



Baltimore Medical System

Practice

Community clinic network with 48 physicians, mostly in primary care.

Business Opportunity

The organization wanted to use a technological solution to help physicians keep track of noncompliant patients and bring them in for follow-up visits

Solution

Phytel Proactive Patient Outreach

Product Distinctions

- ASP product requires no technical expertise or extra equipment
- Customizable protocols derived from national guidelines
- Registry provides basis for population health management
- Data feed and patient messaging are totally automated
- ROI is guaranteed

Benefits

- Increase in number of patients receiving appropriate preventive and chronic care services
- Growth in compliance with disease management protocols
- Cost-effective way to identify and contact patients who are due for follow-up
- Increases patient satisfaction with community clinics
- Improves continuity of care

Phytel Improves Continuity of Care In Baltimore Medical System

Community Clinic Network Can Now Bring In Patients Who Need Services

Baltimore Medical System (BMS), a network of community health centers in Baltimore, MD, has some unique challenges. For one thing, its urban, ethnically diverse population includes many patients who have other things on their minds besides coming in for follow-up visits. At the top of their list is day-to-day survival, so they may not make appointments or fill their prescriptions when they're supposed to. By using Phytel's Proactive Patient Outreach solution, BMS has been able to bring in many of these formerly noncompliant patients for needed visits.

Baltimore Medical System includes six federally qualified health centers and six school-based clinics. Among its 48 physicians are primary-care physicians, ob/gyns and behavioral health providers. The largest portions of its patient population are African-American and Latino, but BMS also serves many other ethnic groups. It has patients of all ages, including about 4,500 Medicare patients. BMS is affiliated with Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Union Memorial Hospital and St. Agnes Hospital to provide a full range of care to its patients.

Scheduling Change Reveals Need for Phytel

BMS' decision to use Phytel was triggered, ironically, by another innovation that enhanced patient care. In spring 2006, the organization introduced open-access scheduling to improve access to its providers. Under BMS' version of this approach, explains Jay Wolvovsky, BMS' president and CEO, "We scheduled no appointment more than 30 days out, and we limited the number of slots scheduled in advance to 40 percent of our total capacity. So 60 percent of our slots are open on each morning we open for business. We've told our patients that if they call us before noon, we'll be sure to see them before the end of that day."

Until this scheduling change, patients had customarily been given follow-up appointments, many of them three months after the date of their last visits. They received appointment cards, but often failed to show up, anyway, resulting in a no-show rate of about 30 percent. The open-access system cut the no-show rate in half, because patients who made an appointment in the morning were likely to show up in the afternoon. But this system had an unintended side effect: Because patients weren't given follow-up appointments when they came in for other than acute care follow-up, the physicians were relying on the patients to schedule routine well-care or disease management return visits.

"It's the typical situation where you know your patients when they're in front of you, but you don't necessarily have them coming back in for services, and you don't know whether they're following your clinical regimen or not," notes Wolvovsky. "You don't know whether they're getting their prescriptions refilled, because they're accessing you on their schedule, not on the schedule you'd recommend for them."

BMS' practice management system was capable of triggering alerts for staff to call patients when they were overdue for a visit. "But it wasn't a fine enough tool for us," recalls Wolvovsky. Either it simply told receptionists to call everyone who hadn't been in for three months, he says, or it would break down patient lists by age or insurance category. It couldn't target populations by chronic disease and tie them to protocols for treating their illness, or bring them in for the preventive care they needed because of their condition or age. BMS' electronic health record system, which it has had since 2006, could not generate these kinds of reports, either.

Case Study

In contrast, Phytel's Proactive Patient Outreach can perform these functions, says Wolvovsky. "You can really target the populations you're most concerned about."

Phytel does this by connecting BMS' practice management system with an electronic disease registry it set up for the community clinics. The data feed to the registry includes patient demographics and diagnosis and procedure codes, along with information on past and present appointments. When this data is combined with evidence-based, specialty-specific clinical protocols from leading national organizations, the registry triggers automated messages that tell certain patients to make appointments with their physicians.

Phytel Closes The Loop

Early in 2008, BMS hired Phytel to improve its follow-up efforts and ensure that its patients were receiving proper care. After a successful test with 10 physicians, BMS rolled out the Phytel solution to all of its clinics.

The implementation went smoothly, Wolvovsky says, and BMS' IT department was able to answer questions from the physicians and other staff members. However, the physicians did have to fine-tune Phytel's clinical protocols. For example, BMS did not want anyone to be called if they had visited an office within the previous 30 days, even if some of their problems hadn't been addressed during that visit. BMS also specified intervals for calling back patients for preventive care.

As a result of Phytel's efforts, Wolvovsky says, the number of appointments made by established patients immediately jumped by about 400 a month. "After a while, that settled down a little, because as you comb through your database, you get more people to be compliant, and it doesn't give you the same return. But we're still picking up 150 to 250 appointments a month, and we're pretty happy with that."

Many of these patients had been lost to follow-up. Wolvovsky knows that because of the reports that BMS receives from Phytel. "Every month when we get our data back from Phytel, I take a look at it and see that patients who haven't been in for two or three years are suddenly showing up. That's when I know that things are happening, because what else would have triggered that person to come in if they could go two or three years without being seen?"

Phytel Closes The Loop

Because Phytel's intervention occurs in the background, without imposing any burden on physicians, BMS' doctors don't necessarily understand why they're seeing patients who haven't come in for a long while, Wolvovsky says. Nevertheless, they are happy that they're seeing those patients and helping them get back into compliance with their treatment plans, he notes.

Most patients appreciate Phytel's calls, he adds. Some people don't respond, and others ask not to be called again because they have switched to a non-BMS doctor. "But by and large, patients who are responding to the calls are appreciative. It gives them an extra sense that we're paying attention to their care when they're not in front of us, and they take it seriously."



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President and CEO Baltimore Medical System

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"We're reaching a lot of people who probably had lost track of the fact that they had to come in. These are people with chronic illnesses who really needed to come in"

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