Call Me Maybe? Improving Utilization of Telemedicine in a VA Resident Clinic

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Background

Problem: Many patients live in rural areas or have physical limitations making face to face visits difficult which impacts the quality of care they receive.

Telemedicine

With rapid improvements in technology, telemedicine is becoming common place in modern medical practice[1]

$$\text{High Value Care} = \frac{\text{Quality}}{\text{Cost}}$$

➢ Allows for quicker, more convenient access to health care and closer follow-up[1,2]
➢ Shown to improve patient and provider satisfaction[3,4]
➢ Potential to reduce health care costs and decrease patient burden[3,4]
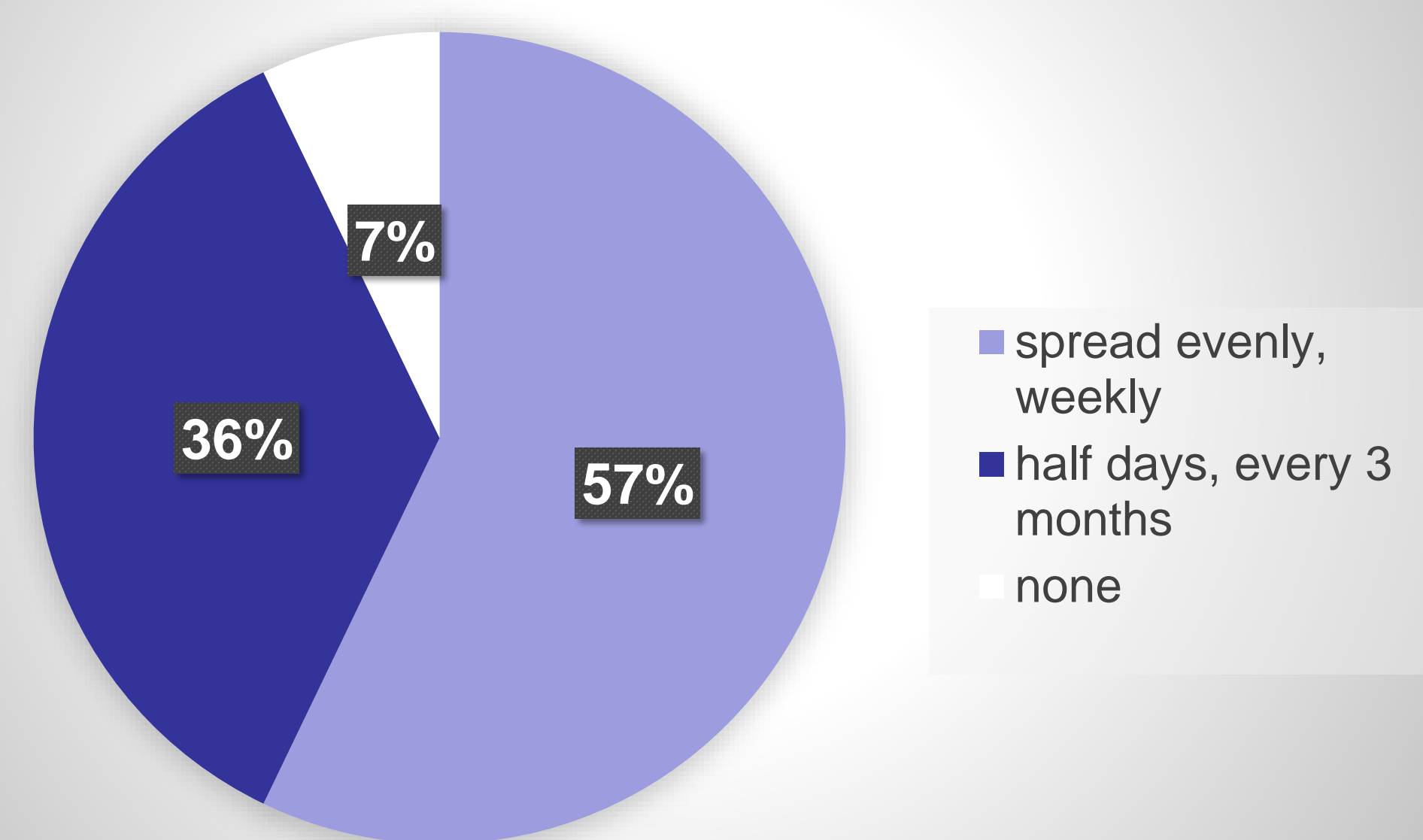
What is telemedicine?

