

# Routinizing Appointment Reminder & Outreach Calls for Patients with Chronic Viremia

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## Background

- Throughout 2017, Mount Sinai's Institute for Advanced Medicine (IAM) implemented QI projects with the purpose of improving the IAM average viral suppression rate.
- During implementation, missed visits were a significant barrier observed for chronically unsuppressed patients, and there was no standardized system for addressing No-Shows.
- To improve the No-Show rate of this high-risk population, this QI project piloted a routine phone intervention: reminder calls for upcoming scheduled appointments and outreach calls for missed appointments.

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## Objectives

**This QI project had two main objectives:**

1. to create a system for tracking outcomes of reminder and outreach calls made to chronically unsuppressed patients
2. to understand the impact a routine phone call intervention has on appointment completion rates and, ultimately, viral load.

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## Methods

- Utilizing Mount Sinai's EMR (Epic), Sr. Data Manager generated weekly lists of unsuppressed patients with a scheduled PCP appointment in the next week.
- Data Entry Specialist made reminder calls to eligible patients 24-72 hours before an upcoming primary care (PCP) visit, and an outreach call 24-48 hours after a missed appointment.
  - **Intervention group:** Chronically Unsuppressed Patients from 2 of 5 IAM clinic sites
  - **Control group:** Patients from remaining 3 IAM clinic sites
- Outcomes of calls were documented in EMR.

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## Methods

- To streamline and standardize documentation in EMR, a simple coding system was created.
- This allowed us to quantify total calls made and all possible call outcomes.

Phone Call Result (Reminder)	Comment Box Text
This writer was not able to reach the patient because the phone number(s) listed was disconnected.	VLSQI - Reminder [numdisc]
This writer was not able to reach the patient because the phone number(s) listed was incorrect.	VLSQI - Reminder [numinc]
This writer was not able to reach the patient because they were not available. There was no option for voicemail.	VLSQI - Reminder [novoice]
This writer was not able to reach the patient but left an appointment reminder in a voicemail. Patient was instructed to call the front desk at 212-604-1701 if they are unable to attend and need to reschedule.	VLSQI - Reminder [leftvoice]
This writer was able to reach the patient, but the patient reported not being able to keep the scheduled appointment. Patient was not ready to reschedule today and was provided the front desk phone number (212-604-1701) to reschedule on their own.	VLSQI - Reminder [ptcallbac]
This writer was able to reach the patient, but the patient reported not being able to keep the scheduled appointment. The PCP appointment was re-scheduled for: ***	VLSQI - Reminder [visitresch]
This writer was able to reach the patient, appointment confirmed.	VLSQI - Reminder [visitconf]

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## Slide 6

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**JC1** Do we want to copy/paste this text into a chart that meets the format suggestions for the IAM brand  
(see slides at end of presentation)

Joseph, Christopher, 11/7/2018

## Methods

- The coding system allowed us to differentiate between Reminder and Outreach calls and analyze them separately.

Phone Call Result (Missed Appt)	Comment Box Text
This writer was not able to reach the patient because the phone number(s) listed was disconnected.	VLSQI - Outreach [numdisc]
This writer was not able to reach the patient because the phone number(s) listed was incorrect.	VLSQI - Outreach [numinc]
This writer was not able to reach the patient because they were not available. There was no option for voicemail.	VLSQI - Outreach [novoice]
This writer was not able to reach the patient but left a voicemail. Patient was instructed to call the front desk at 212-604-1701 to reschedule their PCP appointment.	VLSQI - Outreach [leftvoice]
This writer was able to reach the patient. Patient was not ready to reschedule today and was provided the front desk phone number (212-604-1701) to reschedule on their own.	VLSQI - Outreach [ptcallbac]
This writer was able to reach the patient, and the PCP appointment was re-scheduled for: ***	VLSQI - Outreach [visitresch]

JC2

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## Results

- Data was analyzed on calls conducted from 12/1/17-6/30/18 at the Comprehensive Health Center and Jack Martin Clinic sites
- Calls were made for an average of 3 appointments per patient

