



**Deep Dive on After-Visit Summaries:
Refining Ix Innovative App #1
– Part 2 –
Focus on Content & Assessing Impact**

Speakers:

Group Health Cooperative

Colby Voorhees, MS-IS, Senior Product Manager

Providence Health System

Richard Brand, MA, MPH, Program Manager

Background:

The October IxInsights webinar builds upon the September webinar. Last month, innovators shared information about their experiences implementing four very different approaches to after-visit summaries (AVSs). This month, webinar participants dove a little deeper into the AVS discussion. The October webinar examined what specific content should be included in an AVS and how to go about ensuring it is understandable to the patient. Presenters shared:

- patient input on what content really matters
- the range of content elements used in AVSs
- the impact of content on patients' experience with care
- how structuring the use of that content affects the patient-clinician relationship
- how AVS content helps to shape ongoing care management for patients.

Colby Voorhees shared Group Health's findings from conducting focus groups and usability testing with patients, as well as the evolution of the design and content of two AVS iterations. Richard Brand from Providence Health System shared their recent experience as a provider from a non-integrated delivery system implementing a pilot version of an AVS.

Group Health Cooperative

Insight #1: The AVS helps simplify care from the patient perspective. Group Health patients said they want their health care to be less complicated. The AVS helps patients remember and make sense of their health information.

Insight #2: The AVS helps patients remember things they are otherwise likely to forget. Patients are expected to remember a lot of important information at a time when they may be feeling stressed or overwhelmed or intimidated. Much of the information (40-80%) is forgotten or remembered incorrectly. The AVS helps patients remember all treatment recommendations:

A Group Health patient wanted to remember the name of the medication they had been prescribed. He pulled out his AVS. In addition to finding the name of the medication, he saw the exercises the doctor had suggested in addition to the medication. He said he would have never remembered to do the exercises had he not referred back to the AVS.

Insight #3: Patients want their health care information in the AVS to be explicit. Group Health patients said they did not want “sugar coated” health information. If I have something besides the flu or a cold, tell me what I have and what to expect with it.

Insight #4: Patients would like to hear confirmation that they have been understood. Group Health patients would like the physician to tell them why they came in today. They would like to know, if you took tests, why and what you found.

Insight #5: Patients want the AVS to contain personal and relevant information. The AVS should contain information relevant to any chronic conditions or recurring issues or problems addressed over the course of multiple visits.

Insight #6: The AVS is a tool that can serve as an administrative reminder. Physicians and medical staff at Group Health use the AVS as a marker and communication tool during discharge.

Insight #7: Group Health providers incorrectly assumed that patients would not read the AVS. Patients remember receiving the AVS, keep the AVS, and refer to it when they have questions.

Insight #8: Key AVS information should be in big bold letters. This helps patients find the information they are looking for and also helps with distribution in a busy clinic (e.g., patient name).

Insight #9: Actionable information should be clear and prominent. Prominently displayed information should include the clinic phone number and major categories of available information in the AVS such as:

- health reminders
- referrals
- procedures
- medications

Insight #10: The AVS should differentiate between what was done in the past and what needs to be done in the future. If possible, list outstanding items separately from completed items so patients can easily see what they need to do next.

Insight #11: We all work for one boss: the consumer. Group Health has had much success over the years working under this premise.

Providence Health System

Insight #12: Big AVS content conundrum: Providers want it to be shorter but also want to add more content. While, on one hand, a shorter document seems more manageable, feedback often includes suggestions for adding even more information to the AVS.

Insight #13: Maintaining accurate, up-to-date information can be challenging. In an open system where patients receive their health care from multiple systems, it is difficult to manage complete and accurate medication lists and all upcoming appointments.

Insight #14: Additional AVS functionality can be added over time. Providence Health System held off on including laboratory information so they could go ahead and roll out a small pilot. The initial intention was to include this information, but it was not always showing up correctly. The laboratory data will likely be included in an upcoming larger-scale pilot.

Insight #15: Explain the AVS content to the patient. This is especially important in an open system where the AVS may not include all upcoming appointments, medications, etc. The patient should be reminded that they need to keep track of “outside” appointments in that situation.

Insight #16: Sort and Categorize AVS information in ways that make information clear to patients. Providence Health System divides the medications into four sections:

- medications ordered during the visit
- how Rx was sent or needs to be delivered to pharmacy
- medications changed or stopped during the visit
- complete current medication list

Insight #17: Some AVS challenges relate to equipment and physical space. It’s a challenge for physicians who don’t use the EMR in the exam room. Also, the printer location affects ease of use in terms of printing the AVS out. It’s easier to print when the printer is in the exam room, or at least nearby.

