Population Outreach by Empowering Medical Assistants

to Perform Population Management

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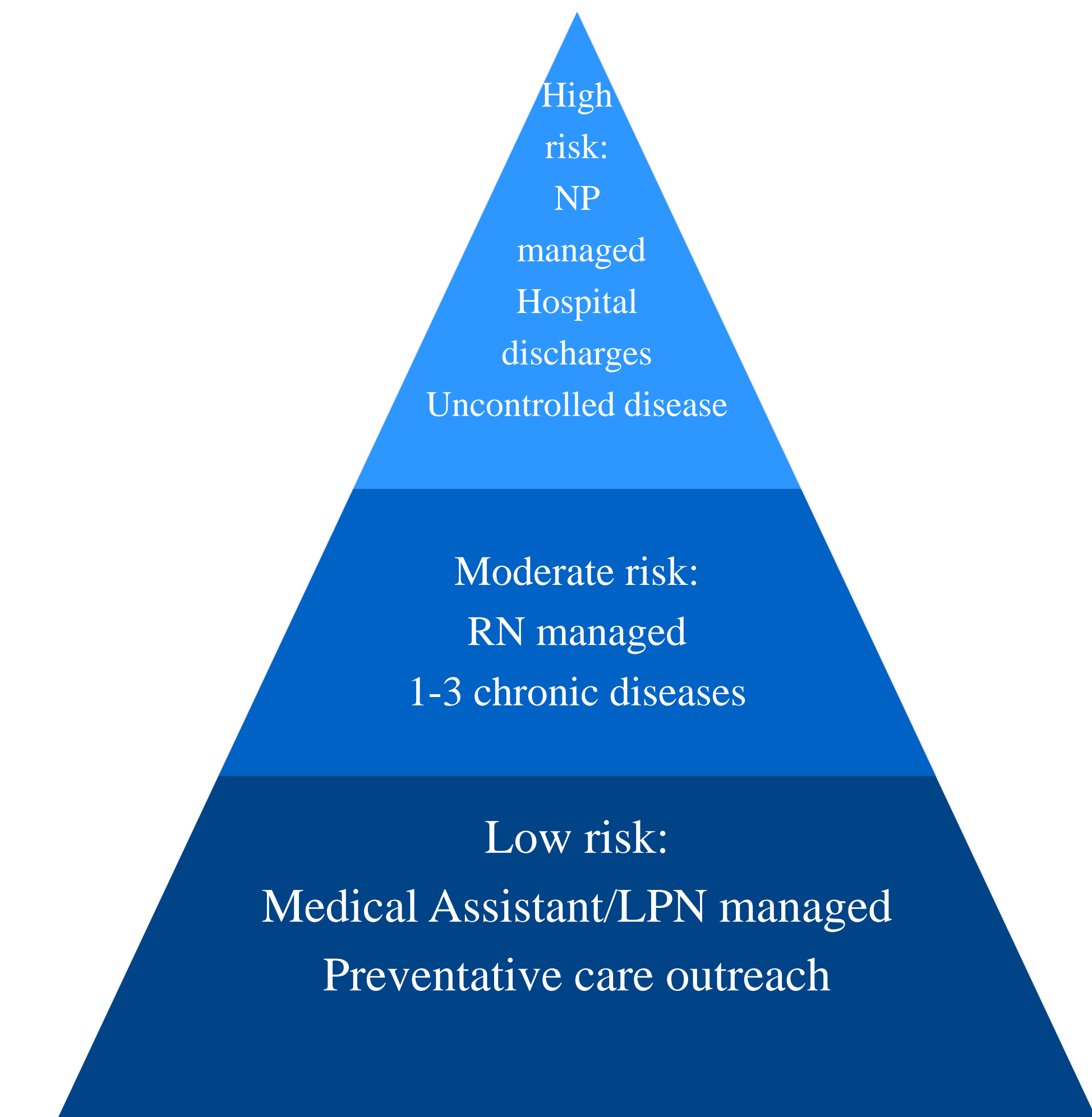
BACKGROUND

- Care management outreach is an important part of ensuring patients receive preventative care.

