Quality Assurance Reporting: Common Reasons for Loss to Follow-Up

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INTRODUCTION

The healthcare industry is punctuated with administrative and regulatory complexities that make it difficult for health systems to achieve what is now called the Quadruple Aim of healthcare: 1) improve the patient experience of care; 2) improve the health of populations; 3) reduce the per capita cost of healthcare; and 4) reduce clinician and staff burnout. [1] The complexities found in outcomes improvement are particularly challenging, as health systems measure and report on hundreds of these outcomes annually. Until recently, quality of care was hard to describe, measure, or report. A landmark in the quality movement in health care was the publication of the Institute of Medicine's (IoM) report 'to err is human: building a safer health system' in 1999. [2] Since the publication of this report, Quality Assurance (QA) in health care has steadily become a top priority for health care providers. In the United States, then called the Health Care Financing Administration, which was renamed the Centers for Medicare and Medicaid Services in July 2001, initially developed a set of quality indicators to assess the quality of care delivered to Medicare beneficiaries. [3] Other institutions have made their own set of quality indicators since then, which has led to a huge number of quality initiatives and thereby, to a completely new field in health care research. The IoM released a second report [4] where it proposed that the necessary changes should be translated into six dimensions of health care: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. [5]

Customer service in health care can be attributed to patient-centeredness or patient experience, which have become part of the accepted quality indicators of provided care. Patient-reported outcome measures (PROMs) fall within the patient experience outcome measure category. PROMs defined by the Food and Drug Administration as any report of the status of a patient's health condition that comes directly from the patient, without interpretation of the patient's response by a clinician or anyone else. [5] Patients can report on a number of domains that are important for evaluating an intervention including symptom experiences (e.g., pain, fatigue, nausea), functional status (e.g., mobility, bowel, or urinary functioning), wellbeing (e.g., physical, mental, social), quality of life, and satisfaction with care or with a treatment. [6-8]

Follow-up is the act of making contact with a patient or caregiver at a later, specified date to check on the patient's progress since their last appointment. Such information is useful for benchmarking, identify misunderstandings, answer questions, make further assessments and adjust approaches. In addition, follow-up helps to promote a good working relationship between the clinic and/or supplier entity and its patients. [9]

The purpose of this paper was to document the type and frequency of common data responses why an individual was listed as 'not active' before and after delivery for being assessed for a mobility device in the Functional Mobility Assessment (FMA) and Uniform Dataset (UDS) registry. [10]

METHODS

Design

A retrospective descriptive analysis was conducted on the FMA-UDS registry. Specifically, the question of 'Status of current client' was reviewed to determine common responses of why an individual was listed as 'not-active.'

Procedure

VGM Group equipment suppliers collaborate with clinicians to administer the FMA and UDS to people with disabilities at the time of a new mobility intervention. An internal VGM Group representative, who was trained on the administration of the FMA and UDS along with the infrastructure and workflow of the HomeLink database, provides telephone follow-ups to the individual and repeats the FMA and UDS at 21 days post-delivery of new equipment, 90 days, 180 days, 365 days and annually thereafter. If the telephone follow-ups are unsuccessful after three attempts, which were staggered in terms of call log (i.e. morning, lunchtime, and late afternoon), the survey is mailed to the individual. The VGM Group representative is sure to thank patients for recording this information, highlighting how helpful it is, and providing feedback. VGM Group equipment suppliers pay a nominal

fee to participate in the registry to support a VGM Group representative to perform these follow-ups. Data is entered and stored in the existing secured HomeLink database housed at VGM Group headquarters. Through an exempt institutional review board and vetted data sharing agreement, VGM Group sends batches of de-identified data to University of Pittsburgh investigators for review & analysis. University of Pittsburgh investigators have no ability to trace data back to any protected health information.

Analysis

Each individual's descriptions from the not-active for 'Status of Current Client' question were recorded within the HomeLink database (Figure 1) and analyzed based on frequency for before and after delivery of a mobility device.

