Improving No Shows Rates and the Utilization of Relative Value Unit (RVU) Data in Addiction Recovery Medicine

Situation

This paper discusses the no-show rates among addiction recovery patients at CODA Inc. and explores ways to improve attendance rates and provider productivity. When patients miss their appointments, this hinders the provider's productivity and the patient's recovery. Relative Value Unit (RVU) data is not readily available at CODA Inc., so provider productivity is not being tracked. The proper billing codes must be in place for the potential of RVU data to be utilized. The current EHR system is also not being used to its full potential. The objective of this capstone project was to evaluate the significance of using RVU data and to propose strategies for improving no-show rates to realize this potential.

Background

The first sentence on CODA's website encapsulates its mission: "No one can go it alone." CODA, founded in 1969, is one of Oregon's leading non-profit substance use treatment programs. The organization provides treatment for substance use disorders related to cocaine, methamphetamines, heroin, opioids, marijuana, and alcohol. CODA collaborates closely with various partners, including Washington County, Project Nurture, Portland State University, Central City Concern, and the PDX Diaper Bank, to support patients in long-term recovery. Three outpatient clinics are located in Clackamas, Hillsboro, and Tigard, and residential treatment is offered in both Gresham and Tigard. Notably, CODA's Stepping Stones program was Oregon's first 24-hour supported housing for women recovering from substance use who also have custody of their children. This program, developed in collaboration with the Oregon Department of Human Services, aims to reduce interventions from the foster care system.

Ensuring consistent patient engagement in healthcare, particularly in specialized fields like addiction medicine clinics, is crucial for effective treatment outcomes. Clinics such as CODA Inc. play a vital role in addressing substance use disorders. However, they face persistent challenges, notably high no-show rates among new patients during their initial intake appointments. This issue not only disrupts the continuity of care and compromises treatment effectiveness but also raises significant concerns about equitable access to healthcare services in vulnerable populations battling addiction (Ford et al., 2007). High no-show rates hinder the ability of these clinics to provide timely and effective care, exacerbating the difficulties faced by patients who are already struggling with the complexities of addiction.

Analysis

Addiction can make it harder for patients to keep their scheduled appointments. Some patients may find the wait time too long, which can cause them to relapse into their addiction habits. One social worker interviewed mentioned that a wait time of up to three weeks is too long for some patients. Addiction is a complex and chronic disease that often involves underlying psychological and social factors. Many individuals struggling with addiction face multiple challenges, such as co-occurring mental health disorders, unstable living situations, or strained relationships. These factors can lead to high-stress levels and unpredictability in their lives, which can result in a lack of engagement and motivation in their addiction recovery. One of the obstacles that addiction recovery patients often face is transportation.

Providing transportation assistance to patients will help them overcome the barriers they face in reaching their appointments. Addiction recovery patients are among the most vulnerable populations. Patients with obstacles, such as lack of transportation, have poor treatment outcomes (Cernasev et al., 2021). For patients with state Medicaid or Medicare, assisting them in scheduling rides for their medical appointments will enhance their addiction recovery journey, leading to improved provider productivity, reduced patient barriers, and better quality of care.

Throughout the analysis, a needs assessment was made to determine how to improve no-show rates and the utilization of RVU data. The assessment and analysis were based on primary and secondary research and interviews with key stakeholders at CODA Inc. In multiple interviews with key stakeholders, the following information was revealed: CODA currently does not have a patient portal, which could significantly enhance its daily processes. The current reminder system operates through text and calls. Additionally, patients receive text links for telehealth appointments. CODA also does not have access to RVU data. This is problematic because then provider productivity and benchmarks cannot be addressed. Access to this data will enable the organization to start making changes to reduce these rates.

RVU data is essential for healthcare organizations as it provides comprehensive information on appointment scheduling and utilization. By utilizing RVU data, CODA Inc. can effectively address provider productivity and benchmarks. This data allows for measuring provider productivity and the revenue generated from each appointment, accounting for time before, during, and after the appointment (Childers & Maggard-Gibbons, 2020). This knowledge enables the development of targeted interventions to reduce time not spent with patients. Furthermore, the data can be used to evaluate the effectiveness of current reminder systems, such as phone calls, text messages, or email reminders, by directly gathering patient input.

Recommendations

After a thorough analysis, improving the current EHR system, providing more flexible options for scheduling patients, implementing patient and employee surveys to provide feedback, optimizing provider utilization for new patient appointments, and providing an enhanced provider scheduling model will improve no-show rates and provider productivity.

Limitations

It is essential to note this project's limitations. One significant constraint was the limited availability of RVU data, which hindered the ability to conduct a comprehensive comparison. Despite this, the research provides valuable insights into the potential use of RVU data in addiction recovery clinics.

Conclusion

In conclusion, despite limitations in the availability of RVU data, there are ways to improve both the no-show rates among patients in addiction recovery and the utilization of RVU data. Utilizing RVU data will allow tracking of provider productivity and revenue appropriately. Addiction recovery patients face barriers related to their social determinants of health; identifying them will enable the organization to implement changes to improve the no-show rates. Gathering patient and employee feedback, improving the EHR system, and providing more flexibility in scheduling will allow CODA to continue to provide quality care to patients.

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