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Project Description

I wanted to address patient outreach to help patients and clinic teams. I believed I could do this by designing an efficient patient engagement strategy.

Problem Statement:

Clinic teams spend large amounts of time manually outreaching to patients for; 1) new patient appointments, 2) cancer screenings, 3) immunizations, 4) questionnaires, etc.

Achieving these measures are increasingly important for value-based payments like PRIME and QIP but requires significant staff time and effort.

Discovery:

1. I interviewed 50 people including DHS leaders, medical assistants, physicians, residents, and patients about their thoughts on patient engagement.
2. I was surprised that front line staff strongly advocated for multiple modes to promote patient engagement.
3. Based on my interviews and research I pivoted from creating a more efficient, high tech method to collect Social Determinants of Health (SDOH) questionnaire responses to creating outreach strategies for high yield clinic quality metrics.



Goal:

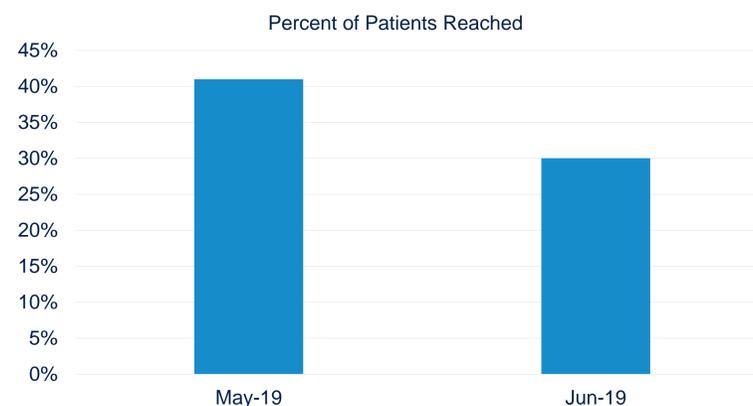
Create a more efficient patient outreach process around common healthcare quality goals. This will improve patient experience and increase clinic staff direct patient care and engagement.

Outcome-oriented Objective:

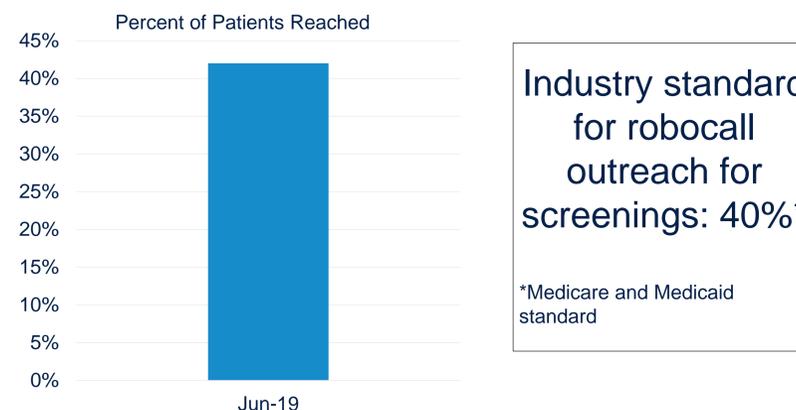
Increase the number of patients completing cancer screening by 10% out of the patients receiving automated outreach.

Results

Colorectal Cancer FIT Robocall Outreach



Diabetes Safety Lab Monitoring Outreach



Lessons Learned

- We were able to efficiently outreach to patients using robocall technology through our existing call center.
- Our outreach efforts were equivalent to the industry standard.
- We hoped to outreach via text message, but this process was held up by repeated legal reviews and delays in contracting for text messaging vendor.
- I learned that it is key to obtain senior legal approval especially in public systems around automated outreach. It is key to obtain explicit patients consent (documented in chart).
- Custom IT development is challenging unless you have a dedicated IT resource/programmer who does not have competing priorities.
- I am now much more knowledgeable about the processes of legal, contracting, and IT systems.

Next Steps:

- This project served as a proof of concept.
- We will be engaging a human centered design team to help design the next and more broad iteration of our patient communication/engagement strategy.
- We will search for a vendor with a comprehensive existing model.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • DHS Patient Access Center • Call Center Managers and Staff • All facility Primary Care Workgroup • Clinic Administration – MD and Nursing • Patient Advisory Councils 	Key Activities <ul style="list-style-type: none"> • Process objectives go here • Capture patient communication preference in EHR • Text Messaging • Screening for social determinants (upstream) • E-Clipboard patient portal 	Value Propositions <ul style="list-style-type: none"> • If we can improve capture of patient communication preference, we can improve communication with our patients. • If we can decrease letters modestly by 30%, we could save more than \$1 million per year accounting for programming costs – MA, LVN, clerk time, letter costs. • If we text message patients widely, we will learn which phone numbers are accurate cell numbers. 	Buy-in & Support <ul style="list-style-type: none"> • Patients • Patient Access Center • Primary Care Leadership Workgroup • CIO • CMO and Associate CMO 	Beneficiaries <ul style="list-style-type: none"> • Patients – improve communication • Medical Assistants, LVN's (E-Clipboard can improve efficiency of workflow) • Clerks – decrease outbound reminder calls • Providers – improve PRIME metrics, provider meaningful use scores
Key Resources <ul style="list-style-type: none"> • IT programmers • EHR analysts • Call center agents • Contracting for E-Clipboard 		Deployment <ul style="list-style-type: none"> • 7/2018 Trial SDOH phone screening • 1/2019 Collect patient communication preferences in EHR • 5/2019 outreach campaigns 		
Mission Budget/Cost <ul style="list-style-type: none"> • Grant for text messaging and programming – CCI (\$25k) • Patient preference capture – training, deployment (fixed cost) • Phone vs online SDOH screening – (fixed cost) • E-Clipboard (~\$50k) 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • We will contact patients per their preference more efficiently. • We will regularly remind patients of appointments and health care screenings. 	