

Aim

- To test the acceptability, efficiency and feasibility of utilizing telephone visits to improve access to primary care and self-management for chronic disease.
- To integrate phone based chronic disease and self-management support into the resident workflow and curriculum.

Introduction

Chronic disease control rates are worse for patients receiving care in safety net hospitals. Primary care access is critical to improving outcomes; limited resources are a constant struggle.

At the Adult Primary Care Practice at New York City H+H/Kings County, part of NYC's public health care system, the next available revisit appointment for some physicians is in over 40 days. Moreover, returning for frequent appointments can be challenging for our under/un-insured, working class, immigrant Afro-Caribbean community.

Methods

- 26 SUNY Downstate Internal Medicine Residents
- Dedicated time for chronic disease registry review and telephone outreach
- Training in telephone medicine and the televisit workflow
- Scheduled televisits > 7 days after a face to face visit
- Survey of 20 residents and 10 patients to assess the value of the intervention

Results

- Televisits averaged 16 minutes compared with 20 minutes for face to face visits.
- Residents reached 64% of patients, similar to our usual show rate of 68%.
- All patients and 95% of providers reported the televisit was a good use of time.
- All residents related that televisits improved relationships with patients by helping to build trust and a sense that their provider was invested in their well-being.
- 75% of patients and 80% residents described improved self-management of a chronic illness after the call.
- Most patients and residents preferred phone calls, however 30% of residents favored texting or facetime.
- 85% of residents had been scheduling in-person appointments to provide the care they were now delivering by phone. After this intervention, 90% said they would now choose to provide this care over the phone.
- 60% of residents found televisits as valuable as in-person visits.