Portland VA Phone Clinic

➢ Portland VA clinicians have the unique opportunity to schedule clinical follow up over the phone.
➢ Resident telephone visits began in 2013 and were scheduled during half day blocks once every three months.
➢ Residents were found to be utilizing less than 20% of appointment (< 4 encounters per resident a year).
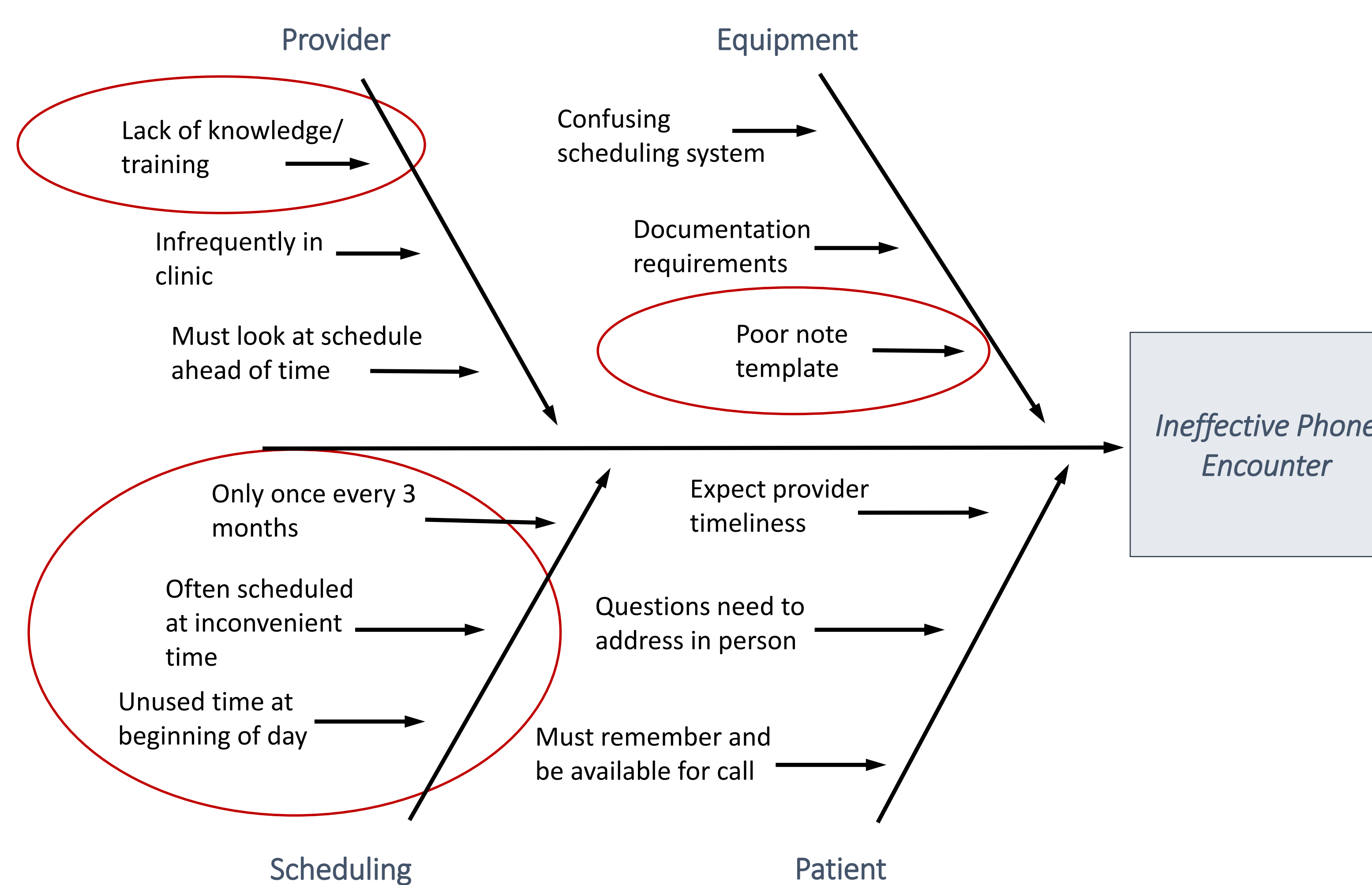
Methods

