Improving Patient Inreach & Outreach

Outreach Implementation Sessions | Pre-work Questionnaire Results

Questionnaire Overview

Survey conducted July/August 2019

Total Systems Responded: 14

1. Alameda Health System
2. Arrowhead Regional Medical Center
3. Contra Costa Health System
4. Kern Medical
5. Natividad
6. Riverside University Health System
7. San Francisco Health Network
8. San Joaquin General Hospital
9. San Mateo Medical Center
10. Santa Clara Valley Medical Center
11. UC Davis Health
12. UC Irvine Health
13. UCLA Health
14. UCSF

** See Appendix A for a list of titles & roles for individuals that completed the questionnaire*

Section I: Centralized Telephone Outreach

Q2: At a high-level, describe how your system is currently conducting phone outreach?

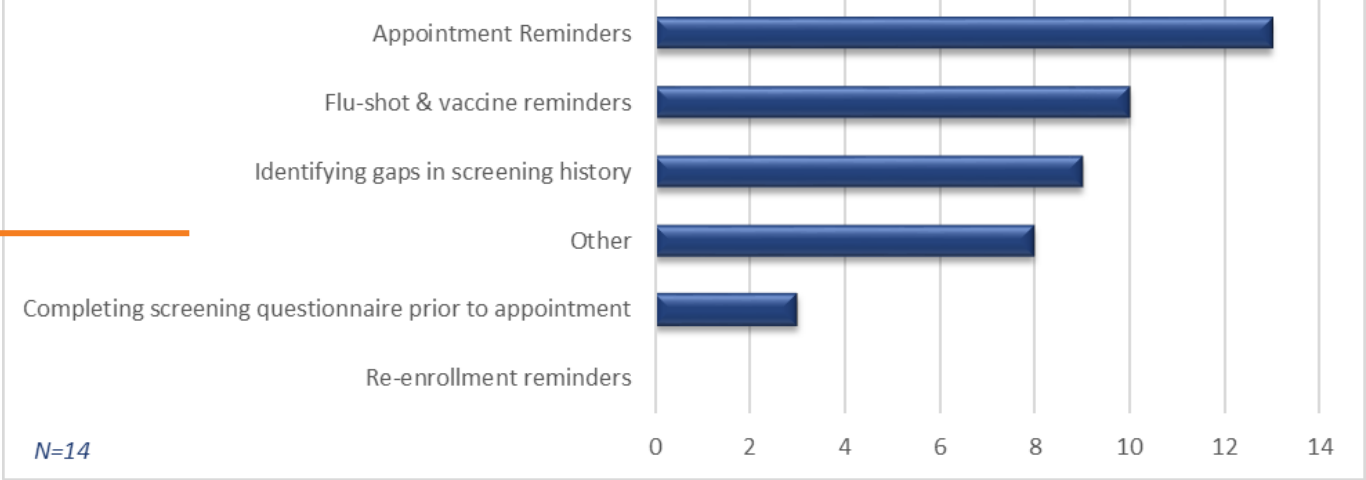
- **Alameda:** Follow-up with high-risk patients after hospital discharge, collaborate with Care Transitions and Complex Care Management teams; beginning to centralize phone outreach efforts in ambulatory.
- **Arrowhead:** Clinic-level telephone outreach for new patients, well-child checks, preventive services, etc.; automated texting for outreach.
- **Contra Costa**: Clinic-level staff; robo-calls.
- **Kern:** clinic-level staff.
- **Natividad:** Central process for identifying patient outreach list; clinic-level outreach for scheduling appointments, prioritized by date**.**
- **Riverside:** Centralized Outreach Team for newly assigned patients to schedule initial health assessment. Clinic-level staff outreach for missed appointments and assigned patients not seen in past year; moving towards centralization.
- **San Francisco:** Clinic-level nurses and analysts conduct outreach; centralized Call Center assisted by Population Health Outreach Coordinator.
- **San Joaquin:** Clinic-level outreach; interested in Cipher.
- **San Mateo:** Contractor for newly-assigned member outreach for preventive screenings and warm transfers for PCP appointment. Clinic-level outreach supported by Population Health Analytics. Automated clinic-level outreach for appointment reminders and no-shows.
- **Santa Clara:** Complex Care Nurses conduct outreach for primary care, specialty, hospital discharge. Population Health Coordinators conduct outreach for primary care. Clinic-level appointment reminders.
- **UC Davis:** Clinic-level and centralized outreach; third-party vendor.
- **UC Irvine:** Centralized follow-up with high-risk patients after hospital discharge; some phone follow-up from ACO case/care managers for identified high-risk patients.
- **UCLA:** Individual clinics, care coordinators, and pharmacy staff; Cipher and ClienTell
- **UCSF:** Centralized outreach programs.

