The Ultimate Guide to
Eliminating No Shows
in Mental Health Organizations

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No-Show Rates as High as 50%

Increasing access to care is the goal in most behavioral health treatment settings. Under-served populations need easy-to-access treatment, but it isn't as simple as opening more appointments or hiring additional staff. Even with availability, barriers to care extend beyond just the schedule. As many as 50 percent of behavioral health appointments aren't completed. Organizations must also focus on impacting the reasons that scheduled patients don't arrive for those appointments.

By evaluating the most common barriers to session completion, clinics and practices can easily implement tools that overcome these often difficult to pinpoint reasons while reaching more patients. Employing solutions that increase access, change the entry point to care, improve administrative processes and introduce technology to reduce human error can have a considerable effect on reducing no-shows and increasing treatment across the board.

Reducing wait times, introducing automated appointment reminders, focusing on enhancements in motivational interviewing and more have proven to reduce no-show rates considerably according to "Reducing Appointment No-Shows: Going from Theory to Practice," a study by Todd Molfenter. By reducing initial wait times from 13 days to 0, no-show rates dropped from 52 percent to 18 percent. According to Molfenter, "streamlining processes reduces the workload of intake specialists, increasing their capacity to meet higher demand."[1]

> *"By reducing initial wait times from 13 days to 0, no-show rates dropped from 52 percent to 18 percent."*

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1 Molfenter, Todd. "Reducing Appointment No-Shows: Going from Theory to Practice." Substance Use & Misuse, vol. 48, no. 9, 2013, pp. 743-749. NCBI, doi:10.3109/10826084.2013.787098.

Why Do Patients No-Show?

Missed appointments can happen in any population, and the reasons for these incomplete sessions vary widely. After examining demographics across the spectrum, Zivin, et al[2] in the Journal of Managed Care identified specific populations who are most likely to miss appointments. "Research demonstrates that 'no-show' patients are more likely to be younger, male, and unmarried." Their study also identified young adults with children and those with less experience in mental health treatment to have a higher likelihood of no-shows.

While these populations may be more likely to miss an appointment, they are also identified as populations most likely to be accessible via technology. Once the care becomes available, patients in this population need a better way to access it and a more comprehensive tool to help overcome psychological, motivational and physical barriers. By working with enhanced tools that introduce engagement via technology, these populations are able to receive care and interact with their care teams in ways that are familiar and simple for them.

Motivational Issues

Behavioral illnesses often impair motivation, and they make it difficult for patients to follow through with available help. Patients who are struggling with anxiety, depression, bipolar disease, PTSD, etc. may not be motivated to leave the house, even if the end goal is the treatment that will help them overcome this. Further, the stigma associated with behavioral health treatment can be independently anxiety-inducing.

Solution: Telemedicine

With a secure link and a date of birth, providers can instantly connect with patients when partnered with the right HIPAA compliant telemedicine software. There is ample research

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2 Zivin, Kara, et al. "'No-Shows': Who Fails to Follow Up With Initial Behavioral Health Treatment?" American Journal of Managed Care, vol. 15, no. 2, Feb. 2009, pp. 105-112. url:www.ajmc.com/journals/issue/2009/2009-02-vol15-n2/feb09-3915p105-112.

to support that, in some diagnoses and instances, treatment via telemedicine is as effective or more effective than in-person care.[3] Telemedicine makes it easier to match patients with appropriate providers by increasing the diversity of the pool of providers.[4] Telemedicine has been shown to bridge cultural and linguistic gaps.[5] On the top-rated platforms, telemedicine visits consistently average single digit no-show rates without requiring the patient to download software to connect. Ask vendors about their connectivity rates and find out if instant support is available if a patient or provider ever have trouble connecting

2019 CMS Telehealth FACT Sheet

CMS Finalized Telehealth Changes to the CY 2019

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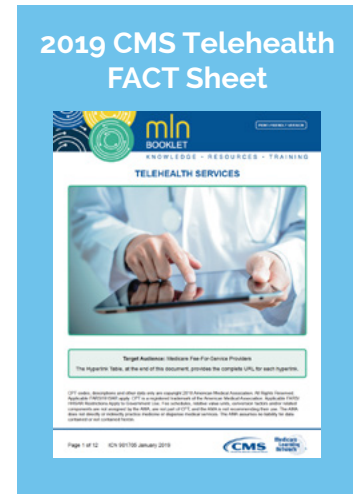
Forgetting Appointments

