Creating Efficiencies in Chronic Disease Clinics Through Automation and Improving Compliance and Monitoring Without Human Intervention

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THE PROBLEM:
In 2010, The Ottawa Hospital Regional Thrombosis Unit reported the following issues:
- Clinic was at maximum patient load capacity of 13,000.
- Patient communication for appointment reminders, missed appointments and lab results were consuming clinic staff with routine, repeatable tasks leaving little time for direct patient care.
- Interaction with patients to improve the overall quality of the patient experience is a key issue that hospitals and clinics are facing today. With the aging population and weak economy, the medical system continues to look for ways to streamline processes and stay within decreasing budgets while maintaining a standard of excellence in patient care and continuously striving to improve patient outcomes.

THE SOLUTION:
Vocantas has worked closely with the medical community to develop a solution that answers their specific needs. Interactive Voice Response (IVR) offers clinics and hospitals an automated solution to connect with their patients in a personalized way. The system acts as an extension of the hospital or clinic’s database and makes outbound phone calls to patients in a personalized way. The system acts as an extension of the hospital or clinic’s database and makes outbound phone calls to patients in a personalized way. The system acts as an extension of the hospital or clinic’s database and makes outbound phone calls to patients in a personalized way.

THE RESULTS:
Recently a case study was published showcasing the following positive results that the Ottawa Hospital (specifically with the Regional Thrombosis Unit) reported following the implementation of the IVR solution to interact with clinic patients, including:
- Improved patient care
- Simplified overall processes within individual Thrombosis clinics
- Improved compliance with medications
- Reduced workload for existing staff
- Overall reduced the cost of delivering service to 13,000 thrombosis patients across the region.

THE CONCLUSION:
The implementation of the Vocantas IVR solution continues to be a resounding success for patients living with Chronic Disease. Where patient compliance, monitoring, and ongoing management of patient care is critical, interactive voice response (IVR) has been a huge success for clinics in improving patient care and streamlining routine tasks when managing thousands of chronic care patients.

THE RESEARCH:
Vocantas worked very closely with Dr. Forster and his team on the research he performed for Chronic Disease Management and IVR which again demonstrates the improvement in overall patient care with the use of interactive voice response for communication with patients.

OPINION:
With the many issues facing healthcare today, there is a huge role for continued cooperation between business and healthcare to use technology to deliver the right solutions at the right time. Automating patient outreach using interactive voice response (IVR), offers healthcare organizations many advantages. Particularly for managing ongoing patient care with chronic disease patients the role of technology is increasing as we face the looming health crisis of the aging baby boomer generation with many more patients requiring ongoing care and fewer health professionals to deliver the care required.

QUESTIONS ADDRESSED:
- How is technology making a real difference today – in leading hospitals and clinics?
- What bottom line can the clinic expect as a result of the IVR implementation?
- What human behaviours are predictable with respect to interaction with an IVR system?
- How can IVR improve patient flow in a hospital?
- How did the Ottawa Hospital Thrombosis Clinic expand its services to hundreds of patients at no additional human resource cost through the implementation of the IVR solution?
- How can Brigham and Women’s Hospital in Boston use an IVR to close the patient follow-up loop and provide real-time reporting of patient outcomes?
- How can IVR prevent adverse patient events caused by dosing errors?
- How does the IVR reduce the risk associated with human intervention in dosing chronic patients?
- How can clinics reduce wait times and eliminate expense associated with late and no-show patients?