Themes across centralized outreach efforts:	Themes across de-centralized outreach efforts:
Complex care nurses and/or centralized call centers conduct outreach after **hospital discharge**, ensuring patients have follow-up appointments scheduled and/or coordinate with complex care management teams *(Alameda, Santa Clara, UC Irvine)* Centralized phone outreach is used to support **primary care** teams *(San Francisco, Santa Clara)* Systems leverage **Population Health Coordinators** to conduct centralized outreach as well as using **Population Health Analytics** to provide **prioritized outreach lists** *(Natividad, San Francisco, San Mateo, Santa Clara)* Systems conduct outreach to **newly assigned members** to welcome them, conduct initial screenings, and schedule initial health assessments/appointments *(Riverside, San Mateo)*	All systems conduct outreach at the **clinic-level** Clinic staff conduct outreach for upcoming **appointment reminders**, to **reschedule** after no-show appointments, and to **schedule new** appointments for identified/prioritized patients *(Arrowhead, Riverside, San Mateo, Santa Clara)* **Some unique de-centralized efforts:** Arrowhead prioritizes phone outreach to schedule **well-child** visits UC Irvine conducts phone follow-up from case/care managers for the **ACO** and identified high-risk patients. UCLA conducts phone outreach for/by their **pharmacy** teams

Q3: If you use a vendor, which vendor do you use?

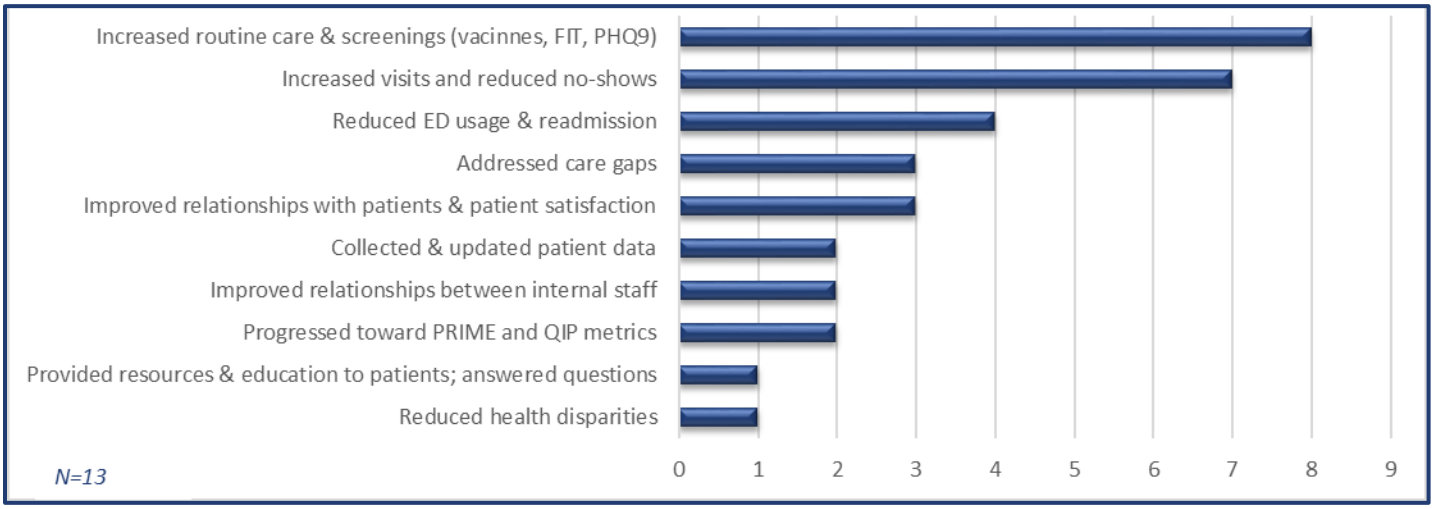
- **Cipher** *(San Joaquin, UC Davis, UCLA, UCSF)*
- **ClienTell** *(UC Davis, UCLA)*
- **Emmi** *(UC Davis)*
- **Televox** *(Contra Costa, Riverside)*
- **NRC** *(Contra Costa)*
- **Alliance DMS** *(San Mateo)*
- **Patient Prompt** *(Arrowhead)*

