IBD Call Center Triage: Improving The Patient Experience

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Introduction & Background

- Inflammatory bowel disease (IBD) is a chronic disease of the gastrointestinal system that affects more than 1.6 million patients in the United States.1
- Nurse-driven IBD call centers have been shown to decrease health care costs and improve patient outcomes such as avoidance of ER visits.2
- However, providers, nurses, support staff, and patients face the complexity of diagnosis and treatment of IBD, particularly patient literacy in understanding their disease and adherence to treatment.
- These issues contribute significantly to the workflow of daily clinical practice. On average, providers continue to observe a large volume of daily patient inquiries left with the Georgetown IBD Call Center, which result in an average of 5 hours of follow up to address.
- The effort devoted to adequately addressing these issues leads to a significant investment of time on the part of the provider and support staff, as well as re-routing of clinical workflow.

Aim

- The aim of this study is to identify the major types of inquiries made by patients, to implement changes in delivery of care and streamline provider workflow which will result in decreased time burden on providers as well as expediting solutions to patient inquiries.

Methods

- During one month (March 2016), patient calls taken by the IBD nurse coordinator were recorded by providers via the electronic health records system.
- These were subsequently categorized by types of concern for grouping purposes.
- After this, following workflow changes were implemented
  ✓ Patients who start new biologic therapy are given a “biologics packet” which contains an IBD welcome letter, information on infusion and injection instructions, and signatures needed for financial assistance programs.
  ✓ The IBD clinic started working with specialty pharmacies to help with prior authorizations for injectable biologics, as well as specific outpatient infusion centers to decrease the burden for prior authorizations of infusions.
  ✓ Patients are given information about electronic patient portal and encouraged to communicate through it for non-urgent issues.
  ✓ New nurse coordinators have been hired leading to sub-specialization of the workflow of the nurse coordinators.
- Patient calls taken by the IBD nurse coordinator were recorded again for the month of May 2017, to assess any impact of the above changes on the calls to the IBD clinic.

Results

- A total of 507 phone calls and 204 phone calls were recorded during March 2016 and May 2017, respectively.

![Figure 1. Absolute number of phone calls related to the top ten patient concerns during the March 2016 and May 2017.](Image)

- Multiple “top ten” patient inquiries including scheduling next infusion dose, insurance inquiry, medication refill, rescheduling appointments, and medical record requests did not necessitate direct physician input, and comprised 37% of all patient calls in March 2016 and 33% in May 2017.

![Figure 2. Percentage distribution of the calls related to each category in the two months.](Image)

Conclusions

- Given the chronic nature of IBD, patient education, not only about the medical disease but also about the logistics of medication administration and insurance issues appears to be a good investment and can significantly reduce the number of calls to the clinic.
- The use of electronic health portal helps decrease the time burden on the IBD call center which in turn results in better triaging the urgent medical issues over phone.
- Managing insurance issues in a high volume IBD call center can be challenging. In our experience, partnering with specialty pharmacies and infusion centers helped decrease this administrative burden immensely, leading to more efficient delivery of the IBD medications.
- Additionally, a significant percent of patient calls did not necessitate direct physician input. The creation of nurse-driven protocols targeting these specific top concerns decreases physician burden and likely expedite patient care.

Next Steps

- Female Crohn’s patients were identified as the largest subset of callers. Additional demographic information to clarify the “frequent caller” patient would help physicians target certain groups who appear to have more healthcare needs.
- Data on the actual time spent addressing each phone call would be useful to further elucidate the overall workflow burden of each type of inquiry, i.e., the proportion of all follow-up time taken by a subtype of inquiry.
- Assessment of management outcomes would also help further characterize the clinical effect of our phone interventions.

References: