Feasibility and impact of using EMR to trigger automated patient experience surveying

Carol Mulder, Marwan Asalya, Marg Leyland
on behalf of and with gratitude to the members of
Association of Family Health Teams of Ontario
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Disclosure

- I have no actual or potential conflict of interest in relation to this educational program.

Purpose

- Test feasibility and impact of automating patient experience surveying triggered by EMR data

The Perfect World

- Low level of effort to capture and analyze data (eg automated)
- Ongoing administration throughout the year
- Consistent approach for all primary care providers
- Consistent questions (for comparison purposes)
- Customized questions (for local quality improvement efforts)
- Affordable

Potential solution

- Automated administration of surveys by phone or email to patients who have recently had an appointment

- Partnership with Cliniconex

- Build on approach introduced via TRANSFORMATION initiative

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What we did: Sample implementation

1. Vendor builds EMR data extract queries (with team IT & EMR staff)
2. Team decides preferred contact mode (ie phone or email)
3. Team send questions to vendor for phone-based survey
4. Team alerts staff and patients to upcoming survey calls/emails
5. System contacts patients identified on the EMR data extract
6. Team retrieves results of phone surveys from dedicated site
7. Team analyzes and reports results as usual

1) EMR data extract queries

- Privacy Impact Assessment in place

- 8 sites of 7 teams

- 2 different EMRs: Telus PS and Accuro

- Process more complicated than expected especially where IT is managed externally (eg via hospitals or private service providers)
  - *"worth it, though!"*

- Other users of Telus PS and Accuro can leverage these queries

2) Preferred mode of contact

- Teams decide how patients should be contacted

- 9,998 & 905 patients were contacted by phone & email, respectively

- Response rates were 34% & 42% for phone & email, respectively
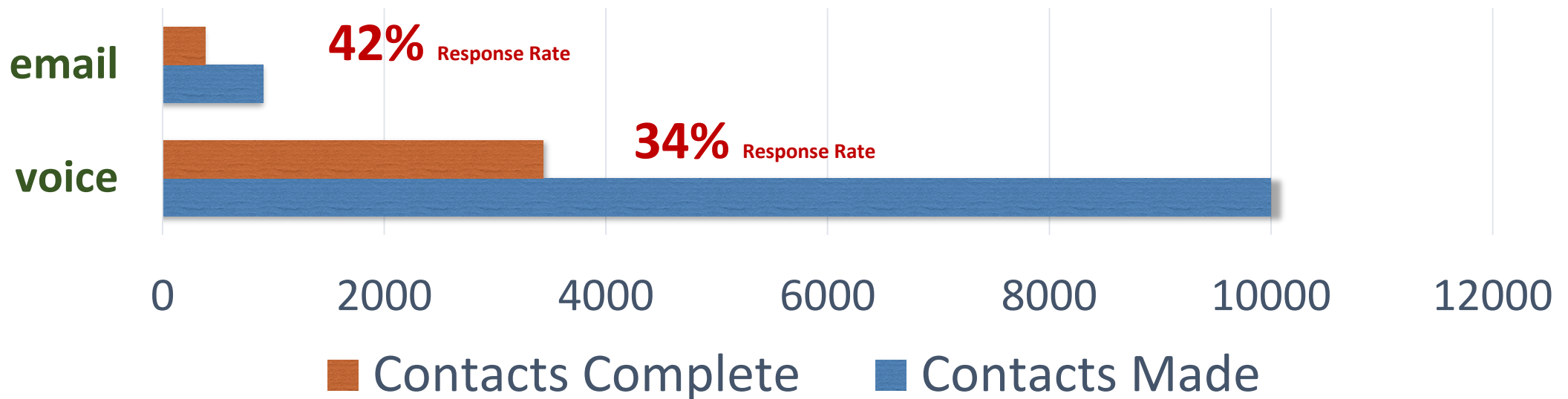
3) Questions for survey

- Per existing practice, teams decide which questions to be asked

- For phone survey, each patient was asked 4-5 questions
  - semi-randomly selected for each call
  - ensure coverage of entire questionnaire among multiple patients
  - Could be team's staff on the voice message if desired