Insight #18: Keep the AVS simple so clinicians will use it. The AVS was designed to require minimal effort on the part of the physician. A number of defaults are in place so the physician can move through the tool quickly. If the physician desires additional information, it is available. For example, the default for printing is abbreviated information. Physicians can select more detailed printouts by choosing that option.

Insight #19: It’s not necessary to reinvent the wheel. Providence Health System borrowed heavily from the content and layout of Group Health’s AVS.

Insight #20: Physicians at Providence like the AVS. Providence Health System received an unexpected level of feedback, enthusiasm, and use on the part of physicians.

- providers were unusually responsive to the AVS tool, both with suggestions and praise
- providers were asked to use it with 3 or 4 patients over the course of a week, but some physicians used it with all of their patients and continue to do so after the trial period
- physicians and medical assistants use it as a communication tool (e.g., the patient is due for a tetanus shot)

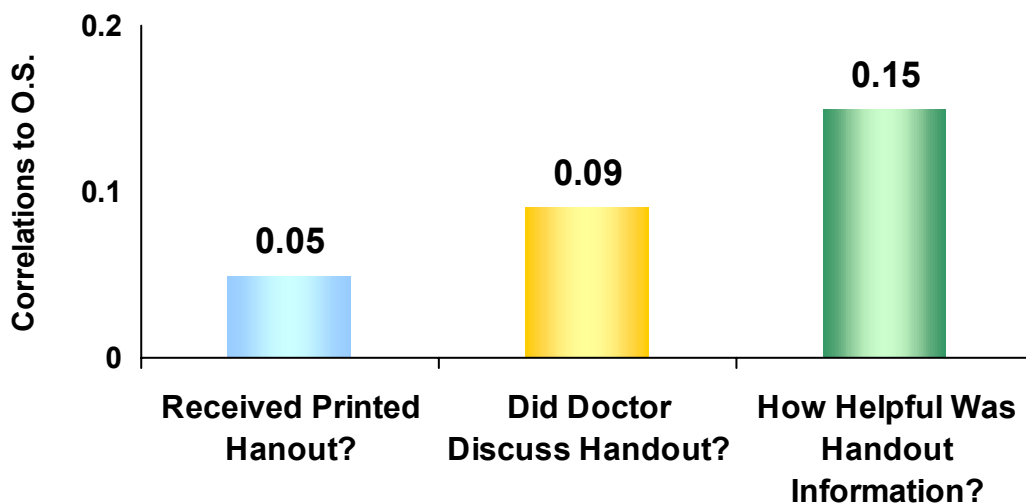
Insight #21: Patients at Providence like the AVS. Providence Health System patients remembered getting the AVS, still had it, and found it helpful.

- feedback from every patient has been positive
- only one patient said it “could be shorter”

One patient shared their experience with the AVS. The patient had a question and pulled out the AVS to find the clinic phone number. They found the answer to their question on the AVS.

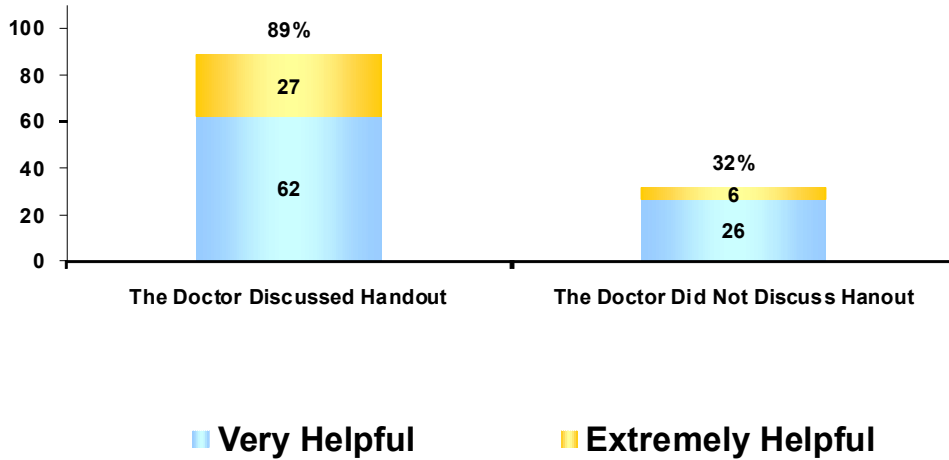
Kaiser Permanente

Insight #22: Overall patient satisfaction is associated with satisfaction with the AVS, particularly when the doctor discusses the AVS with the patient. While the correlations between overall satisfaction and the three provider handout (AVS) measures are all significant, the correlation becomes stronger based on whether the provider discusses the handout with the patient, and the strongest depending on how helpful the patient considers the information.