- Payment for healthcare is progressively being tied to quality outcomes

- Resources to perform outreach are limited in many practices but particularly in Safety Net hospitals.

- Task shifting to utilize exist staff to work at the "top of their license" is an important part of Patient Centered Medical Home

- Medical assistants can play an active role in outreach for routine preventative care with education and easy to use tools.

AIM

To utilize medical assistants to perform care management via phone outreach to patients due for mammograms, pap smears and colorectal cancer screening.

METHODS

High risk:
NP managed
Hospital discharges
Uncontrolled disease

Moderate risk:
RN managed
1-3 chronic diseases

Low risk:
Medical Assistant/LPN managed
Preventative care outreach

METHODS

- An easy-to-use registry was developed to identify patients due for preventative services

- Two medical assistants participated in a pilot program to call patients due for mammograms, pap smears and/or colon cancer screening.

- A standardized system was developed for medical assistants including:
  - ➢ Education about preventative screening tests
  - ➢ Scripting for phone calls
  - ➢ Guidelines and process for scheduling appointments.

METHODS

Registry Medical Assistant View

Quicktext In Centricity/Logician

Does the patient wish to schedule an appointment?	• Book appointment with PCP (if PCP not available offer an appointment with Team NP or another provider) • In EWS comments section write: PM - pap • Document in phone note **.fmpap** • In comments write: **booked for pap**
Does the patient decline pap smear?	• Tell patient we will note this in their chart • Document in phone note **.fmpap** • In comments write: **called for pap, patient declined**

Patient not reached	• Document in phone note
	  • In comments write: **.fmpap**
	    • **called, l/m for pap or called, no answer or called, disconnected**

METHODS

Audit Checklist

Pre-call
❑ Correctly selects patients due for tests from registry
❑ Correctly completes date, name and phone
❑ Reviews test due for patient prior to calling

During Call
❑ Identifies Family Medicine and provider's name
❑ Does the MA speak slowly and clearly?
❑ Does the MA use script?

After Call
❑ Correctly documents reason for appointment in EWS
❑ Correctly documents outcome in encounter type using quick text
❑ Routes encounter type to PCP or LPN

Data Report

DATE	CALLER	MRN	NAME	COMMENT(S)	DECLINED	APPT SCHEDULED	APPT KEPT	MAMMO	PAP	COLON
10/03/14	Tsigie	3154881		called L/M for pap and mammo		No				
10/03/14	Tsigie	3079193		called L/m for pap and Mammo		No				
10/03/14	Tsigie	3110096		called L/M for pap		No				
10/03/14	Tsigie	3900182		called for pap,patient declined	Yes					
10/07/14	Tsigie	3841173		deceased		No				
10/07/14	Tsigie	2417722		called for pap pt will call as back		No				
10/07/14	Tsigie	3400392		called L/M for mammo		No				
10/07/14	Tsigie	3931405		called,L/M for pap		No				
10/07/14	Tsigie	3779339		called L/M for pap,colon,mammo		No				
10/07/14	Tsigie	3067579		called for pap,pt declined	Yes					
10/07/14	Tsigie	3407520		booked appt for pap		Yes	Yes		Yes	