In a time when people are constantly inundated with information, it can be easy to let scheduled appointments pass by without the added boost of reminders and contact from the practice. A single reminder isn't sufficient to make an impact, though. Most patients need multiple reminders at specific intervals to ensure that they make the appointment. Data also shows that only 30% of patients will actually confirm their appointment, so relying on confirmations may not be effective.[6]
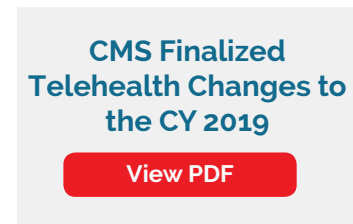
Solution: Automated Appointment Reminders

The average no-show rate is 23% across the globe.[7] For a 10 provider practice, that equates to at least $857,808 in lost revenue annually. Behavioral health groups can have no-show rates as high as 60%. If the average revenue per visit is $74, a 10 provider behavioral health group loses $186,480 per month or $2,237,760 annually.

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3 Hilty, Donald M., et al. "The Effectiveness of Telemental Health: A 2013 Review." Telemedicine and e-Health, vol. 19, no. 6, 2013. doi:10.1089/tmj.2013.0075.

4 Jiali Ye, Ruth Shim, Tim Lukaszewski, Karen Yun, Soo Hyun Kim, and George Rust. "Telepsychiatry Services for Korean Immigrants." Telemedicine and e-Health, vol. 18, no. 10, 2012. doi:10.1089/tmj.2012.0041.

5 Hilty, Donald M., et al. "The Effectiveness of Telemental Health: A 2013 Review." Telemedicine and e-Health, vol. 19, no. 6, 2013. doi:10.1089/tmj.2013.0075.

6 Lassiter, Brandon. "Confirmation Data Analysis." Mend VIP, Inc., Oct. 2018. Internal data analysis.

7 Dantas, Leila, et al. "No-shows in appointment scheduling - a systematic literature review." Health Policy vol. 122, no. 4, 2018, pp. 412-421. NCBI, doi:10.1016/j.healthpol.2018.02.002.

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Text and email reminders can significantly reduce no-show rates.[8] 90% of text messages are read within 3 minutes.[9] An innovative appointment reminder service that uses multiple touches including texts, emails and calls, practices can eliminate the possibility of patients forgetting appointments.

Reminder sequences impact outcomes significantly,[10] and the information contained in each touch can be important. Calendar invites with the appointment confirmation are an excellent start. This is followed up by text messages and emails set at 1 week prior, 2 days prior, and 1 hour prior. Patients should also have the opportunity to confirm or reschedule digitally in the event of a conflict. This decreases the likelihood of the patient missing the appointment entirely. Sending a notice one hour in advance can provide the patient with the address so they arrive at the correct location.

Employment Conflicts

Offices that operate on regular business hours make it a challenge for patients to get out of work in time to make it to their session. Unless the office is close to the patient's workplace, getting in and out on a lunch break is highly unlikely. Patients are often forced to take already-limited time off work to get to the office. For patients who don't have schedule flexibility, this can be a difficult impediment to treatment.

Solution: Automated Appointment Rescheduling

By making rescheduling simple, organizations and practices can encourage patients to take ownership of their appointments and reduce the administrative burden of managing the schedule. With the right platform, patients can access the schedule no matter the hour. If a last minute meeting comes up, the patient is able to log in and notify the practice with a reschedule request in real-time. This opens the spot up to be backfilled with another appointment or to pull someone from the waiting list.

8 Fischer, Henry H, et al. "Appointment Reminders by Text Message in a Safety Net Health Care System: a Pragmatic Investigation." eGEMS, vol. 5, no. 1, Sept. 2017, p. 20. doi:10.5334/egems.215.

9 "Conversational Advertising." MobileSQUARED, June 2010. pdf file.

10 Fischer, Henry H, et al. "Appointment Reminders by Text Message in a Safety Net Health Care System: a Pragmatic Investigation." eGEMS, vol. 5, no. 1, Sept. 2017, p. 20. doi:10.5334/egems.215.

Integrated, simple rescheduling solutions can reduce no-shows because they make it easier for the patient to communicate conflicts. Most solutions on the market don't offer fully integrated options. In most cases, the tools available are notification messages that go to an inbox for review by a staff member. Review with potential vendors to see if they offer a full rescheduling solution that is integrated with the EMR or Practice Management system.

