

Improving Quality Care through Data Management

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CenterPointe is a comprehensive healthcare organization that focuses on mental health, substance use, and primary care. There are various ways to access services, but the most common is through our outpatient screening and assessment process. For most people, the first step in this process is to complete a Comprehensive Assessment, during which licensed staff evaluate an individual's past and present experiences to diagnose and/or refer them to the appropriate program. This initial step is critical for the individual's future care.

Minimizing our no-show rate is crucial for completing comprehensive assessments. A lower no-show rate allows us to serve as many individuals as possible and keep our programs full. These assessments require more time from therapists and counselors, who are high-cost, licensed professionals. Minimizing no-shows helps free up their time.

Our psychiatric services also benefit from a low no-show rate. This program serves the most individuals and is one of the most expensive. Many people use psychiatric services in addition to our other services, such as outpatient psychotherapy, community support, day rehabilitation, or residential programming. Medications and psychiatric counseling play a crucial role in the recovery and success of individuals in these programs; ensuring individuals have access to these services in a timely manner is critical.

Due to the COVID-19 pandemic and a nationwide staffing shortage, our organization had to rely on a standard "call and schedule" appointment system, which often led to long wait times. After analyzing the previous year's data, we discovered that the no-show rate for comprehensive assessments was 27.6% and for all psychiatric services was 32.3%. This suggests that we missed out on reaching many individuals and potential revenue. For further details, please refer to Table 1.

Table 1. No-show Rate, Individual Appointments Missed, and Maximum Estimated Lost Revenue Due to No-Shows, Q2 2022 - Q1 2023

Service/Program	No Show Rate	Individual Appointments Missed	Estimated Lost Revenue
Comprehensive Assessment	27.6%	204	\$53,421.48
Psychiatric Services	32.3%	1,276	\$147,786.32

What steps did CenterPointe take to lower the no-show rate?

The CenterPointe outpatient and quality improvement teams set out to find a way to enhance the efficiency and sustainability of our comprehensive assessment and psychiatric services. The team decided to implement two scheduling strategies: Same Day Access (SDA) and Just in Time (JIT) scheduling.

SDA involves designing schedules to ensure that individuals seeking services are seen at some point during the same day. Additionally, JIT scheduling involves designing schedules to ensure that individuals are seen within five days following an attempt to receive or schedule services.

We took the following steps to prepare for our new scheduling methods:

1. Evaluated which days of the week and times saw the highest number of requested comprehensive assessments. We set these times as dedicated SDA times.
2. Developed contingency plans to ensure there were enough providers and clinicians available at those times to meet the anticipated demand.
3. Communicated the new scheduling plan with individuals, referral sources, and the community.
4. Adjusted all non-SDA provider and clinician schedule times to follow JIT scheduling procedures.
5. To roll out JIT scheduling, the team developed a transition plan from the normal “call and schedule” process.

1. Selected a date to stop providing appointment times more than five days in advance.

2. Attempted to contact individuals who already had scheduled appointments after that date. If we reached and confirmed their appointments, they were able to keep the appointment time. However, if individuals could not confirm the appointment, that appointment time was double-booked.

Although this created some initial confusion and frustration, with leadership, provider, and clinic support staff’s support, once the pre-JIT scheduling appointments were passed, the new JIT scheduling process began working smoothly.

To support the ongoing success of these new scheduling methods, the team is continually evaluating which days and times result in the highest number of turnaways and no-shows. This information helps us make necessary updates to dedicated SDA times. The clinic support team also ensures that individuals leave appointments with information about when they should contact the clinic to schedule their next appointment (as identified by the provider). Additionally, they take proactive steps to reach out to individuals who have not contacted the clinic at the recommended date, especially in situations where individuals may have forgotten to do so. As you will see in the charts below, these steps have had a dramatic impact on our no-show rates.

What were the results of implementing the SDA and JIT scheduling methods?

We compared no-show rates and other pieces of data before implementing SDA/JIT scheduling (Q2 2022 – Q1 2023) and after implementing SDA/JIT scheduling (Q3 2023 - Q1 2024).

We had a 27.6% no-show rate for Comprehensive Assessments before we started using SDA/JIT scheduling. After implementing the new scheduling system, the no-show rate decreased to 6.8%. Additionally, the average wait time from scheduling to assessment went down from 5.2 business days to 1.5 business days.

With the new lower no-show rate, we expect to generate an additional annual revenue of \$47,979 and prevent 183 missed assessments, resulting in about a 21% increase in the number of assessments. Refer to Table 2 for more details.

Table 2. Before and After JIT Implementation Comparison for Comprehensive Assessments

Data Point	Before SDA/JIT Scheduling	After Implementing SDA/JIT Scheduling	Percent Change
No-show Rate	27.6%	6.8%	75.5% Decrease
Business Days between Date Scheduled and Date of Appointment	5.2 Business Days	1.5 Business Days	71.2% Decrease

For psychiatric services, our no-show rate decreased from 32.4% before implementing SDA/JIT scheduling to 21.9% after. We also reduced the wait time for appointments from 21.2 business days to 4.2 business days, which is an improvement of 17 business days. Due to the increased efficiency, we expect to earn an additional \$60,216 per year and avoid 520 no-shows, resulting in a 14.7% increase in the average number of services provided. You can find more detailed information in Table 3.

Table 3. Before and After JIT Implementation Comparison for Psychiatric Services

Data Point	Before SDA/JIT Scheduling	After Implementing SDA/JIT Scheduling	Percent Change
No-show Rate	32.4%	21.9%	32.3% Decrease
Business Days between Date Scheduled and Date of Appointment	21.2 Business Days	4.2 Business Days	80.2% Decrease

We have used data analysis to develop and put into action strategies to decrease no-shows in our primary service areas. This change will allow us to offer better care to the people we serve and will have a significant financial impact on the organization, potentially adding \$108,195 to our

annual revenue. The introduction of JIT (Just In Time) scheduling has also enhanced access to care by reducing appointment wait times and increasing the number of individuals seeking Comprehensive Assessments and those requiring Psychiatric Services.

CenterPointe has expanded the use of SDA and JIT scheduling to other services, with the goal of achieving similar improvements. Furthermore, we are continuously working on improving the quality of our services to ensure timely care for all individuals and maintain the financial sustainability of our services. The implementation of these practices, coupled with our various programming, ultimately helps people get better, sooner, for longer and creates stronger communities.