

Introduction & Background

- Close post-hospitalization follow up in outpatient primary care clinic reduces rates of 30-day readmissions¹. Lead time to appointment is a risk factor associated with no-show (NOS) rates².
- NOS rates are driven by several factors: age, sex and patient health/socioeconomic status³.
- In patients with prior high NOS rates requiring close outpatient follow-up, NOS rates may be improved by negotiating follow-up schedules⁴.
- 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)

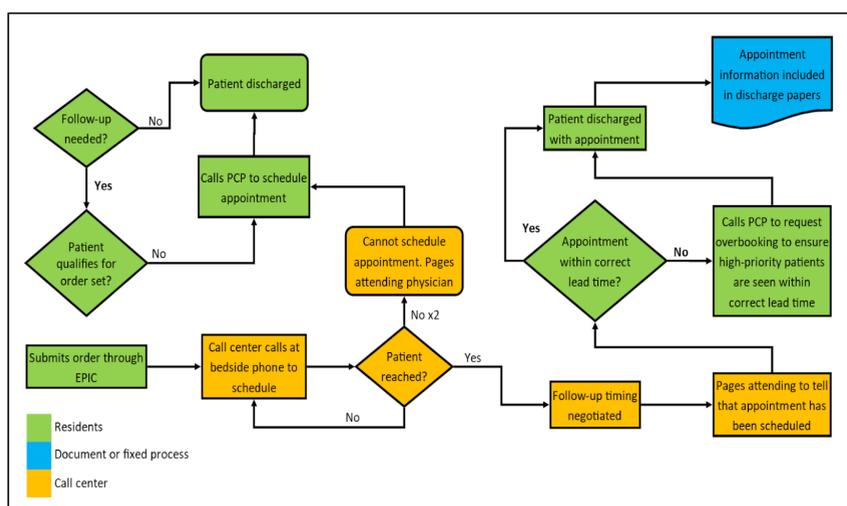


Figure 1: Current process map for scheduling post-hospital discharge follow-up appointments

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

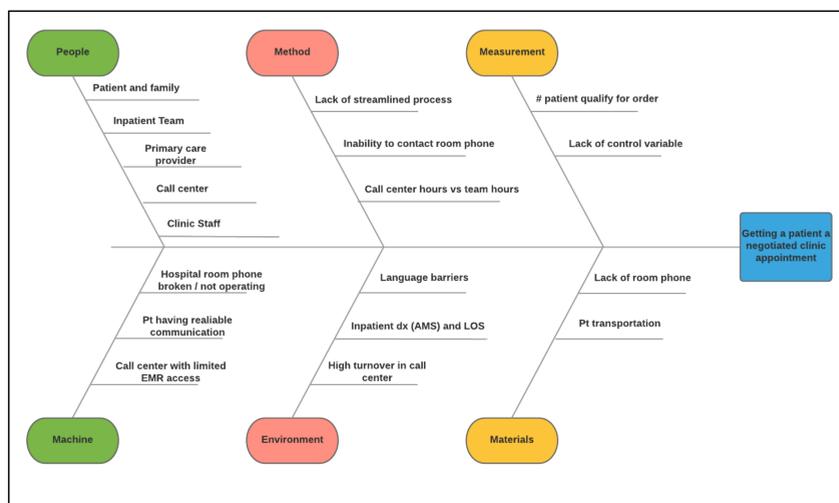


Figure 2: Fishbone diagram used in initial RCA

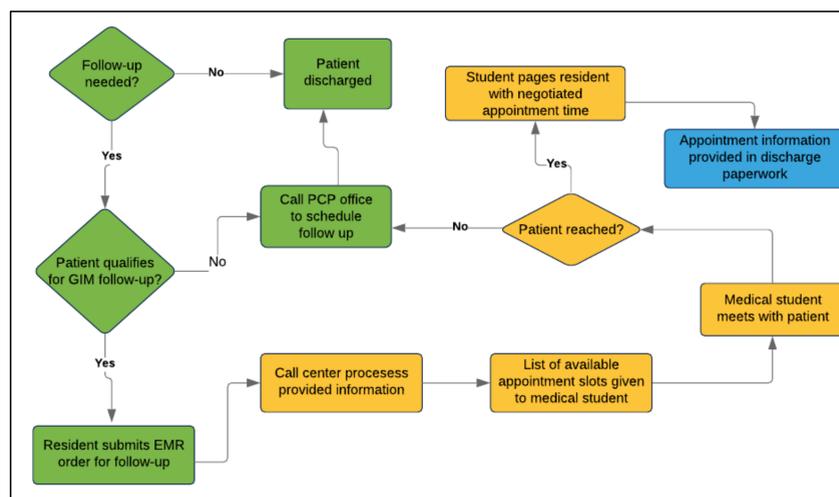


Figure 3: Proposed process map for scheduling post-hospital discharge follow-up appointments with GIM clinic using the EMR order set combined with in-person, in-hospital negotiation of appointment date and time

References

1. Misky, Gregory J., et al. "Post-Hospitalization Transitions: Examining the Effects of Timing of Primary Care Provider Follow-Up." *Journal of Hospital Medicine*, vol. 5, no. 7, 2010, pp. 392–397., doi:10.1002/jhm.666.
2. Drewek, Rupali, et al. "Lead Time to Appointment and No-Show Rates for New and Follow-up Patients in an Ambulatory Clinic." *The Health Care Manager*, vol. 36, no. 1, 2017, pp. 4–9., doi: 10.1097/hcm.0000000000000148.
3. Kheirkhah, Parviz, et al. "Prevalence, Predictors and Economic Consequences of No-Shows." *BMC Health Services Research*, vol. 16, no. 1, 2015, doi:10.1186/s12913-015-1243-z.
4. Bigby, J. A. "Medical Consequences of Missed Appointments." *Archives of Internal Medicine*, vol. 144, no. 6, 1984, pp. 1163–1166., doi:10.1001/archinte.144.6.1163.