



COMMUNITY  
HEALTH CARE  
ASSOCIATION  
of New York State

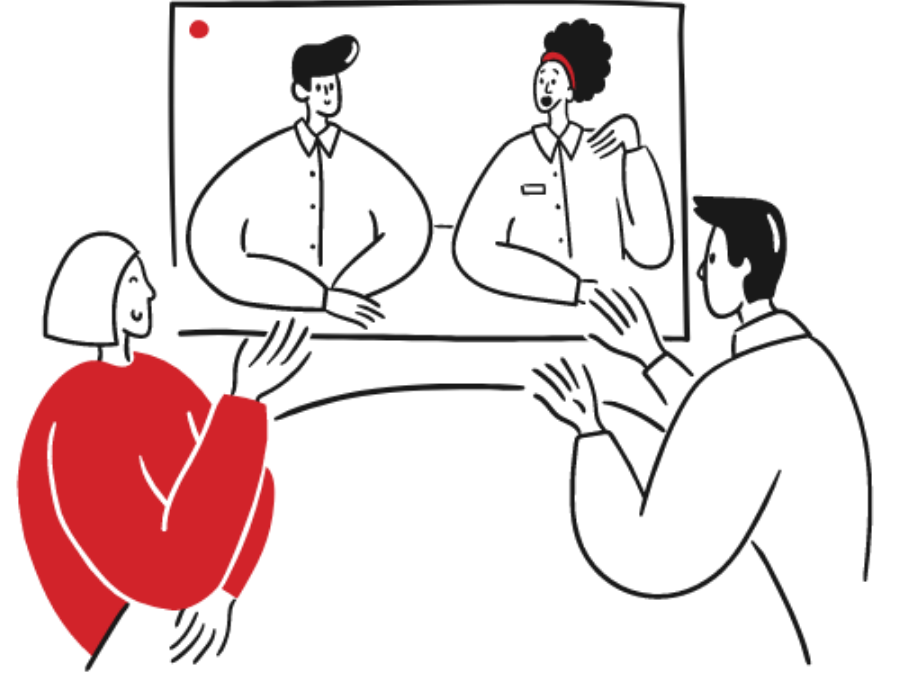
*CHCANYS NYS-HCCN presents*

# **Patient Experience: Engaging Patients to be Partners in Their Health Care**

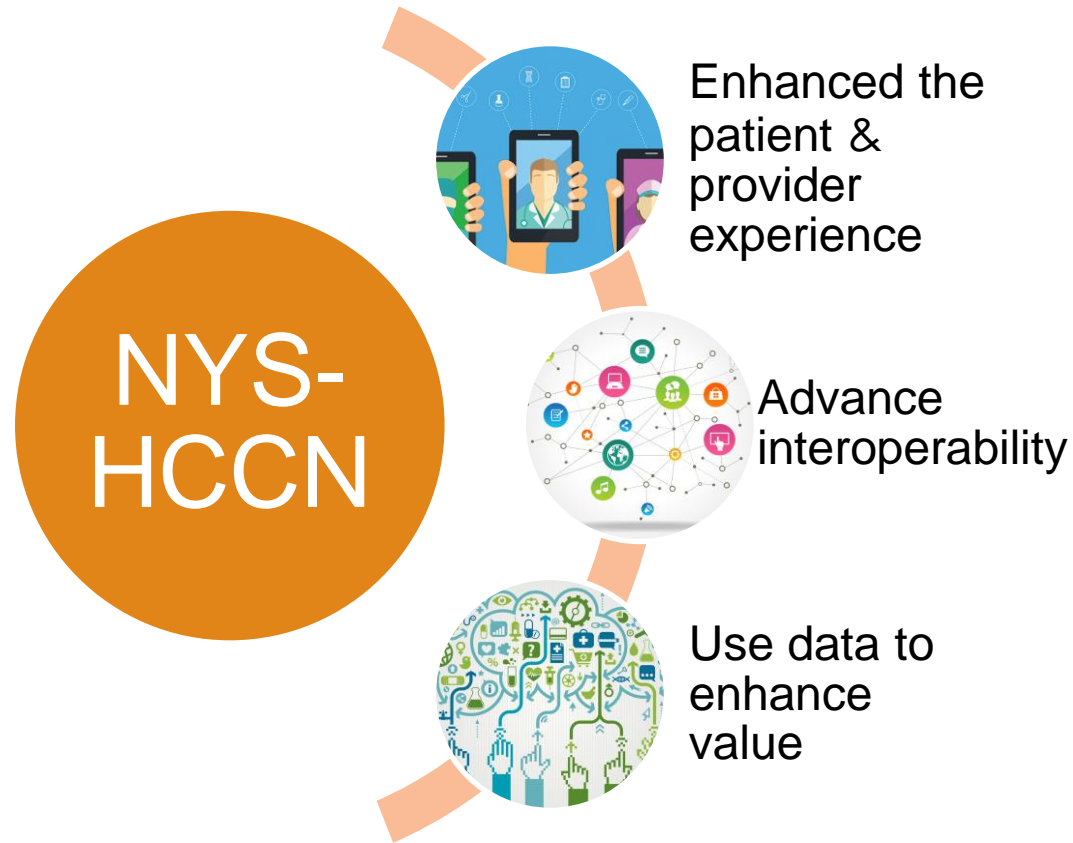
**Day 2 – June 3, 2021**

# Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The workshop is being recorded.



# The New York Statewide Health Center Controlled Network



# Agenda

- OpenNotes Presentation & CHC Panel on OpenNotes
- Dr. Kim Daly on Vaccine Care Gaps and Patient Behavior
- Vendor Showcase: HealthTalkAI and QliqSoft





# OpenNotes: Supporting Patient and Family Access to Health Information

Catherine DesRoches, DrPH





# Institute for Family Health: Implementing OpenNotes

**Nandini Shroff, MPH**

**Ruth Lesnewski, MD**





# Care for the Homeless: OpenNotes Implementation

Samantha Sawdon, PCMH CCE

Romona Watson, BS, RHIA



# OpenNotes: Supporting Patient and Family Access to Health Information

Community Health Care Association of New York State, June 3, 2021

**Catherine DesRoches, DrPH**  
Associate Professor Medicine,  
HMS and BIDMC  
Executive Director, OpenNotes



Beth Israel Deaconess  
Medical Center



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL



# Who is OpenNotes?



Beth Israel Deaconess  
Medical Center



GORDON AND BETTY  
**MOORE**  
FOUNDATION



# What is open notes?

**When patients can easily read visit notes.**

# Recently...

Walker et al

JOURNAL OF MEDICAL INTERNET RESEARCH

Original Paper

## OpenNotes After 7 Years: Patient Experiences With Ongoing Access to Their Clinicians' Outpatient Visit Notes

Jan Walker<sup>1,2\*</sup>, RN, MBA; Susan Dong<sup>1</sup>, MSc; Joann G Elmore<sup>4</sup>, MD; Fitzgerald<sup>1</sup>, MSc; Kendall Harcourt<sup>3</sup>, MSc; Hannah Shucard<sup>5</sup>, MS; Rebecca...

<sup>1</sup>Division of General Medicine, Beth Israel  
<sup>2</sup>Harvard Medical School, Boston, MA, U  
<sup>3</sup>College of Nursing and Health Sciences  
<sup>4</sup>David Geffen School of Medicine, Univ  
<sup>5</sup>Division of General Internal Medicine,  
<sup>6</sup>Medicine Information Technology Ser  
<sup>7</sup>Steele Institute for Health Innovation.  
\* these authors contributed equally

## Annals of Internal Medicine

### OBSERVATION: BRIEF RESEARCH REPORT

## Patients Managing Medications and Reading Their Visit Notes: A Survey of OpenNotes Participants



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

Beth Israel Deaconess  
Medical Center



# Why encourage patients to read their notes?

**The “big amnesia”**

**Improved understanding of and adherence to medication**

**Increased trust in provider**


**Improved safety**



# Clinician perceptions of OpenNotes...

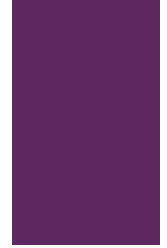
- ▶ **74% agree** sharing notes with patients is a good idea
- ▶ **61% would recommend** note sharing to other clinicians
- ▶ **37% spend more time** in documentation
  - ▶ 7% much more
  - ▶ 30% somewhat more

# Patients feeling judged or offended



<b>Errors and Surprises</b>	<ul style="list-style-type: none"><li>• Diagnosis not discussed</li><li>• Confidentiality concern</li><li>• Mistake</li><li>• Did not happen in the visit/lie</li></ul>
<b>Labeling</b>	<ul style="list-style-type: none"><li>• Obesity</li><li>• Gender/sexuality</li><li>• Personal Descriptors</li><li>• Other stigma</li></ul>
<b>Disrespect</b>	<ul style="list-style-type: none"><li>• Condescension</li><li>• Not heard or misquoted</li><li>• Clinical language</li></ul>

# Equity: Bias in notes of patients with sickle cell disease acute pain crisis



Themes	Definition/mechanism	Example
<b>Casting doubt on patient report</b>	Implies clinician disbelief claims, insists, reportedly, but... Use of quotes (distancing?)	<ul style="list-style-type: none"><li>• Patient reports 10/10 pain, but labs are fine (or sleeps through the night)</li></ul>
<b>Perpetuating negative stereotypes</b>	Unflattering (often unnecessary) description Often memorable May overlap with “physician disapproval”	<ul style="list-style-type: none"><li>• Last po intake Swedish fish/chicken wings at 3am</li><li>• Spent the day hanging outside McDonalds</li></ul>
<b>Blaming the patient</b>	Nonadherence (without patient explanation)	<ul style="list-style-type: none"><li>• Refuses O2</li></ul>

# Can a note written by one clinician influence the attitudes and behaviors of another clinician?

- ▶ Compared reaction of 413 participants to two note versions (using neutral vs stigmatizing language) on the same patient

Neutral	Stigmatizing
He still has pain rated 10/10. His girlfriend is by his side but will need to go home soon.	He is insisting that his pain is “still a 10.” His girlfriend is lying on the bed with her shoes on and requests a bus token to go home.

**Which negative themes/biasing mechanisms can you spot?**



# Transmission of bias in the medical record

***Can a note written by one clinician influence the attitudes and behaviors of another clinician?***

Neutral	Stigmatizing
He still has pain rated 10/10. His girlfriend is by his side but will need to go home soon.	He is <u>insisting</u> that his pain is <u>“still a 10.”</u> His girlfriend is <u>lying on the bed with her shoes on</u> and <u>requests a bus token</u> to go home.

- ▶ Clinicians reading the stigmatizing version...
  - ▶ More negative attitudes toward patient
  - ▶ Less aggressive pain management

# Transparency as a change agent



“Perhaps we overestimate the importance of the patient’s visit alone ...a vast majority of people’s time is spent not in the office visit. This is a powerful tool.”  
-A physician

- ▶ Bias awareness training
- ▶ Respectful, supportive language
- ▶ “Micro-affirmations”
- ▶ “not just a tome of doom and gloom”
- ▶ Empower SDM/Activation
- ▶ Extend the visit:
  - ▶ “It’s like having the visit all over again”
- ▶ A new space (between visits, post-d/c)
  - ▶ Preventive health, ambulatory safety, accompaniment

# IMPLEMENTING OPENNOTES

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Ruth Lesnewski, MD

Nandini Shroff, MPH



# Who We Are

- The Institute has 32 sites across New York City and the Mid-Hudson regions
- Provide primary care, mental health, and dental to over 115,000 patients annually
- EHR System: Epic since 2003
- OpenNotes Rationale:
  - Increased engagement in care
  - Improve health outcomes



# Patient Profile

- Primarily serve the medically underserved population
  - 29% identify as Black/African American
  - 38% identify as Hispanic/Latino
  - 12% are aged 65 and older
  - 13% speak a language other than English
    - 7% of our active MyChart users indicate Spanish as their primary language
  - Insurance
    - 48% have Medicaid
    - 13% are uninsured



# OpenNotes Implementation

- Share notes across five Institute departments:
  - Primary care
  - Behavioral health
  - Dental care
  - Nursing
  - Social support services
- Planning phase: Year 1 (August – July)
  - Qualitative focus groups with patients
  - Staff trainings
  - Complete technical build
- Implementation & post-implementation phase: Year 2
  - Go-live
  - Feedback (surveys and data reports)

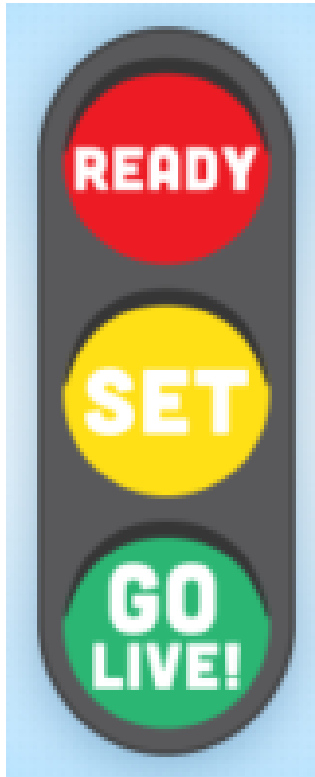


# Pre-Implementation Activities

- 3 focus groups across our NYC sites
  - 13 participants in total
  - Findings
    - Increased transparency; better communication; more informed about their care
    - Concerns regarding privacy, language used by providers, shorter/non-comprehensive notes
- Trainings
  - Utilized and adapted materials from the OpenNotes website: PowerPoint presentation, a one-pager (OpenNotes by Numbers), and a brief “Info Sheet” for reference
  - Presented on OpenNotes at 17 different meetings with a total of 170 participants
  - Provider concerns around increased workload



# Implementation




- Go-live date: September 12, 2020
- As of April 2021, all providers have to state a reason for not sharing notes



# Implementation


- Developed promotional materials for patients, including a “TV slide” and patient FAQs about OpenNotes


**You can now read notes from your visit**

Just log into your  MyChart account

Go to "Appointments and Visits" and click "View notes"

AUG 8 2020 Office Visit  
Brown, Carmen MD, DO  
New Paltz Family Health Center

 View notes

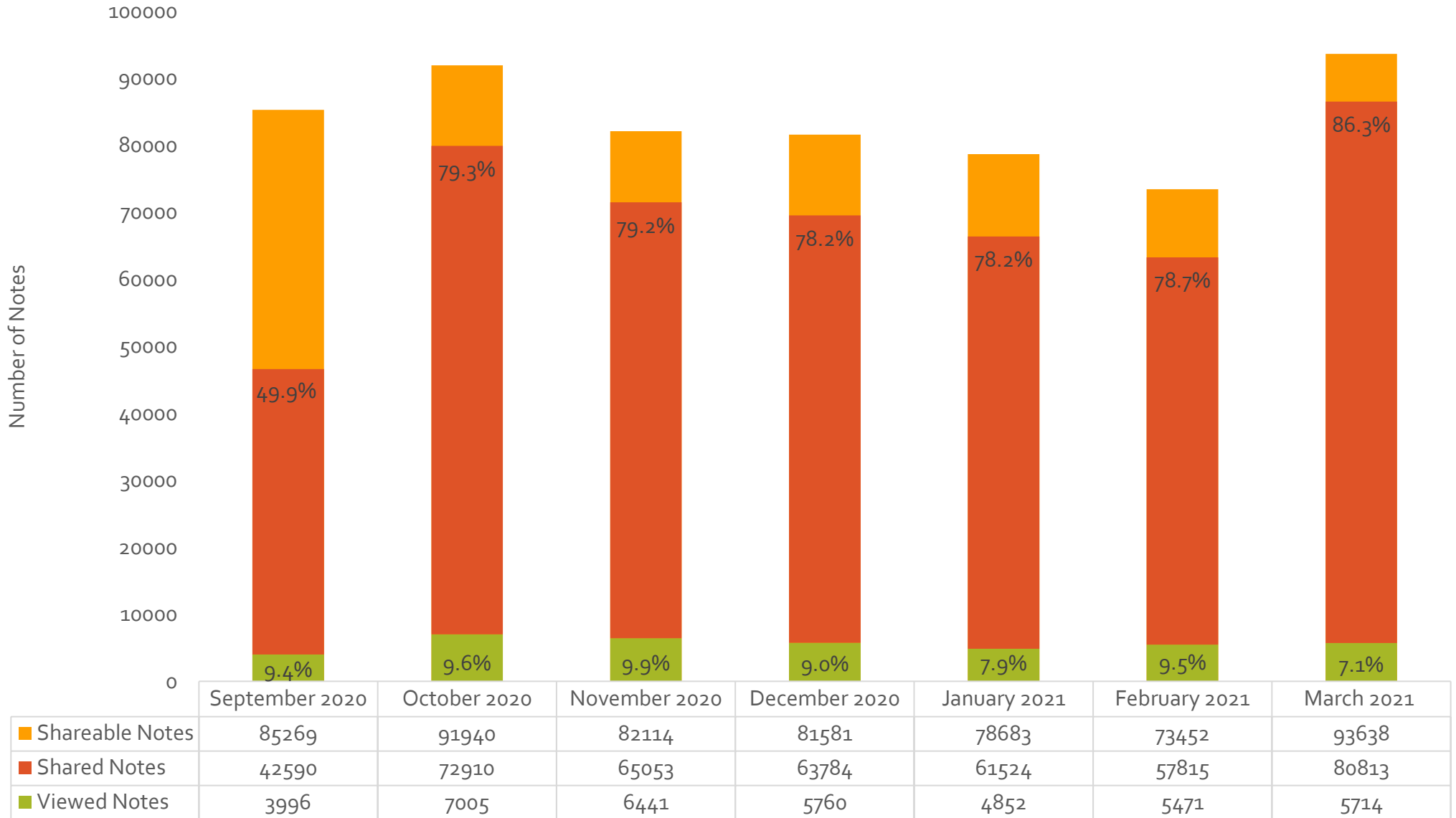
 View After Visit Summary®

Ask your provider for more information, or go to [institute.org/OpenNotes](https://institute.org/OpenNotes)

