

Health Center Oral Health Promising Practice

Practice Number: 00010

Submitted By: Neighborcare Health

Submission Date: April 2012

Last Updated: -

No-Show Management

Organization:

Neighborcare Health, Seattle, WA

Summary:

Several years ago we embarked on a practice redesign project. One of our major focuses was to decrease our no-show rate. Our high no-show rate was lowering our production, decreasing patient and staff satisfaction, lowering our treatment plan completion rate, and created an atmosphere of "chaos" in our clinics.

We established a process improvement team that included several different members of our dental team, including a dentist, clinic manager, receptionist, dental assistant, and biller. Initially, the team met weekly to design PDSAs, a scientific method to test a change by planning it, trying it, observing the results, and acting on what is learned (see Chapter 6: Quality, of NNOHA's Operation Manual (http://www.nnoha.org/practicemanagement/manual.html)), with an aim of decreasing no show rates.

We tested the following:

- Limiting the number of new patient exams. We found we were seeing too many patients. There was no way we could find enough appointments in our schedule to accommodate the treatment being generated at our new patient exams. We decided it would be better to do initial exams on fewer people and get their treatment plans completed, rather than doing initial exams on more people and not completing their treatment plans.
- Not opening our appointment books more than a month in advance. We were opening our schedules months in advance. Patients had to wait too long to initiate treatment, and it took too much time to complete treatment plans. Furthermore, patients forgot about their appointments because they had made them so far in advance.
- Opening our schedules once a week. Instead of opening our schedules once a month, we started opening them on a "rolling basis", once a week. Our goal was to get to a place where every patient could leave with an appointment and we didn't have to tell them to call back next month when we open the schedule.
- Always scheduling patients with the same provider. We found that continuity of care played a big factor in whether a patient would show up for their appointment. When patients continuously saw the same provider, a relationship was formed that made the patient much less likely to break an appointment.
- **Provider teams**. The same was found for forming provider teams; building a relationship with dental assistants showed decreased no-shows as well.
- **Enforcing our no-show policy.** We had a no-show policy, but it was not being enforced. Once we started enforcing it and making it clear that patients would lose their ability to make future appointments, we saw positive results.
- **Confirming appointments.** There were days when our staff did not confirm appointments for the next day. We implemented PDSAs to ensure that we confirmed the next day's patients in the

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where and health lives This form has been adapted from the Association of State and Territorial Dental Directors (ASTDD) Best Practices summaries form:

http://www.astdd.org/state-and-community-practice-examples/.

territorial and community oral health programs to enhance oral health and reduce disparities.

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- morning. That way, if there were cancellations, we still had the rest of the day to fill those appointments. We never went without confirming the schedule.
- Only giving out one appointment at a time (except for removable pros). Previously, we gave patients several appointments for future restorative work. Usually, if a patient no-showed their first restorative appointment, they no-showed the rest of them as well. Each patient was only given one appointment at a time.

Six months after implementing these changes, we saw our no-show rate decrease from 35% to 12%, a rate that has been sustainable for several years. Our lower no-show rate has contributed to higher production, higher patient satisfaction, higher staff satisfaction, and higher treatment plan completion rates.

Lessons Learned:

Through this process we learned several things:

- It is important to have input for change ideas and PDSAs from every area of the dental team. If the decisions would have only come from the dental director or clinic manager, we would not have had the buy-in from the entire team or a wealth of different ideas to test. Many times, the dental assistants had ideas about scheduling and efficiency that no one else on the team would have proposed.
- Always start by testing your ideas on a small scale. Make sure what you are testing actually improves the no-show rate. You do not want to implement a change that is not going to make an
- You have to allow time for improvement. Time must be carved out of the schedule to work on PDSAs. While it may seem like you are taking valuable provider time away from the clinic, taking the time to decrease your no-show rate will actually increase production.

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