

An Integrated Strategy to Reduce Missed Behavioral Health and Psychiatry Appointments

Brian Skop, MD; Linda Duran, LVN; Amanda Orahoske, RN-BC; Dawn Wilder, MD

Description

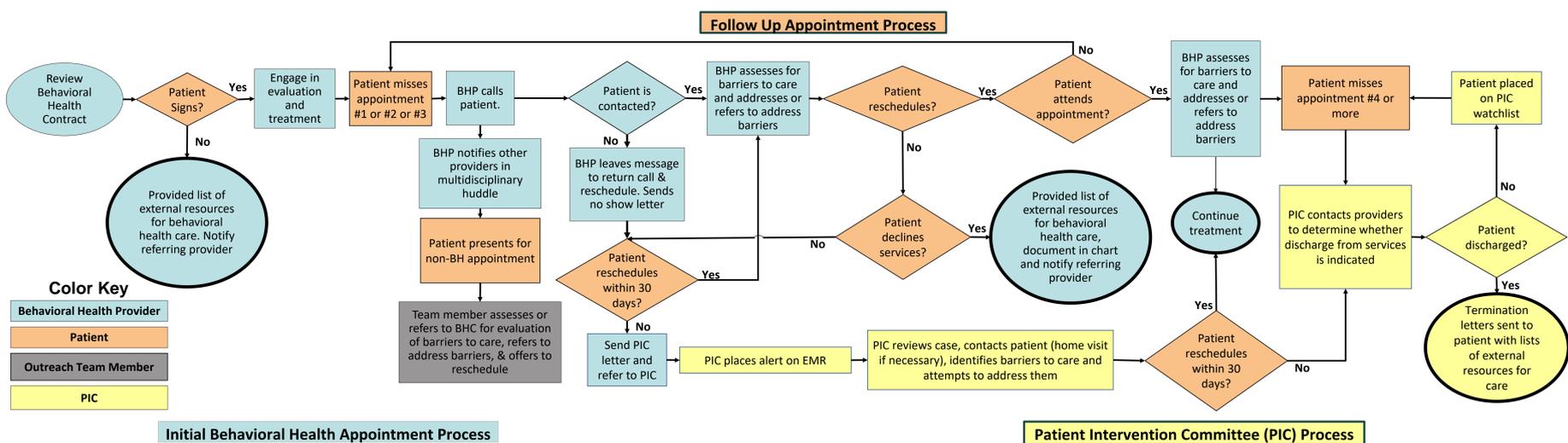
Methodist Healthcare Ministries of South Texas, Inc runs two integrated primary care clinics using the Primary Care Behavioral Health Model. Qualified individuals are those making less than 200% of the Federal Poverty Level and are not eligible for Medicare or Medicaid. Individuals are provided free primary care, behavioral health consultant (BHC) interventions, traditional behavioral health services, psychiatric services, dental services and pharmacy services. Limited published information is available on the rates of missed follow up appointments for behavioral health and psychiatry in an integrated care setting or on integrated strategies to help reduce the missed appointment rate.

Aim

Implement an integrated protocol to reduce the missed appointment rate for behavioral health and psychiatry.

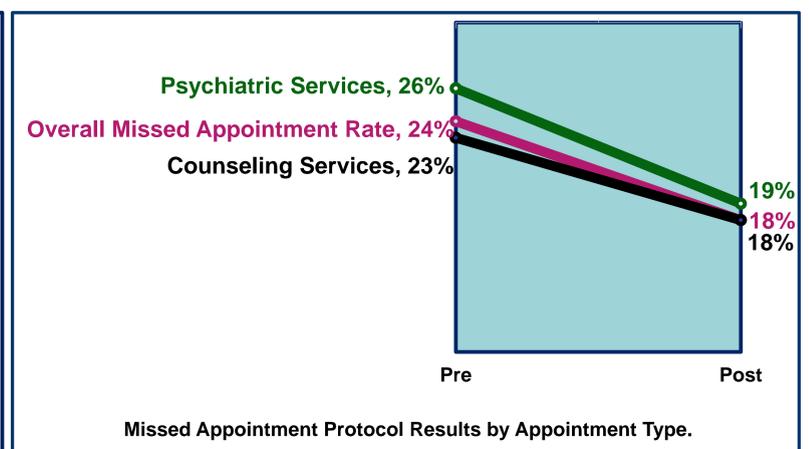
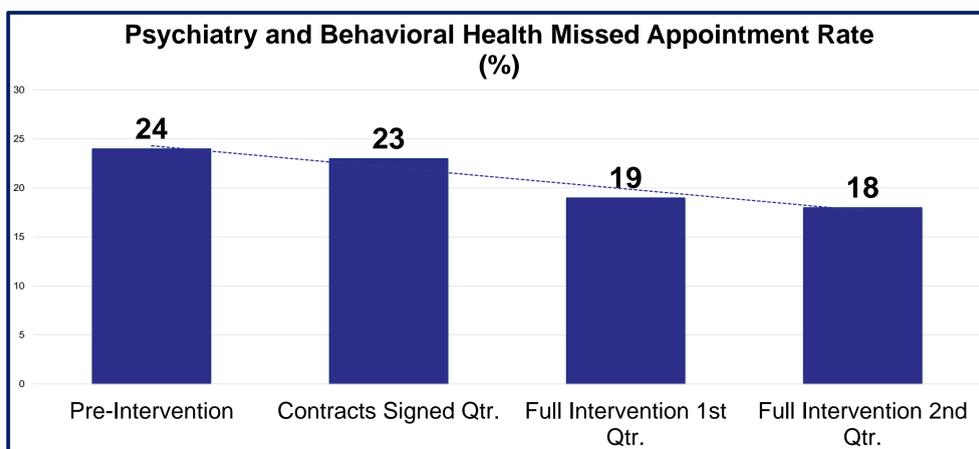
Actions Taken

After determining the baseline rate of missed follow up visits, the integrated adherence protocol was instituted. This included a contract with the patient, and interventions to identify and address barriers to care including: patient calls, missed appointment letters, morning huddles, medical record alerts, BHC intervention, and a Patient Intervention Committee (PIC).



Results

The rate for missed appointments the quarter prior to starting the protocol was 24% (23% Counseling Services and 26% Psychiatric Services). After full implementation, the integrated adherence protocol significantly reduced this rate to 18%* (18% Counseling Services and 19% Psychiatric Services), recouping approximately 699 of 2,797 missed appointments per year.



Pre-Intervention BHS's missed appointment rate monthly average was 24%. 3 months post intervention, the missed appointment rate was down to 19%. Further analysis, 6 months post intervention, revealed the missed appointment rate continued to decrease to 18% (p-value < .001).

Breaking down the missed appointment rates by the different types of appointments in BHS (Counseling and Psychiatry), an overall decrease was seen across both types of appointments. This mirrors the overall missed appointment rate pre and post percentages, 24% and 18%, respectively.

Acknowledgements

The authors of this poster would like to thank the following people for their contribution and support to this project's success.

Edward Dick, MD; George Thomas, MBA; The entire Behavioral Health Services team at Methodist Healthcare Ministries of South Texas, Inc. and members of its Integrated Care Task Force.