

State Coordinator Meeting 2015

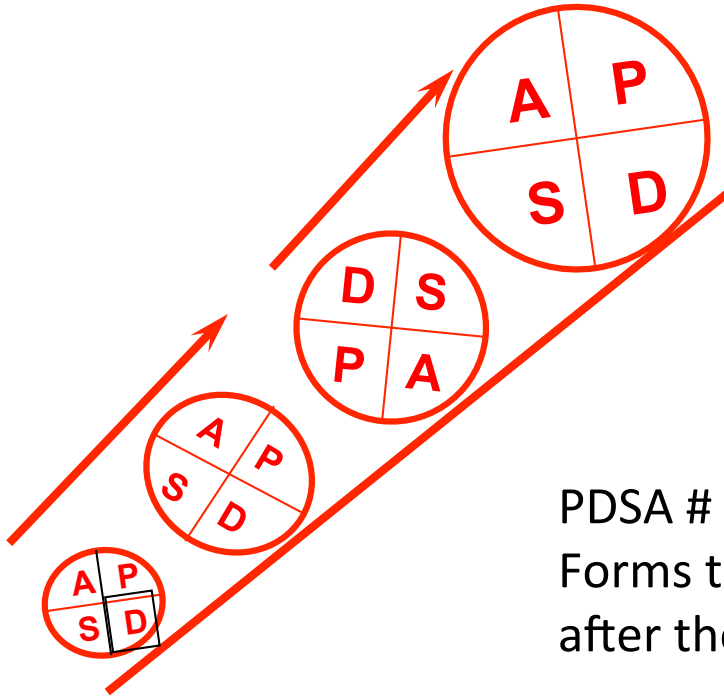
Connecticut

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Second Attempt Physician Fax-Back-Form

- Why was this strategy tested?
 - When reviewing the 147 babies who received a tracking letter over a 15 month period (7/1/2013 - 9/30/2014), who remained LTF/D, we identified 23 with no reply and no documented follow-up. This represented a greater percentage of families LTF (41%) compared to the group that responded to the initial tracking letters (28%).
- What was the process for identifying the strategy?
 - We wondered if a second attempt to reach the primary care provider (PCP) of record would increase the response rate and improve documented follow-up or provide additional information as to why families are not following-up.
- What is the potential for the strategy to improve LTFU/D?
 - Provided a Second Attempt fax-back-form does provoke additional responses from PCPs, we can improve our lost to follow-up rate even more by targeting this group.

PDSA cycles



PDSA #3: Faxed Second Attempt Fax-Back-Forms to 24 PCPs approximately five to seven weeks after the initial tracking letter

PDSA # 2: Faxed Second Attempt Fax-Back-Forms to 18 PCPs approximately five weeks after the initial tracking letter

PDSA # 1: Faxed Second Attempt Fax-Back-Forms to 8 PCPs approximately a month after the initial tracking letter, based on data in the state EHDI database

PDSA #1

- **Plan:** To expand EHDI tracking protocol to include faxing a Second Attempt Fax-Back-Form (FBF) as a means of contacting unresponsive PCPs again in hopes of soliciting additional follow-up information; 1 month after the initial letter
- **Do:** Faxed 8 Second Attempt FBFs and recorded and studied the number of responses, timeframe, and category of response
- **Study:** 5 FBFs returned; 3 children were documented as complete (1 – not a patient; 1 – hx of no shows)
- **Act:** Adapt – Modify timeframe to 5 weeks after the initial letter; replicate with larger sample

PDSA #2

- **Plan:** Continue to replicate expanded EHDI tracking protocol - faxing a Second Attempt Fax-Back-Form (FBF) to PCPs; 5 weeks after the initial letter
- **Do:** Faxed 18 Second Attempt FBFs and recorded and studied the number of responses, timeframe, and category of response
- **Study:** 8 FBFs returned; 4 children were documented as complete (2 – no longer a patient; 2 – referred for audiological follow-up “today”)
- **Act:** Adopt – Replicate with larger sample; PDSA for learning

PDSA #3

- **Plan:** Replicate PDSA # 2, with an additional 24 families. Expanded timeframe to 5-7 weeks after the initial letter.
- **Do:** The cycle was tested as planned with no challenges.
- **Study:** 12 FBFs returned; 8 children were documented as complete (1 – not a patient; 2 – PCP referred prior to receiving 2nd FBF; 1 – referred for audiological follow-up “today”)
- **Act:** Adopt.

Outcome Measures

- Three PDSA cycles combined 50% response rate.
- Of the 25 responses,
 - 15 children were previously LTD and are now complete;
 - 5 have been referred by their PCP(3 as a result of the 2nd FBF); and
 - 5 remain LTF.
- Tracking and outreach protocol changes led to a significant reduction in LTF/D between screening and diagnosis:

Timeframe	Percent LTF/D
7/1/2012 – 6/30/2013	30%
7/1/2013 – 6/30/2014	12%

Moving Forward

- Next Steps?
 - Build additional fields into EHDI-IS to ensure system support for Second Attempt FBF protocol
 - Analyze any identified reasons for lack of follow-up as well as demographic characteristics, including hospital of birth and town of residence, among group of families who remain LTF/D.
 - Consider testing a final outreach component to families that remain LTF/D.
- Overall what have you learned from testing this strategy?
 - Making multiple attempts to contact PCPs can have an impact on follow-up
- What advice would you give to other states who want to test this strategy?
 - Consider revisiting your tracking and outreach protocol in order to track responses in more detail as there may be an opportunity to learn more about your system and make improvements based on what you find