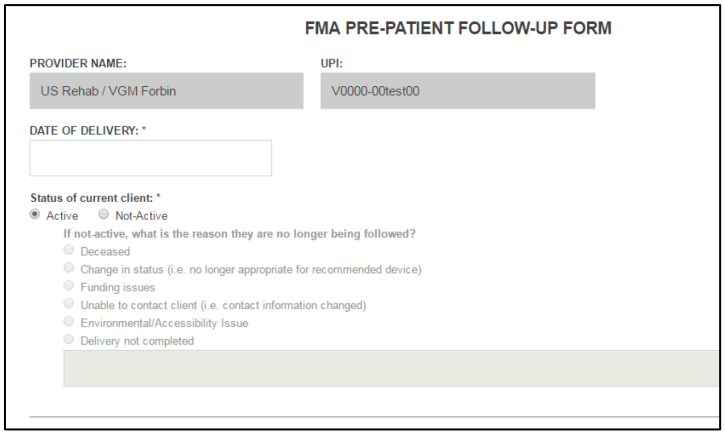

Figure1: HomeLink Database Screenshot for FMA Pre-Patient Follow-up Form

RESULTS

Since inception of the project in 2015, over 4500 unique cases have been entered in the FMA-UDS registry across 45 individual providers representing 33 states. Of the 1235 individuals who were not-active before delivery of a mobility device, the top six common reasons were: 782 (63%) provider no longer participating, 136 (11%) not delivered (unknown reason or over 180 days), 49 (4%) client cancelled order, 44 (4%) denied/not authorized, 40 (3%) funding issues, and 36 (3%) no response from client/loss in contact. Other reasons but with a small percentage included: deceased, needed PCP referral, client refusal, insurance termed/cancelled, only service/repairs/parts, or environmental/accessibility issue. Of the 601 individuals who were not-active at follow-up when receiving a new mobility device, the top 6 common reasons were: 360 (60%) loss in contact, 86 (14%) provider no longer participating, 43 (7%) wrong form/not cognitive, 32 (5%) client opted out, 26 (4%) deceased, and 25 (4%) returned equipment to provider. Other reasons but with a small percentage included: change in status, environmental/accessibility issue, not using equipment, or went to hospice.

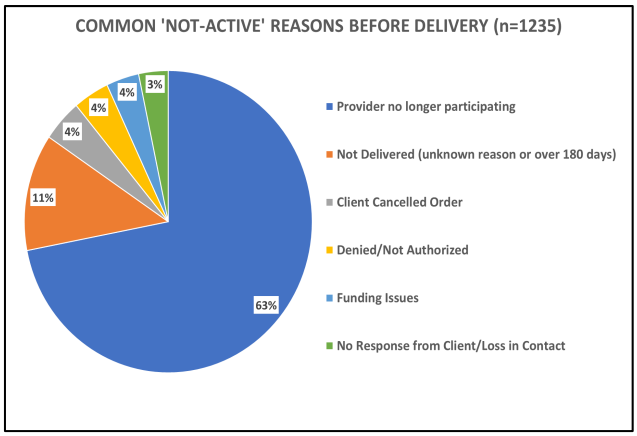

Figure 1: Common 'Not-Active Reasons Before Delivery (n=1235)

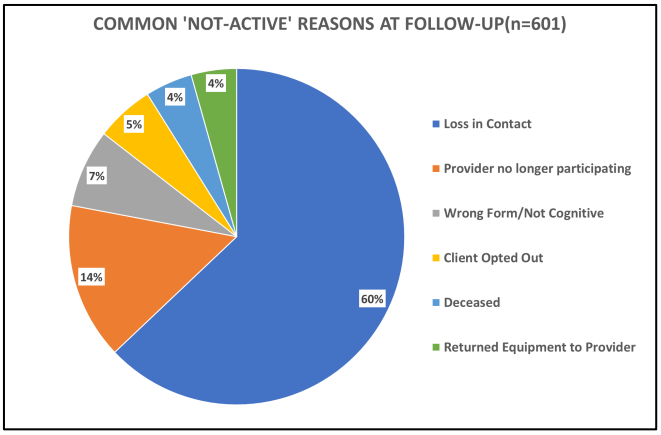

Figure 3: Common 'Not-Active' Reasons at Follow-Up (n=601)

DISCUSSION

In terms of initiating and tracking follow-up, collaborators have identified the appropriate schedule. Between VGM's HomeLink division and University of Pittsburgh, systems have been established for tracking follow-up through a secure online dashboard where the study team is both proactive and reactive to be able to stay informed on updates and review certain criteria. There are dedicated staff representatives who update these tracking systems. As reported earlier, there were six selections to choose from why an individual is no longer active along with a write-in qualitative selection. The dedicated staff representative was able to record and filter the number of additional reasons why someone would be listed as 'not active' to prioritize and understand what changes need to be made moving forward. One of the common reasons was that the original provider working with the individual was no longer participating. The provider was acquired by another entity who was not authorized to participate in the QA study presently.

CONCLUSION

Implementing a QA program is a long-term process. The implementation strategy begins with establishing the right culture and awareness of the proposed change, followed by what background information exists, followed by acceptance of the change and adoption in practice. QA and improvement starts with the appropriate attitude. In order to engage and provide better clinical outcomes require more follow-up data or a larger number of individuals to detect differences between interventions and evaluate if improvements have been effective. Tracking and determining why patients are not staying 'active' is just as important.

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