	# of Calls Made	# of Patients Contacted
Reminder Calls	526	337
Outreach Calls	181	144
<b>Total</b>	<b>707</b>	<b>341</b>

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## Slide 7

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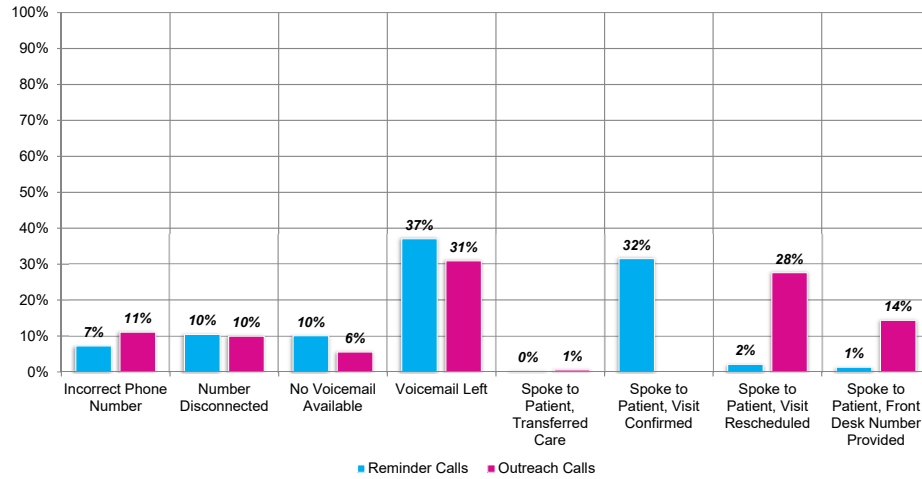
**JC2**

Do we want to copy/paste this text into a chart that meets the format suggestions for the IAM brand  
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Joseph, Christopher, 11/7/2018

## Results

**Call Outcomes by Call Type**  
12/1/17 – 6/30/18



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## Results

Reminder Call Appointment Status (Calls Made 12/1/17-6/30/18)			
	Total	Completed	
	#	#	%
Spoke to Patient, Visit Confirmed	166	105	63%
Voicemail Left	195	98	50%
No Voicemail Available	53	20	38%
Incorrect Phone Number	38	12	32%
Number Disconnected	55	9	16%
Spoke to Patient, Visit Rescheduled	11	1	9%
Spoke to Patient, Transferred Care	1	0	0%
Spoke to Patient, Front Desk Number Provided	7	0	0%

Outreach Call Appointment Status - Rescheduled Visits (Calls Made 12/30/17-6/30/18)			
	Total	Completed	
	#	#	%
Spoke to Patient, Front Desk Number Provided	26	13	50%
Spoke to Patient, Visit Rescheduled	50	23	46%
Voicemail Left	56	0	0%

- A total of 204 patients (60%) completed at least one visit in the period
  - 189 patients with reminder calls (56%) completed at least one visit for which they were reminded
  - 32 patients with outreach calls (22%) completed at least one rescheduled visit following outreach

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## Results

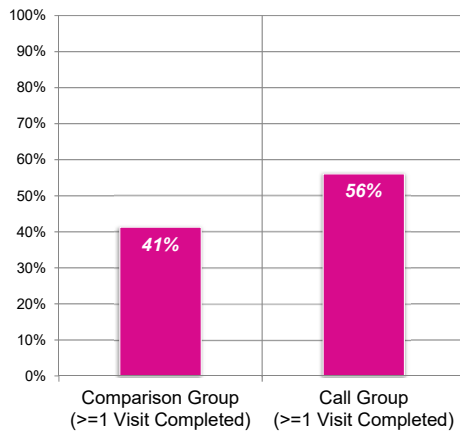
	Total Appointments	Total Completed Appointments	Appointment Completion Rate	Total Patients	Total Patients Completing at Least 1 Appointment	Patient-Level Completion Rate
Control Group	1693	799	47%	452	357	79%
Intervention Group	361	203	56%	252	154	61%
Visit Confirmed	166	105	63%	131	90	69%
Voicemail Left	195	98	50%	121	64	53%

- Control group defined as chronically unsuppressed patients with appointments at the 3 other clinic sites in the same time period (1/1/17-6/30/18)
- Appointment completion rate was much higher for patients contacted in the intervention than for patients in the control group (56% vs. 47%), with the highest rate for those who confirmed the appointment (63%)
- On the patient level, a higher proportion of patients completed at least one visit in the period in the control group
  - Could be due to significantly larger average number of appointments per patient in the control group (3.7 in control group vs. 1.4 in intervention group)

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## Results

**VL Suppression Rate as of 11/1/18**



- 349 patients in the control group had at least one completed visit from 12/1/17 through 6/30/18 and a subsequent viral load up to 11/1/18
- 189 patients in intervention group met these criteria
- As of 11/1/18, 41% (144) in the control group had a most recent viral load of <200 copies/mL, compared with 56% (106) in the group receiving calls

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## Summary of Results

- PCP visit completion rate was 56% for the intervention population, as compared to 47% for the control population at other clinic sites
- On a patient level, comparison clinic sites appeared to show a higher proportion of chronically unsuppressed patients with at least one visit completed, though this is due at least in part to a higher number of visits per patient in the comparison group
- However, the viral load suppression rate was 56% for the population receiving calls and completing at least one appointment, and 41% for the comparison population

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## Conclusions/Next Steps

- This QI project shows some evidence that a routine phone call intervention can positively impact PCP completion rates and viral load suppression for chronically unsuppressed patients
- Further comparison will be performed over time to analyze whether this trend continues

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Thank you!

Questions?