Reducing Clerical Burden by Optimizing Patient 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 shifted 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.

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 (touches) 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.

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; and 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.

Results:

Key Indicators
- 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%.

Supporting Data
- 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.

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