CPCPracticeSpotlight56

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Explore Potential Efficiencies Using Your Patient Portal as an Outreach Tool

Warren Clinic – Tower 900 site, Tulsa, Oklahoma; system affiliated (St. Francis Health System)
3 physicians; 3,727 patients

Oct. 9, 2015

CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.2: Planned Care for Chronic Conditions and Preventive Care

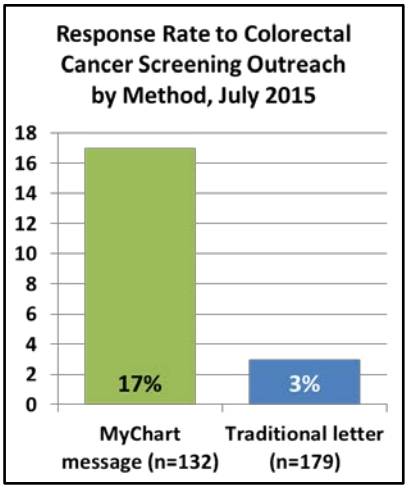
CPC Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: As the **Tower 900 site of Warren Clinic** explored the full implementation of its EHR (EPIC), the staff realized the portal could also contribute to managing a quality measure if the practice messaged eligible patients with a call-back request. While this tied into meeting CPC Milestone goals for improving clinical quality measures, the practice's larger, more sustainable intention was to reach out to and manage a large target group without increasing staff workloads.

Strategy: This practice's initial test for efficiency and effectiveness of the patient portal as a communications tool was with a call back message for patients due for colorectal cancer screening. The team is tracking response rates from its July 2015 outreach effort to weigh the portal's effectiveness efficiency and costs versus those associated with traditional mail outs.



The letter outreach has resulted in only six responses (3% of target) to date. Note that expenses for those responses include more than $100 in postage and supplies, plus staff time. This roughly equates to at least $15 in costs per response. The portal message was sent with no hard costs and less than an hour of staff time, and it yielded 22 responses.

Sample group of patients — All patients eligible for colorectal cancer screening — a total of 311 — were included in the July outreach. Of those, 132 patients who were registered in the MyChart portal received a message to call the office about scheduling screening. The balance of 179 patients received a traditional call-back letter with the same message.

Processes —The message in MyChart was set up with existing features in the software and sent to all eligible patients with minimal staff time, estimated at less than one hour, or "just a few clicks," as the clinic reported. To complete the mail out, various team members took on pieces of the tasks between other duties as time allowed. The letters were printed, folded and inserted into envelopes, and postage was applied. Material costs per piece were at least $0.60 (about $108 total for 179 pieces), plus staff time. The mail out was completed over the month of July.

Patient response rates — The percentage of patients who responded to the portal message was nearly six times higher than the percentage of patients who responded to the traditional letter. Of 132 portal messages sent, 17% (22 patients) called the practice to follow-up on screening. Only 3% (six patients) from the 179 letters sent called the practice.

Cost benefits — The costs associated with the portal-prompted responses were a fraction of the mail out's costs. For the 22 responses generated from the portal messaging, about one hour of staff time was used to deploy the message with no associated hard costs in materials. For the six calls to the office prompted by the mail out, each response currently averages about $15 in materials, postage and accumulated staff time.

The effectiveness of the portal messaging could be attributed to several factors. Because portal messaging is still relatively new to patients, they might assume there's an urgent need to read and reply. It is possible that as portal messaging becomes routine, its effectiveness will wane. An email from the physician office is likely to stand out among a patient's email messages. Patients who access email through a smart phone may also be the type of recipient who responds immediately.

Factors that likely influenced the low response rate to the mailed letters include patients' skepticism that a letter sent through the mail requires an immediate response, even if it comes from the physician office. Or, letters that appear to be part of a mass mailing (i.e., affixed with metered postage and pre-printed address labels) are often mistaken as junk mail and are discarded unopened.

Next steps: This first test shows immediate potential for increased response for multiple patient populations. Tower 900 plans to continue portal messaging to alert patients due for other routine preventive screenings and tests, such as reminders for mammography, another round of colorectal cancer screening prompts and screens for patients with diabetes such as dilated eye exams, microalbumin testing and HgA1c.

The practice has shared its success story and training tips with other Warren Clinic CPC practices, and results from future outreach efforts will be shared across the system in its Quality Improvement Council.

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