77% of patients surveyed want online patient appointment self-scheduling.[11]

Childcare

Childcare can be a considerable burden, especially for those who are using treatment-related transportation. While the patient may be able to travel to their appointment using these services, children and family are often precluded. Young parents are disproportionately unable to get the assistance they need with children, and bringing children to sessions is not always best for the therapeutic process.

Solution: Extended Hours Using Telemedicine

Innovative groups have leveraged telehealth and digital workflow technologies to offer services from 8 a.m. to 8 p.m. The flexibility is especially important for young parents, who can now connect with providers after their children are in bed and when they can focus completely on their own self-care.

Many providers are also seeking flexible schedules to manage their own personal and professional schedules and enjoy the same flexibility that patients are now offered with technology. In a virtual setting, brick-and-mortar and support staff are not always necessary to create extended hours of operations. As a result of extended hours of operations, a digital platform is likely to be more profitable per hour, with single-digit no-show rates, and improved patient and provider satisfaction.

11 Accenture. "Accenture Consumer Survey on Patient Engagement. Research Recap: United States." Accenture, Sept. 2013. pdf file.

Distance From Home

Studies have determined that patients are more likely to present to sessions if the office is close to the patient's home base, and that patients who have to travel even 20 miles are less likely to present to their session.[12] This could be related to access to public or private transportation, difficulty navigating traffic, general discomfort or frustration with traveling outside of their neighborhood and more.

Solution: Telepsychiatry & Teletherapy

Distance is a nonissue with telemedicine. As long as the provider is licensed in the state where the patient is located, patients can connect without any travel at all. Travel and transportation represent huge barriers to treatment, and while some in-person treatment may still be required, regular visits become as far away as the patient's mobile phone. With the advent of low-cost broadband as well as the proliferation of mobile devices throughout most demographics, travel for treatment is not always a requirement.

Transportation - Patient & Providers

Patients without adequate transportation represent a large portion of behavioral health no-shows. Patients often lack access to personal vehicles, and when treatment transportation is available, they are unable to access it unless they are traveling alone. For parents without childcare, this transportation is frequently not an option. When individuals have to choose between the high cost of transportation to treatment and not attending, they often don't attend. Other populations, like those who reside in shelters and nursing homes, present a high cost-burden to the facilities for transportation that could be easily eliminated with the correct tools.

Provider travel to homes or different facilities is also costly. Time spent traveling does not generate revenue, and it can be expensive for the facility in compensation and lost man hours. Virtual solutions capitalize on the value of provider travel while reducing the significant expenditure.

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12 Butterfield, Stacey. "Research Reveals Reasons Underlying Patient No-Shows." ACP Internist, Feb. 2009, acpinternist.org/archives/2009/02/no-shows.htm.

Solution: Virtually Connect to Homes & Facilities

A robust telehealth solution can accommodate site-to-site telehealth and also excel at connecting to patients in their homes. It must also handle other important workflows like paperwork, clinical assessments, treatment plans, co-payments, appointment reminders, and instant technical support to ensure that the visits happen.

Imagine extending a practice into group homes, shelters, nursing homes, hospitals, primary care offices or any other facility. Virtual telehealth kiosk solutions allow practices to put providers in any facility utilizing the equipment that is already available.

When you meet the patient where they are, whether that be in a home or designated facility, no-show rates remain extremely low. When done digitally, overhead is reduced and more provider time is available to help more patients.

Lack of Family Intervention

The highest risk patients often need the most intervention from their support system in order to improve treatment outcomes.[13] This intervention can be difficult to secure when the support system is expected to take time off work or travel extended distances to be involved in treatment. According to the SAMHSA Tip 39 on family intervention in substance use treatment, family treatment, "...is positively associated with increased rates of entry into treatment, decreased dropout rates during treatment, and better long-term outcomes."[14] Though this intervention can be vital, it is not always easily facilitated.

Solution: Group Therapy Using Telemedicine

HIPAA compliant video conferencing can be effortless for patients and providers. Patients click a link, input their date of birth, and instantly connect to the video session. Bandwidth requirements are minimal for all connected parties on the top-rated platforms.

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13 Gajwani, Prashant. "Can What We Learned about Reducing No-Shows in Our Clinic Work for You?" Current Psychiatry, vol. 13, no. 9, Sept. 2014, pp. 13-15, 22-14. url:https://www.mdedge.com/psychiatry/article/86564/practice-management/can-what-we-learned-about-reducing-no-shows-our-clinic.

