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Assessing Patient Barriers to Community Health Team Referral

HINESBURG FAMILY PRACTICE

BEN ALBERTSON

APRIL 2015

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Problem Identification

Primary care is moving toward Patient-Centered Medical Home (PCMH) models, which have shown improved care experiences especially with preventative services, for both staff and patients, as well as decreased health care spending growth [1-4].

Despite large efforts by the health care industry to create PCMH's there still exists a significant patient lack of understanding of the services provided within a PCMH[5].

A recent study found that only 22% of PCMH patients believed that their provider had the services of a PCMH[5].

10% of those Burlington area patients referred by a physician ultimately declined to meet with the CHT.

There is a lack of patient knowledge surrounding PCMH's and there is a paucity of research on patient barriers to compliance with physician referrals to Community Health Team (CHT) resources.

Public Health Cost- $5,789,711/yr (within Burlington Area)

The Vermont Blueprint for Health reports an annual per capita savings of $565 among the 143,961 commercially insured beneficiaries and $101 among the 83,939 Medicaid insured beneficiaries at Blueprint practices as versus comparison practices (without CHT services) for a total differential of $89,815,808 in annual healthcare cost within Blueprint practices in the state of Vermont

The Annual investment for these medical homes and CHTs was $13,187,273

68% (155,803 of the 227,900) Blueprint patients are cared for in the Burlington Health Service Area

10% of those Burlington area patients referred by a physician ultimately declined to meet with the CHT suggesting that the public health cost viewed as a loss of savings in the Burlington area is $5,789,711 annually[6,7]

Total savings (Vermont)	$89,815,808
CHT costs	$13,187,273
Net savings	$76,628,535
Proportion of patients served in Burlington area and savings	68% $52,107,403
Possible savings with 100% referral compliance	$57,897,711
Public Health Cost (Burlington Area)	**$5,789,711**

Community Perspective- CHT Member
[Name Withheld]-Administrative Supervisor

Perceived Barriers:
- Lack of Patient understanding
- Lack of prioritization of preventative health measures
- Time commitment

How we can improve patient follow through:
- Highlight that this is a free service to the patient unlike other referrals
- Emphasize that this is supplemental to the medical care provided by your primary care physician
- Continue to streamline the referral process, so the issue is still fresh in the patient’s mind when following up with CHT

Community Perspective- PCMH Physician

Dr. [Name Withheld] MD -Hinesburg Family Practice

Perceived Barriers:

- Motivation and desire to make changes
- Time commitment (missing work)
- Appreciation that they have something to learn

How we can improve patient follow through:

- Increasing availability of home visits
- Assessing patient's readiness for change before making a referral

Intervention and Methods

Intervention:

- Increase patient awareness of CHT services
    - CHT Rack Cards were obtained from the CHT and displayed in patient waiting room
    - A flyer highlighting important CHT resources was created for educating patients
    - SmartPhrase was developed for PRISM to allow physicians to include information on CHT resources in the After Visit Summary that is automatically printed for patients

Methods:

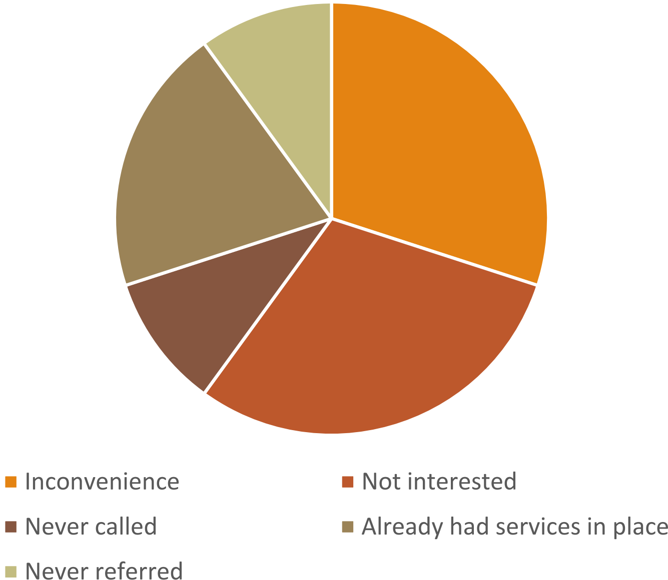
- Patients of Hinesburg Family Practice who were referred to the CHT by a physician and subsequently declined to be seen within the last 15 months were interviewed via telephone to assess what barriers prevented them from accessing CHT services
- 25 patients were identified and called a minimum of 3 times
- 11 patients responded, one had subsequently followed through with CHT referral and was excluded
- Responses were generalized into major categories of: Inconvenience, Not interested, Already had services in place, Never called, and Never referred

Results

Inconvenience was a major barrier, and consists of those without the time and who did not want to travel

Lack of interest was present in patients with chronic preventable illness and likely represents **a low prioritization of preventative health care measures**

A number of patients already had the services that they were referred to the CHT for in place at the time of the referral suggesting **physicians need to clarify whether services already exist**



Results- Patient Quotes

Lack of prioritization of preventative health

- “I just didn’t want to do it”
- “I didn’t want to bother”

Inconvenience

- “I just got a new job and I’m way too busy”
- “I wanted someone in my area, so I found someone on my own”

Existing Services

- “I already had a counselor that I met with”
- “I have a friend who drives me around, I don’t need transportation”

Effectiveness and Limitations

Effectiveness:

- Major patient barriers to CHT referral were identified
- Physicians were given feedback on screening patients for existing services in place
- Strategies for improved patient compliance were given, including education and emphasis of CHT as extension of physician care
- Updated SmartPhrase was well received
- Patient Education materials were created and rack cards were displayed in waiting room
- Evaluating the CHT referral decline rate from Hinesburg Family Practice in 1 year will allow for adequate measurement of effectiveness- current rate at Hinesburg is 5%

Limitations:

- There still exists a significant lack of patient knowledge regarding CHT services available to them
- Patient education takes time and needs to be issued on a larger scale than is feasible for this project
- Given the timeline of the project, although the flyer was created, it could not make it through the UVM Medical Center approval process prior to completion of the rotation

Future Recommendations

Formal assessment of the level of patient knowledge regarding the CHT would be very useful for determining the most effective strategy for patient education. This could be done as a subsequent family medicine community health project

- Could be accomplished with a questionnaire given when patient is roomed

Follow through with the flyer approval process and dissemination of SmartPhrase to other primary care practices is still needed.

- The material to do so is attached with this presentation on scholarworks, this could also be done as a future family medicine community health project

Providers should assess what services the patient already has in place before making referrals, explore the patients willingness to comply with a referral, and emphasize the importance of following through with CHT referral as a continuation of the patient's care

- Providing individual provider statistics on successful referral rates would allow providers to evaluate their own effectiveness and identify individuals who can benefit most from above recommended practices

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