➢ Administered paper survey addressing attitudes and barriers to resident utilization of phone clinic
➢ Used fishbone diagram to perform a root cause analysis of the problem
➢ Implemented multicomponent intervention
➢ Administered follow up survey evaluating the changes made
➢ Used chart review to track phone encounters

Opportunity for Change

When should phone clinic appointments be scheduled? (n=28 residents)

- spread evenly, weekly — 57%
- half days, every 3 months — 36%
- none — 7%

Factors Hindering Phone Clinic Efficiency

Provider
- Lack of knowledge/ training
- Infrequently in clinic
- Must look at schedule ahead of time

Equipment
- Confusing scheduling system
- Documentation requirements
- Poor note template

Scheduling
- Only once every 3 months
- Often scheduled at inconvenient time
- Unused time at beginning of day

Patient
- Expect provider timeliness
- Questions need to address in person
- Must remember and be available for call

→ Ineffective Phone Encounter

Intervention

Aim: Increase utilization of available resident telephone appointments from 18% to 50% by Jan 2019 to increase resident exposure to telemedicine and improve patient care

➢ Designed and conducted a phone clinic orientation/refresher session
➢ Created a clinical note template to facilitate documentation
➢ Created a 30 minute protected time slot for phone visits each clinic week
➢ Worked with administrative staff to create additional phone visit appointments as needed

