



Monash Division of General Practice

Setting up Computerised Patient Reminder Systems

A Guide for General Practices

TAKING A WHOLE PRACTICE APPROACH

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Contents

| | |
|--|-----------|
| HOW TO USE THIS GUIDE | 3 |
| PHASE 1 – PREPARING FOR CHANGE | 4 |
| (a) Critical success factors in the introduction of a patient reminder system..... | 4 |
| (b) Common barriers to reminder systems and possible solutions | 5 |
| (c) Planning the implementation of a patient reminder system..... | 6 |
| PHASE 2 – MEDICO-LEGAL ISSUES | 9 |
| (a) RACGP guidelines for patient recall | 9 |
| (b) Patient consent..... | 9 |
| (c) “Informed refusal”..... | 10 |
| PHASE 3 – DECIDING WHAT ACTIVITIES WILL BE REQUIRED FOR A REMINDER SYSTEM | 11 |
| (a) How should a patient reminder be established? | 11 |
| (b) How should patients be reminded: on-screen prompts versus reminder letters..... | 11 |
| (c) Types of reminders | 12 |
| PHASE 4 – ENSURING SUSTAINABILITY | 13 |
| PHASE 5 – EVALUATION | 14 |
| APPENDIX: SUGGESTED PROCEDURES FOR PRACTICES | 15 |
| (a) Waiting room sign examples..... | 15 |
| (b) Reminder system procedure – example | 15 |
| (c) Sample of manual “action sheet” | 17 |
| (d) Sample of reminder letter | 18 |

How to use this guide.

This guide is presented as a series of steps for general practices to work through to help ensure that the end product is a cost-effective and sustainable patient reminder system that is acceptable to doctors, practice staff and patients.

This guide can be used to implement a reminder system for a number of purposes including preventive care, immunisations and the new enhanced primary care MBS items. If a practice has managed a particular issue (e.g. it already has commenced reminders in a small way but wants to extend it to other patients), then the practice can choose the phase that best suits "where the practice is at."

Phase 1 Preparing for Change

(a) Critical success factors in the introduction of a patient reminder system

Practices that have a cost-effective and sustainable reminder system in place tend to display the following features:

one person drives the change within the practice and follows through with implementation, for the long term

staff understand the value of reminders for patients and the practice

patients have been educated about the value of a reminder system

a start is made in one clinical area (e.g. Pap smears), then the system is extended as the "bugs" are ironed out

as many doctors as possible in the practice use the computerised reminder system both for entering and up-dating a patient's reminder. Alternatively, the doctors agree to use another internal practice system (e.g. handing a patient file to a nurse for entry into the reminder system)

responsibility for administering the reminder system is delegated to practice staff.

Putting in a reminder system is a LONG TERM change.

It may require a "cultural" change within the practice.

(b) Common barriers to reminder systems and possible solutions

| | Barrier | Suggestions for overcoming barriers |
|-------------------------|--|--|
| GP | <ul style="list-style-type: none"> • Belief that reminder systems are not effective and there is a low yield of results • Perceived lack of clinical and lifestyle counselling skills • Lack of time • Few computer skills | <ul style="list-style-type: none"> • Do a small trial or "pilot" this in your practice • Ask your local Division of General Practice to put you in touch with a practice that has a successful reminder system • Enroll in a "Motivational Interviewing" course (contact Division for information) • Delegate as much as possible to practice staff but provide them with sufficient information and time to manage it • Contact Division for training up-date for practice |
| Patient | <ul style="list-style-type: none"> • Fears and concerns about reasons for reminders • Not really interested - lack of motivation • Difficulty carrying out preventive activity e.g. diet, exercise • Lack of perceived benefit | <p>Plan your patient education strategy- this should include:</p> <ul style="list-style-type: none"> • Information within the practice (patient information sheet and waiting room) • Provide information within the consultation as well as gaining consent |
| Practice setting | <ul style="list-style-type: none"> • Lack of practice co-ordination • Lack of resources and support | <ul style="list-style-type: none"> • Clearly delegate responsibility and follow through with appropriate resources - time, training and finances if required |

(c) Planning the implementation of a reminder system

Plan the change around the practice as a whole.