- For email surveys, each patient was offered all questions via the team's usual online survey tool
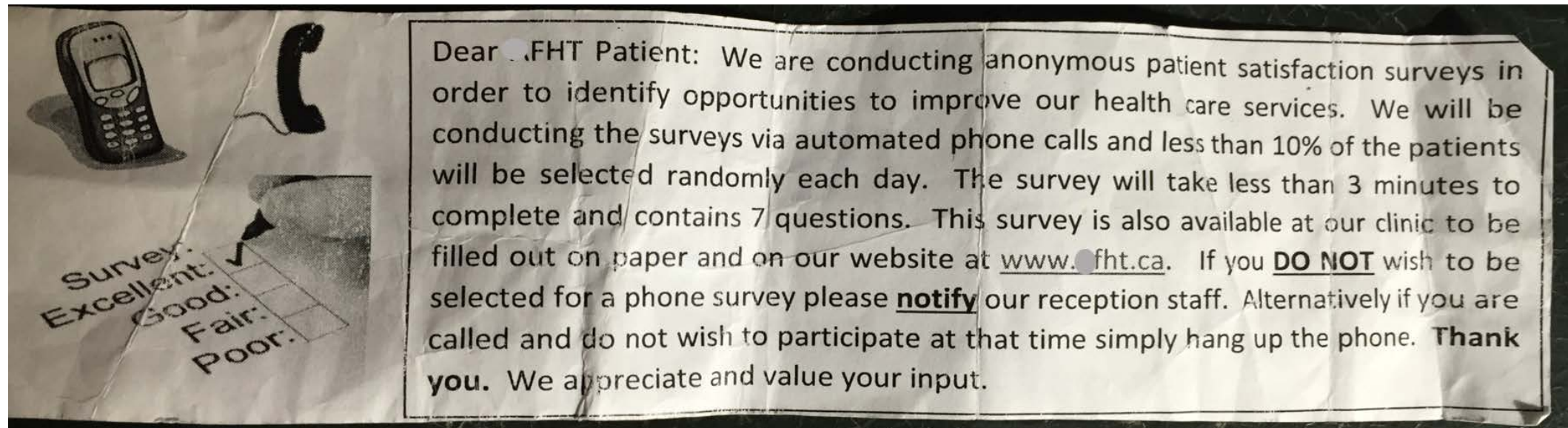
Random sub-sets of questions