Q4: For what services does your organization conduct centralized telephone outreach?



- **Other (please specify):**
  - Post-discharge follow-up (Contra Costa, Riverside, UC Davis, UCLA)
  - Scheduling appointments, generally (Alameda)
    - *Mammograms (San Francisco, San Mateo)*
    - *FIT testing (Contra Costa, San Francisco)*
    - *PAP (San Francisco)*
  - Cervical cancer screening (Contra Costa)
  - Outreach to currently-assigned patients (Riverside)
  - Hypertension equity (San Francisco)
  - Blood pressure control (San Francisco)
  - Food pharmacy participation (San Francisco)
  - Well-child checks (access to primary care) (San Francisco)
  - Hypertension (San Mateo)
  - Colorectal Cancer screening (San Mateo)
  - Diabetes (San Mateo)
  - ACO/MA patient management (UC Irvine)
  - Readmission reduction (UC Irvine)
  - Other care gaps (UCLA)

Q5: Describe some of the successes you have seen emerge from this outreach.



Additional Lessons Learned

"…Lessons in finding synergies in outreach were key in reducing duplication of outreach resources…Presenting results to the call center allowed them to see the effects of their outreach efforts and increase their interest in doing future outreach."

San Francisco

"Improved verbiage in scripts…[and] brought attention to necessity of a centralized outreach team."

Riverside

"When there is a push in outreach, we see an increase in participation (e.g., returning CRC kits, immunizations). However, it isn't consistent. Outreach to newly Assigned Unseen members has enabled us to provide preventive screenings without a PCP visit."

San Mateo

"Patients report outreach calls from the SCVMC main number comes up as Spam call."