| Target Area | Things to consider in planning the change | Your notes |
|-------------|---|------------|
| GPs | <ol style="list-style-type: none"> 1. <u>Appoint</u> a Reminder co-ordinator (GP or practice staff member). 2. <u>Review</u> attitudes of all colleagues in the practice regarding their level of support and willingness to participate. 3. <u>Decide</u> <ul style="list-style-type: none"> ✧ what and how much training they will require ✧ who will provide the training and when ✧ who will provide on-going support with training. 4. <u>Agree</u> on which clinical area you will focus on for using the reminder system (e.g. Pap smears and immunisation first) 5. <u>Clarify</u> <ul style="list-style-type: none"> ✧ which doctors will up-date patient records for re-calls, and if not all doctors are involved, how this can be overcome (utilising practice staff) ✧ whether the clinic will use letters and/or phone calls to remind patients ✧ if patients are to be phoned, who will make phone calls and what patients will be told (prepare a "script") ✧ how many times you will attempt to inform the patient if they do not respond ✧ who will make notations in the patient file that a reminder has been sent (doctor or practice staff) 6. <u>Place</u> reminder system on agenda for discussion by doctors and/or staff. | |

| Target Area | Things to consider in planning the change | Your notes |
|---------------------------|---|------------|
| Waiting Room: | <ol style="list-style-type: none"> 1. Place a notice or pamphlets in waiting room (see Appendix for suggestions) 2. Ask practice staff to inform new and/or current patients 3. Up-date your Patient Information Sheet or patient newsletter with information about the reminder system | |
| Computer systems | <p>Ensure computer hardware and software is available and computers are networked if required. If the practice is not networked, consider who, how and when access might be gained to the information in the computer(s).</p> | |
| Practice staff | <ol style="list-style-type: none"> 1. Ensure practice staff have been informed of the change or have been involved in the decision-making 2. Clarify <ul style="list-style-type: none"> ✧ that issues of workload have been discussed ✧ that a staff member has been designated as responsible, and that the role has been clarified ✧ that there are agreed systems in place (e.g. management of printing, posting, collection of medical files) 3. Document the procedure clearly. (See Appendix for an example) 4. Decide what training is required and if so, by whom and when 5. Include "Reminder System" in staff meetings | |
| Medical case notes | <p>Determine</p> <ol style="list-style-type: none"> 1. if Health Summary sheets are required in all files with reminders 2. if there are any other changes to medical files that are required 3. who will make notes in patient files that a reminder has been sent - doctor or practice staff | |

| Target Area | Things to consider in planning the change | Your notes |
|-------------------|--|------------|
| Patient education | <p><u>Establish</u> a plan to educate the patient:</p> <ol style="list-style-type: none"> 1. <u>Decide</u> when and how patients will be informed of this change at the practice (eg at Reception, signs in the waiting room, information in the Practice Brochure.) 2. <u>Explain</u> the benefits of a reminder system to patients 3. <u>Clarify</u> how patient consent will be gained (refer to Phase 2b) | |

Phase 2 Medico-Legal Issues

(a) RACGP guidelines for patient recall

1. Only patients who normally attend the practice should receive recall notices.
2. Seek patient's permission before placing them on a recall register.
3. Recall notification should only be for a specific aspect of continuing care and/or specific preventive care.

Continuing Care

4. It is appropriate to monitor patients with **established diseases** by recall.
5. There is a clear obligation on the doctor to recall patients who have failed to **follow-up abnormal tests**.

Preventive Care

6. The recall of patients at appropriate intervals for **preventive care** of recognised value is recommended.
7. The RACGP accepts a protocol of preventive care recalls. Such a schedule would be regarded as constituting a minimal standard of preventive care, subject to variation at the discretion of the doctor.

Source:

"Guidelines for Preventive Activities In General Practice". 5th Edition 2001. (The Red Book)

(b) Patient consent

Raise the issue of prevention in the consultation by:

- ◆ Outlining to the patient the reason why you think it is important
- ◆ Linking the preventive activity with the patient's presenting complaint - this will increase the relevance and acceptability of the activity
- ◆ Explaining both the nature and extent of both you and your patient's responsibility
- ◆ Obtaining consent which should include both the method and frequency of contact
- ◆ Backing up what you are saying with patient information and literature

- ◆ Giving the Practice Information Sheet to the patient to advise them of the availability of the reminder system and of the practice's policy to enroll patients in the system unless they advise otherwise.

