Improving Response Times to Patient Messages in the UT Medicine Women’s Health Center

Clinical Safety & Effectiveness Cohort# 7
DISCLOSURE

Victoria Carter, MD has no relevant financial relationships with commercial interests to disclose.

Helena Crosby, has no relevant financial relationships with commercial interests to disclose.

Susan Crum, RN has no relevant financial relationships with commercial interests to disclose.

Jarrod D. Power has no relevant financial relationships with commercial interests to disclose.
The Team

CS&E Team

- Dr. Victoria Carter – Medical Director of Neurology
- Helena Crosby – UT Medicine Clinical Operations
- Susan Crum, RN – Clinic Manager of UT Medicine Women’s Health Center
- Jarrod D. Power – EpicCare Specialist

Participants

- Dr. Mysti D.W. Schott – Director of Clinical Informatics
- Marisela Casarez, MA – Lead Medical Assistant MARC OB/GYN
- Diana Realme – MARC OB/GYN Call Center
- Shannon Balmer – MARC OB/GYN Call Center
- Lisa Ponce, MA – Medical Assistant MARC OB/GYN
- Rosetta Noela Barrera – Epic Clarity Reporting

Facilitators

- Amruta Parekh, MD, MPH
- Leticia Bresnahan, MBA
Our Team Photo
What We Are Trying to Accomplish?

OUR AIM STATEMENT

The aim of this project is to increase the percentage of patient calls returned by the end of the clinic day to 100% by June 1, 2011 in the UT Medicine Women’s Health Center.
Project Milestones

Team Created 01/12/2011
AIM Statement Created 01/28/2011
Weekly Team Meetings 01/19/2011 - 06/24/2011
Interventions Implemented 03/01/2011 – 06/01/11
Data Analysis 03/14/2011 – 06/17/11
CS&E Presentation 06/24/2011
Cause & Effect Diagram

Call Center
- Inadequate Staffing
- Incorrectly routing messages to pool or provider
  - Duplicate Message
  - Unavailable for Contact
  - Unwilling to Provide Information
  - Incomplete/Inaccurate Documentation
  - Unable to Clearly Convey Info
  - Incapacitated
  - Cultural or Language Barrier

Patient
- Wrong Demographic Info
- Speaking to Third Party Contact

Epic
- Ineffective Training
- Poor delineation of System versus Clinical Responsibilities
- Unable to Access offsite
- Duplicate Messages
- Complex Workflow

Provider
- Unavailable
- Unable to Respond
- Unwilling to Respond
- Working at different Clinic/Location

Clinical Support
- Incomplete/Inaccurate Documentation
- Incorrectly Routing Message to Pool
- Inadequate Staffing

Patient message response times extending beyond the end of the clinic work day.
Pre-Intervention - Raw Number of Total Calls Compared to Calls Not Returned

Number of Patient Calls

Date of Patient Call

- Calls Not Returned
- Total Patient Calls

2/22/2011
2/21/2011
2/20/2011
2/19/2011
2/18/2011
2/17/2011
2/16/2011
2/15/2011
2/14/2011
2/13/2011
2/12/2011
2/11/2011
2/10/2011
2/9/2011
2/8/2011
2/7/2011
2/6/2011
2/5/2011
2/4/2011
Pre-Intervention Metrics – Percentage of Patient Calls Not Returned by End of Clinic Day

Percentage of Patient Calls

Date of Patient Call

Pre-Intervention Metrics – Percentage of Patient Calls Not Returned by End of Clinic Day


UCL = 0.19
CL = 0.082092771
LCL = -0.023029064

0.19
0.082092771
-0.023029064

Percentage of Patient Calls

Date of Patient Call
In FY 2010 the Total Call Volume was 51,954

In FY 2011 the Total Call Volume was 59,886

*This represents a 15% increase*

In FY 2010, there were 7,727 total visits

In FY 2011, there were 8,595 total visits

*In FY 2012, this amount will increase dramatically due to 5 new physicians being added.*

UT Medicine has an expectation to keep the abandonment rates below 5%. Currently, our range is anywhere from 4.6% - 6.0% with 4.5 agents.
Initial Interventions

- Modified call center script to include a patient disclaimer "This message will be forwarded to your doctor and their MA. Due to clinic schedules, phone calls are returned at the end of the day" to set appropriate expectations.

