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Treatment Follow-through: Improving Patient Access and Adherence

Patient adherence to a prescribed plan of care – including follow-up visits, specialist referrals, laboratory and imaging diagnostic tests, and self-care – is fundamental to patient safety, optimal treatment outcomes and management of risk. Consistent follow-through by both clinicians and patients is especially critical for patients with chronic medical conditions that require continuous monitoring. Unfortunately, one of every four patients fails to follow through with their medical provider's advice, according to a survey commissioned by the Commonwealth Fund.[1]

There is no single cause for lack of follow-through. If a patient enters treatment with an uncooperative attitude and consistently refuses to work with the provider, the situation is generally referred to as *patient noncompliance*. However, the patient's failure to follow recommendations also may be due to logistical obstacles outside of his or her control or to shortcomings in the patient care experience. These include breakdowns in communication, difficulty in scheduling appointments, lack of transportation, uncertainty over costs and coverage, poorly executed care plans, ineffective patient teaching methods and loss of contact with patients who seek care elsewhere.

This edition of *inBrief*® focuses on these systemic sources of incomplete follow-through, offering strategies to enhance patient access, customer service and coordination of care. As research shows that patients are more likely to follow up on care recommendations when they participate in shaping their own treatment plans, the issue also suggests measures to encourage shared decision-making, as well as strengthen provider-patient communication and patient education.[2] By implementing policies and practices that support patient-centered care, providers can improve continuity, thereby promoting good outcomes and reducing risk.

inBrief® is going digital in 2018. If you would like to receive future issues of the electronic newsletter, visit **go.cna.com/HCsubscribe** to register for a subscription. Thank you for your continued readership.

QUICK LINKS

- *Engaging Patients in Improving Ambulatory Care: A Compendium of Tools from Maine, Oregon, and Humboldt County, California*, Robert Wood Johnson Foundation, March 2013.
- "Five Steps to Safer Health Care: Patient Fact Sheet," Agency for Healthcare Research and Quality (AHRQ), 2014.
- "Opinions on Patient-Physician Relationships," Code of Medical Ethics, American Medical Association, 2016.
- "Patient Responsibility for Follow-up of Diagnosis and Treatment," American Academy of Family Physicians, 2016.
- "Service Recovery Programs," from the *CAHPS Ambulatory Care Improvement Guide: Practical Strategies for Improving Patient Experience*, AHRQ, July 2015.
- "Shared Decision Making Fact Sheet," HealthIT.gov National Learning Consortium, December 2013.
- *Strategy 2: Communicating to Improve Quality*, AHRQ, updated June 2013.

1 See "Impact of Communication in Healthcare," Institute for Healthcare Communication, July 2011.
2 See "The SHARE Approach – Achieving Patient-Centered Care with Shared Decisionmaking: A Brief for Administrators and Practice Leaders," Agency for Healthcare Research and Quality, updated July 2014. (Scroll down to "Shared Decisionmaking Improves Adherence and Outcomes.")

Checklist: Strategies to Improve Patient Adherence

The following measures can help healthcare practices maximize patient follow-through and strengthen continuity of care by enhancing patient access, customer service, two-way communication, care planning, referral coordination and patient education/consent.

INTERVENTIONS	STATUS	COMMENTS
PATIENT ACCESS		
Are appointment wait times monitored on a monthly basis, in order to identify times of higher demand and variations among providers?		
Are open appointment slots tracked on a daily basis, in order to enhance access to providers?		
Are routine follow-up visits spread among team members to promote availability of high-demand providers?		
Are denied same-day appointment requests noted and tracked by day, provider and caller's condition?		
Does the practice manage same-day appointment requests by ...		
▪ Developing scripts to help receptionists or others elicit patient symptoms and assess the potential urgency of their condition?		
▪ Establishing criteria for same-day visits?		
▪ Utilizing part-time providers for same-day patient visits?		
Is an "open access" scheduling model utilized, in which a select number of time slots are left open every day so that patients with urgent needs can see their primary provider? (To learn about implementing open access scheduling, see "Open Access Scheduling for Routine and Urgent Appointments," from the Agency for Healthcare Research and Quality.)		
Are appointments scheduled within a 30-day window, in order to maintain control of the schedule and prevent overly long waits?		
Are upcoming preventive/screening/diagnostic needs identified and (if possible) met at every patient encounter, thus reducing the need for future visits?		
Is there a written contingency plan to handle excessive appointment demand, and does it specify who can supplement or substitute for occupied providers during busy periods?		
Does written policy delineate which medical conditions require an in-person clinical encounter and which ones can be addressed via tele-visit, text message or email?		
Is there a patient recovery program to reestablish contact with "lost" patients, and is it managed by staff members with a high degree of empathy and proven listening and problem-solving skills?		

By implementing policies and practices that support patient-centered care, providers can improve continuity, thereby promoting good outcomes and reducing risks.