Figure 1. Resident & Patient Satisfaction Survey

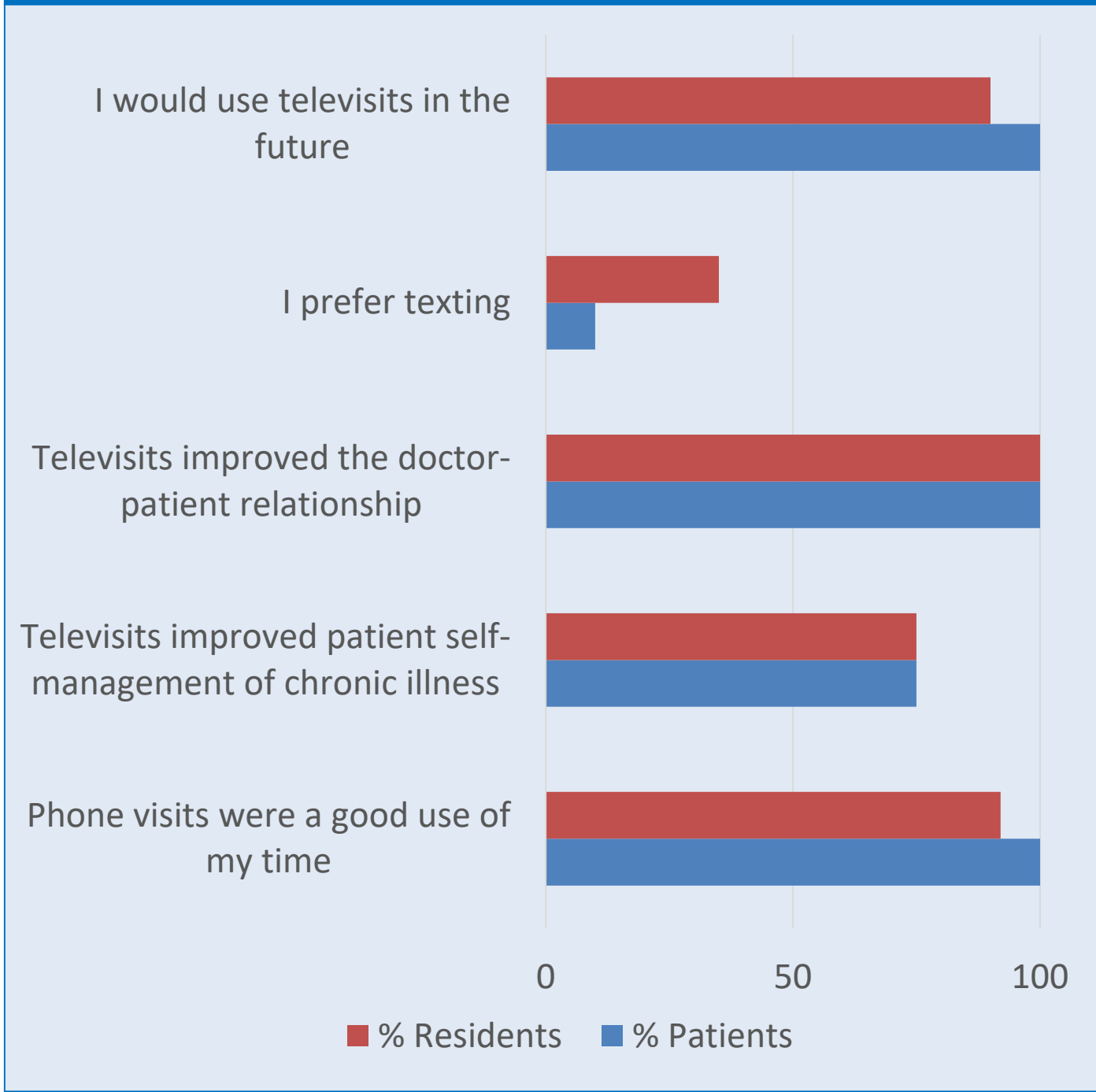


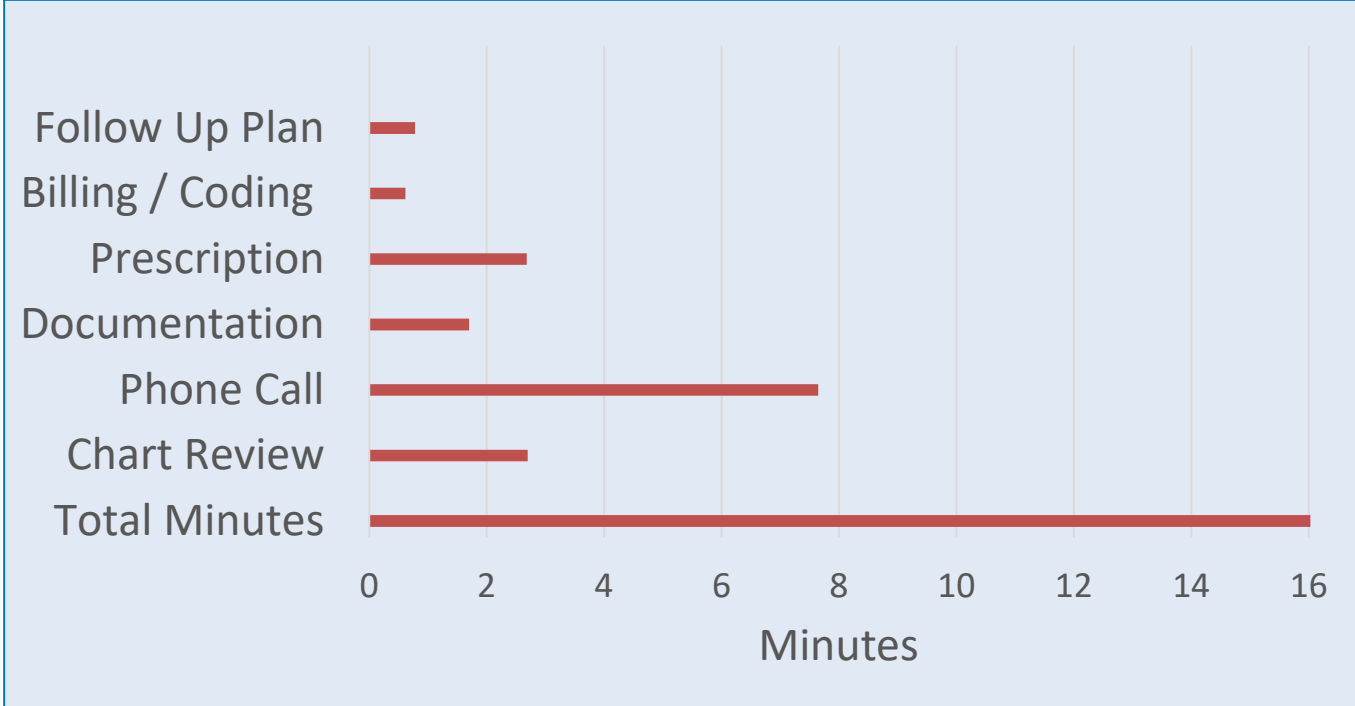
Figure 2. Resident Comments

- "Felt you were invested in patient, often glad to hear from MD."
- "Helped build trust."
- "More direct communication with the patient resulting in better patient doctor relationships."
- "Patient becomes more comfortable with physician."
- "Patient felt more in touch with the provider and did not feel abandoned between appointments."
- "Improved the relationship overall. Patient felt as though I was looking out for their well being even after our face to face appointment."

Figure 3. Patient Comments

- "Because you called me, I feel honored that someone cares about me. You are offering to help me in so many ways."
- "I was very pleased with the phone visit"
- "I appreciate the phone call greatly but not as much as a live clinic visit."
- "Phone calls are personalized. I was able to get my questions answered."
- "This was very helpful. I would definitely do it again."

Figure 4. Televisit Time Study



Televisit Billing (CPT) Code	Slot Duration	MetroPlus Reimbursement
99441	5-10 minutes	\$17.70
99442	11-20 minutes	\$33.33
99443	21-30 minutes	\$48.57

Figure 5.

Televisit Payments: MetroPlus Medicaid Managed Care

Discussion

- Initial standard work did not complement existing provider workflow and hindered efforts to engage residents.
- Dedicated time for calls did not always correlate with the natural time when providers would call patients.
- Scheduling televisits into the regular provider template improves visit completion.
- Paper coding sheets designed to assist with the billing process were burdensome.
- Provider efficiency was reduced by performing administrative tasks such as opening visits and scheduling follow-up appointments.

Conclusion

Chronic disease follow-up televisits had a positive impact on both patients' and physicians' perception of their therapeutic relationship and patient self-management. The impact on efficiency seems to be modest, but this presents a patient-centered alternative for access for chronically ill underserved patients.

A streamlined workflow prioritizing clinical work for clinicians should be developed before implementing standard televisits in a primary care practice.