

Don't Lose the Patient: Amplifying Access with Automated Outreach for LWBS Patients

Dr. Alexander Mangas, DO, FCUCM, Clinical Director
Erin Hunt, PA-C, FCUCM, Clinical Manager
Northwell Health – GoHealth Urgent Care

Abstract

Patients frequently leave urgent care centers without being seen (LWBS) due to long wait times, high volumes, or competing obligations. These encounters represent missed opportunities for timely care and may contribute to avoidable emergency department utilization and fragmented care. Reducing LWBS is therefore a critical lever to improve access and system efficiency.

To address this challenge, an automated digital outreach workflow was implemented to contact LWBS patients shortly after departure. Each patient received a standardized text message acknowledging that they had not been evaluated and offering immediate options for re-engagement, including returning to a nearby center with a shorter wait time or connecting with a clinician through a virtual visit. Direct links enabled rapid re-entry into care, amplifying patient access.

Over a four-month period, 20.3% (n=1,160) of LWBS patients saved another spot after receiving the text, and 76.8% (n=4,394) interacted with the embedded links. These findings demonstrate that timely, targeted digital outreach can recapture patients, reduce delays, improve access, and help redistribute patient volume across care settings.

Introduction

Urgent care centers routinely face the challenge of patients leaving without being seen, resulting in missed opportunities for timely evaluation and creating downstream strain on other healthcare settings. Individuals who depart before care is rendered often still require clinical attention and may delay treatment or seek care in higher level facilities such as emergency departments. Addressing LWBS is essential for improving patient outcomes, satisfaction, and overall system efficiency.

To better understand the barriers to re-engagement, we conducted a manual call-back pilot in which a dedicated team member contacted LWBS patients the same day they left. Over a 16-day period, 557 patients were called: 158 were reached directly, and 399 received voicemail. Ten patients (6.3% of those reached) successfully saved another spot to be seen. Qualitative feedback highlighted key barriers to re-entry, including patients already securing care elsewhere, returning to work, or being unlikely to answer calls from unfamiliar numbers. These insights underscored the limitations of manual outreach at scale.

Importantly, patients repeatedly emphasized that they would have been more likely to return had the outreach occurred earlier. These insights highlighted the limitations of delayed, manual follow-up and pointed to the need for a more immediate, scalable, and patient-centered approach. In response, an automated text-messaging strategy was developed to rapidly reconnect with LWBS patients and support timely re-engagement in care.

Methodology

Implementation of the automated text-messaging intervention required careful consideration of workflows, target populations, and cost-effectiveness. Disposition categories triggering outreach were selected to maximize relevance while avoiding unnecessary communication.

Implementation of the automated outreach required close collaboration with the Business Intelligence (BI) team to design and operationalize a workflow that integrated with the existing “save your spot” scheduling platform. An automated text message was configured to trigger when staff selected a Left Without Being Seen (LWBS) status within the system. This process was further refined through the use of LWBS subcategories, requiring staff to accurately classify the reason a patient left. Based on the selected subgroup, the system applied predefined inclusion and exclusion criteria to determine whether the patient would receive the text message. This structured approach ensured that outreach was both targeted and appropriate, while seamlessly embedding into existing clinical and operational workflows

Messages were programmed to send for these select subgroups of LWBS: Wait Time, Unable to Provide Service, No Show, Rescheduled, Went to Another Location, and Went to Another Healthcare Facility.

Exclusions ensured clinical and operational appropriateness and included duplicate patient records, out-of-network insurance scenarios, and cases where financial barriers (e.g., high copay or case rate) were the primary reason for leaving.

Cost feasibility was evaluated using prior-year LWBS volumes. At \$0.0079 per message, projected annual expense was approximately \$127.10—an investment easily offset by recapturing even a single patient visit. While initial approval required navigating operational and financial concerns, the minimal cost and significant potential impact supported implementation.

Program performance was evaluated between April 18 and August 15, 2025. During this period, there were 5,720 LWBS encounters.