Results

Number of Resident Phone Encounters by Month

- 2018
- 2017 Comparison
- Prior to Intervention
- Intervention
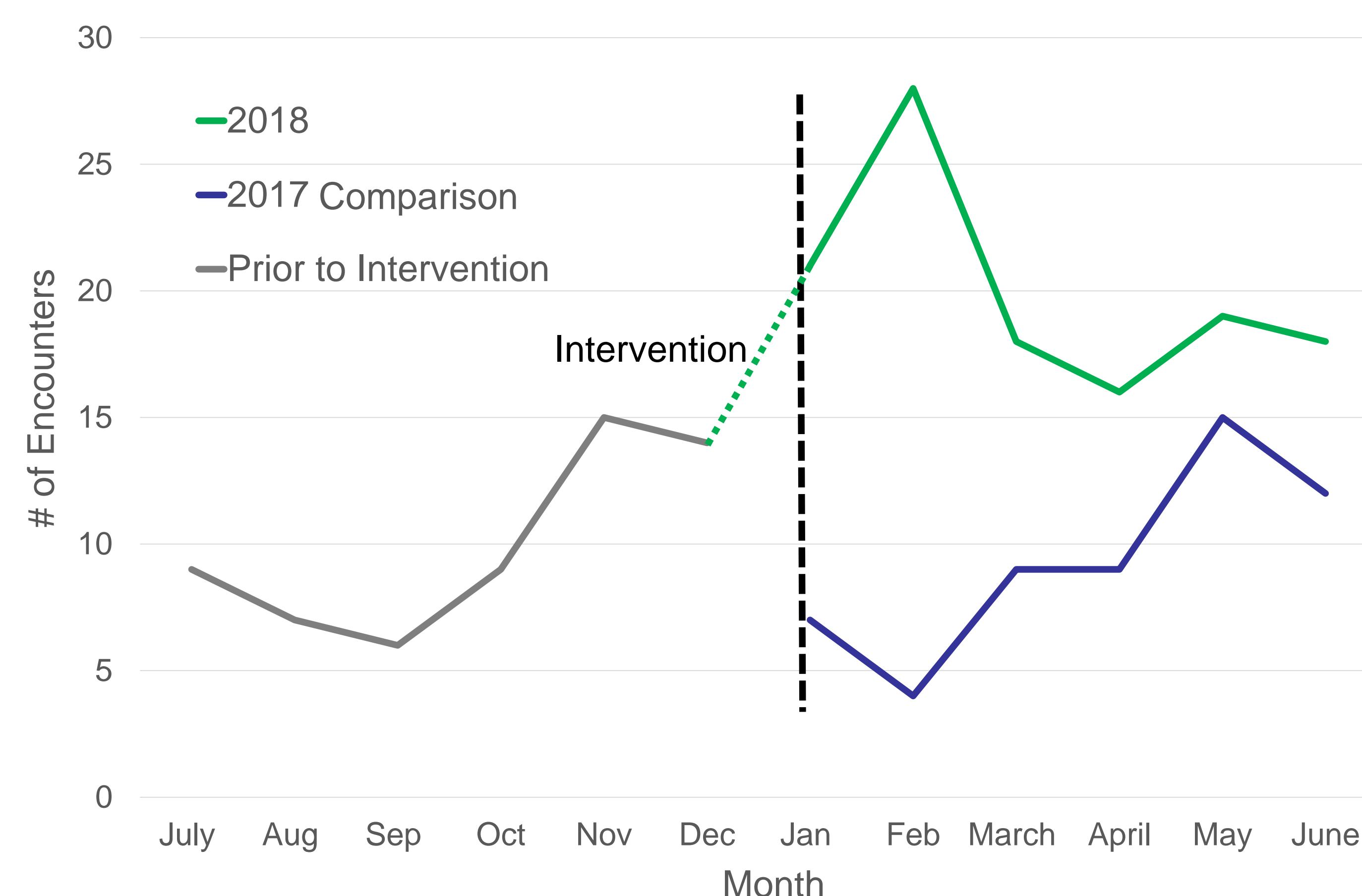
There was a 114%(120 vs 56) increase in total number of phone encounters in the first 6 months of 2018 compared to 2017. Utilization of time set aside for phone appointments increased from 18% to 32% when comparing the 6 months prior to and after the intervention.