Santa Clara

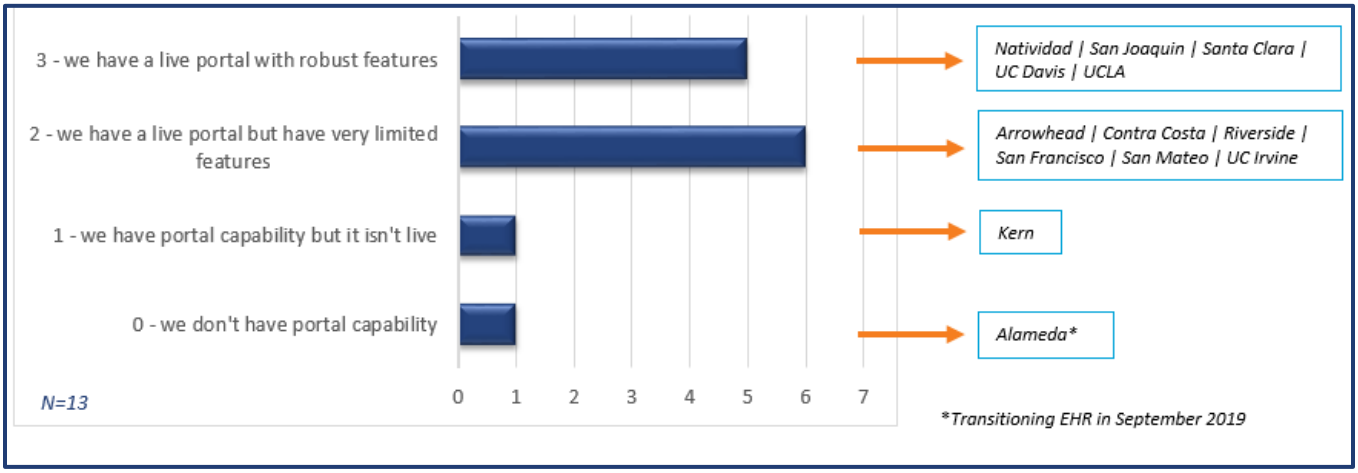
Q6: What are the 1 to 2 most pressing issues you hope your system could address/solve with centralized telephone outreach?

Key Themes

- Automation could support increased reach rates, increased frequency of patient contact, and reduced staff time/burden
  - *Balance this with not redundantly calling patients; patient education about outreach efforts would be useful*
- Centralized and automated outreach could address care gaps and screening gaps
- Centralized efforts could streamline documentation and coordinate sporadic outreach efforts
- Integrating EHR systems would support automated outreach
- Outreach should reduce no-show rates

Section II: Patient Portal Use

Q8: Which of the following best describes the level at which your organization currently uses patient portals?



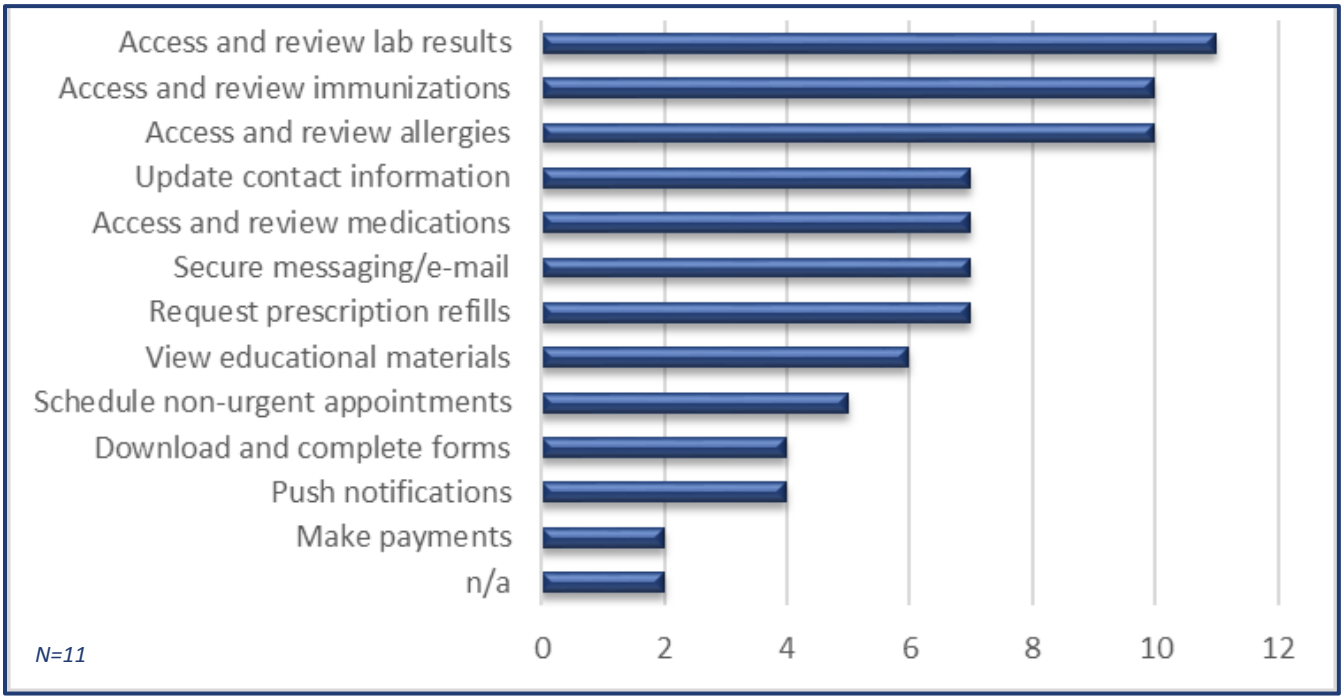
Q9: How many patients have signed up for the patient portal (approximately)?