# Data & Trends

## IFH Open Notes Totals by Month (Organization-Wide)

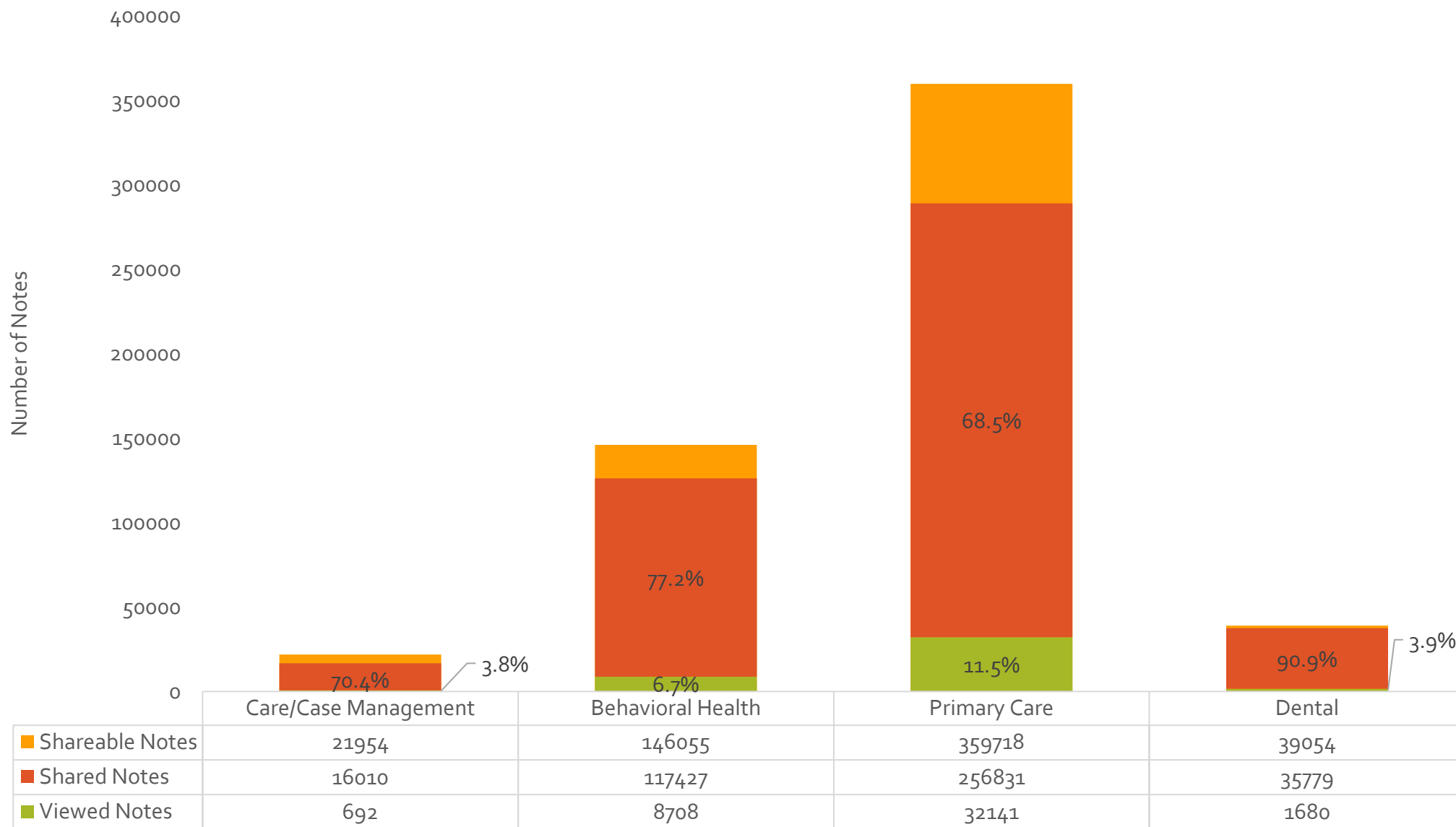
■ Shareable Notes
 ■ Viewed Notes
 ■ Shared Notes



# Data & Trends

## Open Notes by Department

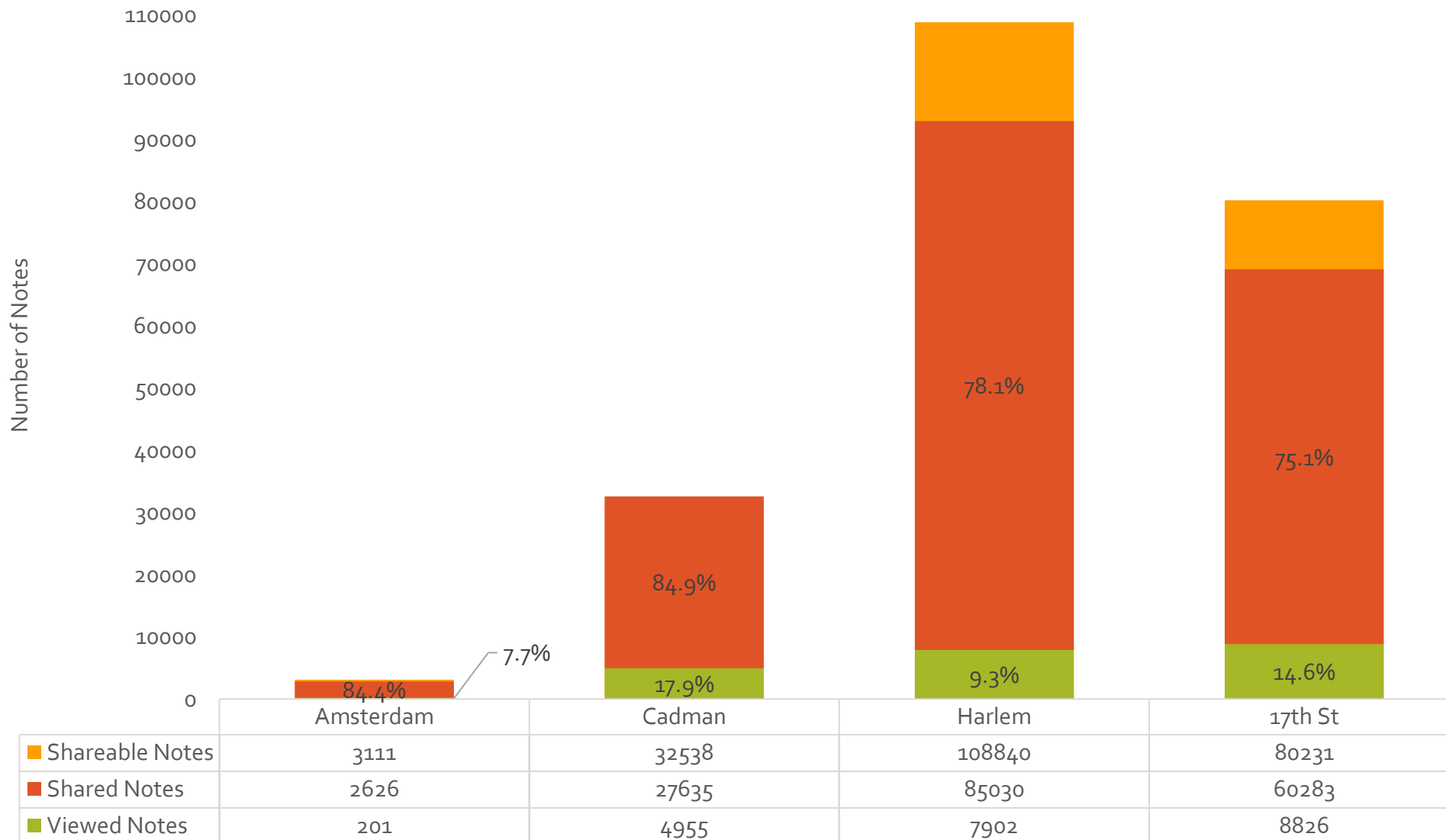
■ Shareable Notes
 ■ Viewed Notes
 ■ Shared Notes



# Data & Trends

## Open Notes by Site - Manhattan/Brooklyn

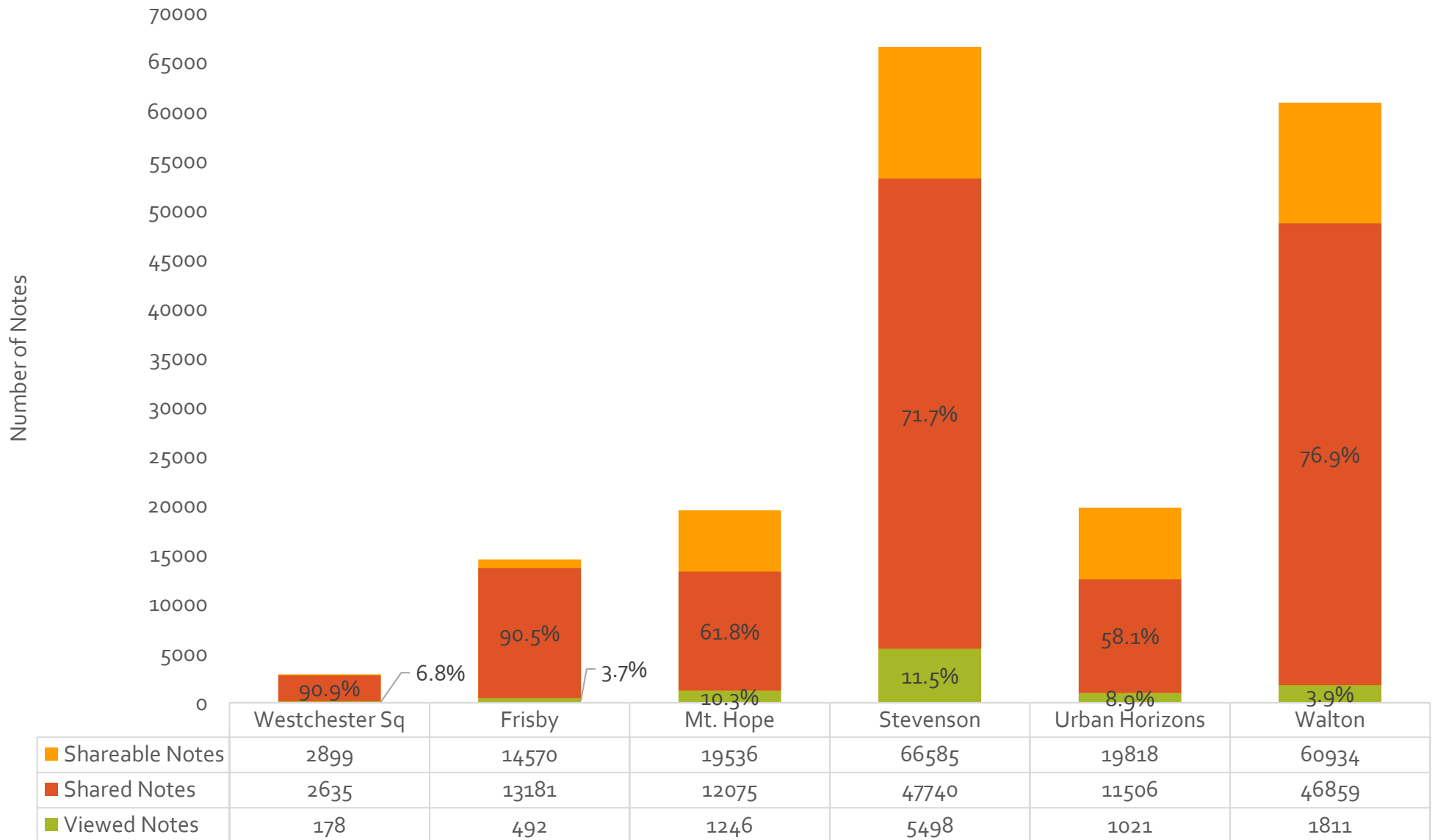
■ Shareable Notes
 ■ Viewed Notes
 ■ Shared Notes



# Data & Trends

## Open Notes by Site - Bronx

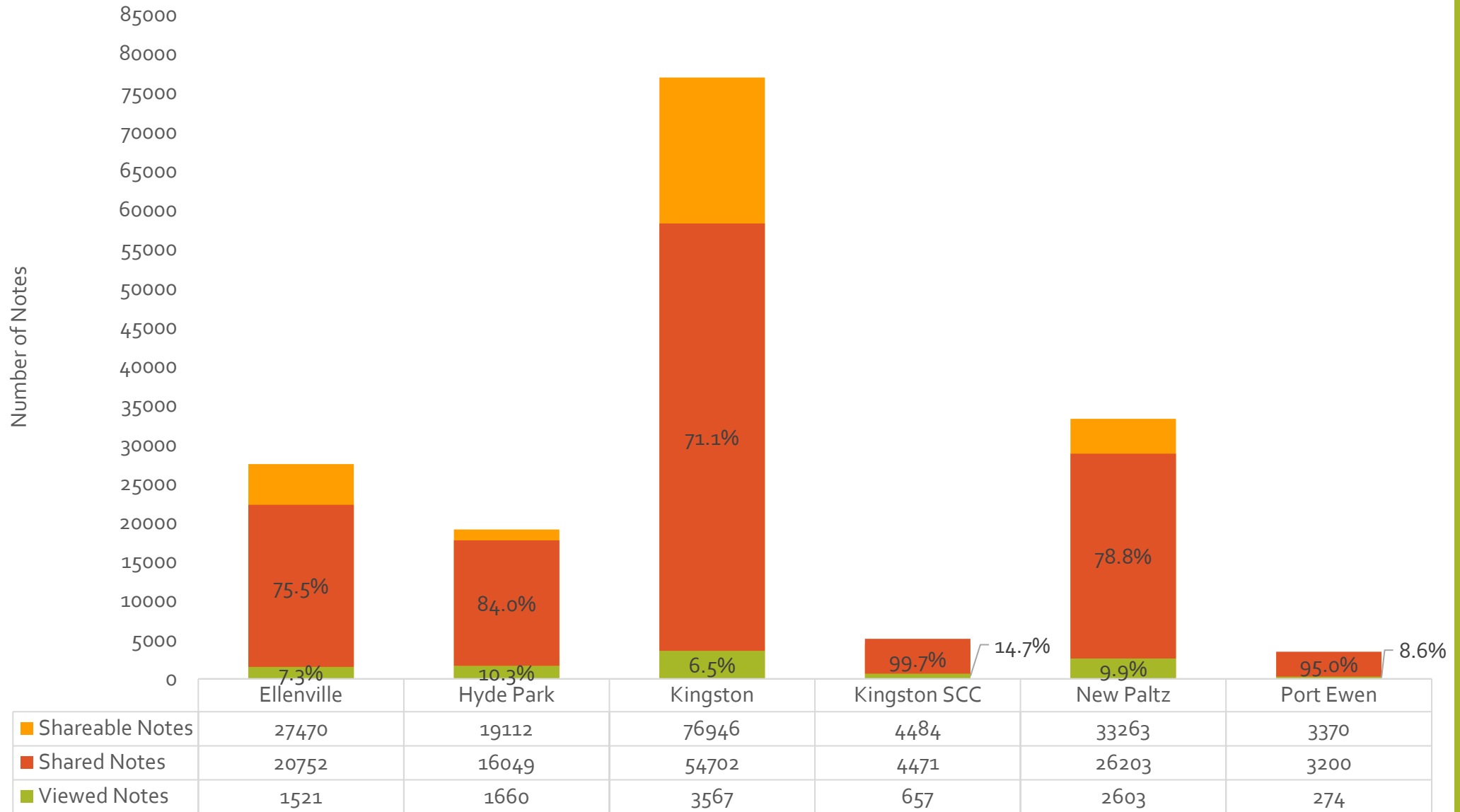
■ Shareable Notes
 ■ Viewed Notes
 ■ Shared Notes



# Data & Trends

## Open Notes by Site - Mid-Hudson

Shareable Notes Viewed Notes Shared Notes



# Post-Implementation Evaluation

- Provider feedback
  - Response rate: 24.4% (N=95)
  - 93% of providers aware of OpenNotes before survey
  - 48% strongly agree/agree that making visit notes available is a good idea
  - 55% of providers have changed how they write their notes
  - 17% strongly agree/agree that patients who read their visit notes are better prepared
  - 49% of providers said patients never brought up something about a note they had written
  - Beneficial: more transparency, encourages clinician accountability
  - Challenges: possible harm (i.e. increases paranoia or anxiousness leading to less openness), more in-depth documentation, increase in messages/phone calls



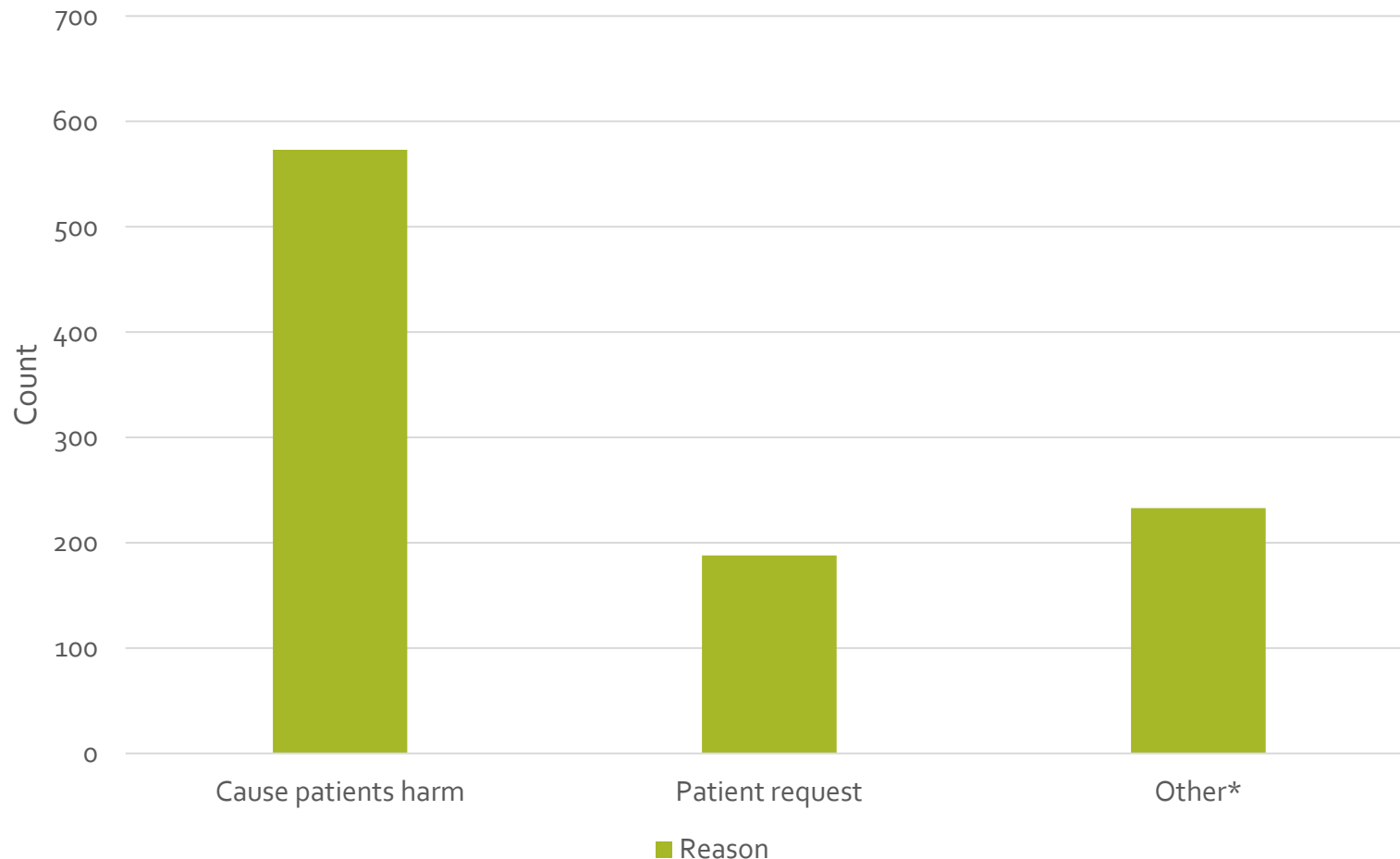
# Post-Implementation Evaluation

- Support staff feedback
  - Response rate: 28% (N=47)
  - 83% of support staff aware of OpenNotes before survey
  - 60% strongly agree/agree that making visit notes available is a good idea
  - 62% said patients never asked about OpenNotes in general
  - 66% said they never received complaints from patients about what was written in their visit notes
  - Types of complaints: misinformation, not understanding information in the chart, not liking what was written or believed there was a misdiagnosis
  - If they were unable to answer any questions, they referred patients to their providers or asked for assistance from a co-worker or manager





