Gaps in care: a new era

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OBJECTIVES

- Describe steps required for implementation of an auto-dialer to improve Gaps in Care productivity
- Define measurable outcomes of successful implementation
- List three benefits of using an auto-dialer for Gaps in Care outreach

INTRODUCTION

Accountable care organizations (ACO) are tasked with reducing costs while improving the quality of care for defined populations. Ensuring completion of evidence-based preventive screenings and chronic disease management, known as gaps, is vital. The use of automated telephone communication systems (ATCS) as part of a multilayered approach can improve clinical outcomes and increase healthcare compliance in several areas, including immunizations, screening, appointment attendance and adherence to medications or tests (Posadzki, et al, 2016).

The role of the Gaps in Care team in this large ACO is to proactively reach out to patients identified as being due for specific healthcare needs. In 2019, the Gaps team managed the workload by manually dialing each patient's phone number after reviewing the chart for open gaps. With rapid ACO growth, leaders began looking for ways to more efficiently attempt to reach patients, knowing that more patients attempted ultimately meant more patients reached and more gaps closed. One option identified was the use of an auto-dialer, an ATCS technology integrating computer and telephone. This software enables the computer to automatically dial a long list of phone numbers, detect whether a live person answers and hand the call over to a team member. Using the preview dialing mode, the chart can be reviewed before the call is placed, ensuring the team member is prepared to speak with the patient when the call is answered. It also can play a recorded message, leave a voicemail message or provide a menu of options to the person who answers.

More attempts = **More contacts** = **More gaps closed**

IMPLEMENTATION

PHASE 1
Discovery period

Determine dialing mode
- Preview mode
- How to route a call to a team member

Staff pilot planning
- Identify pilot staff
- Timeline
- Training
- Change management

Identify data elements required to create calling list for upload to auto-dialer

Investigate reporting capabilities

PHASE 2
Pilot: Sept. 2019 – May 2020

Extended from 6 to 9 months due to delays caused by the COVID-19 pandemic.

Review reporting
- Call outcomes
  - Connected
  - Busy signals
  - Voicemail
  - Invalid phone number
- Productivity
  - Calls per hour
  - Total by team member
  - Total by team

PHASE 3
Full team go live: June 2020
- Training for additional staff
- Monthly reporting to leadership
- Reset productivity expectations

RESULTS

Before auto-dialer monthly average

6 staff members
- Attempts: **2,500**
- Successful contacts: **750**
- Left voicemail: manual vm reporting not available

Auto-dialer pilot monthly average

6 staff members
- Attempts: **4,850**
- Successful contacts: **2,100**
- Left voicemail: **3,300**

Current monthly average

14 staff members
- Attempts: **11,000**
- Successful contacts: **3,160**
- Left voicemail: **8,000**

FY21 BSWQA PREVENTIVE HEALTHCARE SCREENING OUTCOMES*

129,122
patients with breast cancer screening completed

1,786
deaths prevented by performing breast cancer screenings

73,384
patients with colorectal cancer screening completed

58
deaths prevented by performing colorectal cancer screenings

128,816
patients with controlled blood pressure

148
strokes prevented with blood pressure control

271
cardiovascular deaths prevented with blood pressure control

31,895
patients with controlled diabetes

159
microvascular complications prevented with A1C control

54,838
patients adhering to their statin medications

*FY21 outcomes represent the work of BSWQA clinics, care managers and Gaps in Care team

SUCCESSES

- Able to attempt and reach more patients
- More time spent connecting with the patient instead of leaving voicemail, dealing with invalid phone numbers, busy signals
- Staff report pride in the number of lives they are touching
- Direct impact on meeting payer quality metrics
- Improved reporting capability
  - Payer reporting
  - Staff productivity
  - Outreach outcome reporting

CHALLENGES

- Difficulty finding a measurable way to track successes for every outreach via EHR
  - Defined a "Successful Outcome" as scheduling an appointment that meets the measure or entering a result/ medical record that meets the measure
  - Smart text developed to capture documented outcomes for reporting
- Team adoption of new workflow related to their work quality with increased call volume
  - Gaps in Care team experts (Change Champions) utilized in process improvement workgroups

CONCLUSIONS

Use of the auto-dialer has enabled BSWQA to:
- Increase outreach attempts and patient contacts
- Increase successful gap closures
- Improve/create a more efficient workflow
- Improve staff satisfaction

RESOURCES

Hurley, L. P., Beaty, B., Lockhart, S., Gurfinkel, D., Dickinson, L. M., Roth, H., & Kempe, A. (2019). Randomized controlled trial of centralized vaccine reminder/recall to improve adult vaccination rates in an accountable care organization setting. *Preventive Medicine Reports*, 15, 100893. https://doi.org/10.1016/j.pmedr.2019.100893

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