RESULTS

Total calls

Completed	37
Unable to reach	57
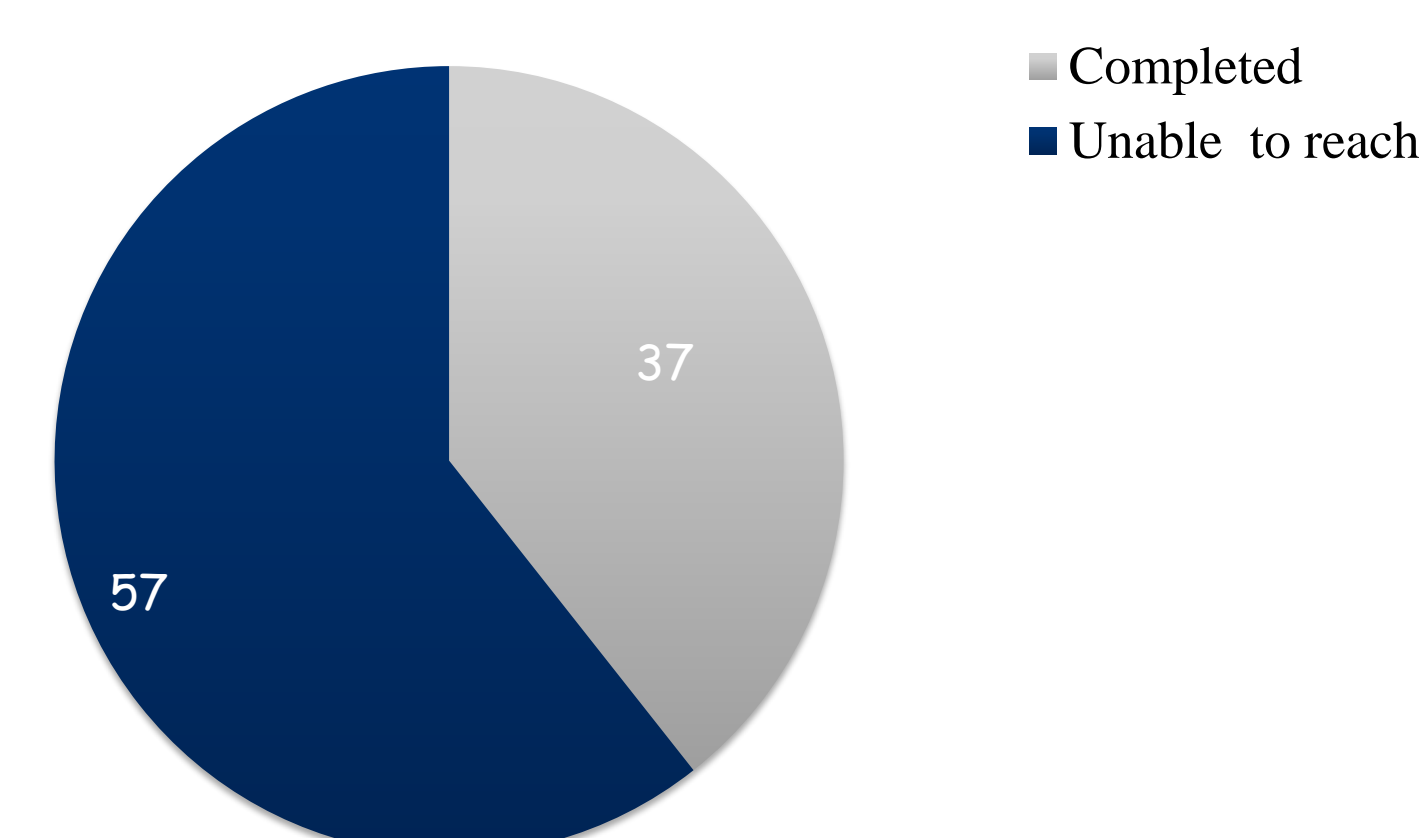
RESULTS

Reached/total calls	37/97	38%
Appointments scheduled	13/37	35%
Appointments kept/scheduled	7/13	54%
Time in hours	26	
Calls/hour	3.7	