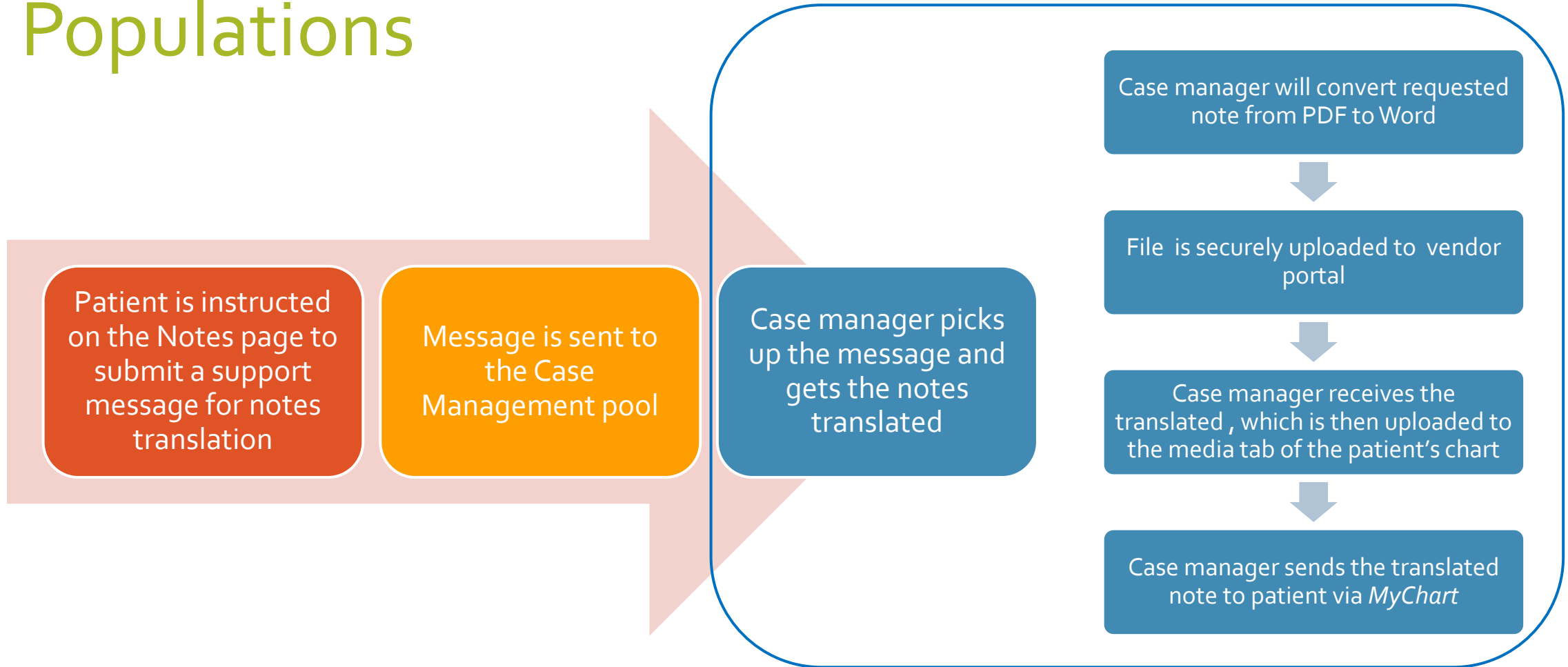
# Reasons for not sharing a note



\*Other reasons include:

- Patient does not have MyChart
- Supervision
- Administrative notes

# OpenNotes for Non-English Speaking Populations



# Challenges

- COVID-19 and impact on our pre-implementation activities
- Focus groups
  - We were unable to obtain representation from our Mid-Hudson region before the start of COVID-19 pandemic
- Postponed our OpenNotes implementation from August 2020 to September 12, 2020 based on feedback from clinical leadership

# Other Advantages

- Thoroughly reviewed some of our note-writing templates and other EHR features (i.e. best practice alerts) to ensure they are patient-friendly (i.e. easy to understand, appropriate terminology is used)
- Leveraging the pandemic and the implementation of OpenNotes to boost our patient portal (*MyChart MyHealth*) enrollment

The screenshot displays a software interface for a 'Progress Note - Daily Note'. The top navigation bar includes 'Schedule', 'Documentation', 'Visits', 'Patients', 'Billing', 'Payments', 'Accounts', 'Payroll', 'Reports', 'Setup', 'Help', and 'Logout'. The user is identified as 'ray' and the system is 'ClinicSource'. The patient information header shows: Patient: Anderson, Stanley; Pat. Number: 1509; DOB: 10/09/1982; Invoice #: [blank]; Location: DEMO; Provider: User, Ryan; Visit ID: 12975; Visit Date: 03/17/2017; Visit Count: 26. The note is titled 'Progress Note: Physical Therapy'. The 'SUBJECTIVE' section is currently empty. The 'Treatments Panel' contains a table with the following data:

CPT	Units	Loc.	Start	End	Duration	Description	Diag.
97116	1	11	12:00 PM	12:15 PM	15 min.	gait training	

The 'OBJECTIVE' section is also empty. The 'Goals Panel' includes:

#	Area of Concern	Short Term Goals	Assistance	Level	Achieved	Mas.
1	Ambulation	Able to walk 100 feet with walker.	Physical	Mod	55	3/17/2017
2	Coordination	Able to perform alternating reciprocal movements of arms/legs in preparation for greater safety in gait and ADL performance	None		0	

Long Term Goals:

#	Area of Concern	Long Term Goals	Assistance	Level	Achieved	Mas.
3	Postural reactions	Respond with trunk, arm, and leg movement of one side when shifted to the opposite side, while standing with 80% accuracy, independently to demonstrate improved balance and equilibrium reactions.	None		0	
4	RDM	Patient will demonstrate improved AROM for ___ knee flexion from ___ to ___ degrees to enable getting in and out of car without assistance.	None		0	

The 'ASSESSMENT' and 'PLAN' sections are also empty. The 'PLAN' section includes a list of items to be addressed:

- Continue skilled OT treatment to address concerns in plan of care
- Re-visit activities that were positive during today's session
- Ask parent about activities recommended and/or suggested
- Provided handouts for:
- Other:

# Next Steps

- Continue to collect feedback from staff and providers and begin to address feedback received thus far
- Conduct patient feedback survey – June 2021
- Implement the translation services workflow – June 2021
- Analyze OpenNotes data on a routine basis and share with appropriate leadership for QI
  - Identify the most common reasons for not sharing visit notes
- Possibly develop a white paper and/or case study about our experiences with OpenNotes and disseminate it to various audiences



## OpenNotes Post-Implementation Patient Survey

As of September 12, 2020, you now have access to OpenNotes or your visit notes from your clinical team in MyChart. We would like your feedback about this new feature in MyChart in order to improve your future experience with OpenNotes. Thank you, in advance, for completing this survey.

1. In general, making visit notes available is a good idea.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

2. Before getting this survey, were you aware that you could now read your visit note?

- Yes
- No

3. Has a provider encouraged/recommended you read the visit notes?

- Yes
- No
- Don't know/not sure

4. Have you read a visit note after an office visit?

- Yes

If yes, what is the main reason for looking at a visit note?

- I wanted to remember what happened in the visit
- I was wanted to know about my health
- I was curious
- I wanted to check if the notes were right
- I wanted to be sure I understood my provider
- I wanted to know what my provider was thinking

**THANK YOU**

**QUESTIONS?**

# Care For the Homeless **Open Notes Implementation**

Romona Watson- *Health Information and Training Manager*

Samantha Sawdon – *Open Notes Project Manager and PCMH Consultant*





# Care For the Homeless

Care For the Homeless provides integrated health services, shelter, and supportive services to people experiencing homelessness across NYC.



Currently located in 4 of the 5 boroughs of NYC (excluding Staten Island)



Operate 19 Federally Qualified Health Centers



Health centers are located in places where homeless individuals congregate, primarily directly in homeless shelters, as well as soup kitchens, drop-in centers, and safe havens



Our sites are recognized by NCQA as Patient Centered Medical Home (PCMH) certified



Integrated health services, including primary care, behavioral health, dental, substance use disorder services, podiatry, and health education





# Our Sites

- **Open Access** – larger volume sites, open to community
- **Single** men and women shelters, and safe havens- medium volume sites
- **Assessment shelters**- large volume sites
- **Family shelters**-pediatric and adult practice shelters, smaller volume



# Care For the Homeless at a glance

## In 2020:

- 7246 patients
- 33,567 visits
- 86% of patients 100% and below the Federal Poverty Level
- 50% on Medicaid, 41% uninsured

# **Open Notes Implementation and Set up**



# Who is participating in Open Notes

## **Original Plan – Live August 2020:**

### **6 Family Health Centers**

- All primary care providers at Family Sites
- Not included – Dentist and Behavioral Health

## **Expanded Plan – Live April 2021:**

### **13 Health Centers**

- All primary care providers
- Dentists at all 19 sites
- Behavioral Health at all 19 sites





# Open Notes Set Up

## Creating an Implementation Plan

- Technology and access: Because of our patient population not having digital access we had to think first of how to create access to internet and portal.

## Process:

- Implement Kiosk at our 6 family sites.
- Outreach team assist patients with setting up an email address and give access to portal account.
- Staff buy in for Open Notes project
- Group Training and one on one training for Front desk s:  
Open Notes
- Ongoing bi-weekly staff email communication.
- Training
- Proxy Portal – 13-18 years of age





# Open Notes Policy and Procedures



**Date Created:** April 17, 2020

**Date of last review/edit:** 8/3/2020

## OpenNotes Guidelines

### Purpose:

To provide a process to define the facilities, provider types, visit types and access to information for specific patient populations within the OpenNotes initiative.

### Policy Statement:

In order to have a successful and streamlined OpenNotes implementation, specific details must be defined for participation and access limitations within the organization. These include defining processes and types for the facilities using OpenNotes, visit types released to the portal and access to notes for parents of adolescent patients.

### Procedure:

- Locations participation in OpenNotes initiative
  - The Family Site locations will be locations releasing their notes for the OpenNotes initiative. We feel this is the best location to release full provider notes because they have the longest patient retention timelines and this is a population that will use the access to review their own care notes as well as the notes of their family members. The CFH Family sites participating in the OpenNotes initiative are:
    - Briarwood Health Center
    - Bushwick Health Center
    - Jackson Health Center
    - Jamaica Family Health Center
    - Nelson Health Center
    - Springfield Health Center
  - Types of notes released to the patient portal
    - In an effort to restrict information that may be harmful to the patient's care and ensure confidentiality of protected patient information only specific visit types will be released for viewing of full provider notes will be available in the eCW patient portal.
    - CFH will not release and behavioral health notes to the patient portal, including psych evaluations, psych visit follow ups and LCSW visits.
    - The following visit types will have full provider notes, under the OpenNotes initiative, available in the eCW patient portal:
      - KIOSK – any pre-booked and same day appointments booked through a

- PREBOOK – Visits for patients booked in advance, for a physical, routine follow up or chronic disease visit.
- SAMEDAY – Visits for patients requesting to be seen the same day for urgent or routine care
- WI – Walk-in visits for patient presenting in the practice for same day appointments
- DENTAL – All dental visits types at the Family Site locations will be included
- Provider participation
  - Any provider seeing patients for consultation and primary care at the family sites will be included in the OpenNotes initiative, including MD, DO, NP, RN.
  - Any provider seeing patients for behavioral health evaluations, consultation or ongoing care will not participate in the OpenNotes initiative.
- Patient populations
  - CFH will use the eCW Proxy Portal functionality to restrict full provider notes and other note details from parents of adolescent patients.
  - The patient population that will require a parent or caregiver to set up a proxy portal is for patients 13-18 years of age, aligning with the recommendations of the state of New York
  - The Proxy Portal will be in use as of July 27, 2020.
  - The proxy will have access to their proxy portal account for one year after the patient reaches the age of 18. The proxy will receive a notification of the account expiration 11 months prior to expiration.
  - eCW will be set up to give the proxy user limited access to the patient's information. Within the portal the proxy user will have access to the following sections:
    - Additional Information
    - Ask Doctor
    - Current Statements
    - Dental TP Summary
    - Directions
    - Doctors
    - Growth Charts
    - Home
    - Problems
    - Immunizations
    - Allergies
    - Policies
    - Personal Info
    - Questionnaire
    - Referral Request
    - Referrals
    - Refill Request
    - Surgical and Allergy



# Open Notes Workflow

- On site:
  - MA/Provider: Educates patient on visit notes and provides a flyer on open notes
  - Patient provides email to register for patient portal. If patient does not have an email. The patient is assisted at the kiosk to set up an email.
  - The email is entered in the EMR and a username and password is assigned to the patient. Access to the portal through kiosk and visit notes reviewed.
  - Patient is assisted at the Kiosk to access portal and view visit notes.
- Remote assistance:
  - Outreach specialist receives a list of patients for each facility that are not web-enabled.
  - Outreach specialist reach out to patient assist with email set up/ portal access.
  - OS specialist educate patient on Open Notes and assist with access to view notes.



# Communication & Patient Engagement







# Staff Communication

eMails, handouts, OpenNotes resources, “Did you know”

Good Afternoon All,

The launched message below was sent out in Spanish and English to the web-enabled patients at each family site.  
Please note that if a patient need to access the kiosk at the site to check their patient portal please assist or if they need help setting up a password or resetting their portal password you can do so by clicking options at the bottom of the info screen → web-enable → then click set password or reset password.

## Steps to help set up patient portal password/ reset password

The screenshot shows a patient portal interface. At the top, there are fields for phone number, email (rwatson@cfhny.org), and appointment date (08/17/2020 09:20 Am). Below this is a navigation bar with tabs for 'Mediscan', 'Web Enable', 'Contacts', 'Attorneys', and 'Case Management'. A dropdown menu is open under 'Options', listing various actions like 'View Log', 'View Fee schedule Log', 'Generate Log', 'Registry Settings', and 'Print Demographics'. Below the menu is a table with columns for Name, State, Rel, Insured, and Co Pay. At the bottom, there is a section for 'Patient Portal Login Credentials (Primary)' with fields for Username (testingportal) and Email (rwatson@cfhny.org). Buttons for 'Set Password' and 'Reset Password' are highlighted in yellow.

## **CFH OpenNotes Launch Message**

***Care for the Homeless launched OpenNotes on August 3<sup>rd</sup>, 2020***

*Your CFH Health Center has now launched open notes for all our family sites. This will allow our patients access to notes written by their physician, anywhere and anytime, in your patient portal.*

*This is a part of the open notes initiative which will allow for more transparency between our Medical Providers and patients.*

*We have also installed kiosk station with an iPad attached at the Health Center so that you can sign up for the portal and access your medical information.*

*Next time you are in the Health Center stop by the kiosk station to access your visit notes before or after seeing your physician.*

*Thank you.*

Please contact the HIM team or Raquel if you need further assistance with patient portal.

Thank you all for your cooperation.

# Patient Communication – OpenNotes Brochure



Access to notes written by your physician, anywhere and anytime, in your Patient Portal.

## Visit Notes



Viewing your Visit Notes allows you to:



Better understand your health, medical conditions, and care plan



Strengthen the partnership between you and your physicians



Take better care of your self



Feel more in control of your care



Ensure you are following up on additional procedures, tests, or appointments



Before your next visit, read your notes to remind yourself of what you discussed with your physician at your last appointment. By thinking about any steps you have taken, any changes or problems you may be experiencing, you will be better prepared for a meaningful discussion with your physician.



By making your Visit Notes accessible, we're providing transparency in our care, and giving you more control in your health care.



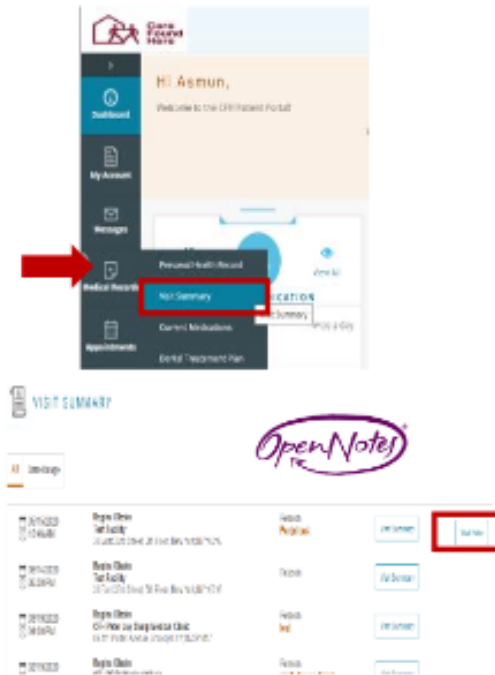
Not Using Your Patient Portal Yet? Sign Up Today!

## How Do I View My Visit Notes?

With Patient Portal, you will have access to:

- Appointments**  
Keep track of appointments
- Lab Results**  
Access and view lab results
- Medication**  
View current medications
- Medical Records**  
View your personal health record
- Education**  
Receive educational materials
- Messages**  
Receive messages from staff
- Reminders**  
Receive health reminders
- Demographic Information**  
Update demographic information
- Referrals**  
View referrals

Use this health center's kiosk stations to access your visit notes before or after seeing your physician.



The Patient Portal is not intended for use in emergencies. If you require urgent or immediate medical care, call 911.

# Social Media Blast & CFH Website



The second question asked participants what their technological capabilities are. Acquiring this information helps us make improvements to our systems. Therefore, to pass any personal barriers to technology an individual may experience. OpenNotes also presents the possibility of accessing information via kiosks at the health centers.

Stay tuned the rest of the week for more information!

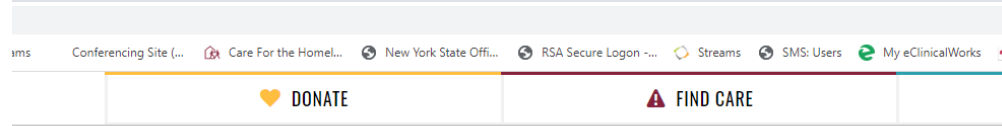
Learn more:  
<https://lnkd.in/djWnf6Q>

## THE QUESTIONNAIRE

What their technological capabilities are?

- Just over half of the participants cited that they had difficulty connecting their devices to reliable Wi-Fi.
- This barrier required them to use their data plans, which are often limited.
- Just under half reported no barriers to accessing appropriate technology.
- When asked about how comfortable they'd be using a kiosk, 81% expressed that they'd be "very comfortable."

The questionnaire was designed to gather information on how these individuals currently access their health records. In addition, it examined what barriers to accessing technology they encountered (if any), how well they understood their medical plan and, of course, whether or not they thought Open Notes would benefit them.



When an individual can't access their medical records, they lose agency in their health planning.

Care For the Homeless (CFH) will alleviate these barriers for our patients experiencing homelessness via a pilot project.

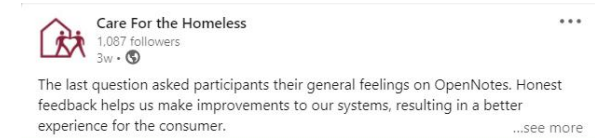
## HOW WILL CFH IMPLEMENT OPENNOTES?

The primary barrier blocking individuals from accessing their notes is technology. Many methods used to view medical records and notes are inaccessible to people experiencing homelessness.

CFH is countering this by placing kiosks with an affixed tablet at six health care delivery sites for families and children. All of which are located throughout the Bronx, Brooklyn and Queens.

Thus, 'web-enabled' patients will be able to access their patient portal.

Conversely, patients who are not 'web-enabled' will be given guidance on how to create a patient portal account.