- PHS generally have around **25-35%** of patients signed up for a patient portal
  - *Arrowhead: 2,000 patients*
  - *Contra Costa: 55,500 (32%) of empaneled patients*
  - *Natividad: 12,000 (26%) registered portal users*
  - *Riverside: approximately 25%*
  - *San Francisco Health Network: 21,700 (35%) active primary care patients*
  - *San Joaquin: 4,800 patients*
  - *San Mateo: approximately 500 (1%) of primary care patients*
  - *Santa Clara: 30-35% of total patients*
  - *UC Irvine: approximately 30-40% enrolled in portal*
  - *UCLA: 558,169 total portal users*

Q10: How many patients actively use the patient portal (approximately)? How do you define "active"?

- 4 PHS have clear definitions of "active" use and are able to track active patients
  - Contra Costa, Natividad, San Francisco, and UCLA
  - **Contra Costa** reported that 20,500 (16%) patients **have logged in during the last 90 days**
- 7 PHS are unable to track active use (due to portal capabilities) or it is unknown at this time
- PHS systems generally define "active" (or would want to measure activity) by the number of logins, over a specified period of time, and based on the types of action(s) the patient takes, such as:
  - Logged in during the past 90 days
  - Logged in and used portal on a monthly basis
  - Logged in and viewed patient health record
  - Logged in and used portal communication, inbasket, and/or prescription requests

Q11: Which uses and features are currently live on the portal?



**Note: "n/a" indicates systems without a live portal*

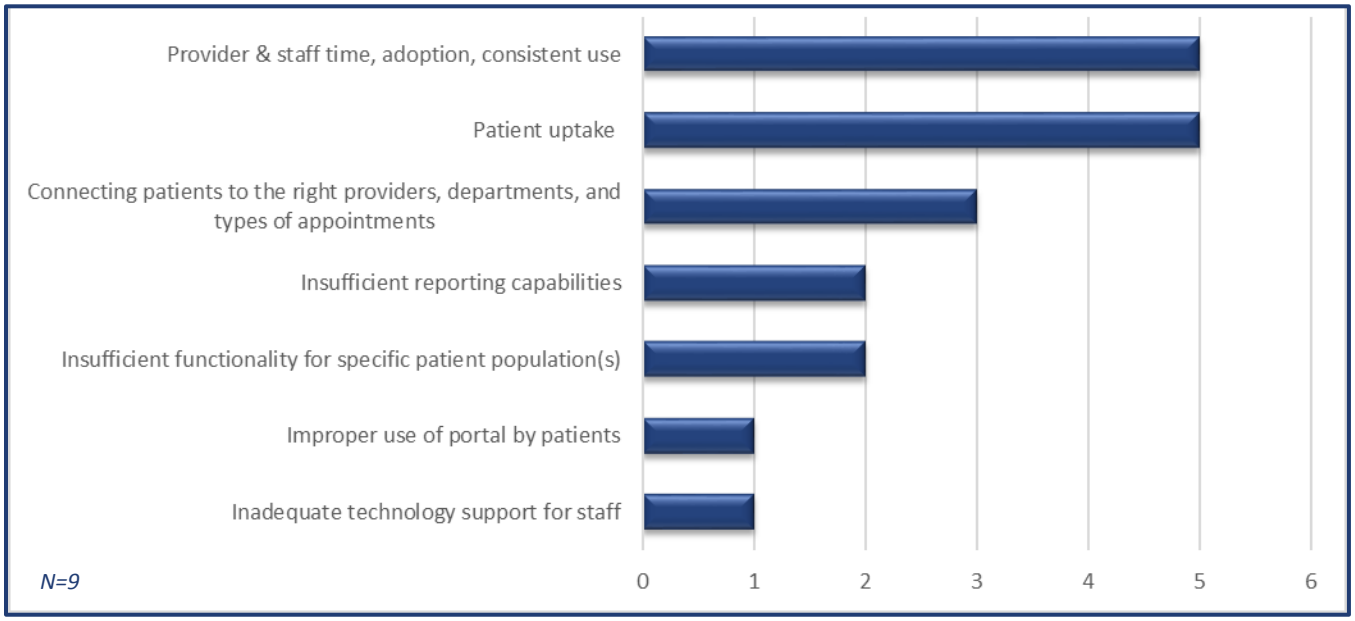
Q12: Describe some of the successes of implementing and using secure messaging for your system.

