# Reducing Clerical Burden by Optimizing Patient Communication


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We've identified other communication methods that can be similarly addressed to reduce clerical burden. These tools can be adapted for other patient messages such as phone calls or letters. Additionally, similar triage mechanisms and standardized responses can be prepared for non-provider care team members. This will further reduce unnecessary messages to providers and allied health staff; reducing clerical burden across the practice.

## Objective
Reduce provider clerical burden through implementation of a triage mechanism for patient portal communication. Triage messages appropriately to the correct role to prevent unnecessary inter-team communication (touchess) and allow individuals to work to the top of licensure/role. Ensure consistency by having a dedicated resource pool managing the initial triage of patient portal communication.

## Background
As healthcare continues to move toward alternative care platforms, patient adoption of online portal communication has steadily increased. Now, more than ever, providers and care teams are more easily accessible to address patient questions and concerns. Many organizations continue to encourage portal usage to decrease unnecessary visits and improve access. However, this has added clerical burden, increased non-visit care time, and contributed to provider burnout. Many patient questions or concerns are clerical in nature and do not require input from a provider. By implementing a systematic approach to triaging patient portal messages, it is possible to meet patient expectations for timely access to information, without increasing clerical burden for providers.

## Methods

### Planning/Research Methods
An interdisciplinary team (including providers and supervisors from each allied health team) was established to focus on improving patient – to – provider communication. Pre (N=149) and post (N=117) implementation survey data was collected to assess satisfaction of providers and allied health staff members. One week’s worth of portal messages were also collected pre (N=440) and post (N=545) implementation to identify and assess potential triage workflows (pre) and impact of interventions (post).

### Implementation Methods
A multifaceted strategy was developed that included:

1) Dedicated, full-time medical secretary resource to triage messages
2) Standardized triage algorithm to assist in directing messages to the right person on first attempt, decrease unnecessary hand-offs between care team members, and reduce workflow variability amongst the practice
3) Prepared responses to ensure message content, questions, and general patient communication were presented to providers in a routine manner to increase efficiency and eliminate unnecessary clerical work.

## Triage Algorithm

<table>
<thead>
<tr>
<th>Triage Message</th>
<th>Triage to Provider</th>
<th>Triage to Medical Secretary</th>
<th>Triage to Pharmacy</th>
<th>Triage to Medical Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider receives message</td>
<td>Provider responds to patient</td>
<td>Medical Secretary responds with appropriate intervention or information</td>
<td>Pharmacy receives message</td>
<td>Medical Records receives message</td>
</tr>
</tbody>
</table>

## Results
- Decreased messages sent to providers from 57% to 49%
- Decreased the average number of touches per message by 15%
- Increased triage accuracy (routed to right person the first time) from 37% to 83%
- 75% of responding staff felt that management of portal messages was working well – a 13% increase from the pre-intervention survey taken in 2017.
- 81% of messages were responded to within 48 business hours.
- 95% of messages triaged to providers were appropriate and resolved by providers.
- This success was achieved even with a 24% increase in weekly portal messages.

## Prepared Responses
Prepared responses were created to standardize message content, propose questions in a consistent manner and provide communication in a distinct way.

### Sample 1
Thank you for your message. Please inform your pharmacy to fax your medication refill request to XXX-XXXX. Once we receive the prescription refill request from your pharmacy, it can take up to 72 business hours to process the request.

### Sample 2
Please note that test results are released to the provider and Patient Online Portal at the same time. If test results require urgent or immediate follow-up, a member of the care team will contact you. Please allow five business days after completion of your last test before requesting results.

## Discussion
We’ve identified other communication methods that can be similarly addressed to reduce clerical burden. These tools can be adapted for other patient messages such as phone calls or letters. Additionally, similar triage mechanisms and standardized responses can be prepared for non-provider care team members. This will further reduce unnecessary messages to providers and allied health staff; reducing clerical burden across the practice.

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