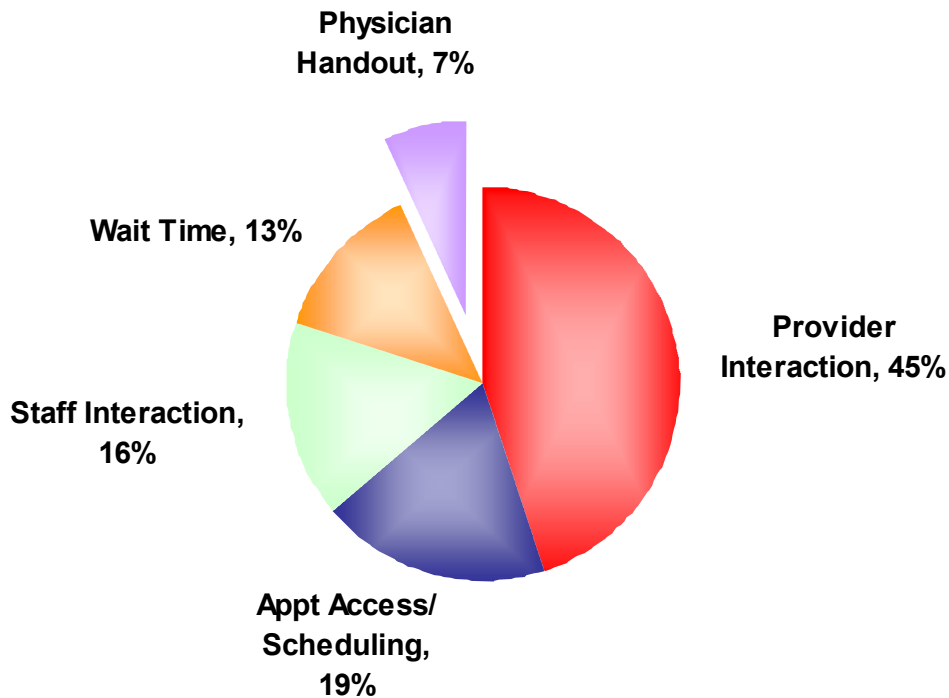


Provider Handout Measures

Insight #23: Patient satisfaction with the AVS was further enhanced when the doctor discussed the AVS with them. Patients were more likely to find the AVS information helpful when the doctor took the time to discuss it with them.



Insight #24: Satisfaction with the AVS relates to overall patient satisfaction. A portion of overall patient satisfaction (an estimated 7%) is driven by the AVS.



Insight #25: Every written document, including the AVS, needs to stand on its own.

The AVS should contain the following:

- what is the problem/issue
- why it is important
- what they can do about it
- where they can go for help
- where they can go with questions

Conclusion

Insight #26: Involve patients in the development of the AVS, especially the content.

They are the end users and they know what information is most helpful.

Insight #27: A wide range of content is available in the AVS. Consult consumers about how to prioritize their information needs. Additional content and functionality can be added after the initial implementation.

Insight #28: Research by Kaiser Permanente demonstrates the positive impact of the AVS on patient satisfaction with care. (See Insight #22 on page 4 and Insight #24 on page 5).

Additional Resources

For the PowerPoint presentation, visit the IxInsights section of the member portal: <http://www.informationtherapy.org/members/insights.cfm> and click on “PowerPoint Presentation” for IxInsights #39.

Previous IxInsights Sessions Mentioning AVSs

IxInsights #38, September 2008: Deep Dive on After-Visit Summaries : Refining Ix Innovative App #1

IxInsights #30, November 2007: Early Findings from PCHIT: Report on New York City Safety-Net Providers

IxInsights #10, December 2005: e-Health at Group Health Cooperative

IxInsights #3, April 2005: Information Therapy to Help Design Chronic Disease Action Plans

**Peer Reviewed Journal Articles
Summarized in Previous IxResearch Briefings**

IxResearch Briefing #12, September 2008

- Physicians Overestimate Patient Understanding of Health Information
Lukoschek, P., et al. 2003. Patient and Physician Factors Predict Patients Comprehension of Health Information. Journal of Patient Education and Counseling.
- Patients Overestimate Their Understanding of Health Information
Engel, Kirsten G., et al. 2008. Patient Comprehension of Emergency Department Care and Instructions: Are Patients Aware of When They Do Not Understand? Annals of Emergency Medicine, 11 July 2008 (Article in Press DOI: 10.1016/j.annemergmed.2008.05.016).

IxResearch Briefing #7, May 2007

- Patient Engagement with Discharge Summaries Can Improve Communication Problems Between Hospital-Based and Primary Care Physicians
Kripalani, S., et al. (2007). JAMA, 297(8), 831-841.

IxResearch Briefing #4, November 2006

- Patient-Focused Interventions: A Review of the Evidence
Coulter, A, Ellins, J. Patient-focused interventions: A review of the evidence. The Health Foundation 2006.

Ix is a registered trademark of the Center for Information Therapy, Inc. See www.ixcenter.org.