INTERVENTIONS	STATUS	COMMENTS
CUSTOMER SERVICE		
Are customer service standards established and enforced in regard to appointment availability, visit wait times, telephone response times, test result reporting and post-treatment follow-up?		
Are staff members trained to answer patients' questions about healthcare costs and insurance coverage, or to help them locate the information they need?		
Are patient phone numbers verified annually, along with other contact information?		
Are follow-up phone calls made to patients, in order to check on their status and remind them of upcoming visits/tests?		
Are appointment reminders sent via text messaging or e-mail, if amenable to the patient and permitted by state law?		
Do patients receive reminder calls before their appointments, and are these calls documented?		
Are patients who fail to show up for appointments called or otherwise notified, in order to determine the reason(s) for the no-show?		
Do patients who repeatedly fail to keep appointments or schedule recommended medical tests receive reminders via certified mail with return receipt requested?		
Is there a written policy in regard to billing no-shows, and is this policy communicated to all patients?		
Is a formal quality management mechanism in place to log, track and trend patient complaints and document follow-up actions taken?		
Are patients surveyed on a routine basis about their level of satisfaction, as well as their concerns and expectations?		
Are patient satisfaction data analyzed on an ongoing basis, and are findings reported to clinical leadership for follow-up action?		
PROVIDER-PATIENT COMMUNICATION		
Are documented communication training sessions held for all clinicians, and do they cover the following topics, among others: listening and history-taking skills, dealing with "difficult" patients, patient-centered interviewing techniques, promoting behavioral change and expressing empathy?		
Are physicians and other providers sensitive to patients' linguistic preferences, and are interpreters available if necessary?		
Are clinicians required to undergo documented cultural competency training, in order to promote effective communication with all patients?		
Is accommodation made for deaf and blind patients, as well as other patients with communication issues?		
Do clinicians' annual performance reviews include evaluation of communication skills, such as listening, body language, eye contact, clarity, conciseness, confidence, empathy, respect and feedback?		
Are patients instructed to ask providers what their main problem is, what they should do and why it is important to comply with care recommendations? (See the National Patient Safety Foundation's "Ask Me 3®" program guidelines.)		
Are patients encouraged to be active participants in their own care, using educational techniques designed to help them frame questions and have their concerns addressed within the time frame of a typical clinical encounter?		

INTERVENTIONS	STATUS	COMMENTS
PROVIDER-PATIENT COMMUNICATION (CONTINUED)		
Do providers give patients the reasons for follow-up visits/tests and explain the risks of missing them?		
Are patients granted access to providers' progress notes, in order to promote their understanding of the treatment plan, detect inaccurate or outdated information, and foster a sense of participation and agency?		
Are patients provided with a concise list of action items at the close of each clinical encounter, as well as clear and simple self-care instructions, if applicable?		
Are written patient contracts utilized when appropriate to improve compliance, articulate responsibilities and clarify expectations?		
Are there formal protocols for terminating the patient-physician relationship, thus reducing the risk of abandonment allegations?		
CARE PLANNING AND COORDINATION		
Do clinicians work with patients when planning care, using a shared decision-making process that includes the following steps:		
- Asking patients what is important to them and what they are most concerned about?		
- Presenting options and offering objective information based upon the best available scientific evidence?		
- Clearly describing the benefits and risks of the various options?		
- Confirming patients' understanding of the information presented?		
- Giving patients time to deliberate (in non-emergency situations)?		
- Agreeing on clearly articulated treatment goals and time frames?		
Is there a written protocol requiring physicians/providers or members of the healthcare team to initiate referrals and schedule further tests, thereby relieving the patient of this responsibility?		
Is a written referral agreement sent to the consulting specialist, concisely describing the condition(s) to be managed, the clinical data supporting the referral decision and the degree of urgency?		
Does the practice designate a coordinator to track referrals, tests and follow-up concerns, as well as to prompt and document communication with patients, specialists and insurance plans?		
Is there an automated system that tracks tests/referrals and alerts staff to pending consultations and necessary follow-up?		
Is a mechanism in place to alert providers to patients who are not following through on diagnostic or treatment recommendations?		
Are one-on-one visits scheduled with patients who have a history of poor follow-up, in order to identify the reasons and make necessary adjustments?		
When necessary, do providers and patients together develop an action plan to improve follow-through and compliance, and is a copy of this plan placed in the patient healthcare information record?		
Are focused reminders sent to patients with special needs, e.g., non-English-speakers, persons with dementia or other neurological conditions, and patients with transportation issues?		

INTERVENTIONS	STATUS	COMMENTS
INFORMED CONSENT/INFORMED CHOICE		
Is a formal informed consent process in place, and does it include thorough discussion of the procedure's benefits, risks and alternatives, as well as the potential consequences of taking no action?		
Is the patient's informed consent documented, using a standard form signed by the patient and included in the healthcare information record?		
Does the practice also implement a similarly documented "informed choice" or "informed refusal" process, whereby patients who choose to decline care recommendations (including follow-up visits and referrals) state their reasons and acknowledge that the risks of non-action have been explained to them?		
PATIENT EDUCATION		
Is a wide range of educational materials and other resources available to patients, and are these resources attuned to patients' level of health literacy, as well as their cultural values and beliefs?		
Are patients directed toward reliable online sources of health information by physicians/providers, as well as by patient portals on the practice website, emails and/or social media?		
If group educational sessions are offered for patients with similar conditions, do participants give written permission to share their protected health information, as defined by HIPAA patient privacy laws?		
Are records maintained of all educational programs offered, including dates, curricula and participants' names?		
Are patients provided a copy of their discharge plan, including clear instructions regarding medication therapy, self-care requirements, and scheduled referrals and follow-up appointments?		

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