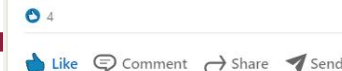


**EVERY PARTICIPANT EXPRESSED THAT OPENNOTES WOULD GIVE THEM BETTER ACCESS TO THEIR HEALTH INFORMATION AS WELL AS MORE CONTROL OVER THEIR HEALTH.**

### FEEDBACK FOR AN IDEAL EXPERIENCE:

1. The ability to make and reschedule appointments through the portal.
2. The ability to message their providers directly through the portal or OpenNotes itself.

The questionnaire was designed to gather information on how these individuals currently access their health records. In addition, it examined what barriers to accessing technology they encountered (if any), how well they understood their medical plan and, of course, whether or not they thought Open Notes would benefit them.





# Patient Questionnaire Guide

- We couldn't do focus groups due to Covid
- Family Site patients to outreach to for a Questionnaire
- Provided \$20 gift cards for participation
- We informed them of the confidentiality of their information, the value of their opinions on helping us to improve services.
- Completed August 2020 (16 participants) and April 2021 (21 participants)

## Areas of focus

- Current Access to health Records
- Survey on participants who had access to the portal
- Technological Capabilities: difficulties and experience with technology
- Current Adherence to Medical Plan: Patient current participation in health care plan and making decision about their health
- Open Notes discussion: Patients concerns, interest, engagement with kiosks to view notes



## Open Notes Questionnaire

### 1. Current Access to Health Records

- How do you currently access your health information?
- How well do you remember your doctor's instructions after a medical visit?
- How do you get follow up information from your health visits at CFH?
  - Does this process work for you?
  - Could there be any improvements?

### 2. Technological Capabilities

- What are some of the difficulties you experience with accessing the internet?
- Would you feel comfortable using a kiosk at the health center?

### 3. Current Adherence to Medical Plan

- How would you describe your level of trust in your medical provider?
- Do you trust your provider to give you the correct medical information to address any health issues you might have?
- After each visit, do you take your medications as prescribed?
  - If not, what are some difficulties in taking your medication as prescribed?
  - Would it help to have access to detailed visit notes after each appointment?

*Explanation of Open Notes.....*

### 4. Open Notes Discussion:

- Do you think that accessing visit notes will help you be more informed about your health?
  - Would it make you feel more in control, safer?
- Would you have any concerns about reading the visit notes from your provider?
  - Would you feel judged?
- Do you think we should include behavioral health or therapy notes?
- Do you have any concerns about using Open Notes?
- Would you like to be able to provide feedback on the visit notes?

# Patient Questionnaire Data

	August 2020	April 2021
Utilize the CFH online portal to access their health information	25%	71%
Access to the Internet	56%	100%
Comfort level with using Kiosk	81%	91%
Felt it is helpful to have detailed notes after the visit	75%	89%
Seen a visit note online	0%	10%
Trust Provider for medical advice	100%	100%



# Thank You

Any questions?

You can reach us at [rwatson@cfhnyc.org](mailto:rwatson@cfhnyc.org) or  
[ssawdon@synergisticstrategiesllc.com](mailto:ssawdon@synergisticstrategiesllc.com)

# Q&A



A moderator will now bring questions forward from the chat







# Strategies to Increase Vaccine Confidence

Dr. Kimberly Daly, DNP, APRN, FNP-C





# Strategies to Increase Vaccine Confidence

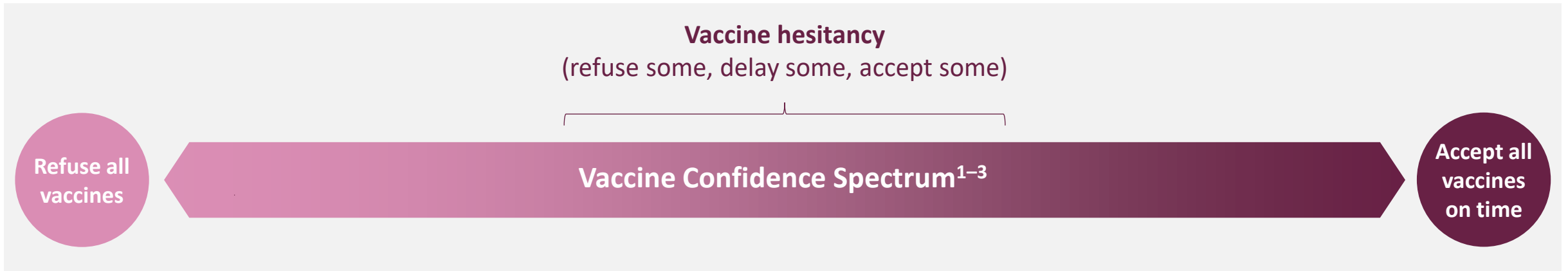
# Vaccine Confidence Spectrum

## Vaccine Confidence<sup>1</sup>

- Refers to the trust that parents, patients, or HCPs have in:
  - Recommended vaccinations
  - Providers who administer vaccines
  - Processes that lead to vaccine licensure and the recommended vaccination schedule

## Vaccine Hesitancy<sup>2</sup>

- Refers to a delay in the acceptance or refusal of vaccination despite availability of vaccination services
- Varies across time, place, and vaccines
- Influenced by factors such as **complacency, convenience, and confidence**



HCP, health care provider.

1. National Vaccine Advisory Committee (NVAC). *Public Health Rep.* 2015;130(6):573-595. doi: 10.1177/003335491513000606 2. Smith MJ. *Infect Dis Clin North Am.* 2015;29(4):759-769. doi: 10.1016/j.idc.2015.07.004 3. Allen A, Butler MA. Sabin-Aspen Vaccine Science & Policy Group. May 2020. Accessed November 20, 2020. <https://www.sabin.org/programs/vaccine-acceptance/meeting-challenge-vaccination-hesitancy>

# Suggested Strategies to Increase Vaccine Confidence

- 1 Deliver strong recommendations<sup>1,2</sup>
- 2 Use motivational interviewing<sup>3</sup>
- 3 Create a culture of vaccination<sup>2</sup>
- 4 Develop practice resources<sup>4</sup>
- 5 Measure vaccine hesitancy<sup>5</sup>
- 6 Utilize web-based interventions and social media interactions<sup>6</sup>
- 7 Be aware of local vaccination trends<sup>7-9</sup>
- 8 Provide storytelling<sup>10</sup>
- 9 Reference credible organizations<sup>11-16</sup>

1. Nabet B, et al. PolicyLab at Children's Hospital of Philadelphia; 2017. Published Spring 2017. Accessed November 20, 2020. [https://policylab.chop.edu/sites/default/files/pdf/publications/Addressing\\_Vaccine\\_Hesitancy.pdf](https://policylab.chop.edu/sites/default/files/pdf/publications/Addressing_Vaccine_Hesitancy.pdf) 2. Centers for Disease Control and Prevention. Updated July 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html> 3. Dempsey AF, O'Leary ST. *Acad Pediatr*. 2018;18(2S):S23-S27. doi:10.1016/j.acap.2017.09.001 4. National Vaccine Advisory Committee. *Public Health Rep*. 2015;130(6):573-595. doi:10.1177/003335491513000606 5. Opel DJ, et al. *JAMA Pediatr*. 2013;167(11):1065-1071. doi: 10.1001/jamapediatrics.2013.2483 6. Daley MF, et al. *Am J Prev Med*. 2018;55(1):44-54. doi: 10.1016/j.amepre.2018.04.010 7. Logan J, et al. *Vaccine*. 2018;36(28):4118-4125. doi: 10.1016/j.vaccine.2018.05.037 8. Delamater P, et al. *BMC Public Health*. 2018;18(1):458. doi: 10.1186/s12889-018-5368-y 9. Brennan JM, et al. *Am J Public Health*. 2017;107:108-112. doi: 10.2105/AJPH.2016.303498 10. Shelby A, Ernst K. *Hum Vaccin Immunother*. 2013;9(8):1795-1801. doi: 10.4161/hv.24828 11. Centers for Disease Control and Prevention. Last Reviewed May 7, 2019. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/ed/patient-ed.html> 12. Centers for Disease Control and Prevention. Last reviewed April 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/hcp/vis/index.html> 13. American Academy of Pediatrics. Accessed November 20, 2020. [aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Policy-and-Advocacy.aspx](http://aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Policy-and-Advocacy.aspx) 14. Children's Hospital of Philadelphia. Accessed November 20, 2020. <https://www.chop.edu/centers-programs/vaccine-education-center> 15. Immunization Action Coalition. Last reviewed January 1, 2020. Accessed November 20, 2020. <https://immunize.org/aboutus/> 16. Infectious Diseases Society of America. Accessed November 20, 2020. <https://www.idsociety.org/public-health/immunization/immunization>

# Deliver a Strong Recommendation

The use of presumptive language has been shown to be an effective way to increase vaccination uptake.<sup>1</sup>

Presumptive formats presuppose that parents will vaccinate  
“We have some shots to do today.”

VS

Participatory formats provide parents with more decision-making latitude  
“Are we doing shots today?”

A strong provider recommendation is a key predictor of a patient receiving a vaccine and can significantly increase vaccination rates.<sup>2,3</sup>

Two-thirds of patients who received a provider recommendation for influenza vaccine received the vaccine within 12 months; 84% of those without a recommendation remained unvaccinated.<sup>4,a</sup>

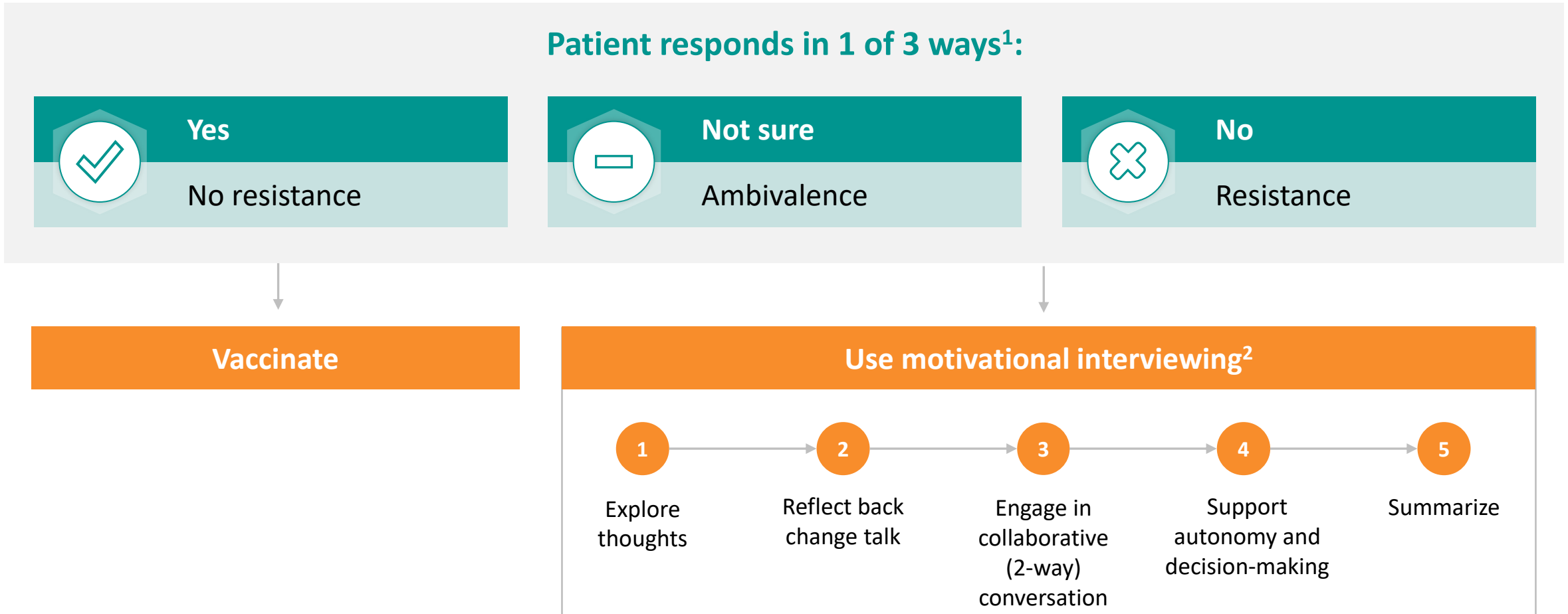
<sup>a</sup>Based on a nationally representative survey of 1005 US adults ≥19 years old.

1. Opel DJ, et al. *Pediatrics*. 2013;132(6):1037-1046. doi: 10.1542/peds.2013-2037 2. Nabet B, et al. PolicyLab at Children’s Hospital of Philadelphia; 2017. Published Spring 2017. Accessed November 20, 2020.

[https://policylab.chop.edu/sites/default/files/pdf/publications/Addressing\\_Vaccine\\_Hesitancy.pdf](https://policylab.chop.edu/sites/default/files/pdf/publications/Addressing_Vaccine_Hesitancy.pdf) 3. Centers for Disease Control and Prevention. Updated July 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html>

4. Nowak GJ, et al. *Int J Environ Res Public Health*. 2018;15(4):711. doi: 10.3390/ijerph15040711

# Possible Flow of Communication Following Recommendation and Use of Motivational Interviewing



# Use Motivational Interviewing to Foster Change



## Ambivalence

- > Normal part of human nature and a step toward change<sup>1-3</sup>
- > Has 2 incompatible sides<sup>1-3</sup>:
  - Reasons for change (change talk)
  - Reasons against change (sustain or non-change talk)
- > Must be resolved **before** moving to change<sup>1,2</sup>
- > Can be a form of resistance<sup>3</sup>
- > Could develop into resistance if HCP pushes too hard before patient is ready for change<sup>3</sup>

**MI solution: evoking (eliciting patient's own motivations for change),** by strategically reflecting change talk over non-change talk.<sup>2,3</sup>

**Patient:** "I think prevention is important, but I am worried about experiencing side effects."

**HCP:** "You're more than just a little worried about the side-effects of the vaccine, AND prevention is important to you. Tell me more about why prevention is a priority for you."



## Resistance

- > Reflects opposition to a treatment<sup>3,4</sup>
- > Common cues<sup>4</sup>:
  - Arguing
  - Interrupting
  - Ignoring, not paying attention
  - Crossing arms
  - Being dismissive ("whatever")

**MI solution: rolling with resistance and coming alongside,** by reflecting on what you hear, trying to understand, and supporting autonomy.<sup>3,4</sup>

**Parent:** "I think my child is too young for this vaccine. Someday, she may consider it, but not now."

**HCP:** "It is hard for you to believe the vaccine is right for your child when she's so young."  
"I can certainly understand why you feel that way. May I share the reasoning behind vaccinating early, and then you can tell me what you think?"

HCP, health care provider; MI, motivational interviewing.

1. Miller WR, et al. Conversations about change. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Helping People Change*. 3rd ed: The Guilford Press; 2013:3-13 2. Miller WR, et al. Ambivalence: Change talk and sustain talk. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Helping People Change*. 3rd ed: The Guilford Press; 2013:157-166 3. Westra HA, Aviram A. *Psychotherapy (Chic)*. 2013;50(3):273-278. doi: 10.1037/a0032409 4. Miller WR, et al. Responding to sustain talk and discord. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Helping People Change*. 3rd ed: The Guilford Press; 2013:196-211.

# Spirit and Core Skills of Motivational Interviewing

Motivational interviewing is a **guiding** style of communication, built around **4 components**<sup>1,a</sup>



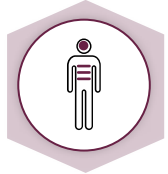
## Collaboration:

Using a comfortable, nonconfrontational tone and language



## Evocation:

Leading patients (or parents) to draw their own conclusions



## Acceptance:

Respecting patients' (or parents') inherent worth as individuals



## Compassion:

Actively promoting patients' (or parents') welfare and prioritizing their needs

## O-A-R-S

are the core communication skills for motivational interviewing<sup>2,3</sup>



### Open-ended questions

“What concerns do you have about vaccines?”



### Affirmations

“You have thought a lot about this.”



### Reflective listening

“I hear you saying that...”



### Summarization

“Let me summarize...”

<sup>a</sup>Motivational interviewing requires specialized training to be effective.

1. Miller WR, et al. The spirit of motivational interviewing. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Helping People Change*. 3rd ed. The Guilford Press; 2013:14-24 **2**. Miller WR, et al. The Method of Motivational Interviewing. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Helping People Change*. 3rd ed. The Guilford Press; 2013:25-36 **3**. Reno JE, et al. *J Health Commun*. 2018;23(4):313-320. doi: 10.1080/10810730.2018.1442530



# Motivational Interviewing May Avoid Possible Conversation Traps<sup>1</sup>

## Expert trap

The HCP as a “vaccine champion” might be too much at odds with the patients’ views

**MI solution:** ask open-ended questions to help patients voice the benefits themselves

“How important is it for you to help protect your child against vaccine-preventable diseases?”

## Lecture trap

Too much information may disengage the patient

**MI solution:** build on patients’ information interests/existing knowledge

“Is there any additional information I can help you with?”

## Closed question trap

Asking questions that receive short answers that do not invite any insight

**MI solution:** use a blend of open-ended questions and reflections

“You sound worried, let’s talk it through together. Tell me what you are concerned about.”

# Motivational Interviewing Framework:

## Use the Elicit–Provide–Elicit Script To Exchange Information<sup>1,2</sup>

### Elicit

- Ask patients what they already know or would like to know more about
- Ask them permission to offer information

### Provide

- Give information in a neutral, non-judgmental way (avoid “I” and “you”)
- Be clear, avoid jargon (eg, herd immunity<sup>3</sup>), and offer information in small amounts with time to reflect

### Elicit

- Gather understanding from the patient of the information provided
- Ask open questions and reflect on the patient’s reactions



**What do you know about...?**

**What would you like to know about...?**

**May I give you information on...?**

**Research suggests...**

**Studies have shown...**

**We know that...**

**So what do you make of that?**

**What else would you like to know?**

**What do you think is the next step for you?**

# Readiness Ruler Gives an Opportunity for Evocative Questions<sup>1</sup>



“On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now,’ how important would you say it is for you to vaccinate your child?”

“

And why are you at a \_\_ and not 0 [or a lower number]?