Benefits for Patients	Benefits for Staff
♦ Patients are able to view their medical records, health education materials, lab results, and visit summaries *(Natividad, Riverside, San Francisco, and Santa Clara)* ♦ Patients have direct access to their provider and receive quicker responses directly from provider *(Natividad, Riverside, Santa Clara, and UCLA)* ♦ Patients can make appointments *(Riverside)* ♦ Patients are increasingly signing-up for portals *(Kern)*	♦ Streamlined communication directly to providers, reduced communication bottlenecks, and overall increased efficiency and reduced time burden *(Santa Clara, UCLA)* ♦ Providers can send outbound messages directly to patients *(UC Irvine)*

Joint strategies:

- ♦ Increasing knowledge and awareness around portals for care team and ancillary staff (including registration clerks) led to staff promoting portal adoption among patients, which led to increased patient activation *(Contra Costa)*

Q13: Describe some of the current challenges of implementing and using secure messaging for your system.



Challenges

Provider & staff time, adoption, consistent use

"Challenges defining optimal time management to address increased volume of messaging and balancing existing responsibilities; appropriate staffing to manage increased calls and messaging." — *Santa Clara*	*"Getting dedicated resources to assist patients in signing up for secure messaging system."* — *Riverside*	*"Provider and staff follow-through on responding/answering messages from patients (or other providers)."* — *UC Irvine*	*"Accountability amongst staff to respond to secure messages in a timely manner."* — *San Joaquin*

Patient Uptake

"Educating the patients and population and getting them to adopt it." — *Natividad*	*"Currently underutilized for form completion."* — *Riverside*	*"We learned that just getting people logged on is a significant barrier."* — *San Francisco*	*"Signing up the patients and encouraging them to use the service."* — *Contra Costa*

Connecting patients to the right providers, departments, and types of appointments

"Sometimes there are technical issues related to routing to the appropriate provider and department." — *UCLA*	*"System allows new patients to book follow-up slots with PCP instead of new patient slots."* — *Santa Clara*	*"Not all providers are listed to be selected."* — *Riverside*

Insufficient reporting capabilities

"No reliable reporting regarding secure messaging platform." — *Riverside*	*"Reporting for wait times on responses through secure messaging system is a challenge."* — *San Joaquin*