Distribution of completed questions
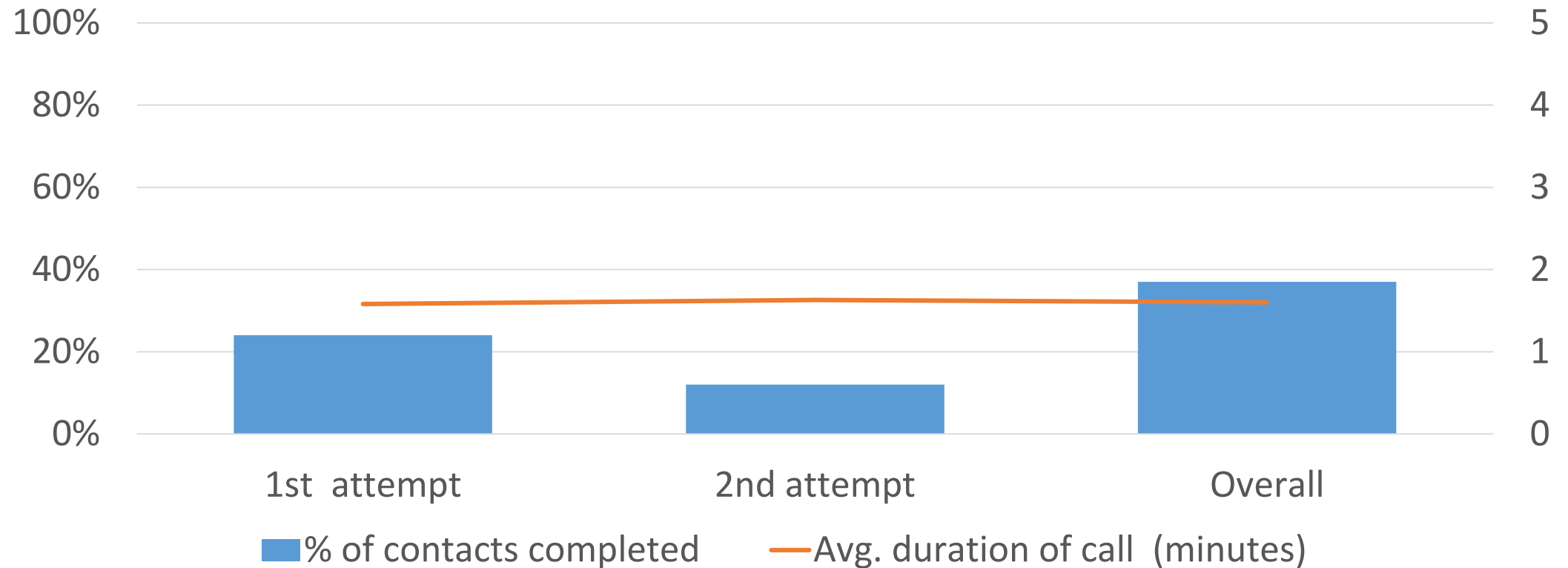(5 questions, with 2 randomly selected from 7)
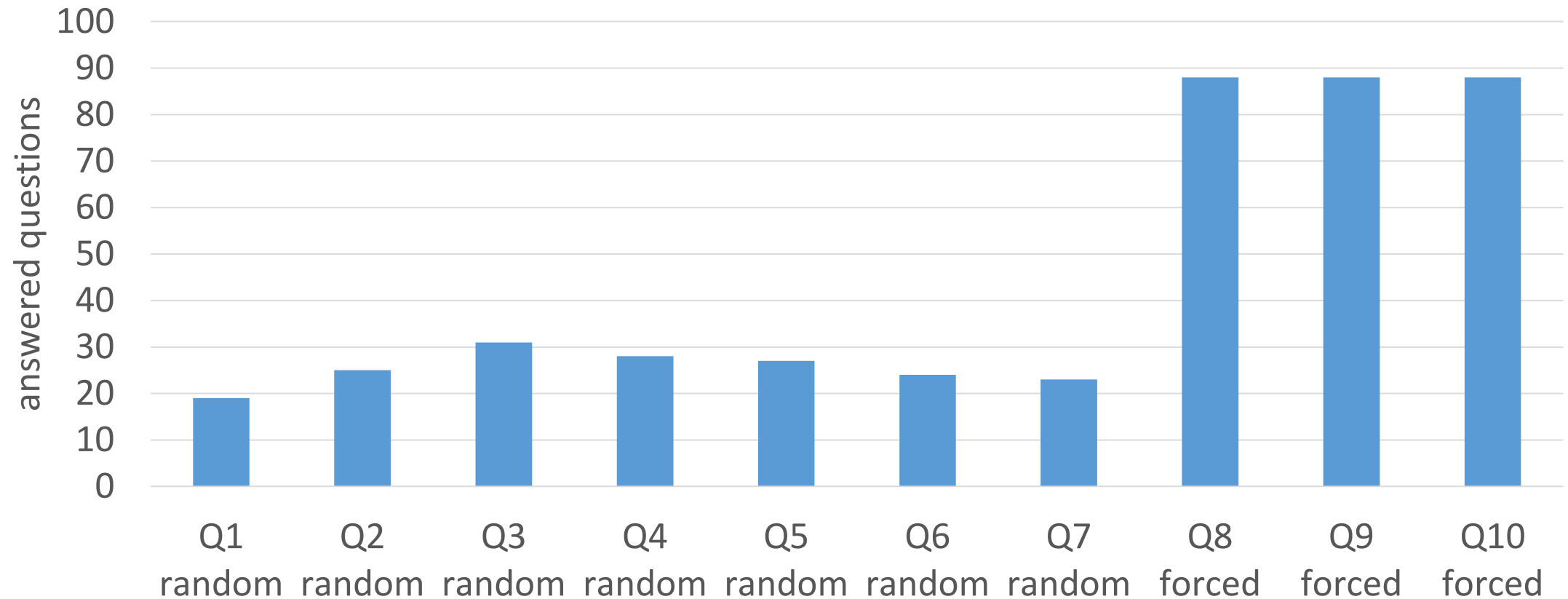
4) Market to patients