14 Substance Abuse and Mental Health Services Administration. "Quick Guide for Clinicians Based on TIP 39 Substance Abuse Treatment and Family Therapy." SAMHSA, 2005, https://store.samhsa.gov/system/files/sma15-4032.pdf.

Groups operate differently in healthcare through unique workflows. Robust virtual group platforms allow organizations to create recurring or single group events and add or remove patients to the groups as needed. Once groups have been established, these systems automatically handle text message, email, and phone reminders. Patients will also receive appointment confirmations and calendar invites. Digital forms can also be sent out automatically. The convenience is valuable for patients, and staff benefit from the reduced manual labor of automatic EMR input.

Until recently, good solutions for group telehealth didn't exist. Tools for group video conferencing are designed for webinars and meetings, not confidential sessions with transmission of PHI. Further, the scheduling tools required for a complex visit are absent from traditional video conferencing solutions.

It can be difficult for working professionals to commit to group therapy. Offering virtual solutions adds flexibility to certain populations so that they complete their therapy successfully instead of dropping out. As outcomes and alumni increase, so will your referrals from those participants.

Extended Wait Times

Acute patients are the individuals who are most impacted by extended wait times. Patients who are in need of immediate treatment for substance use or behavioral health are the most likely to no-show when their appointment time arrives if it was booked weeks or months in advance. There is a correlation between functional impairment and missed appointments[15] for both initial and follow up appointments, and reducing the gap between contact and care is vital in these populations.

Solution: Introduce Telehealth to Provide Schedule Flexibility and Reduce Wait Times

Behavioral health facilities across the country have been able to reduce wait times from weeks to days (and sometimes hours) by integrating telehealth solutions for crisis care and

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15 Gajwani, Prashant. "Can What We Learned about Reducing No-Shows in Our Clinic Work for You?" Current Psychiatry, vol. 13, no. 9, Sept. 2014, pp. 13-15, 22-14. url:https://www.mdedge.com/psychiatry/article/86564/practice-management/can-what-we-learned-about-reducing-no-shows-our-clinic.

follow ups. Telehealth reduces geographic restrictions and introduces novel scheduling methods that can match patients with providers who are licensed in the patient location. By reducing the requirements for brick and mortar, transportation and in-person evaluation, schedules become more malleable. The largest telehealth organization in Florida was able to reduce wait times to 24 hours.[16] The availability of introductory care has increased patient retention, encouraged regular follow up, and reduced overall medication utilization by patients. Patients with acute complaints receive service without leaving their homes. Patients with cultural preferences for care are able to link up with providers who meet those needs. The innovative scheduling tools also increase treatment hours beyond the normal 9-5. Patients can meet with providers on a schedule that is quick, efficient, and easily accessible despite other limitations.

20th Century Scheduling

Restricting appointments to regular business hours means that care is only available 24 percent of the week. Further, traditional scheduling solutions like in-person and phone calls make it difficult to coordinate schedules or find time during the day to catch an overworked staff member when he or she is available. A review of scheduling access by a team of psychologists showed that patients were only able to get an appointment with a psychiatrist when calling by phone 12 percent of the time.[17] This same study found that when participants requested a call back, they received returns on their inquiries 23 percent of the time. These difficulties and delays also lead to missed appointments when scheduled patients are able to get through to reschedule.

Solution: Patient Self-Scheduling & Self-Rescheduling

Self-scheduling tools keep overhead low while introducing 21st century tools into any organization. Internet-connected solutions keep your practice open 24 hours per day while still providing the control and oversight that the team needs. Self-scheduling, self-rescheduling, and cancellations can have a dramatic impact on no-show rates.

16 Erlich, Lauren. "Telemedicine In Behavioral Health: How Virtual Care Produced Real Outcomes for One Community Mental Health Center." Mend VIP, Inc., Sept. 2018. Internal data analysis.

17 Boyd, J. Wesley. "Why Is It So Hard to See a Psychiatrist?" Psychology Today, Nov. 2014, www.psychologytoday.com/us/blog/almost-addicted/201411/why-is-it-so-hard-see-psychiatrist.

When patients can self-schedule, they are 50% less likely to no-show.[18] Patient self-re-scheduling can move no-show rates even lower. In a 2013 study, 77% of patients surveyed reported that they want online patient appointment self-scheduling.[19] Self-scheduling and self-rescheduling allow flexibility for conflicts, transportation, and other issues resulting in no-shows.