”

# The Righting Reflex<sup>1</sup>

The righting reflex definition: “The desire to fix what seems wrong with people and to set them promptly on a *better course, relying in particular on directing.*”

- The righting reflex involves the belief that you must convince or persuade the person to do the right thing

## Use motivational interviewing to avoid the righting reflex



**Ask the right questions**



**Find the proper arguments**



**Give the critical information**



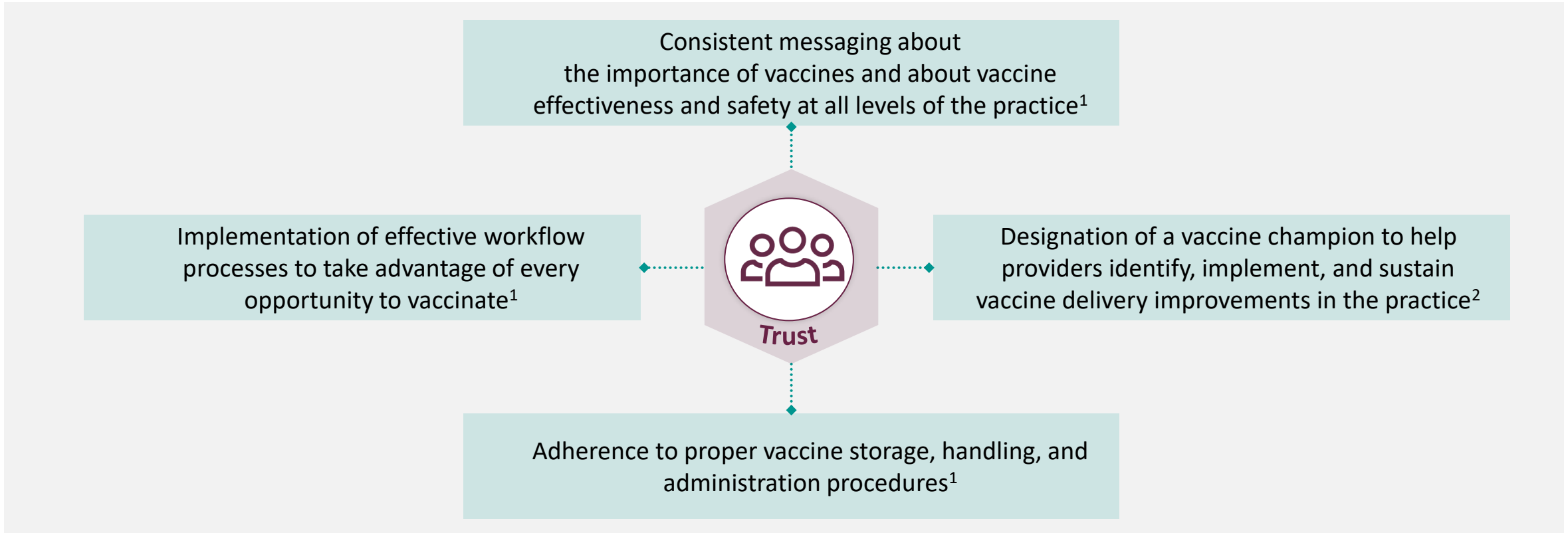
**Provoke the decisive emotions**



**Pursue the correct logic**

# Create a Culture of Vaccination Within a Practice

Creating a culture of vaccination is a **total office approach** that involves every member of the practice in vaccination efforts<sup>1</sup>



**Creating a culture of vaccination within a health care practice plays a critical role in maintaining and increasing vaccination coverage. It also ensures that vaccines are delivered safely, effectively, and on time.<sup>1</sup>**

# Develop Evidence-Based Materials and Training to Increase Vaccine Confidence<sup>1</sup>

## Health care provider strategies to increase vaccine confidence



**Develop evidence-based materials and toolkits for providers to address patients' questions and concerns (eg, standing orders, reminder systems, patient and provider education)<sup>1,2</sup>**

- These can be used to address, build, or foster vaccine and vaccination confidence in patients and providers



**The development of curriculum and communication training that focuses on vaccine confidence may allow providers to address vaccine-related concerns of patients and parents<sup>1</sup>**

- Clear and accessible information on vaccinations, the CDC-recommended vaccination schedule, and any changes to the vaccination schedule



**Behavioral strategies may help promote vaccine confidence<sup>3</sup>**

- Interventions to encourage vaccination are effective when they intervene on behavior directly without trying to change individuals' thoughts and feelings about vaccination

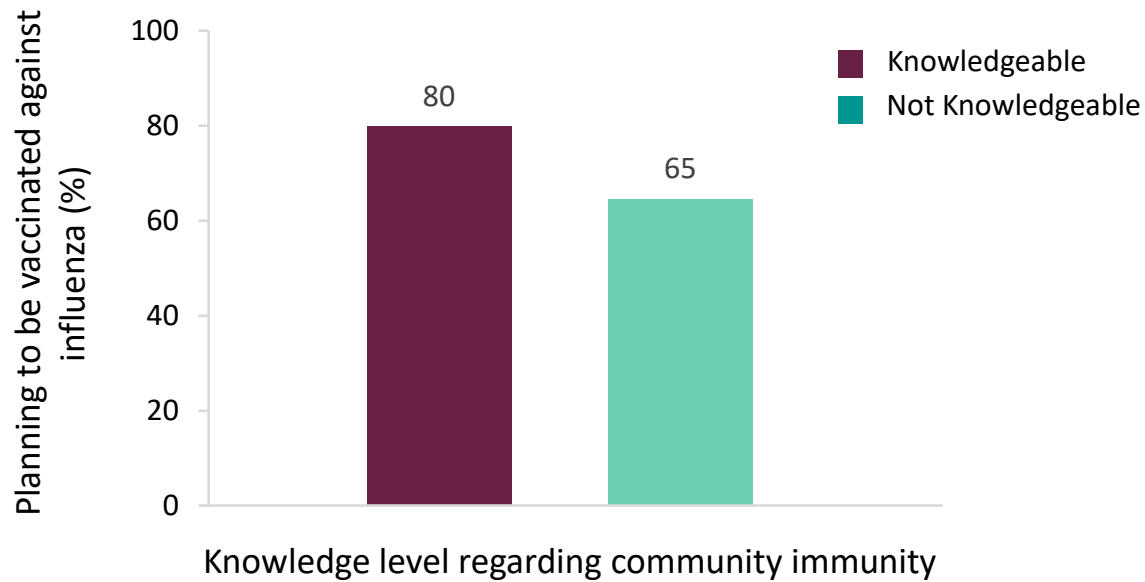
CDC, Centers for Disease Control and Prevention.

1. National Vaccine Advisory Committee. *Public Health Rep* 2015;130(6):573-595. doi:10.1177/003335491513000606 2. Centers for Disease Control and Prevention. Updated July 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html> 3. Brewer NT, et al. *Psychol Sci Public Interest*. 2017;18(3):149-207. doi: 10.1177/1529100618760521

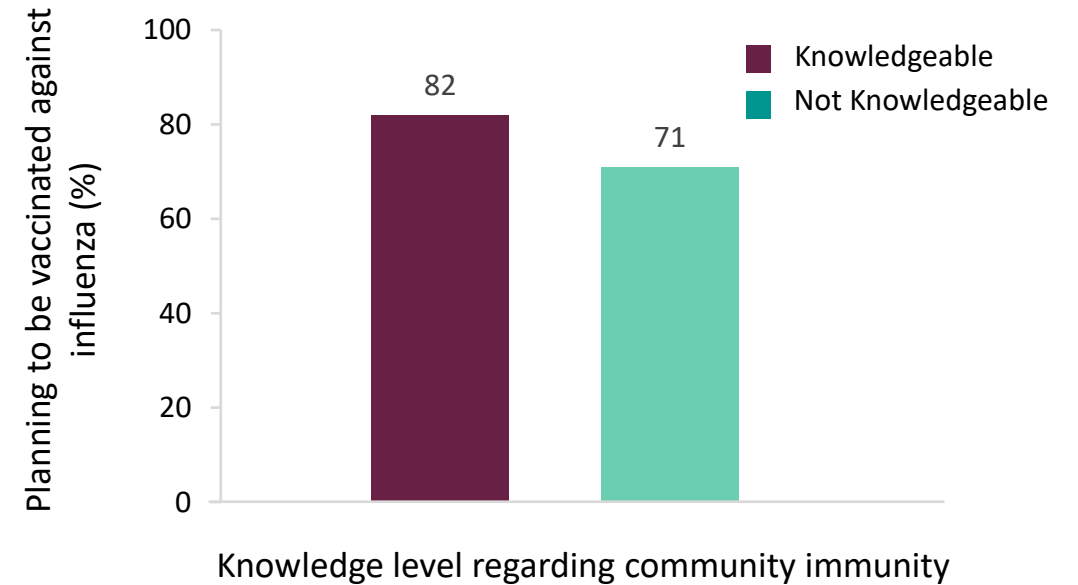
# Be Aware of Local Vaccination Trends<sup>1</sup>

A survey of adult participants (n=554) were asked to identify 1) definition of community immunity; 2) their history of and plans to receive influenza vaccine; 3) their concern about influenza; 4) estimate the reported influenza vaccination coverage in their county. After participants received educational information about community immunity and vaccination rates, vaccination plans were reassessed.<sup>a</sup>

Percentage of participants planning to be vaccinated **before** educational intervention



Percentage of participants planning to be vaccinated **after** educational intervention



Educating participants on the **importance of community benefits** of influenza vaccination increased the number of participants who planned to be vaccinated against influenza among those least knowledgeable.

<sup>a</sup>Survey of 554 adults at the 2016 Minnesota State Fair.

1. Logan J, et al. *Vaccine*. 2018;36(28):4118-4125. doi: 10.1016/j.vaccine.2018.05.037

# Provide Storytelling<sup>1,2</sup>



- **Storytelling is a technique often used by the anti-vaccine movement; however, it can also be an important tool for increasing vaccination**
  - Combining storytelling with the tools used by medical and public health communities (ie, statistics, research, and other evidence-based information) may be an effective way to educate a vaccine hesitant parent that vaccines are important to a patient's health



**Storytelling can be utilized in several ways:**

**Pro-vaccine parents sharing their stories with others**

**HCPs sharing stories of vaccinating their own family**

**HCPs sharing anecdotes of historical diseases that are now uncommon**



# Reference Credible Organizations

Many organizations publicly support vaccinations and help to counter vaccine hesitancy

## Centers for Disease Control and Prevention

Produces information sheets that explain the benefits and risks of a vaccine. Federal law requires that health care staff provide these to a patient, parent, or legal representative before each dose of certain vaccines<sup>1</sup>

## American Academy of Pediatrics

Publishes policies on vaccination and recommended vaccination schedules for children and adolescents and participates in vaccination campaigns<sup>2</sup>

## Children's Hospital of Philadelphia Vaccine Education Center

Provides complete, up-to-date and reliable information about vaccines to parents and health care professionals<sup>3</sup>

## Immunization Action Coalition

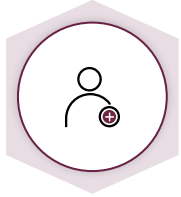
Creates and distributes educational materials for HCPs and the public that enhance the delivery of safe and effective vaccination services<sup>4</sup>

## Infectious Diseases Society of America


States the importance of vaccination to help protect the individual, their family, and their community from infectious diseases<sup>5</sup>


HCP, health care professional. **1.** Centers for Disease Control and Prevention. Last Reviewed April 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/hcp/vis/index.html> **2.** American Academy of Pediatrics. Accessed November 20, 2020. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Policy-and-Advocacy.aspx> **3.** Children's Hospital of Philadelphia. Published October 8, 2020. Accessed November 20, 2020. <https://www.chop.edu/centers-programs/vaccine-education-center> **4.** Immunization Action Coalition (IAC). Last Reviewed January 1, 2020. Accessed November 20, 2020. <https://www.immunize.org/aboutus/> **5.** Infectious Diseases Society of America. Accessed November 20, 2020. <https://www.idsociety.org/public-health/immunization/immunization/>


# Summary


- 


**Vaccination hesitancy** refers to a **delay in the acceptance or refusal of vaccination** despite the availability of vaccination services<sup>1,2</sup>

  - Hesitancy may vary across time, place, and vaccines
- 

A strong **provider recommendation** is a key **predictor of receiving a vaccine** and can significantly **increase vaccination rates**<sup>3,4</sup>
- 

**Motivational interviewing** is a guiding style of communication that invites patients to **explore their thoughts** while **supporting them to make their own decisions**<sup>5</sup>
- 

**Web-based social media interventions** and **storytelling** may be effective strategies to increase vaccine acceptance in vaccine hesitant parents/patients<sup>6,7</sup>
- 

Increasing knowledge of vaccine-preventable diseases and **local vaccination trends** may demonstrate willingness to vaccinate<sup>8-10</sup>
- 

Referencing credible organizations may strengthen vaccination efforts<sup>11-16</sup>

1. National Vaccine Advisory Committee (NVAC). *Public Health Rep.* 2015;130(6):573-595. doi: 10.1177/003335491513000606 2. Smith, MJ. *Infect Dis Clin North Am.* 2015;29(4):759-769. doi: 10.1016/j.idc.2015.07.004 3. Nabet B, et al. PolicyLab at Children's Hospital of Philadelphia; 2017. Published Spring 2017. Accessed November 20, 2020. [http://policylab.chop.edu/sites/default/files/pdf/publications/Addressing\\_Vaccine\\_Hesitancy.pdf](http://policylab.chop.edu/sites/default/files/pdf/publications/Addressing_Vaccine_Hesitancy.pdf) 4. Centers for Disease Control and Prevention. Updated July 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html> 5. Miller WR, et al. The spirit of motivational interviewing. In: Miller WR, Rollnick S, eds. *Motivational Interviewing: Helping People Change*. 3rd ed: The Guilford Press; 2013:14-24 6. Daley MF, et al. *Am J Prev Med.* 2018;55(1):44-54. doi: 10.1016/j.amepre.2018.04.010 7. Shelby A, and Ernst K. *Hum Vaccin Immunother.* 2013;9(8):1795-17801. doi: 10.4161/hv.24828 8. Logan J, et al. *Vaccine.* 2018;36(28):4118-4125. doi: 10.1016/j.vaccine.2018.05.037 9. Delamater P, et al. *BMC Public Health.* 2018;18(1): 458. doi: 10.1186/s12889-0185368-y 10. Brennan JM, et al. *Am J Public Health.* 2017;107:108-112. doi: 10.2105/AJPH.2016.303498 11. Centers for Disease Control and Prevention. Last Reviewed May 7, 2019. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/ed/patient-ed.html> 12. Centers for Disease Control and Prevention. Last reviewed April 1, 2020. Accessed November 20, 2020. <https://www.cdc.gov/vaccines/hcp/vis/index.html> 13. American Academy of Pediatrics. Accessed November 20, 2020. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Policy-and-Advocacy.aspx> 14. Children's Hospital of Philadelphia. Accessed November 20, 2020. <https://www.chop.edu/centers-programs/vaccine-education-center> 15. Immunization Action Coalition (IAC). Last reviewed January 1, 2020. Accessed November 20, 2020. <https://immunize.org/aboutus/> 16. Infectious Diseases Society of America. Accessed November 20, 2020. <https://www.idsociety.org/public-health/immunization/immunization>



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US-NON-06359 12/20

# Q&A



A moderator will now bring questions forward from the chat



# Vendor Showcase: HealthTalk AI & Qliqsoft



**Jerrod Ullah, RN, BSN –  
Founder & CEO –  
HealthTalk AI**



**Bret Montgomery –  
Regional Vice President –  
Qliqsoft**





**HEALTH**  
TALK A.I.

# OUR TEAM



**JERROD ULLAH CEO**



**JASON HANSEN CTO**



**REED LIGGIN  
BOARD MEMBER**



**PRANAV VIRMANI,  
MD ADVISOR**



**MARK TOMAINO  
ADVISOR**



# By the Numbers

**4+**

Years of Connecting  
Providers and Patients

**20+**

Provider Organizations  
Utilize HealthTalk A.I.

**50+**

Physical Locations Connected  
to Our Platform

**400K+**

Patients Engaged  
on Our Platform

**2M+**

Messages  
Sent and Received

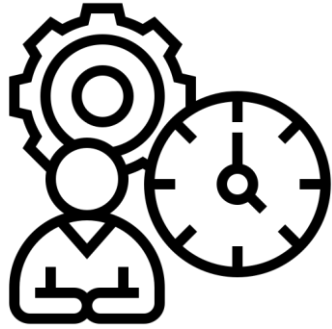
**20K+**

Virtual Encounters  
Scheduled this year



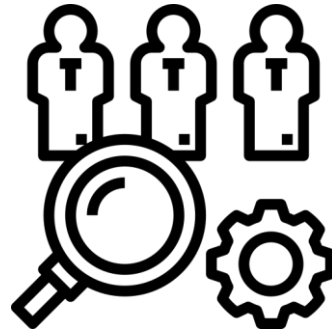


# Health Organization Challenges



## Difficult to Improve performance

- Need clinicians to perform at top of license
- Not enough resources to hit quality metrics



## Difficult to identify gaps in care for patients that haven't been seen

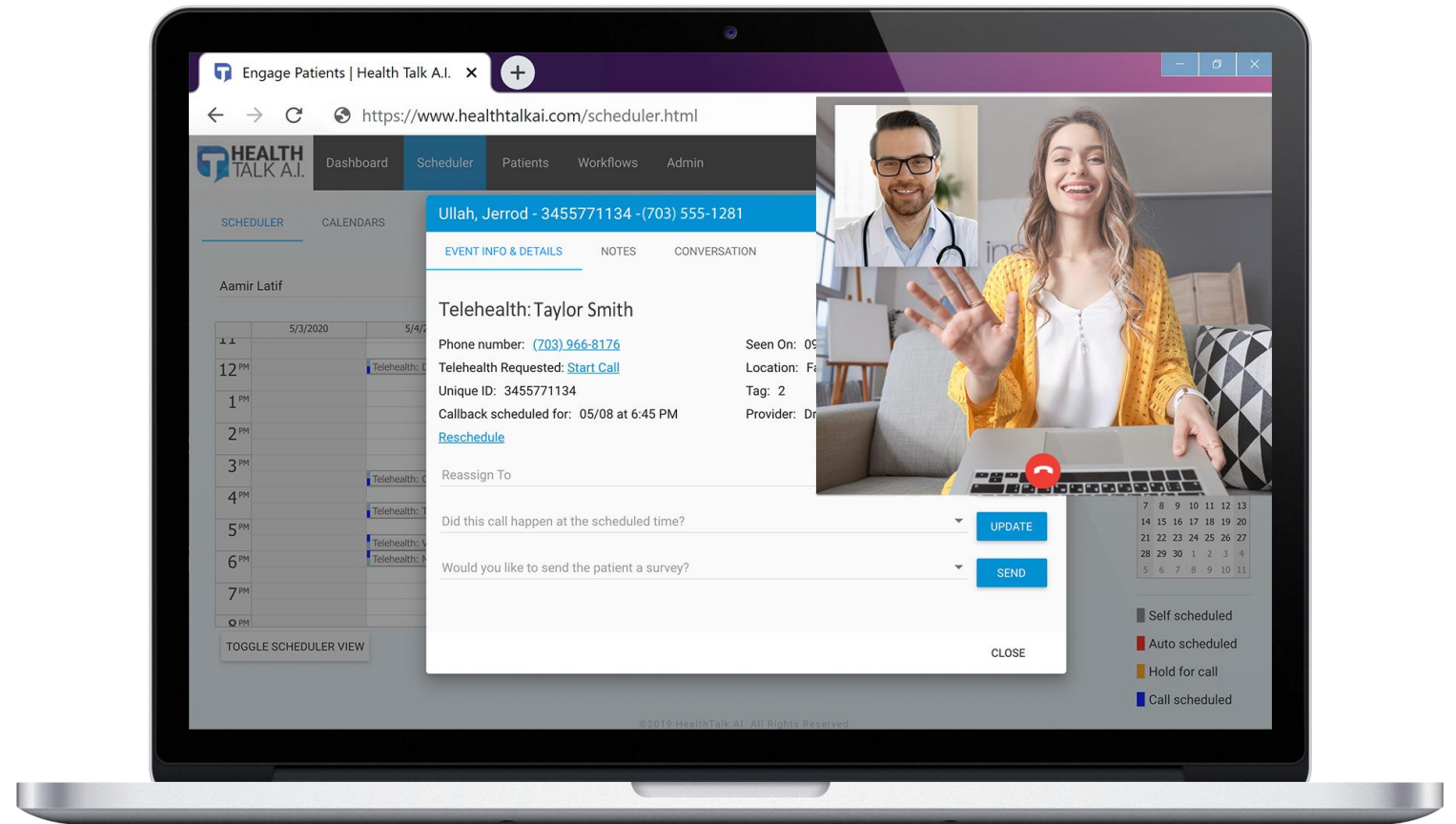
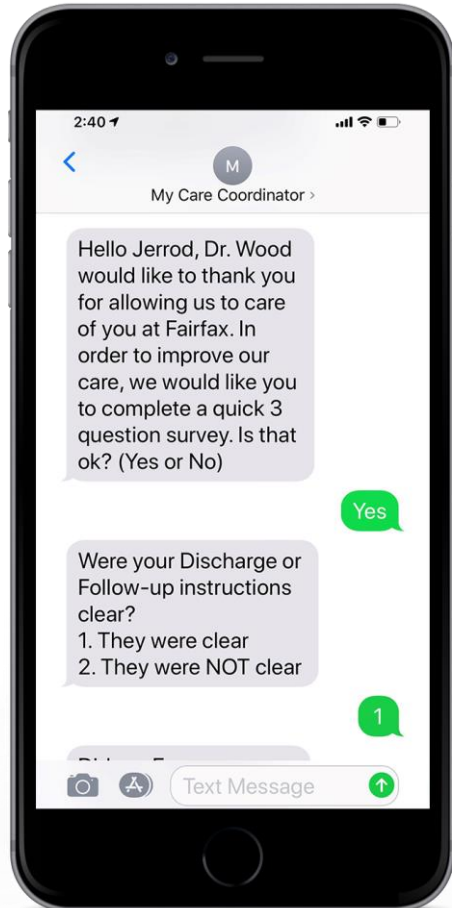
- Distance to care is a barrier
- Difficult to identify social determinants at scale



## No way for providers to follow up effectively

- 87% people ignore phone calls
- Providers can't spend time on admin tasks

# HEALTHTALK A.I.



Healthtalk A.I helps providers engage patients, identify gaps in care and closes the loop with encounters.