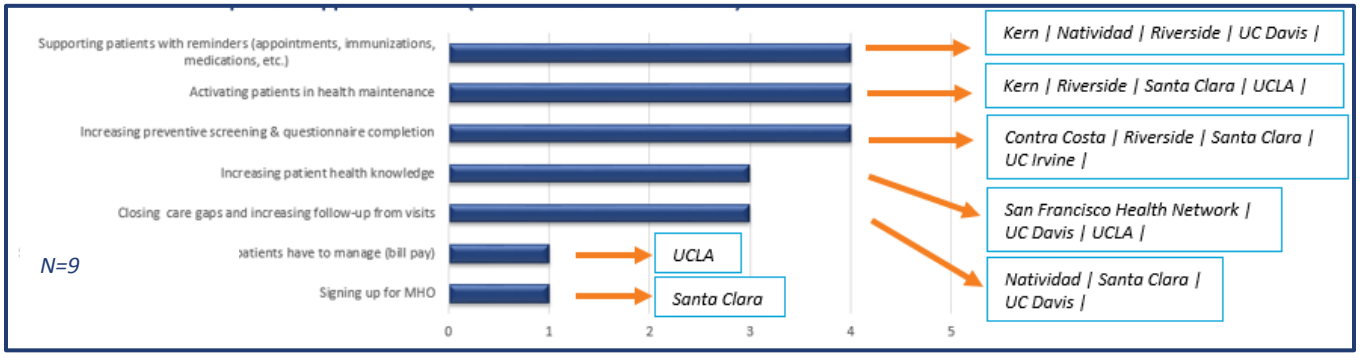
Insufficient functionality for specific patient population(s)

"Limited language support for Roman alphabet only." — *Santa Clara*	*"Patients don't have email/electronic access…Can't sign up using cell phone….Phone app doesn't have all the features."* — *Natividad*

Improper use of portals by patients

"Patients utilizing the system to ask questions that should be handled at an appointment." — *UC Davis*

Q14: What do you see patient portals achieving for your systems? How do patient portals support outreach (and what forms of outreach)?



Opportunities

"Implementing additional screening (ROS, H&P, PHQ, DAST, AUDIT, Smoking) to reduce workload on rooming patients during provider encounters." — *UC Irvine*

"Enabling the patients to interact with their care and take a more active role in it. Learn about health care in general. We are rolling out Happy Together, so patients can see information from non-UCLA Health providers that they have attended. We are also making the transition to a bill payment feature right on MyChart instead of routing through another bill pay website/system." — *UCLA*

"Improving patient access and patient engagement with their health, possible improved patient retention. If we had a high penetration of secure messaging users, we could use that to improve pre-registration processes and form completion, and reminders for preventive health services."

Riverside

"Not necessarily to support outreach. However, the ability for the patient to interact with the care team and provider is a huge benefit. Reduces call wait times for call center, medical records and clinic staff. Ability to complete patient questionnaires will prove to be a huge benefit."

San Joaquin

Appendix A: Questionnaire Respondents

Name:	Title/Role:	Submitting on behalf of (health system):
Ryan Alipio	Quality and Performance Improvement Manager	Alameda Health Services
Staci McClane	Associate Hospital Administrator	Arrowhead Regional Medical Center
Nooshin Abtahi	Health Services Administrator	Contra Costa County Health Services
Carmelita Magno	Outpatient Quality Director	Kern Medical
Jane Finney	PRIME Project Manager	Natividad Medical Center/Monterey County
Victor Lucero	Empanelment Coordinator	Riverside University Health System
Tiffany Pothapragada	Population Health Outreach Coordinator	San Francisco Health Network
Rajat Simhan	PRIME Program Manager	San Joaquin General Hospital
Suzanne Tsang; Bradley Jacobson; Melissa Rombaoa; Josefina Rubio	Population Health	San Mateo Medical Center
Erica Solencio	Panel Management Supervisor	Santa Clara Valley Medical Center
Jeff Berg	Director, Quality Initiatives and Reporting	UC Davis Health
Scott Thompson	PRIME/QIP Project Manager	UC Irvine Health
Samuel Conovitz & Nicole Douglas	PRIME/QIP Project Managers	UCLA Health
Andrea Reategui	Health Care Navigator	UCSF