Example: *"Our practice will send out a reminder letter to you (or we will phone you) to attend for a 3 monthly blood pressure check."*

(c) "Informed Refusal"

A patient has every right to refuse your advice – but the burden is on you to ensure that refusal is informed. This also applies to patients who refuse your offer of being entered into a computerised reminder system.

Not only should you offer to remind the patient, you should also adequately inform them why they would need to consult a doctor when they receive the reminder. You should inform them about the length of the recall interval, and what will be done when they are recalled. For example, rather than saying *"Your pap smear is clear, please come in for another one in two years' time"*, it is better to say *"Your pap smear is clear. There is good evidence that screening for cervical cancer is most effective if repeated every two years, even when the last smear was 100% clear"*. In the latter case, if the patient does not return in two years, she does so (consciously or unconsciously) at her own risk, in the knowledge that she is departing from an optimal screening program.

You should also inform the patient that the reminder system is an aid for follow-up, but like any system, can be prone to error. This may involve human error within the practice, computer failure or even mistakes occurring with Australia Post. Patients should be encouraged to make their own note of when they are due for recall, in case there is a failure in the practice's reminder system.

Phase 3 Deciding WHAT Activities Will Be Required for a Reminder System

The decision to provide a reminder is managed principally by the doctor at the time of a consultation with an individual patient. Assuming the patient has been informed of the availability of a reminder system and their consent has been obtained, the doctor may offer it to patients who would benefit from regular reminders, e.g. busy or forgetful patients, or those with many other medical appointments. The goal would be to minimise confusion for the patient. Patients may appreciate the personalised attention of a reminder letter.

Practices can provide reminders to patients utilising a number of criteria.

(a) How should a reminder be established?

Reminders can be set up by the doctor during a consultation, or by searching the computer's patient database when the patient or patients are not present. For example, a member of the practice staff can do a search for all patients 65 years and over, to produce a list of patients who can be sent invitations for influenza vaccination.

The issue of whether the doctor or a member of the practice staff establishes (ie initiates) the reminder is of fundamental importance. Practices must address this issue carefully and thoroughly. It will certainly affect the type of reminders which are used. For example, highly individual reminders such as a follow-up for a specific clinical requirement (eg repeat PSA test) can only be initiated by the doctor at the time of the consultation with the patient. Other reminders, such as mailing out to everyone over the age of 75, or all diabetic patients, can be 'systematised', i.e. done by a member of the practice staff.

(b) How should patients be reminded: on-screen prompts versus reminder letters?

Reminders can occur in two ways: as a reminder to the doctor via an on-screen prompt (eg a ringing telephone icon) when the patient attends for an unrelated consultation; or as a list of patients to whom recall letters can be sent in a batch.

Doctors and practices will have to decide which method works best for them. One note of caution: using both methods together can cause confusion, as it

may not be clear whether an individual patient was to be reminded at their next consultation or by letter.

(c) Types of reminders

1. Immunisation

- ◆ Childhood immunisations - to support ACIR reminders
- ◆ ADT/Pneumococcal/Influenza - mailouts can be sent to those within the appropriate age groups.
- ◆ Hepatitis B - follow-up vaccination. This can be managed by the person giving the injection (doctor or nurse).
- ◆ MMR for 18 – 30 year olds

2. Chronic disease or risk factor management

- ◆ CVD (BP, lipids, weight))
- ◆ Bone density testing) for a 12 month review (or other
- ◆ Diabetes) clinically appropriate interval)
- ◆ Asthma)

3. Screening

Pap smear - these can be entered by practice staff as results are returned to the clinic by the pathology service.

4. Enhanced Primary Care MBS Items

Mail merge letters can be generated for patients aged 75 and over, to invite them for a Health Assessment. Once a patient has attended, they can be entered into the reminder system for an annual assessment. Care plan review reminders can also be entered.

5. Other activities for consideration:

- ◆ Colonoscopy review
- ◆ Physical Activity / Active Script follow-up
- ◆ Dietary management review
- ◆ Depo Provera injections

Phase 4 Ensuring Sustainability

How will you make this change sustainable?