# PRIMARY CARE CASE STUDY



- Located in rural upper Michigan
- 12 locations
- 37 providers
- 27k patients

## Main Challenge before HTAI

- No 2-way electronic communication solution
- Communicating with Patients during COVID-19
- Telehealth implementation challenges

## Improvements after HTAI

- COVID-19 Testing information and drive through scheduling
- COVID-19 Vaccine Outreach
- On-Demand Telehealth with the ability to easily connect the patient to the entire care team, without requiring a patient portal login
- Population Health – Gap in Care closure
  - Due for A1c
  - Due for Pap

Results

32,780

19,345

94%

516,607

Patients  
Engaged

Virtual  
Encounters

Telehealth  
Response Rate

Messages sent  
and received



**Cassie Lindholm, Director of Quality**

“We’ve been able to automate COVID-19 symptom triage for our entire patient population, schedule patients for phone call visits, and connect patients to our drive-through testing site. We’ve also been using HealthTalk to assess patients’ behavioral health and community resource needs and connect them with support. We’re looking forward to using their new telehealth capability to further our virtual care efforts.”

**Kelly Niileksela, Quality Manager**

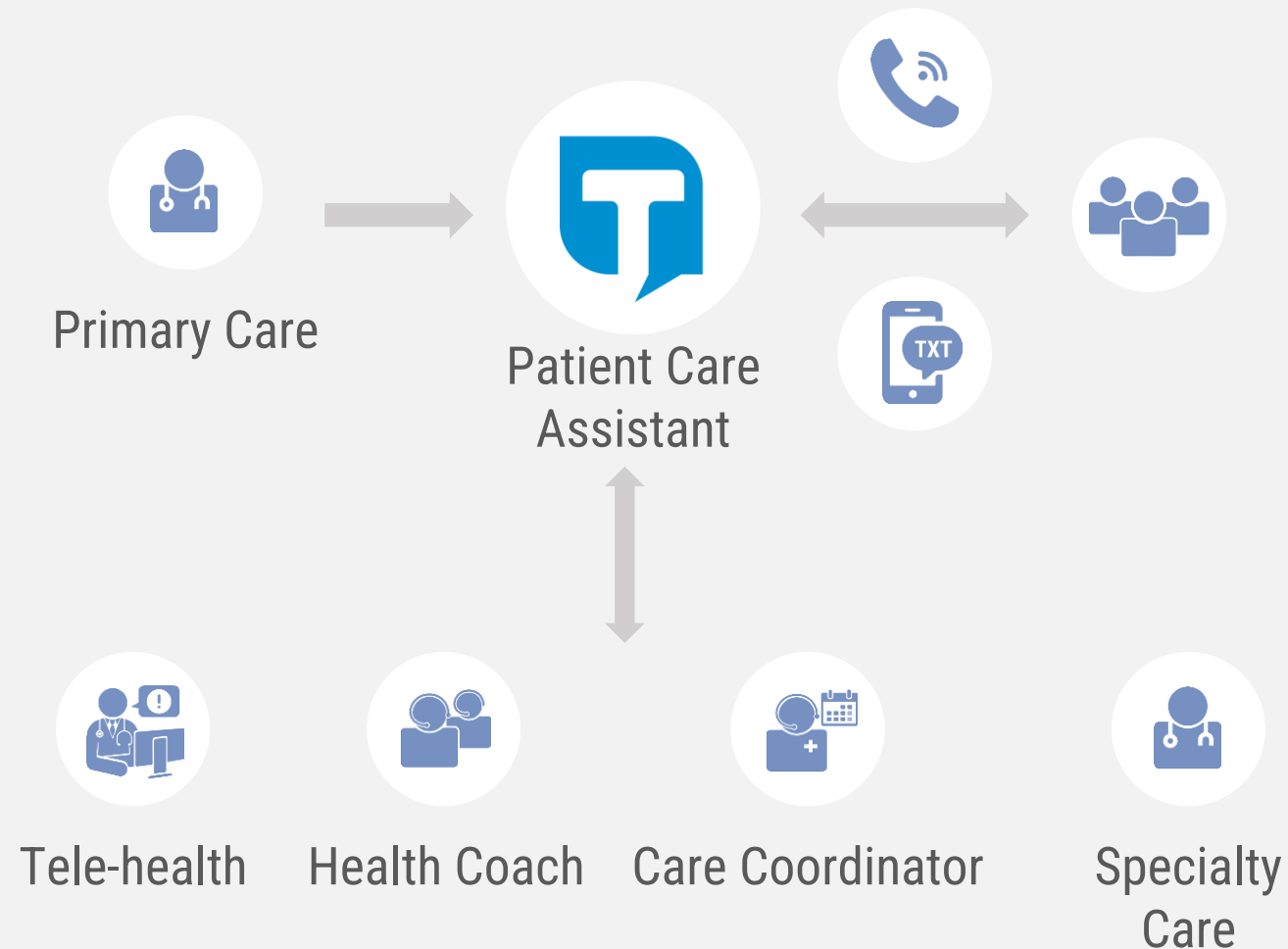
“HealthTalk A.I. has been instrumental in helping us care for our community virtually.”



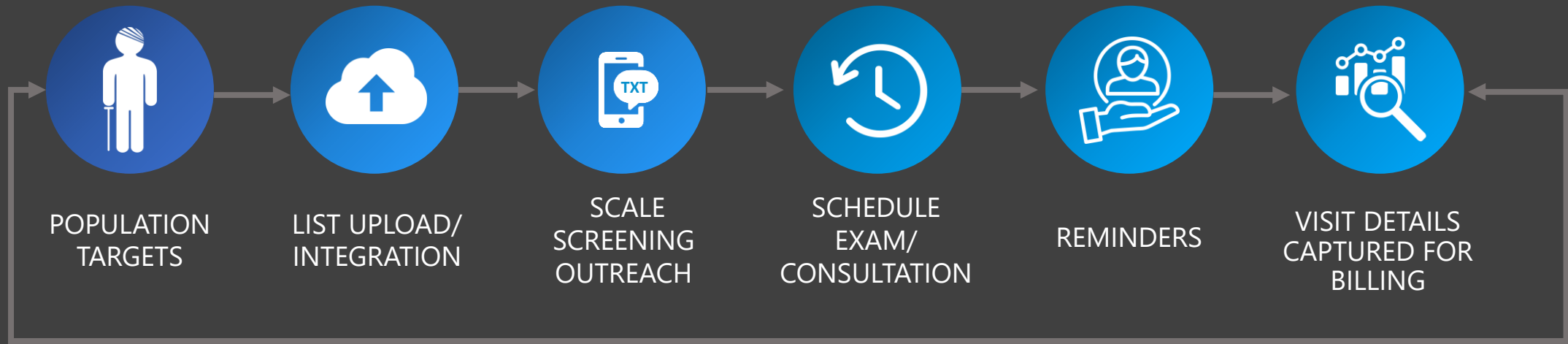
# HEALTHTALK A.I. Use Cases

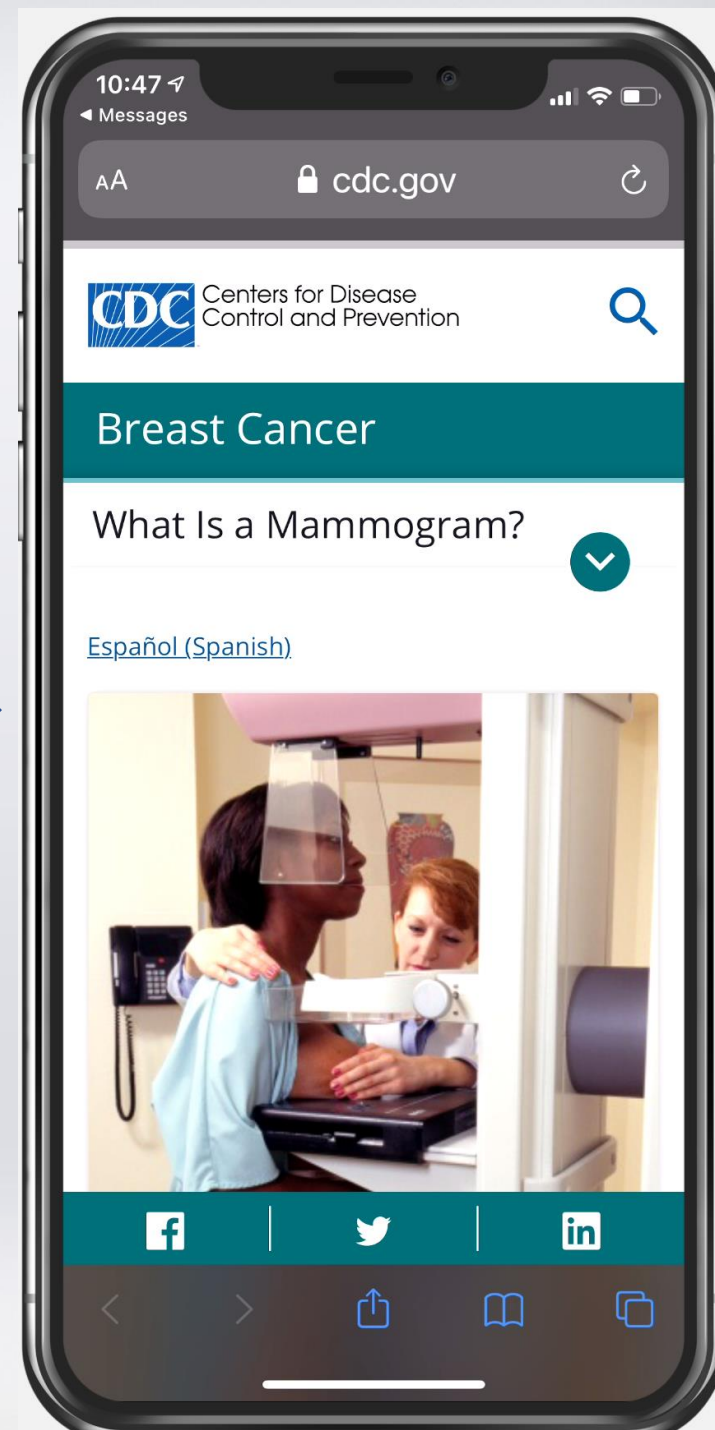
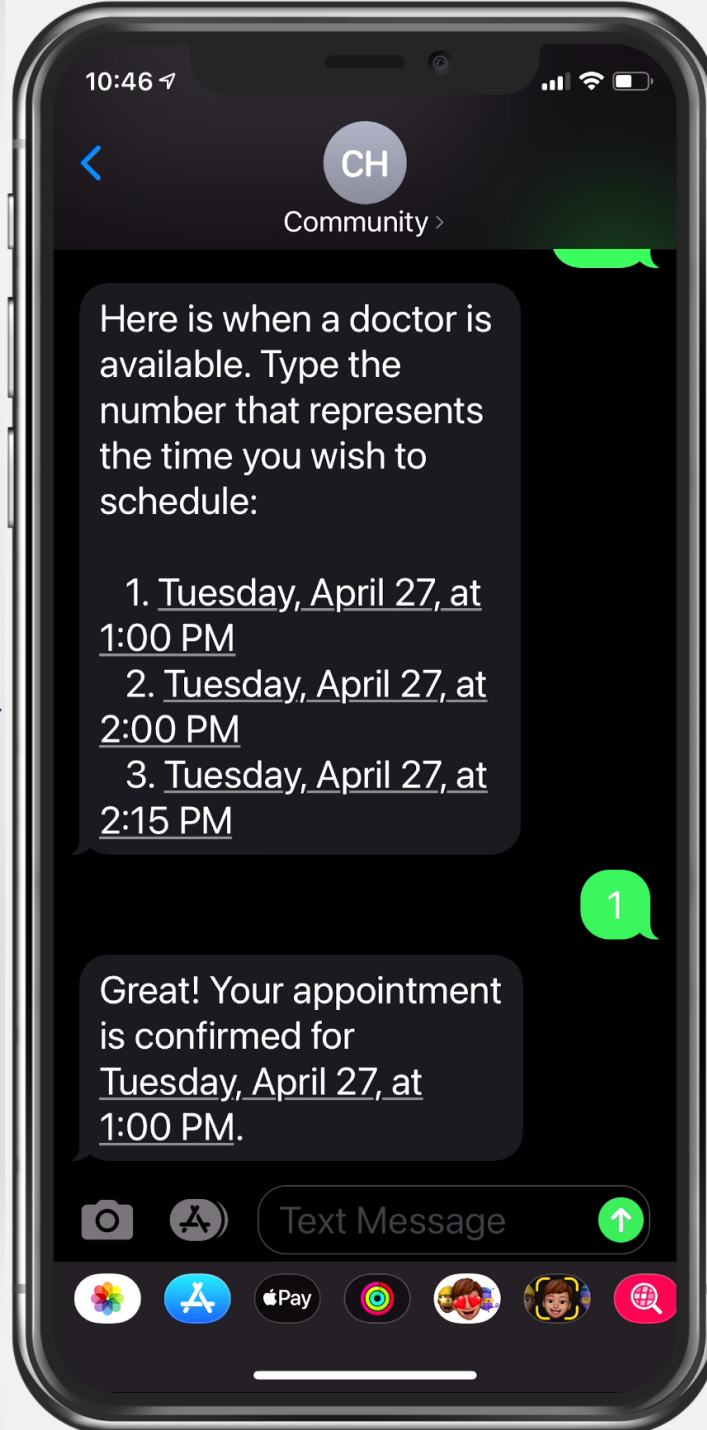
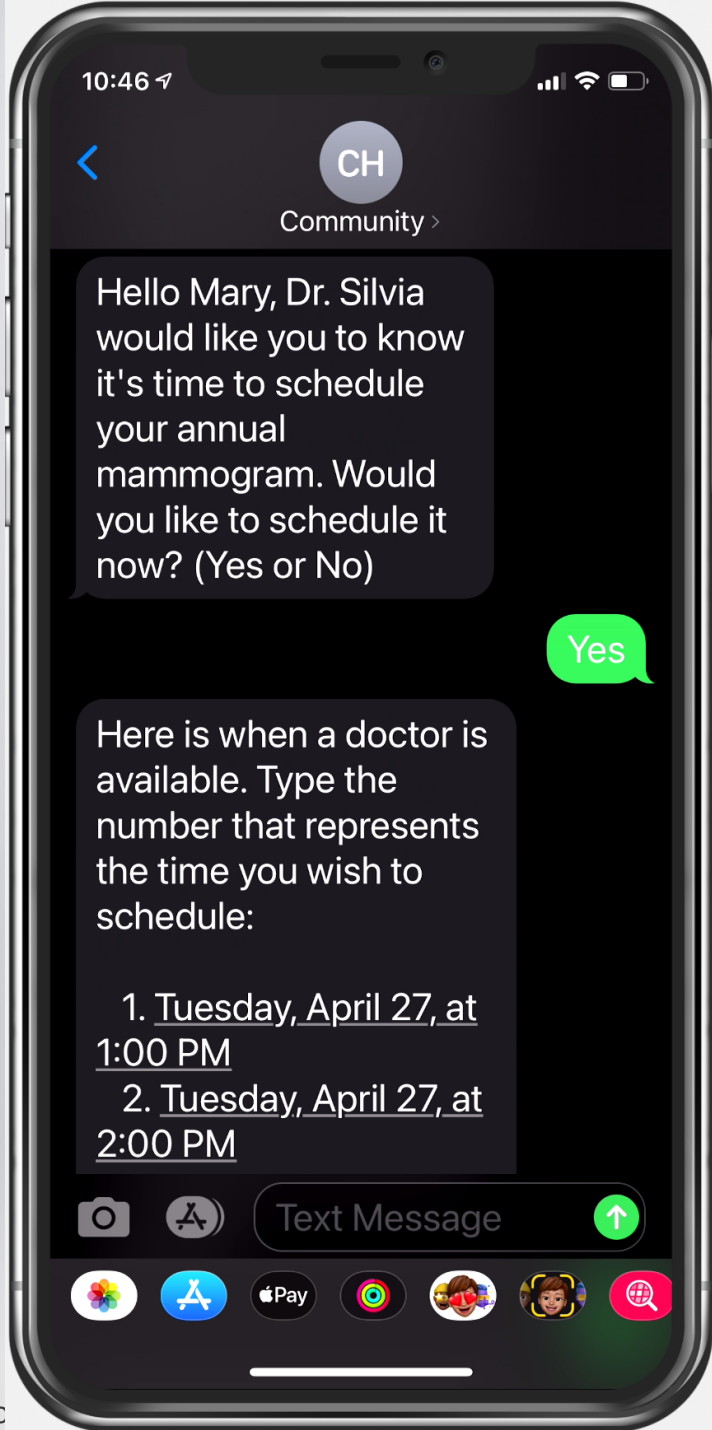
A patient relationship and outreach platform that drives virtual care at scale.