Appointments scheduled versus completed

■ Arrived ■ No show

Pap smear Mammogram Colonoscopy
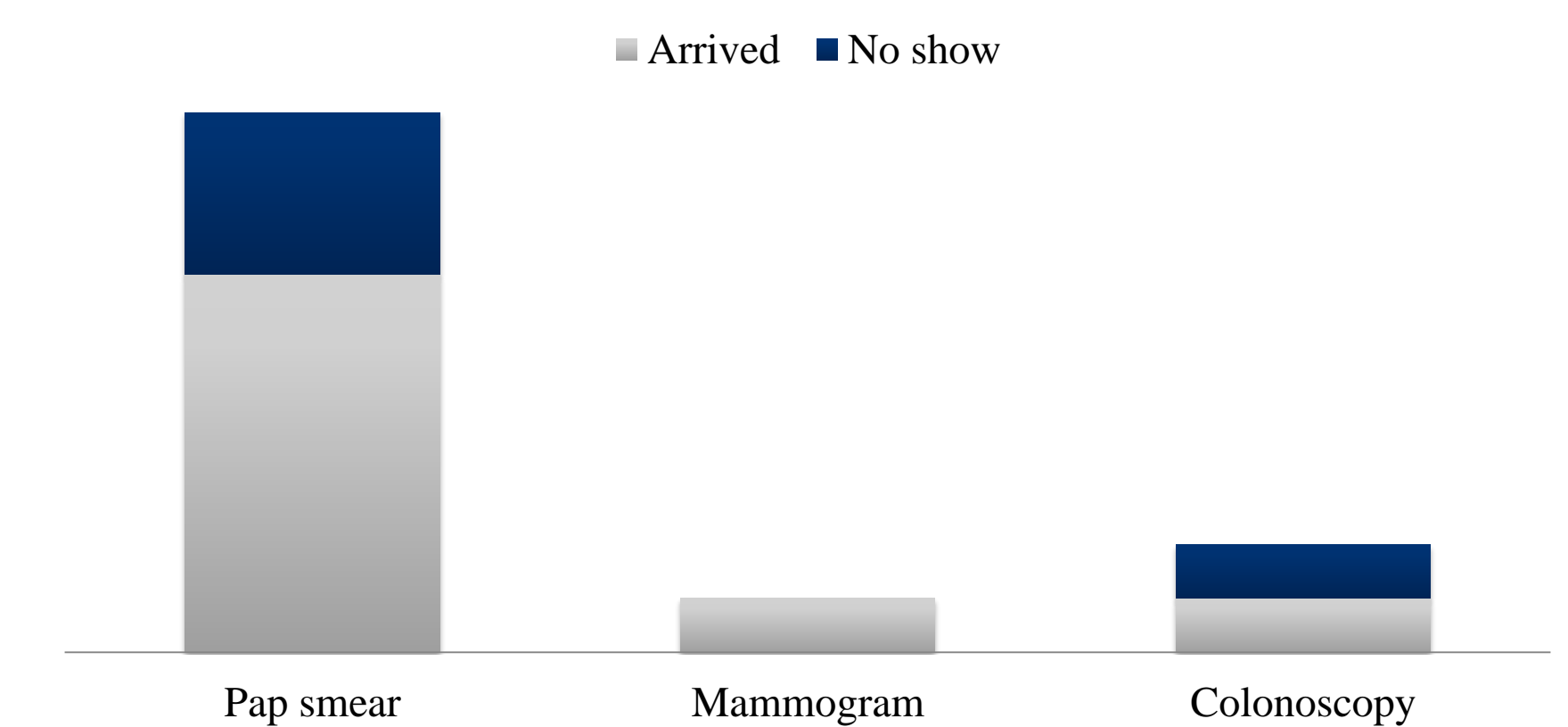
CONCLUSION

- IT resources are key to the development of tools to identify patients overdue for preventative or chronic disease care.

- A process for documentation, scripting and follow up is necessary to improve standardization of data collection.

- Medical assistants can be utilized as part of the care management team with robust tools for training and patient identification

- Calls regarding routine cervical cancer screening are more likely to be successful compared to mammogram or colon cancer screening.

- Challenges include freeing up time away from clinical work, low yield from daytime cold calls and time for process education and reinforcement.

NEXT STEPS

- Changing phone calls to evening hours to increase opportunity of reaching patients

- Institute pre-work process prior to calling for patients due for appointments the following week