Do you know how to see your phone clinic schedule in advance? (n=25)
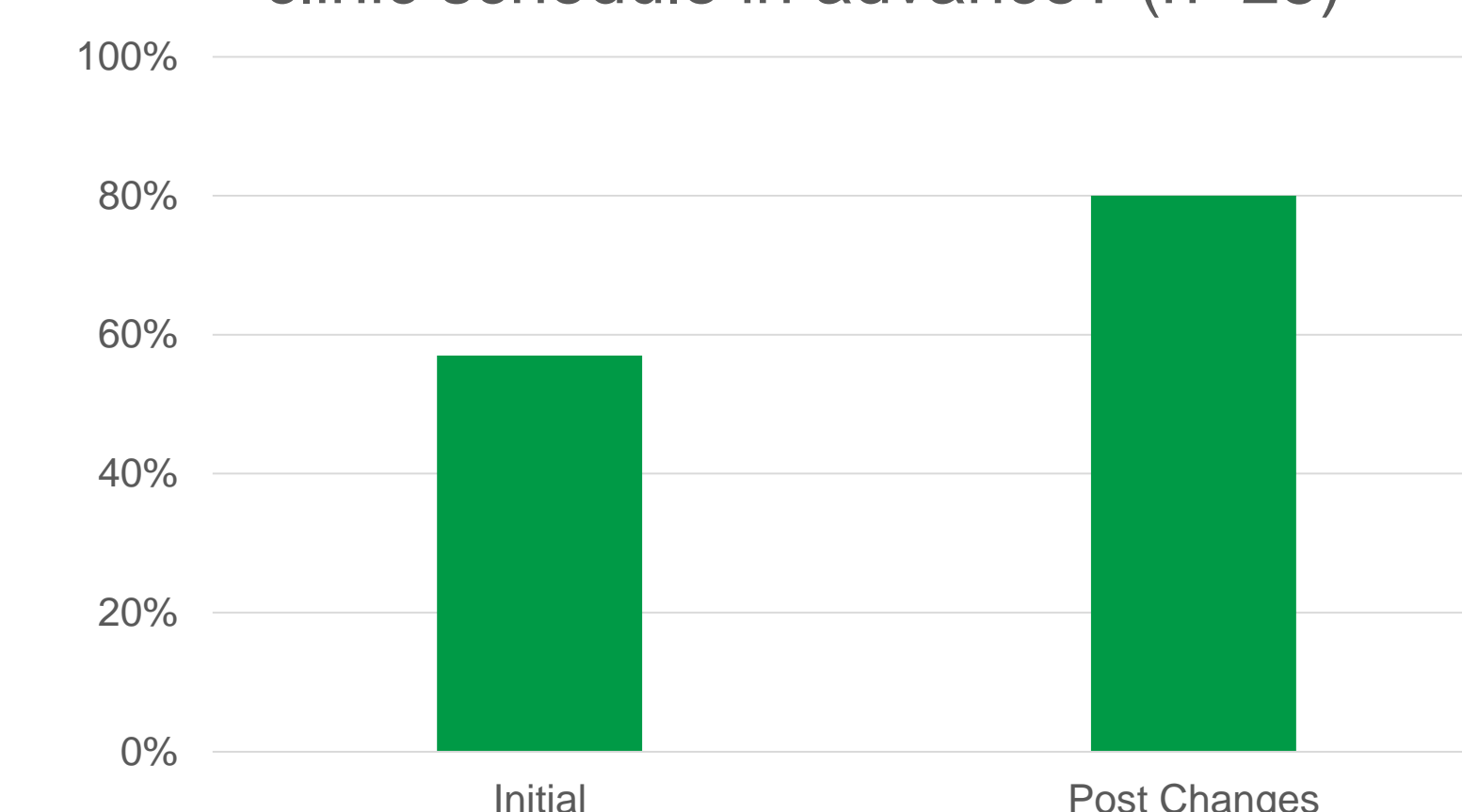
Do you plan to continue using phone clinic? (n=25)