- Preventative care
  - Pap
  - Mammogram
  - Colonoscopy
  - A1C
- Referral Tracking
- Patient Experience
- Vaccine Management
- On Demand Virtual Care
- Care Management
- Annual Wellness Visits
- Decrease No Shows
- Care Gaps closure
- Virtual Waiting room

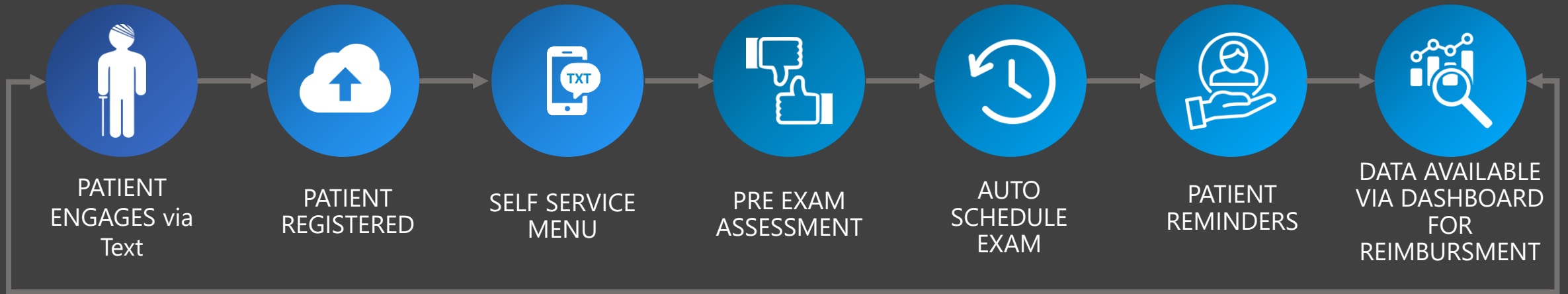


# HEALTHTALK™ Preventative Outreach and Delivery

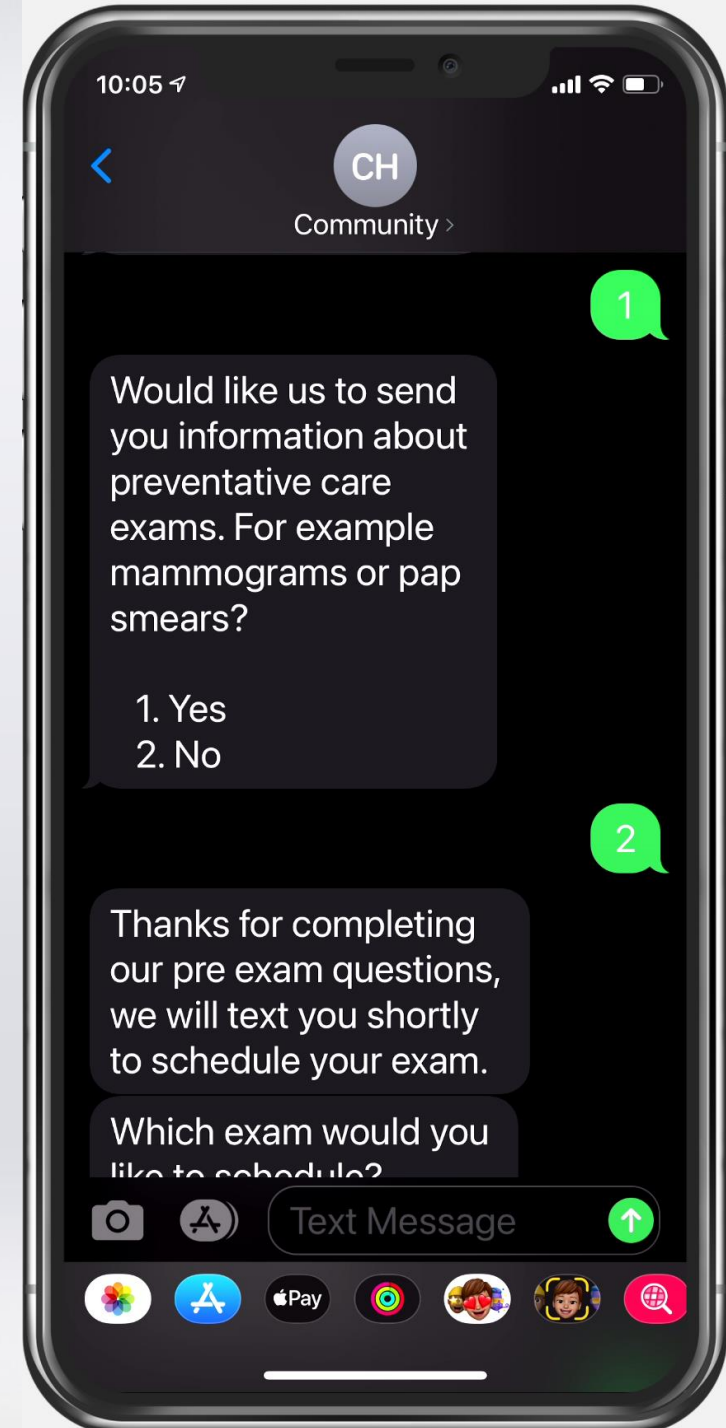
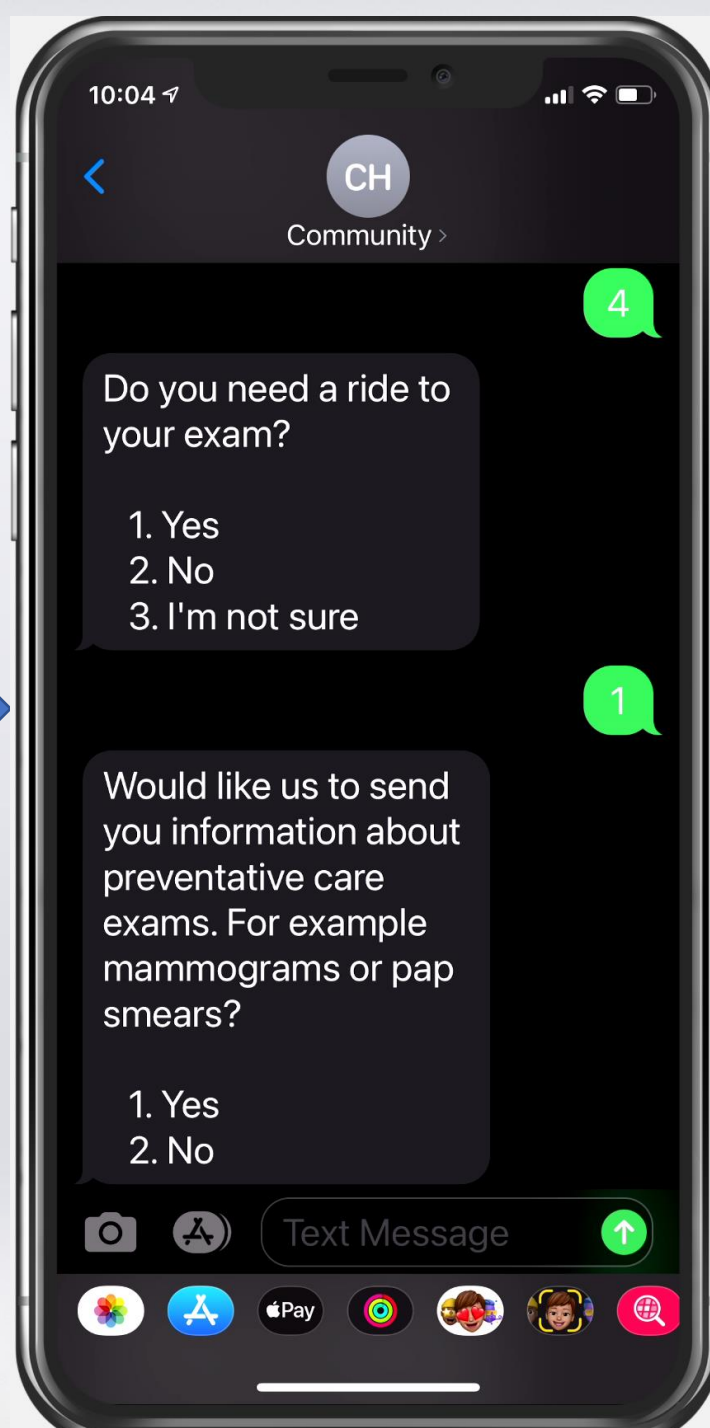
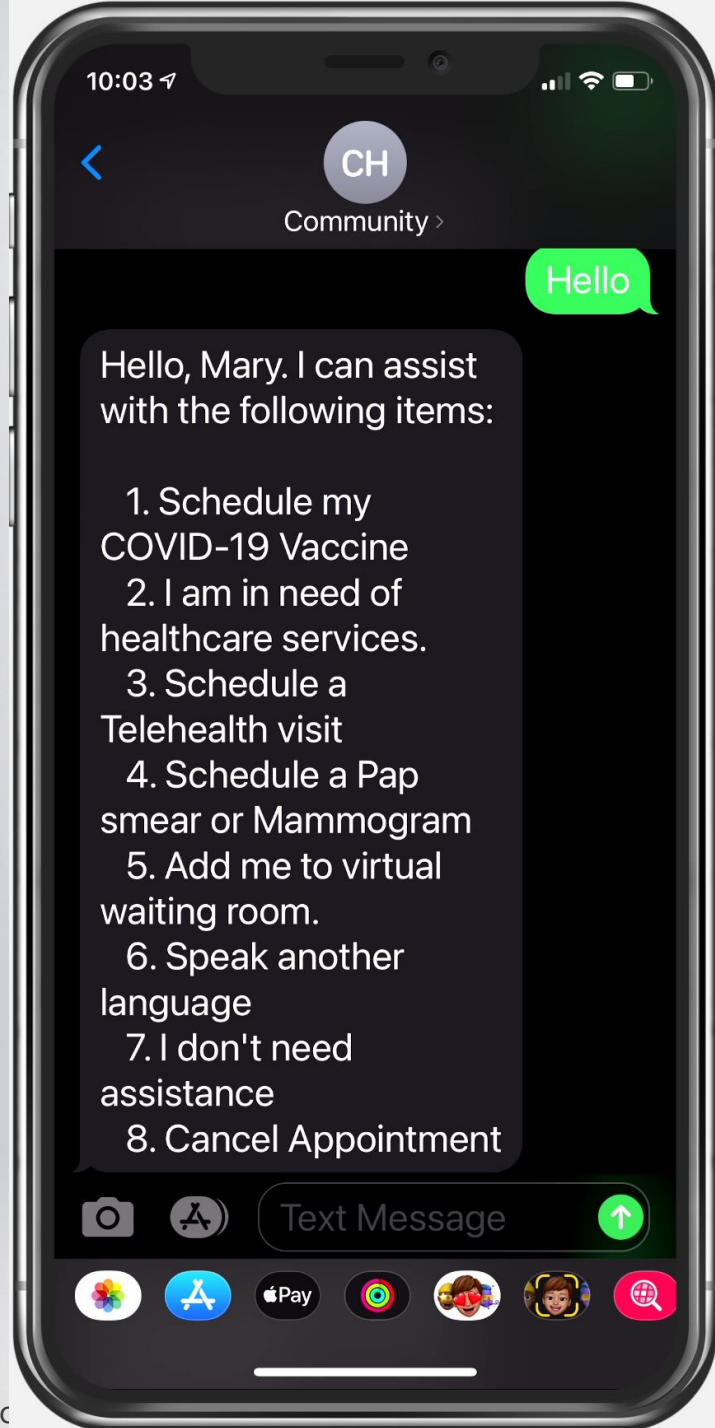


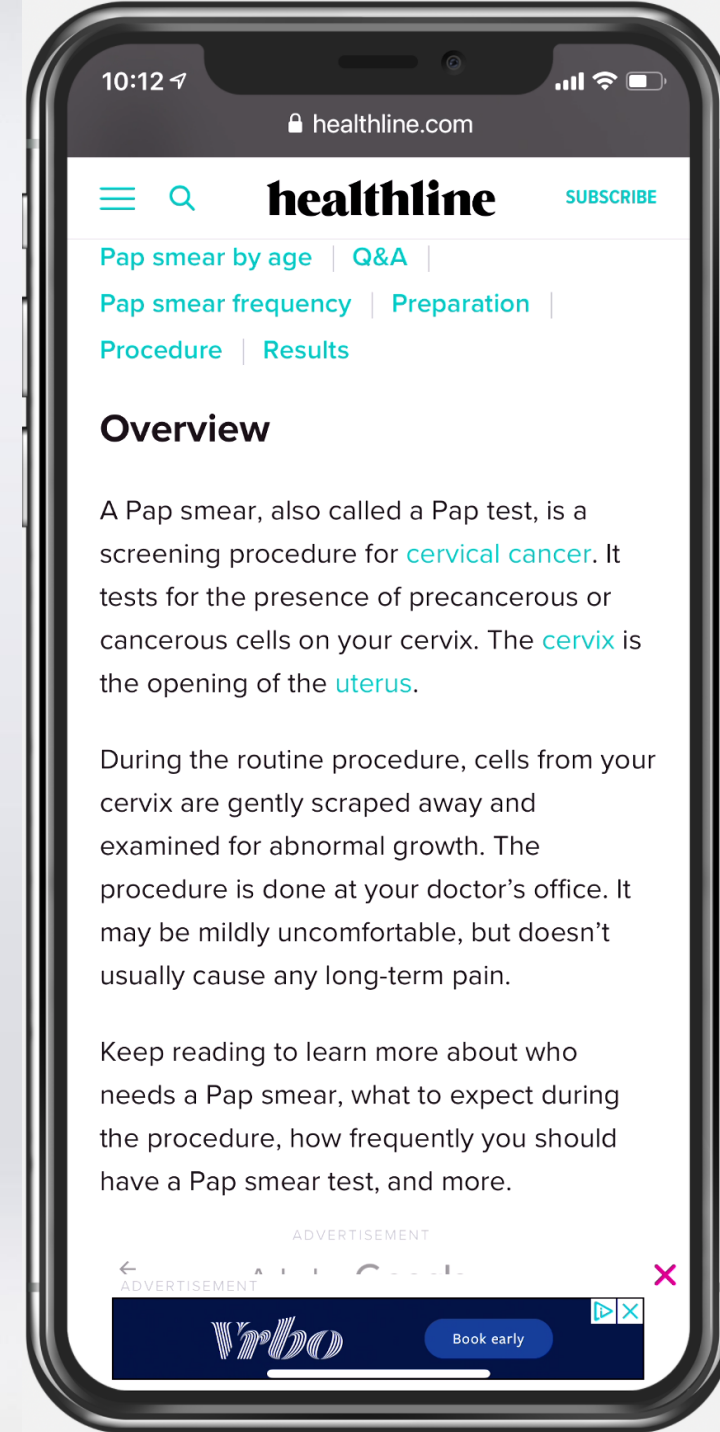
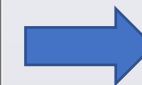
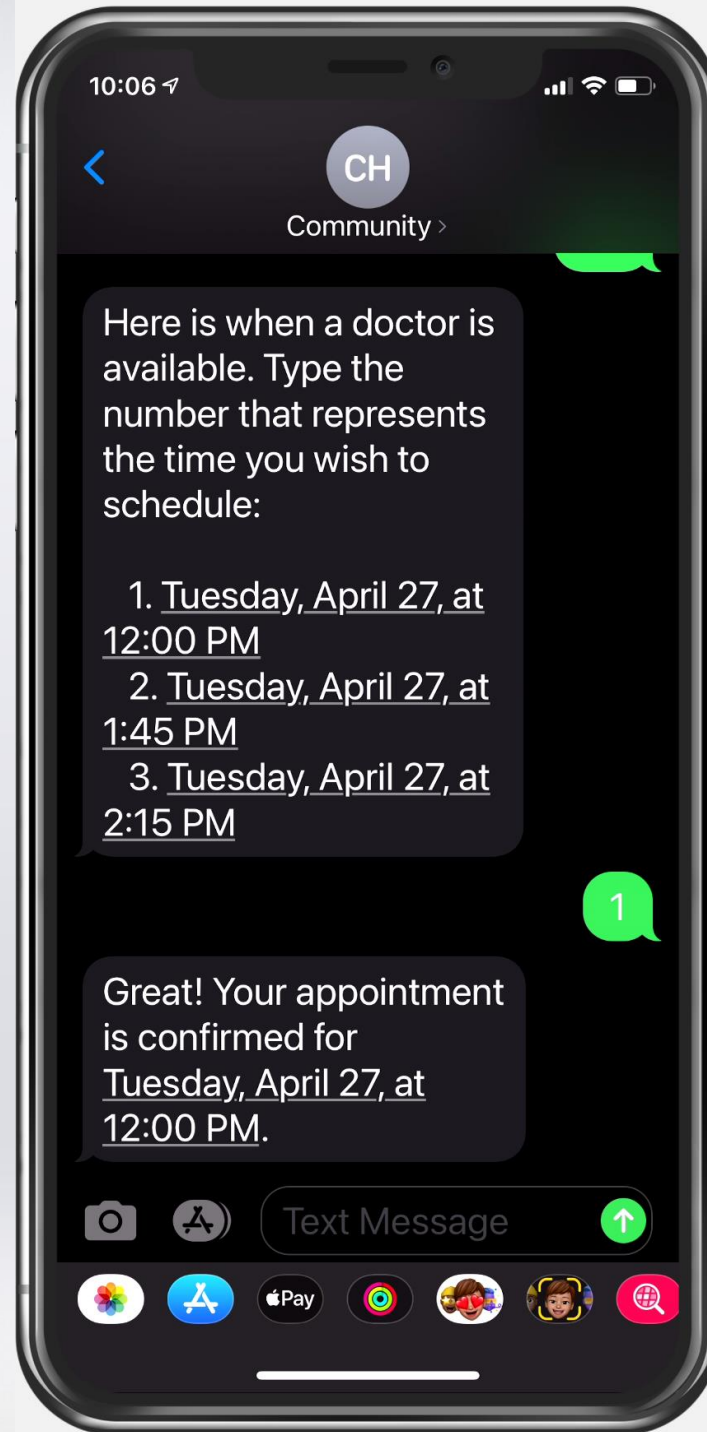
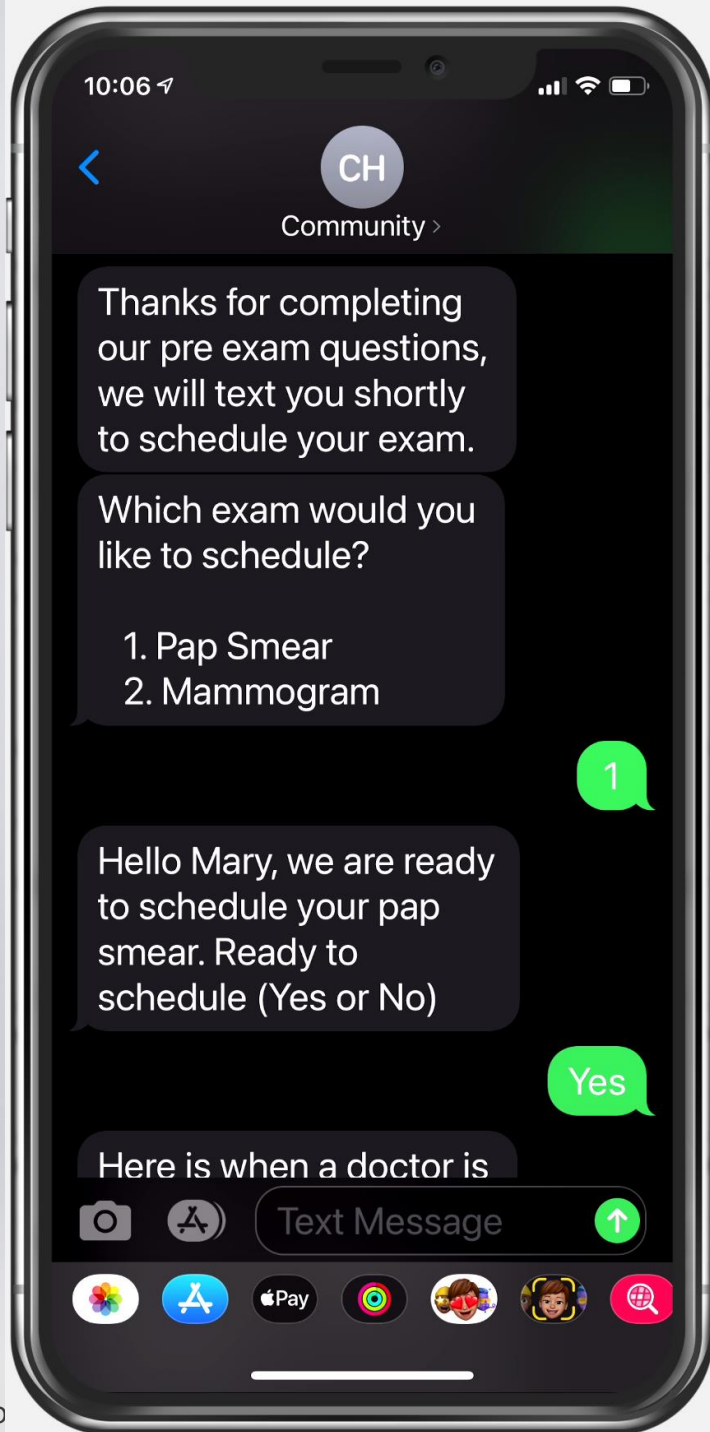