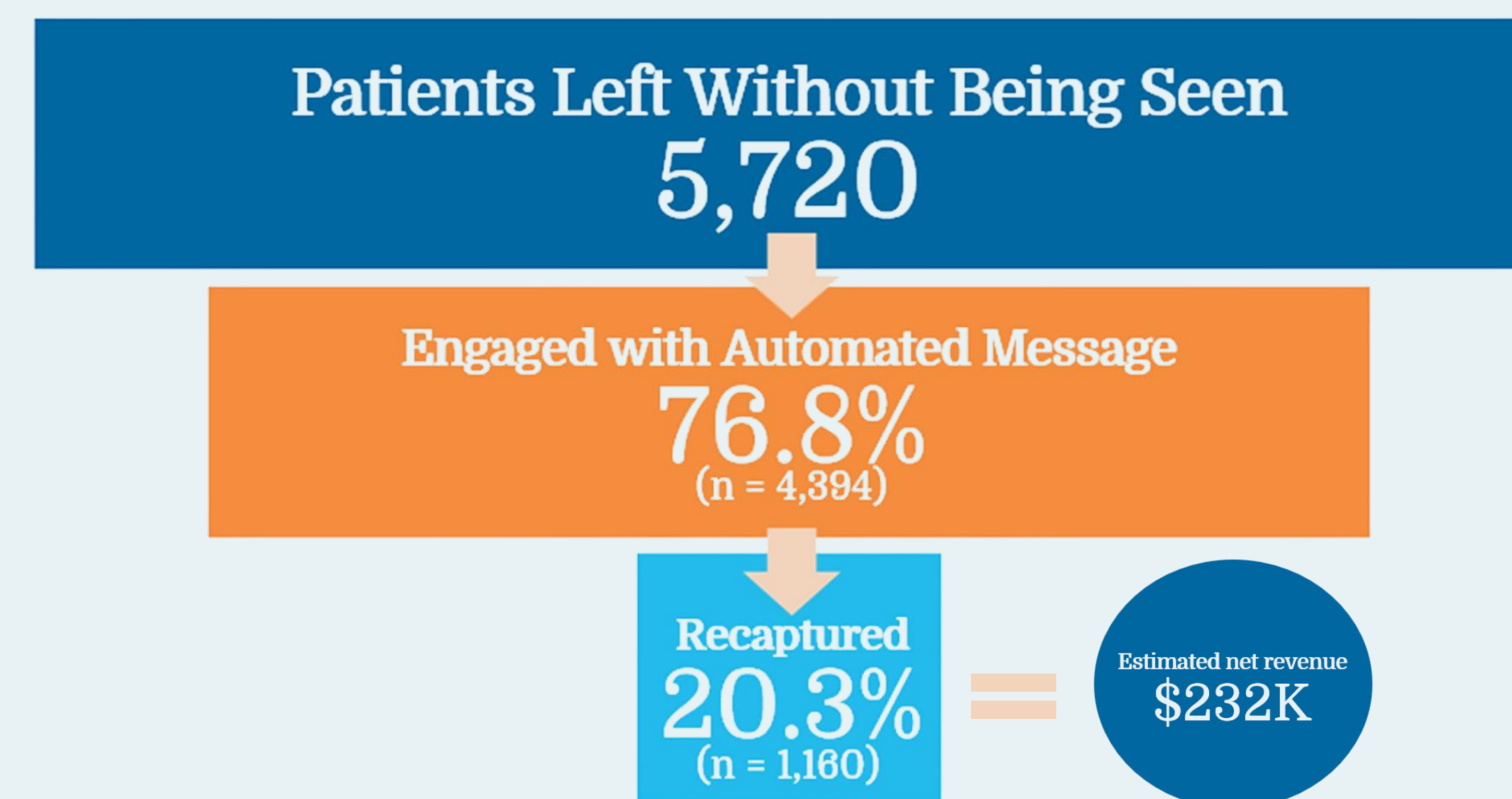
Results

During the four-month evaluation period, 5,720 patients left urgent care without being seen. Automated text outreach demonstrated strong performance, with 76.8% of patients (n=4,394) engaging with the embedded links. This high level of interaction reflects the value of timely, patient-centered communication and the ability of automated messaging to amplify reach beyond what is feasible through manual methods.

Critically, 20.3% of all LWBS patients (n=1,160) saved another spot after receiving the automated message—representing meaningful recapture of patients who otherwise may have delayed care, redirected to higher-cost settings, or been lost to follow-up entirely. The immediate access pathways provided in the text—including nearby centers with shorter wait times and virtual care options—supported rapid re-entry and helped redistribute volume across locations.

Overall, the automated outreach workflow demonstrated that scalable digital communication can markedly improve re-engagement among LWBS patients. The intervention produced high engagement, strong recapture rates, and a more consistent patient experience while reducing the operational burden associated with manual follow-up.

Impact of Automated Outreach on LWBS Patient Recapture



Conclusion

This initiative demonstrates that timely, patient-centered outreach can play a meaningful role in reducing LWBS in urgent care settings. The manual call-back pilot provided foundational insights, but underscored challenges related to scalability, efficiency, and delayed contact. Patient feedback emphasized the need for immediate outreach, prompting the shift to automated texting.

The automated solution was highly effective and cost-efficient, allowing for rapid and relevant communication while ensuring a positive patient experience. Engagement data indicated substantial interaction, revealing that over one thousand patients were successfully re-engaged (76.8%) during the four-month period analyzed, and 20.3% were recaptured. This automated outreach, along with providing flexible re-entry options such as nearby centers and virtual visits, further facilitated timely access to care and reduced delays in treatment.

Overall, automated text messaging represents a scalable, sustainable, and cost-efficient strategy to reduce LWBS, enhance patient satisfaction, and optimize resource utilization across urgent care networks. Future opportunities include refining targeting criteria, enhancing performance visibility, and expanding automated communication pathways to strengthen engagement and continuity of care.

Contact

alexander.mangas@gohealthuc.com
erin.hunt@gohealthuc.com