- Prioritized clinical support staffs duties to ensure patient calls are returned before other duties assigned.
Post-Intervention #1 - Raw Number of Total Calls Compared to Calls Not Returned

Number of Patient Calls

Date of Patient Call

Calls Not Returned
Total Patient Calls
Post Intervention #1 – Percentage of Patients Not Contacted by End of Clinic Day
Pre & Post Intervention #1 Comparison – Percentage of Patients Not Contacted by End of Clinic Day
Secondary Intervention

- The Call Center employees, in coordination with the Medical Assistants, were asked to list the *Top 10 Reasons Patients Call.*

- Templates were devised, and approved by our Medical Director, to address the key points needed to properly triage the calls appropriately the *first* time around.

- This helped decrease the amount of calls back and forth between the clinical staff and patients; therefore, decreasing the amount of calls sent to the InBasket.
Template Example

Pelvic/Abdominal Pain with Pregnancy

How long have you experienced this pain?

Are you having any contractions (uterine tightening) or bleeding associated with the pain and pressure?

Are you experiencing pelvic pain confined to one location?

Have you experienced any fever, nausea or bowel changes?
Post Intervention #2 – Percentage of Patients Not Contacted by End of Clinic Day

Percentage of Patient Calls

Date of Patient Call

0.000
0.010
0.020
0.030
0.040
0.050
0.060
0.070

0.002
0.021

Return on Investment

- UT Medicine has an expectation to keep the abandonment rate below 5%. Currently, our range is anywhere from 4.7% to 6.0% with 4.5 agents.

- By streamlining the Call Center messaging process, there is a chance a new agent may not need to be added since the amount of return calls should be decreased. This could generate an annual savings of $27K-$30K.

- Ultimately, with projected growth, a new agent will be added but the number of total visits will be much higher as well; therefore, more than offsetting the added expense.
Return on Investment - 2

*With all calls being returned in a timely fashion potential liability is decreased.*

“... failing to respond to patient’s emails [messages] within a reasonable amount of time, could constitute a violation of the standard of care.” (Mangalmurti, Murtagh & Mello, 2010, p. 2065)

This may have medico-legal benefits since research has linked a propensity to sue with patients’ satisfaction with their physician and the physician’s communication skills (Levinson, Roter, Mullooly, Dull, & Frankel, 1997).
When patient satisfaction is increased, the patient is unlikely to seek care elsewhere.

“People have begun to expect a response within the same day, often sooner, and are annoyed if they do not receive it” (Safran, Jones, Rind, Bush, Cytryn & Patel, 1996 p.148).
Expanding Implementation

With the completion and successful implementation of our Aim Statement, these interventions will lead to evaluation and improvement of the quality of messaging.

This next step is being examined by Cohort 8 and will lead to a formal messaging policy within UT Medicine; therefore, strengthening our patient-oriented culture.
How Will We Know that the Change is an Improvement?

*UT Medicine Clinical Operations performs monthly messaging audits. The goal is to have 100% of the messages completed within 0-1 days. Here are the results of the last audit:*

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th># of Audits Completed</th>
<th>Messages completed within 0-1 days</th>
<th>Messages completed within 2-3 days</th>
<th>Messages completed in 3+ days</th>
<th>% Compliance with 24 hour TAT (0-1 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Specialty</td>
<td>12</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>Neurology</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td><strong>OB/GYN</strong></td>
<td><strong>15</strong></td>
<td><strong>15</strong></td>
<td>0</td>
<td>0</td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>Surgery/Plastics</td>
<td>8</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>88%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>88%</td>
</tr>
<tr>
<td>Ortho</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>86%</td>
</tr>
<tr>
<td>Westover Hills</td>
<td>15</td>
<td>14</td>
<td>1</td>
<td>0</td>
<td>93%</td>
</tr>
</tbody>
</table>
To sum it all up . . .

“Messaging systems effect liability by shaping patient’s perception of their physician” (Manglamurti, et al., 2010 p.3).
References


THANK YOU