Self-scheduling solutions don't automatically mean that patients have full control over appointment booking. Most scheduling solutions give staff the option of appointment approvals, which allow patients to request a time but require approval for actual scheduling. Many behavioral health practices are hesitant to allow patients to autonomously schedule their own appointments, but they are happy to replace phone calls to humans with appointment requests that get reviewed at regular intervals. The experience is intuitive and simple for both the patient and the practice, and it can be integrated with most EMRs.

18 Lassiter, Brandon. "Confirmation Data Analysis." Mend VIP, Inc., Oct. 2018. Internal data analysis.

19 Accenture. "Accenture Consumer Survey on Patient Engagement. Research Recap: United States." Accenture, Sept. 2013. pdf file.

Analyze Your No-Shows

Practice management, reporting and data warehouse systems are excellent tools to analyze data and identify high no-show rates. Practices can review this information that is readily available to develop specific plans of action to prevent them. Working with IT teams or consultants is another option to search your data.

An analysis of the data may identify appointment types that have the highest no-show rates. It could also reveal the patient populations that are most likely to miss appointments. Conversely, the data may pinpoint providers or teams that have higher success rates so you can duplicate those processes. This actionable data can have a significant impact on an organization.

Frequent Flyers

A thorough review of appointment data can reveal a significant amount about how to best reduce no-shows. Administrators can find patterns over entire populations. In many cases, 30 to 50 percent of patients who will no-show have previously no-showed an appointment. Mental health care is a high-follow up specialty, so those that miss appointments are frequently repeat offenders. By identifying those patients, practices and clinics can find alternative notification and treatment solutions.

Data points to consider when developing a no-show analysis, marked in order of importance[20]:

• Patient historical no-show rates
• Appointment type
• Type of insurance

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20 Leila F. Dantas, Julia L. Fleck , Fernando L. Cyrino Oliveira, Silvio Hamacher. "No-shows in appointment scheduling - a systematic literature review." Health Policy vol. 122, no. 4, 2018, pp. 412-421. NCBI, doi:10.1016/j.healthpol.2018.02.002.

- Provider no-show rates
- Appointment lead time in days
- Time of day
- Individual location no-show rates
- Patient scheduled appointment vs. staff scheduled
- Cost
- Gender
- Race
- Ethnicity
- Day of the week
- Marital status
- Source of referral (some EMRs track this)
- Diagnosis
- Education level
- Language
- Symptoms
- Transportation
- Days since last appointment
- Provider to patient gender

Technology Is Key

Every other industry adopted smartphones and personal devices to reimagine the end-user experience. Healthcare can finally move in that direction as well.

Technology introduces simple-to-use, robust solutions to fill gaps in capacity, address no-shows, and increase flexibility.

One large behavioral health organization has been able to harness the power of technology to complete 4,000-6,000 behavioral health visits per month with huge improvements in appointment completion, medication utilization, provider satisfaction and more.[21]

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21 Erlich, Lauren. "Telemedicine In Behavioral Health: How Virtual Care Produced Real Outcomes for One Community Mental Health Center." Mend VIP, Inc., Sept. 2018. Internal data analysis.

- Reduced no-shows from 60% to 10% or less
- Limited new patient wait times to less than 48 hours
- Improved treatment compliance
- Ended provider shortages and established a wait list of psychiatrists
- Eliminated reliance on transportation
- Eradicated paper forms
- Reduced the need for brick-and-mortar operations
- Increased treatment areas from cities and counties to the entire state and beyond

No Shows are an Opportunity

By partnering with a dynamic and flexible technological solution, behavioral health organizations can reduce no shows while limiting administrative overhead. New software does not have to mean new staff to manage that software. The right solution will be lightweight, easy to use, and integrate with existing tools. By delivering care, support and information through text message, email, phone calls and patient access platforms, organizations can impact no shows and increase access to care and overcome social barriers to care.

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Achieve single digit no-show rates and 90+% patient engagement

Mend is a telehealth company. We offer a customized platform including telemedicine, appointment reminders, patient scheduling, and digital patient intake forms to take existing workflows and processes to the Web. Simply put, Mend can increase patient volume, close gaps in care, and automate your workflow while enabling you to increase revenue, reduce overhead, and save time.

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