Increasing Outpatient Psychiatric Appointment Adherence

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Purpose

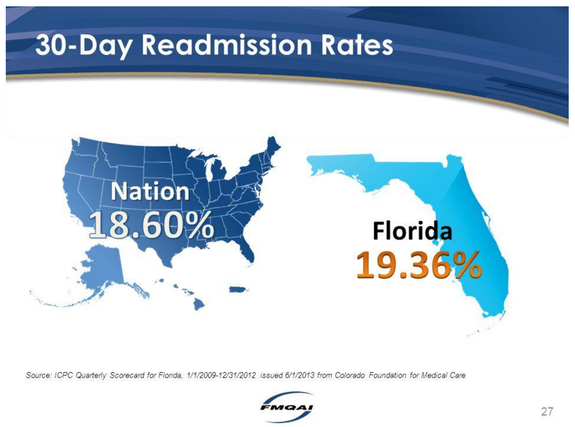
▪"Do consistent follow up appointment reminders during the first 30 days of post psychiatric inpatient discharge increase appointment show rates?"

▪To elicit a more effective method of consistent appointment reminders for new all patients to increase show up rates by using a Root Cause Analysis

▪To minimize mortality and morbidity for the Mental Health population by encouraging outpatient appointment adherence

Background

- State of Florida outpatient psychiatric clinics no show rate= 19-22% reported by AHRQ (2011)
- Prevalence of psychiatric disorders in U.S is estimated at 15-20% (Agarin et al., 2015)
- Clinic used in this project, located in Southeastern U.S. has current 20-30% no show rate
- Medicaid has a maximum of 190 days for inpatient psychiatric hospital services
- Once maximum days are reached, there are no further benefits available (AHRQ, 2016)
- Initial admission for Mood Disorders cost $5,800, readmission is $7,200
- Initial admission for Schizophrenia cost $8,600, readmission is $8,800



Methods

▪Data collection was taken at two different locations in Southeastern United States, the labeled Site A and Site B

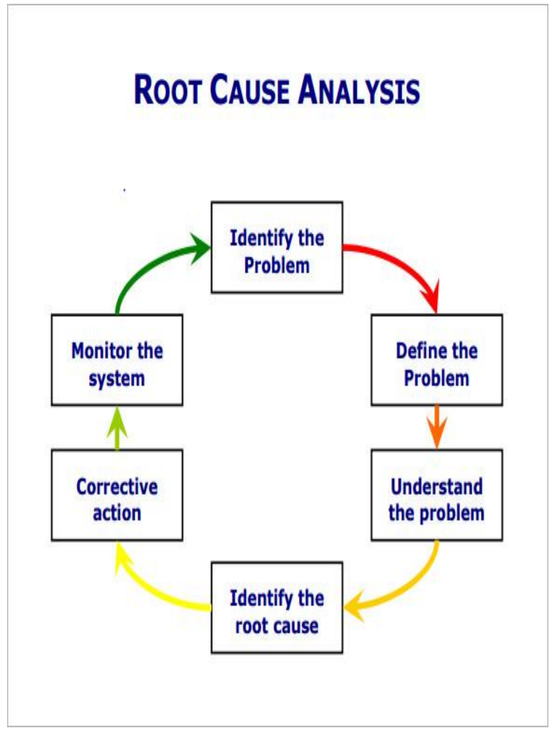
▪John Hopkins Nursing Evidence-Based Appraisal (JHNEBP) tools were used as a foundation for this project

▪Interviewed key stakeholders on current process

▪A 6-month Retrospective Chart review was conducted from January 2017 to June 2017

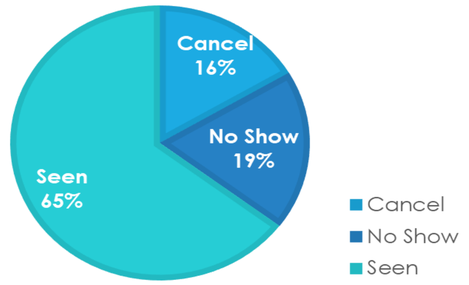
- Variables collected gender, age, insurance type, co-pay required, appointment reminder completed or not, seen, cancel, and no-show

▪Five Step Root Cause Analysis approach was used



(Mind Tools, 2017)

Results



▪Total sample size of 921 patients, 300 were confirmed and 621 not confirmed
▪A combined 36% no show rate (Site A and Site B)
▪19.05% no show rate Site A
▪17.07% no show rate Site B

***Revenue in a Six Month Period**

Visit Status	# Patients	Revenue *
Seen	596	596 x $265 = $157,940
Cancel	152	**$40,280**
No Show	173	**$45,875**

Red = Lost Revenue
Black = Gained Revenue

*Organization average billing per visit= $265

- Slight difference between genders, 17.48% of females and 21.36% of males no showed
- Ages 15 to 30 had the highest no show rate and ages 30 to 50 had the lowest no show rate
- Patients who had the lowest co-pay had the highest no show rate
- Three categories of potential causes:
  - **Human cause**- staff manually calling 60-90 patients for the following day appointments
  - **Physical cause**- no landline equipment, using private cell phones
  - **Environmental cause**-relies one particular staff member delegated to confirm appointments

Discussions

- Pertinent project findings were presented to the stakeholders at the organization
- Organizations' feedback consisted of the importance of the project, the need for patient appointment adherence, and past methods the organization has tried
- Stakeholders dismayed of the considerable amount of loss in 6 months revenue
- Possible solutions entailed hiring a part-time staff member, utilizing other methods of reminders, or purchase new/adaptable software
- Evidenced based literature reports ages of 15-30 prefer text messages (Percac-Lima et. al, 2016)
- Automated software costs $15,000-$70,000 per organization (HealthIT, 2014)
- Recommendations presented were non-committal to change at this time
- If the no-show rate is addressed, revenue can be increased by 35%

Limitations

- Limitations included: low to no income, lack of transportation, lack of follow up address, limited technology, and the impact of staff shortages on the organization
- Biggest concern the organization is facing is finding and retaining medical staff
- Lack of staff to assist with conducting follow up phone calls to patients who have missed appointments and to set up transportation with their insurance companies
- There is a current devolution in the organization that is causing a delay in implementing these possible solutions

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