Abstract

Rationale and Specific Aims

Rationale:

a) Utilizing a specific protocol for patient outreach will help to meet PCMH requirements
b) Patient outreach will help to improve patient outcomes
c) Creating a protocol will put into place a replicable process that can be used year after year.
d) Data mining tools to help the practice see specific data sets that will be useful for patient outreach

Specific Aims:

a) Creation of a standardized protocol for patient outreach on a different topic each month. Protocol should be easy repeatable to improve longevity and usefulness of protocol. Schedule is as follows:
   a) Jan – Pap smears
   b) Feb – HTN (prescriptions filled/ uncontrolled HTN)
   c) March - Colorectal cancer screening
d) April – Pneumococcal vaccinations
e) May – Depression (PHQ – 2)
f) June – Smoking Cessation and COPD
   g) July – Hepatitis (screen/vaccine)
   h) August – Immunizations (Tdap)
i) September – A-fib/coadmin
j) October – Breast cancer/ mammograms
k) November – Diabetes: HgbA1C 8%
l) December – Influenza vaccine
b) Analysis of data will be looking at the size of the population preintervention versus post-intervention
c) Higher immunization rates for influenza and pneumonia
d) Increased adherence to medication regimens
e) Understanding of efficacy of different communication modalities
f) Continued accreditation as a patient centered medical home

Usefulness of work:

a) Provides mostly qualitative data at this point
b) 3 specific cases, 2 about diabetic follow up and one about vaccination follow-up

Conclusions

Usefulness of work:

a) Provides mostly qualitative data at this point
b) 3 specific cases, 2 about diabetic follow up and one about vaccination follow-up

References

2. Chronic Disease Overview. Influenza vaccine

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I declare that there were no conflicts of interest in the creation of this project.

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