- ◆ Ensure the procedure is tailored to the needs and systems of your practice
- ◆ Create opportunities for staff and doctors to discuss problems as they arise. Place "Preventive Medicine", "Immunisation" or "Reminder System" on the regular staff meeting agenda
- ◆ Ensure staff and colleagues are informed of any changes at regular intervals
- ◆ Ask patients for feedback (ask informally in the consultation or include this question in your next patient survey)
- ◆ Review Health Summaries regularly

Phase 5 Evaluation

How will you evaluate the effectiveness of a reminder system in your practice?

In other words, do you know if this system is worth your while?

(a) Systems:

- ◆ Review procedure with practice staff and doctors
- ◆ Gain feedback on problems and evaluate whether these problems require more staff training, time allocation or financial resources
- ◆ Ask practice staff to keep track of the time and resources involved in implementing the reminder system.

(b) Cost effectiveness:

- ◆ Keep a running total of the cost of mail-outs/phone calls and staff time
- ◆ Do an audit, e.g. 10 files of recalled patients once every 3 months

(c) Patient effectiveness:

- ◆ Note feedback from patients
- ◆ Ask them for a response in a future survey

Further suggestions for evaluating effectiveness:

1. Keep a printed list of reminder patients on your desk for the month. Mark which patients return as a result of the reminder letter
2. If patient presents as a result of the reminder, remove recall from computer record
3. Note how many patients are due for re-sending of reminder letters in next month
4. Check what pathology/radiology/other tests have been ordered, e.g. if recalling diabetic patients
5. File Audits and check Health Summaries.

APPENDIX: SUGGESTED PROCEDURES FOR PRACTICES

(a) Waiting Room sign examples:

“In order to provide preventive care and early disease detection, this clinic can offer patient enrolment into our computerised reminder system.”

OR

“This practice offers a reminder system for patients for preventive health care.”

(Laminated signs are available from Monash Division.)

(b) Reminder system procedure - example

DOCTORS are responsible for:

- ◆ obtaining patient consent to enrol in the reminder system
- ◆ entering reminder on computer
- ◆ checking patient file on computer for recalls due
- ◆ up-dating or removing recalls as required.

OR

Placing “Action Sheet” in file for nurse/practice staff to enter on the computer. This Action Sheet can include information on billing, follow-up activities or other services (see example in (c)).

PRACTICE STAFF are responsible for:

On the first of the month:

- ◆ Printing out a list of all reminders due from all doctors for a one month period
- ◆ Checking the list with doctor(s) or the medical record to see if any of these reminders are to be deleted (ie. due to a recent visit or other reason)
- ◆ Deleting patients from reminder list if advised by doctors
- ◆ Printing letters and labels

- ◆ Posting to patients
- ◆ Pulling out patient files and making a notation of the date that the reminder letter was sent.

OR

- ◆ Phoning patient to recall them on the advice of the doctor
- ◆ Pulling out patient files and making a notation of date that the reminder call was made.

No response from patient

- ◆ If patient has not responded from previous month, a second reminder letter is sent
- ◆ Pull out patient files and make notation of date of the second reminder.

If there is no response after a second letter, give medical file to doctor who will make a decision whether patient is to be contacted again.

(c) Sample of manual "Action Sheet"

This Action Sheet can be used by the Doctor to communicate various aspects of the consultation to the practice staff, including billing. The doctor can write the reason and date of the next reminder on the Action Sheet and practice staff (preferably a nurse) could enter the reminder on the computer system.

FAMILY MEDICAL CLINIC ACTION SHEET

Date: / /

Name: _____

Item no: _____

Next appointment: _____

Item no: _____

Other services

Vax Preg Test

Re-calls:

| Reason for recall/reminder | Recall Reminder due | |
|----------------------------|---------------------|------|
| | Month | Year |
| | | |
| | | |
| | | |

(d) Sample of reminder letter

<Practice Letterhead>

<Date>

<Name & Address of patient>

Dear <Patient>

Our files indicate that you are due to attend for <recall>.

Please call the clinic during its usual opening hours to make an appointment.
If you have seen the doctor about this issue, please disregard this letter.

Yours sincerely,

Dr <>