- *"marketing to the patients is a must!!!!!"*
- 3 patient complaints
- Patient concerns mostly surfaced due to lack of advance warning

5) Patient contacts

Completed patient contacts
(patient answers all questions offered)

Covered by Privacy impact assessment

6) Retrieve results

- Email survey results available as per team's online survey tool

- Phone survey results are downloaded by team (ie not vendor)

- Training and support needed given diversity of staff involved
  - Executive director, Office Manager or other administrative staff
  - Administrative Assistant, receptionist
  - Informatics staff

7) Analyze results

- More comments than in previous surveys
- Comments are longer, more detailed and more actionable
- different responses compared to previous surveys?

Things we do well

Access

Short wait time in reception area

Healthcare Providers - genuinely concerned

Reception Staff - courteous and respectful

Things we could improve

Would like to see my physician more often

Better follow up with tests results

Wait time for appointment with physician
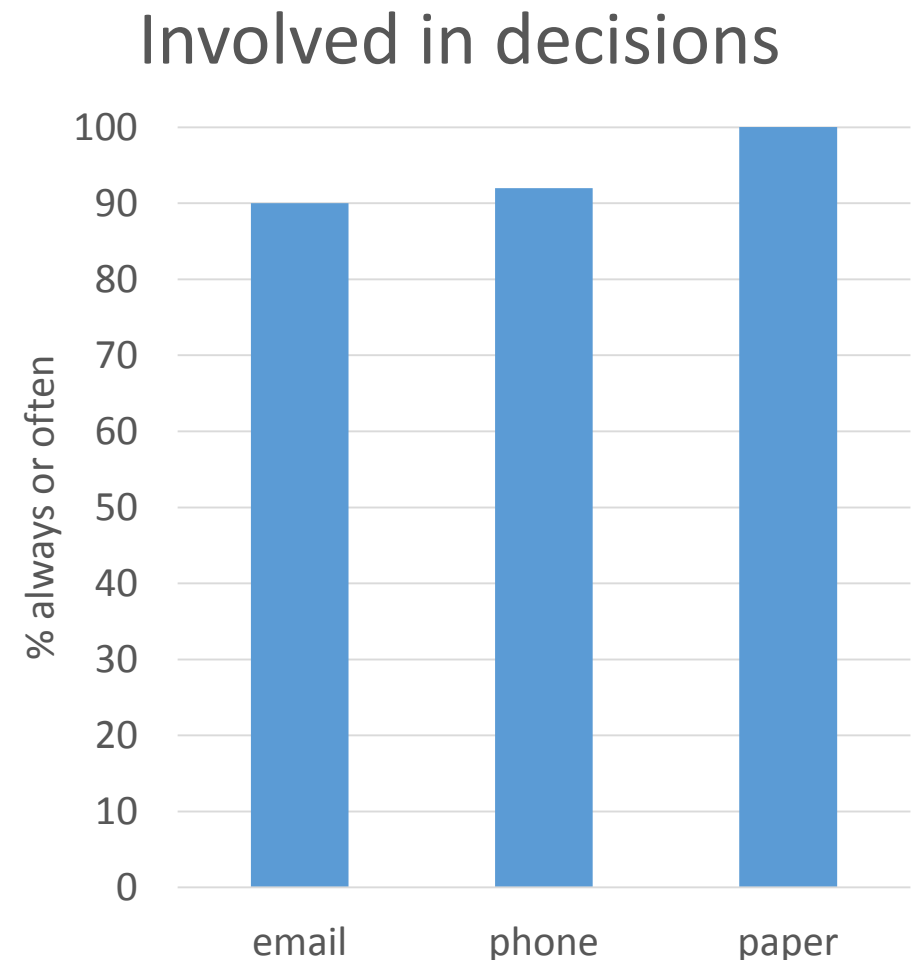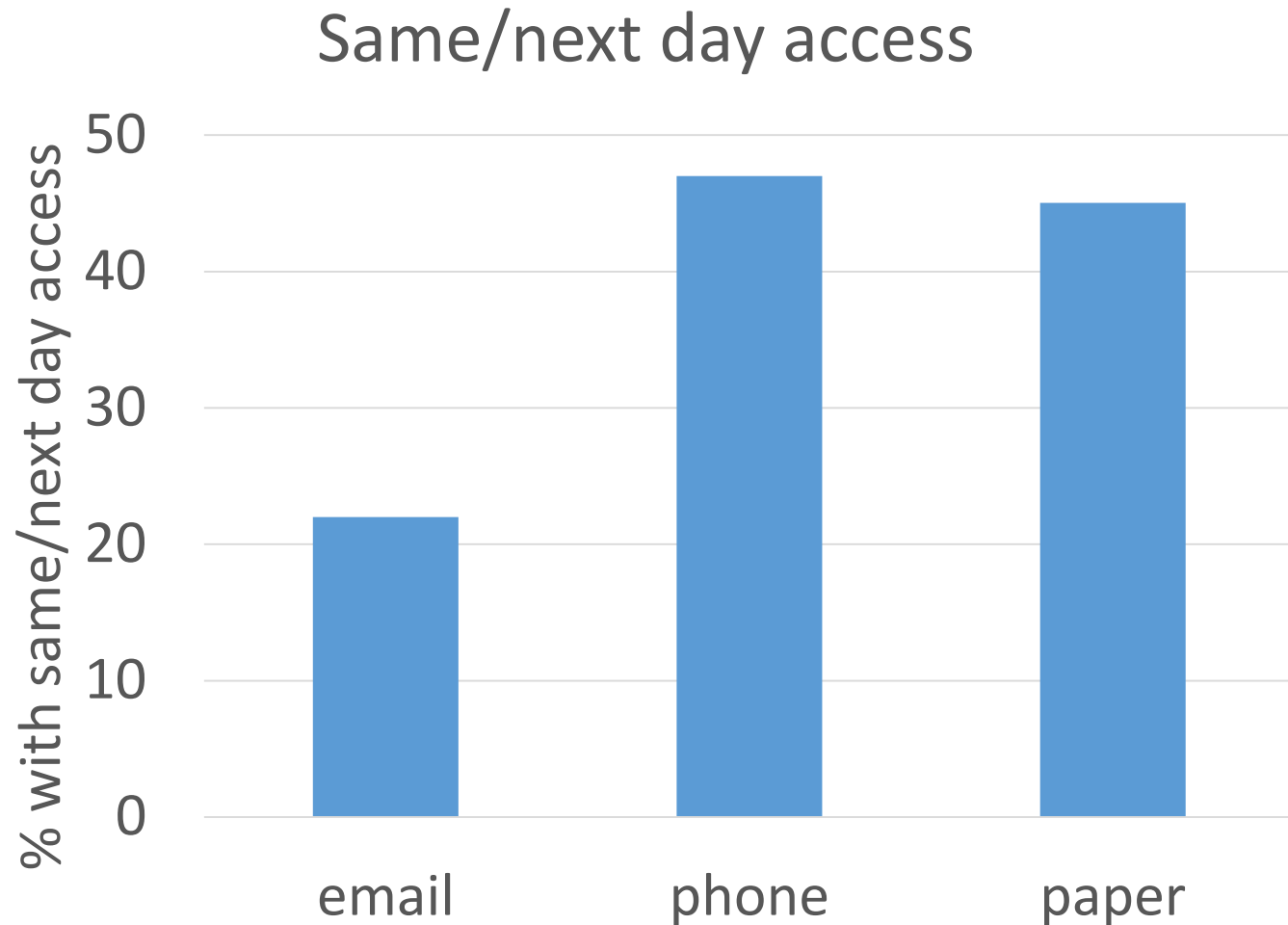
Better scheduling for routine appointments

Mirror windows in reception reas

Extended phone hours

Chairs without arms

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Impact of survey mode on responses (1 site)

Same/next day access

Involved in decisions

What's next

- *"We were really pleased with the outcome ...would be thrilled if we could spread this change. The [other] FHT's in my [QIDSS] partnership are trying to work out a way to get access to this service for patient surveys".*

- *"Would it be possible to have announcement phone calls to our 65 years or older patients for flu shots?"*

- Explore validity of sub-set approach used in phone surveys

- Ensure training and support for implementation and data access

- Spread to other EMRs

Conclusions

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