- yes — 84%
- no — 16%
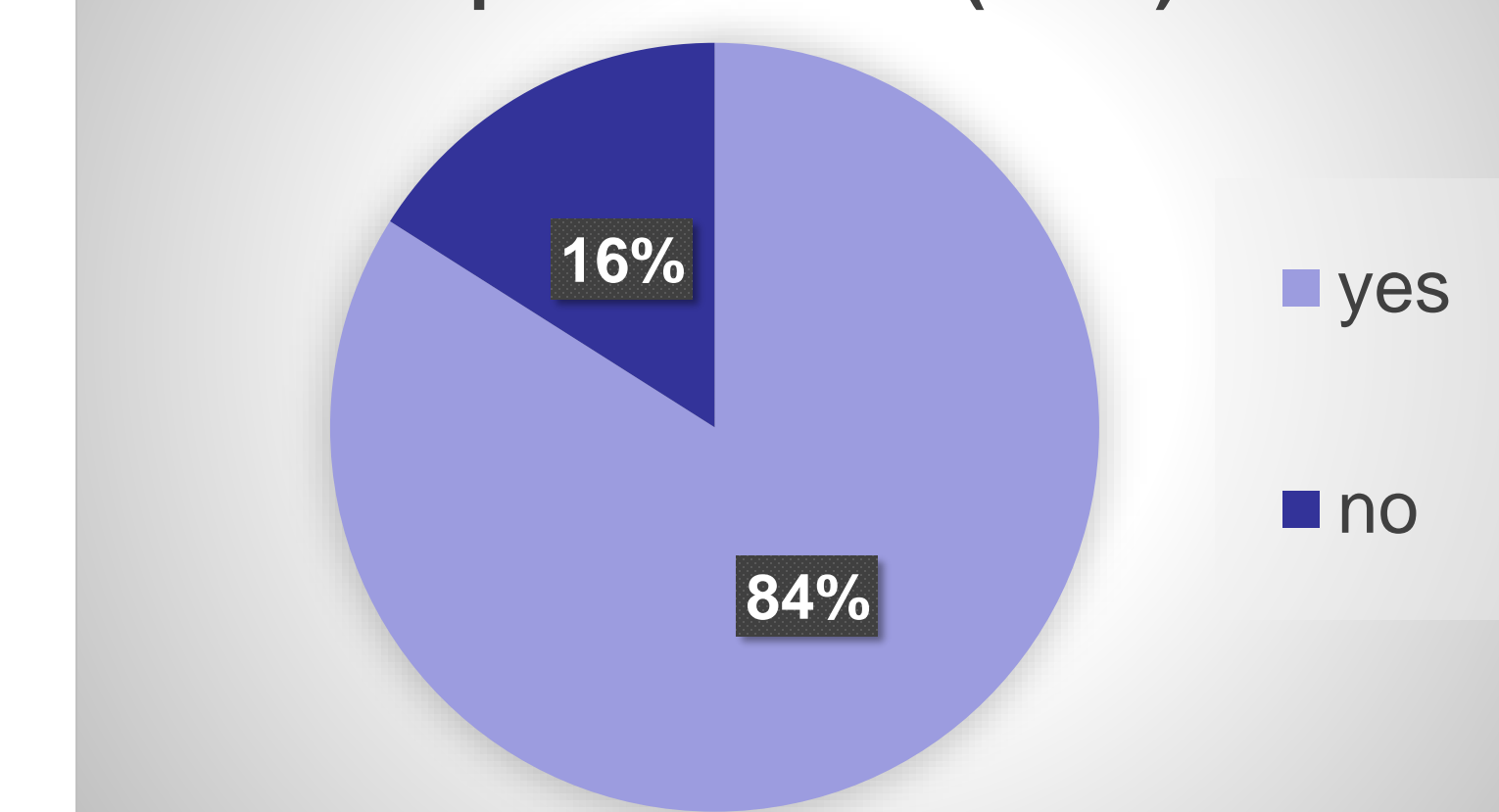
Discussion

➢ Increased resident participation in telephone clinic by 114% with continued enthusiasm for the project
➢ Increased resident experience with a valuable health care tool that is likely to remain a vital component of primary care going forward
➢ Research suggests we have also improved value of care [3,4]
  ➢ Reduced health care cost
  ➢ Increased satisfaction in care provided
  ➢ Decreased patient burden
➢ There is an ongoing need for education in scheduling and use of telephone appointments in primary care

Challenges / Next Steps

➢ Frequent turnover of support staff and limited outpatient resident time allotted for primary care
➢ EMR software limiting ability to see scheduled patients and visualize provider schedules
➢ Consider evaluating patient experience with our telephone clinic
➢ Further define categories of care appropriate for telephone care vs. face to face visits
➢ Further large scale studies evaluating cost effectiveness of telemedicine

References

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