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Modernizing Patient Outreach & Analytics

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MODERNIZING
PATIENT
OUTREACH &
ANALYTICS

South Burlington Family Medicine
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December 2023 – January 2024
Mentored by Dr David Reisman
THE PROBLEM - PATIENT OUTREACH

Many resources exist to help patients manage their medical problems. For this project we narrowed this down to patients with an A1c >7 to represent the patient population at the clinic with type 2 diabetes that would benefit from greater control.

Despite the fact that these resources exist, they are not always well publicized or utilized. One of the first barriers to this include the PCP’s ability to understand the landscape of resources, deliver appropriate resources in a way that is informative & user friendly, and do this all in a way that is efficient from a clinical perspective (i.e. minimizing extra EMR time).

Currently there are very limited ways of learning more about how patients within different clinics are interacting with MyChart and After Visit Summaries (AVS), both virtual and printed. Without knowledge about what works, we cannot improve the quality and value of these communications.

AHEC Scholars Core Topics:
Interprofessional education, Connecting communities & Supporting Health Professionals, Virtual Learning, Medical Practice Transformation (QI)
According to the American Diabetes Association (ADA), 40,068 people in Vermont (7.6% of adults) have diagnosed T2DM.

Diagnosed diabetes estimated to cost up to $520 million yearly – inclusive of serious complications such as heart disease, stroke, amputation, end-stage kidney disease, blindness, and death.

People with diabetes have healthcare costs up to 2.3x higher than those without.

Currently about 50% of Vermonters with diabetes have received some kind of diabetes self-management education (DSME).

Some state-run DMSE programs have suffered in participation since the pandemic when workshops that were primarily in-person had to be cancelled and re-formatted to online.

https://www.healthvermont.gov/about/how-are-we-doing-performance-scorecards
COMMUNITY VIEWS

- Amy
  Discussed “funnel” effect created by the current system – registrations vs sign ups vs attendance. We talked about how it is challenging to disseminate information amongst providers and have them reliably recommend these resources since they are burdened with many administrative tasks on the EMR as it is. Many of the people who need the workshops the most are difficult to get into contact with or may not be savvy to an online experience, which largely took over post COVID

- Caitlyn
  Shared her knowledge about how EHRs have integrated referrals to My Healthy Vermont and similar programs – this is currently being implemented in Northern Counties Health Care system (an FQHC) with great success. In this system they also have some closed loop feedback (i.e. patients who participate are also able to share certain health information with VDH/education programs which allows better understanding from a data standpoint of the efficacy of DMSE and other programs.) This has potential to be used as a “gold standard” model for other health systems throughout Vermont.
  Funding for My Healthy Vermont is a mix of CDC funding and Blueprint funding – having more ways to collect data which could show whether programs are effective and lead to cost savings on healthcare can help maintain or increase that funding (especially the Blueprint funding, CDC is relatively stable year to year).
  Biggest hurdle is having that fully closed loop of feedback with the provider referrals – it is currently very challenging to follow from referral to attendance and beyond. This is a multifaceted issue that spans from IT to health network culture.
  “Vermont is the only state which offers workshops like this that are FREE to anyone”
  “we are fairly new to My Healthy Vermont – 2.5 years in – so we are still finding our feet […]” referencing the fact that there is still development to be made regarding finding new ways to track and evaluate the programs that are provided to Vermonters.

- General observations from meeting with some patients who received the message
  Many people don’t have access to the time or the resources to participate regularly in an online workshop – often those who need it the most are not engaged enough in their healthcare to take the step to attend a workshop, or may have socioeconomic barriers to doing so.
INTERVENTION

- Created a SmartPhrase which included a link to a landing page which contained links to the diabetes management workshop & other My Healthy Vermont offerings

- The landing page allows metrics for the past 30 days to be viewed – i.e. views, clicks. Free trial of pro version allows more information such as general location, what type of device is being used, and clickthrough rates

- Connected with Regional Coordinator at My Healthy Vermont to ensure referrals are captured in registration. Also talk with VDH representative who works on data for My Healthy Vermont to get history on how referrals have been integrated previously into the EMR

- Disseminated the SmartPhrase throughout the clinic for use as an AVS addition (to include all workshops available)

- Ran a report in EPIC to identify patients with an A1c >7 for several providers in the clinic (total 92 patients) and sent a MyChart message with the SmartPhrase
DATA & ANALYSIS

- Message went to 92 patients with A1c >7 on Friday 1/12/2024 at 12:30 PM
- 7 views with 6 clickthroughs, average time to click through was 14 seconds
- Likely due to design elements which were later corrected, 4 of the 5 clicks were to Diabetes Prevention workshop rather than Diabetes Management.
- Potentially one referral was pending per the Regional coordinator when contacted on 1/18/2024
- Promising to see that even a week out from the message there is some activity – but makes sense that the majority of activity will come from initial time period post-message
**PROPOSED EVALUATION**

- Compare metrics from link to engagement with new registrations utilizing MHVT data (specifically those who mention referral from S Burlington Family Medicine).

- Upgrade LinkTree permanently ($9 monthly, would require funding) to increase variety of data available for analysis and assess whether virtual outreach is an effective tool for engaging with this patient population, as well as the timing of said outreach.
  
  Consider some literature review regarding EMR generated MyChart messages and if there is a good time/day of the week to send these for maximum engagement, or, apply social media engagement principles regarding high traffic times and evaluate engagement results.

- Limit outreach to those who appear to be active MyChart users, send letter to those who are not (QR code to LinkTree plus phone number).

- Consider qualitative surveys to be administered to patients who received the message at their next scheduled in-person visit.
  
  i.e. Did you see the message? Consider clicking/calling? What stopped you? Barriers to participation?
  
  Potential to feed this data back to My Healthy Vermont so they can try to adapt to these challenges.
Further Interventions

• Consider a broader program which tracks consenting patients who participate in the program and looks at A1c changes, use surveys to assess engagement with program
  Can run similar or broader project looking at engagement with any of the workshops, see below

• Upgrade Link Tree to see more variety of data, and add other smartphrases to direct to workshops for other patient populations (hypertension, quit smoking, etc)

• Create a more visually appealing AVS /MyChart template which includes options for both long and short term interventions for T2DM DMSE (i.e. mobile apps, Skills before Pills workshops within the clinic, other government sponsored programming or local communities)

  Add these links to the link tree to allow for measuring engagement.
REFERENCES

