t think about it as a reminder call – it’s much more
• Make calls no more than 2 days ahead
• Use a script; train staff to do them well; use role play
• Call until you reach the patient & record results
• Confirm demographics & financial information
• Best done by a member of the patient’s care team
• Make it patient-centered & use it to build relationship with the patient and care team
• If you can’t do all, do the most important to the daily flow – first two each session, last two each session, new patients and physicals
2. Create permanent capacity for same day visits & use it

• Start by adding one same day visit per hour to schedule template and hold for same day appointments only!
  • Use for walk-in and call-in appointments
  • Make sure appointment staff know how to use the appointments
  • Make sure they offer the appointments
  • Tell patients about them so they know to ask for them

• Use one appointment type and time for all visits (most effective way to be able to use capacity)
  • If needed, create guidelines for scheduling new patients, physicals, etc.
3. See Your Walk-in Patients Today & Provide Continuity

- Don’t turn your walk-ins away, see them today
  - Check to see if they have upcoming appointments and decide if these are still needed; if yes, remind patient; if no, cancel and let patient know

- Have them see their own provider or provider team

- Make sure your patients know how to call...
  - to get an appointment vs. walking in
  - to cancel a scheduled appointment if necessary

- Make sure patients who call can get through or establish a voice mail box that is monitored regularly
4. Do not automatically book return visits

Whenever possible, and based on clinical need...

- Have patients call instead of scheduling follow-up visits far out on the calendar
- Devise a method other than using a pre-booked appointment to track patients who need follow-up care (think about this to also track care gaps that need to be addressed; invite IT onto your team)
- Use same day capacity (see #2)
- Consider alternatives to a face-to-face visit to provide follow-up care
- Design alternatives for forms, results, Rx refills, referrals
5. Eliminate unnecessary appointments by scrubbing the provider’s schedule

Take provider schedule for next two to three weeks and...

- Examine every appointment to determine what the patient needs
- Call any patient whose visit may not be needed, cancel the appointment and provide services in other ways
- Move future appointments forward into now open appointment slots to begin to reduce backlogs
Average No Show Reductions

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<th>Teams</th>
<th>Baseline</th>
<th>Results</th>
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Good to Great Transformations

“No matter how dramatic the end result, the good to great transformations never happened in one fell swoop.

There was no single defining action, no grand program, no one killer innovation, no solitary lucky break, no wrenching revolution.

Good to great transformation comes about by a cumulative process – step by step, action by action, decision by decision, turn by turn, that adds up to sustained spectacular results.”

Jim Collins
Good to Great
Resources

• SNMHI Enhanced Access Improvement Guide
  http://www.safetynetmedicalhome.org/change-concepts/enhanced-access

• Confirmation Call Guide

• No Show Playbook
  https://colemanassociates.com/tool/6-no-show-playbook/

• IHI QI Tools Including Tools for Cause and Effect
  http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx