Improving Primary Care Follow-Up through In-Person, In-Hospital Appointment Negotiation

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Introduction & Background

- Close post-hospitalization follow up in outpatient primary care clinic reduces rates of 30-day readmissions. Lead time to appointment is a risk factor associated with no-show (NOS) rates.
- NOS rates are driven by several factors: age, sex and patient health/socioeconomic status.
- In patients with prior high NOS rates requiring close outpatient follow-up, NOS rates may be improved by negotiating follow-up schedules.
- Follow-up appointment scheduling practices for patients prior to hospital discharge vary by clinician and service at Boston Medical Center (BMC) and are frequently not negotiated with the patient.

Measures

- **Primary Outcome Measure**: Post-discharge follow-up NOS rate
- **Secondary Outcome Measures**: 30-day post-discharge readmission rate
- **Primary Process Measure**: Percent NOS rate in patients with successful in-person negotiated follow-up appointment
- **Balancing Measure**: Percentage of patients waiting >20 minutes after arrival time/check-in to be seen by clinician compared to baseline (prior to in-person negotiated appointments)

Barriers & Hypothesis

- Barriers to successful scheduling include: patient confusion/frustration, lack of available technology (functioning in-room phones) and patient availability (attempt to contact patient during imaging, procedure, etc)
- Our hypothesis: In-person negotiations will result in decreased NOS

Proposed Intervention

- Our proposed solution to these barriers:
  1. Hire and train an on-call, in-person follow-up appointment negotiator; we propose hiring a medical student, as they are familiar with hospital logistics
  2. At designated times every day, the negotiator is available via page
  3. Negotiator will speak with and schedule follow-up appointments for patients in real-time
  4. If patient’s insurance is not accepted by GIM clinic, call-center will take over and schedule them for follow-up as per prior protocol

Next Steps

- Implement in-person follow-up negotiations; subsequently perform PDSA cycles to optimize the scheduling process
- **Quantify NOS rate and compare to baseline to evaluate for improvement**
- Further characterize the patient cohort predicted to be at high NOS risk to determine what other patient characteristics may predict NOS rate
- **Determine the impact of reducing time spent scheduling follow-up appointments on hospital discharge time and LOS**
- Identify possible unforeseen consequences introduced in changing the process (balancing measures)

Population

- Patients admitted to the general medicine floors at a large, urban, safety net hospital who require outpatient post-discharge primary care follow-up

Aim

- To improve the rate of post-discharge follow up appointments in General Internal Medicine (GIM) clinic by 10% by July 2019

Methods

- The current process for scheduling post-hospitalization follow-up appointments in the GIM clinic (Figure 1) includes:
  - Using an order for appointment scheduling through the electronic medical record (EMR) Epic,
  - Routing the order to the clinic call-center,
  - Assessing patient’s insurance to see if they are appropriate for follow up at BMC’s GIM clinic (if not, working with Financial Services to change insurance coverage, as appropriate),
  - Scheduling an appointment with the patient’s primary care provider, if available, or alternate clinician in BMC’s GIM clinic
- We built a process map (Figure 1) and a fishbone diagram (Figure 2) of the current process to better understand the pitfalls and inefficiencies

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References