# HEALTHTALK™ Preventative Care Self Scheduling

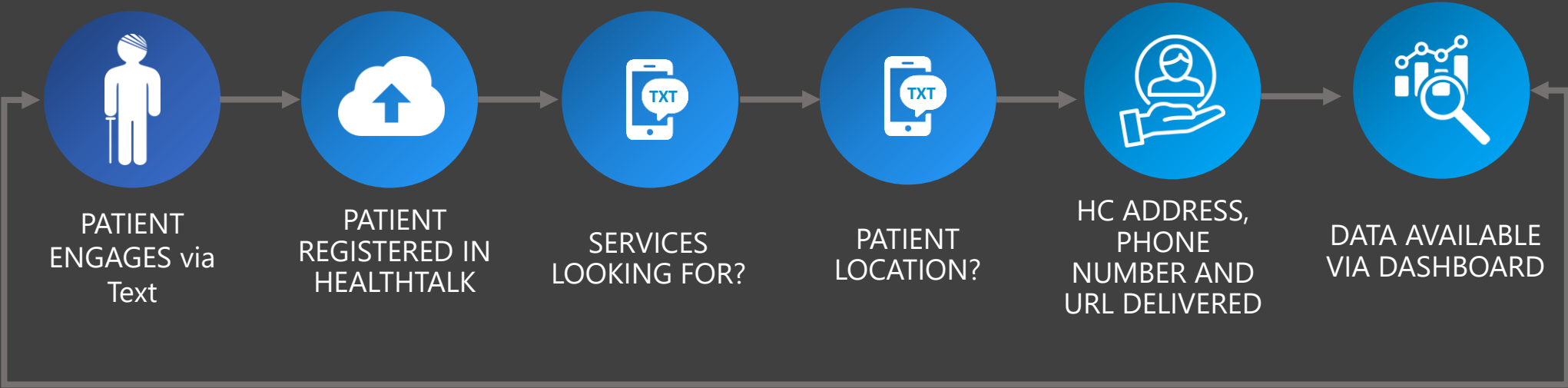


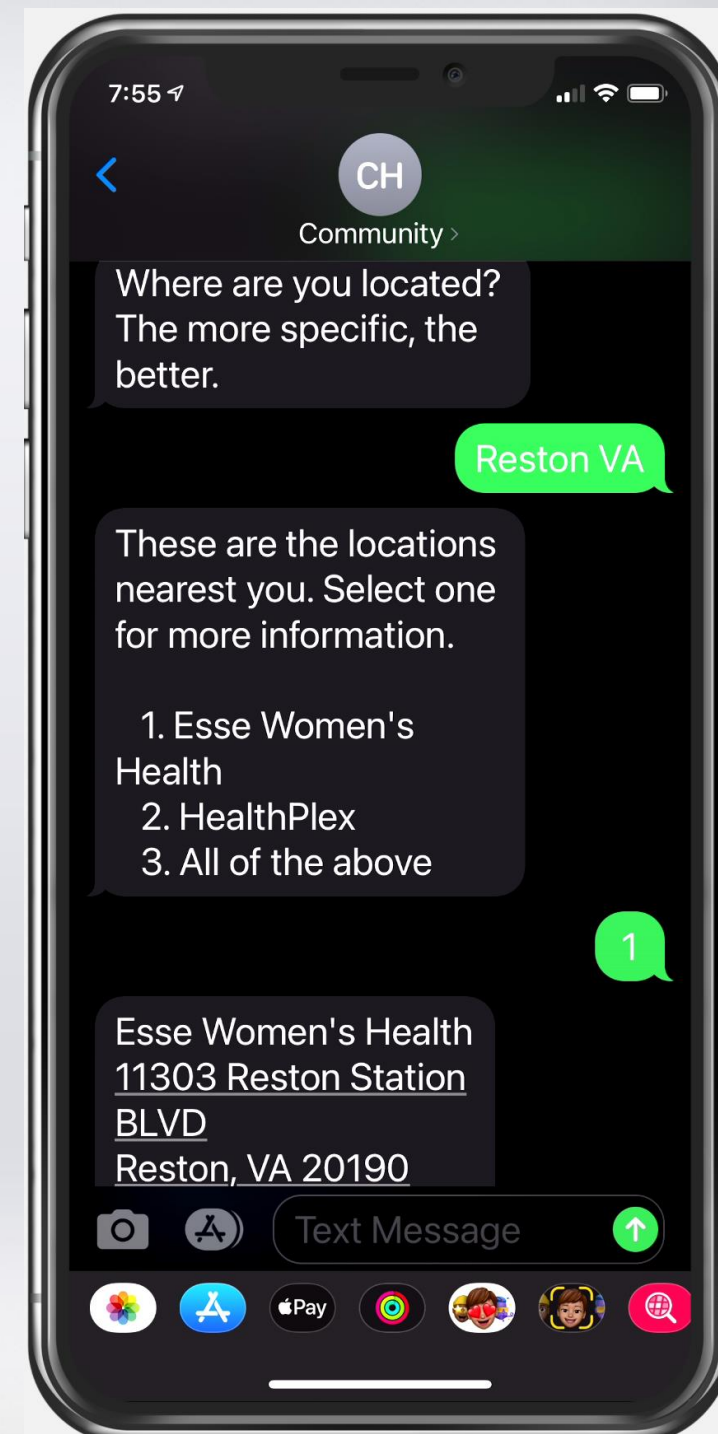
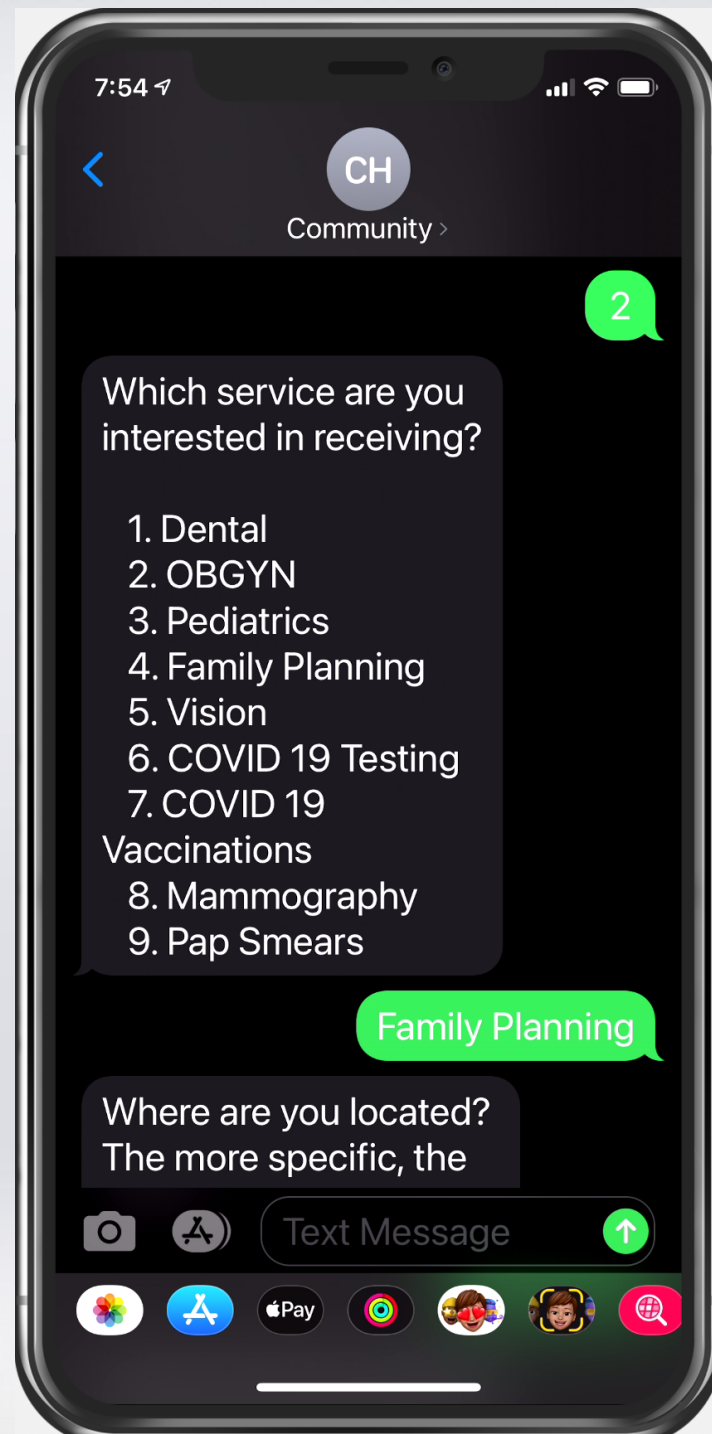
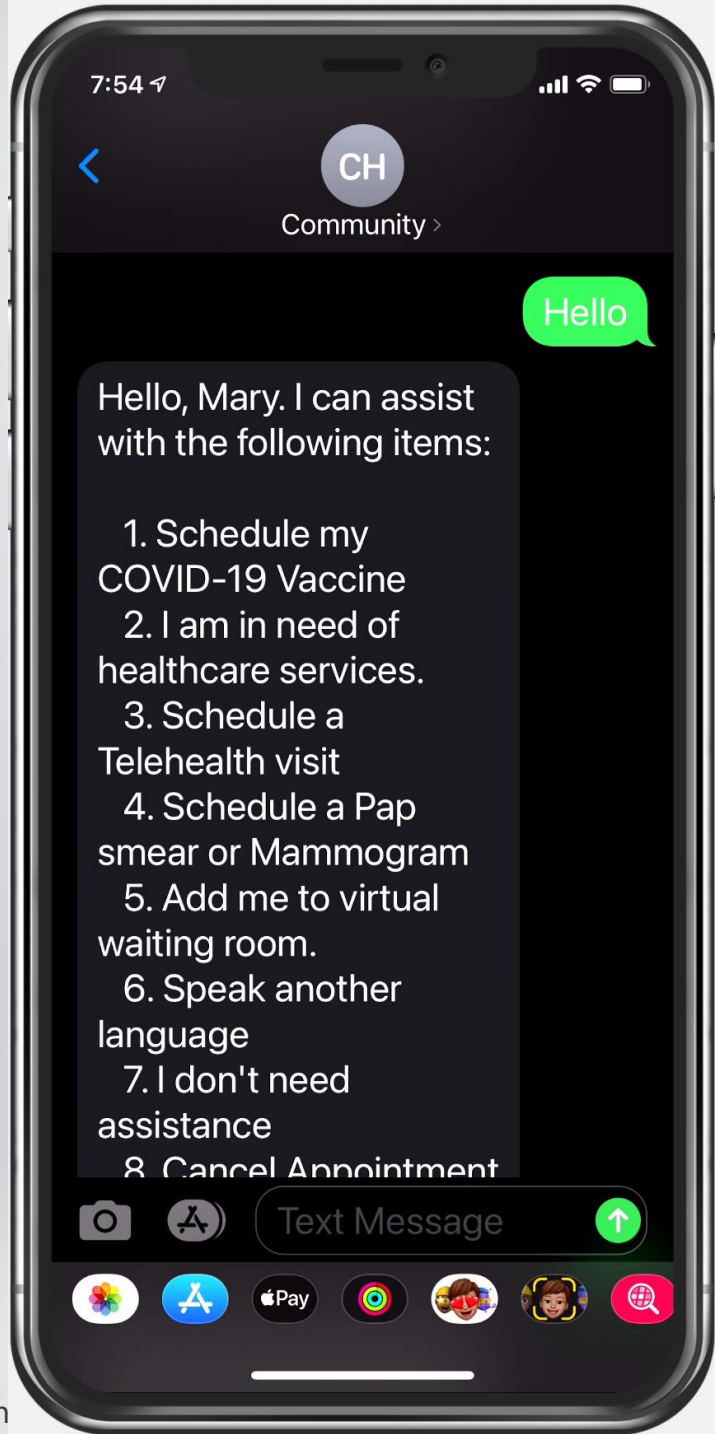






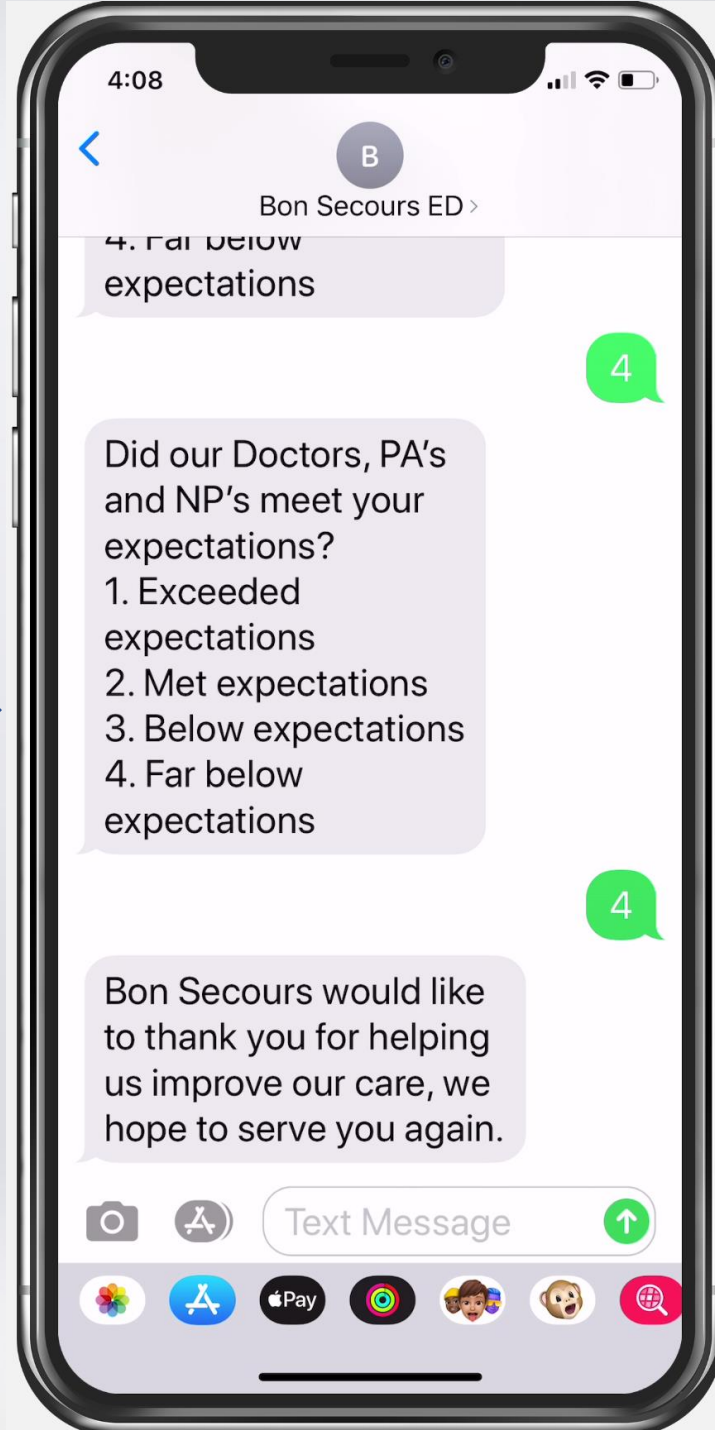
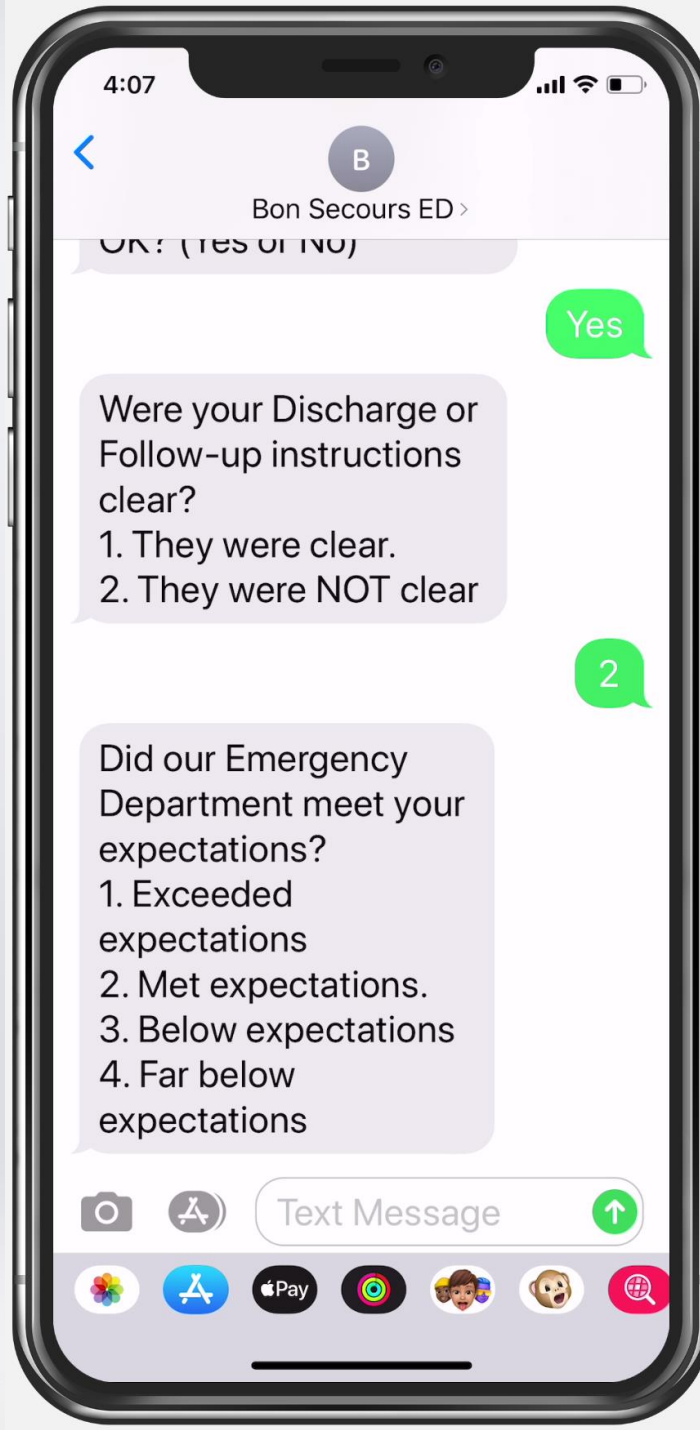
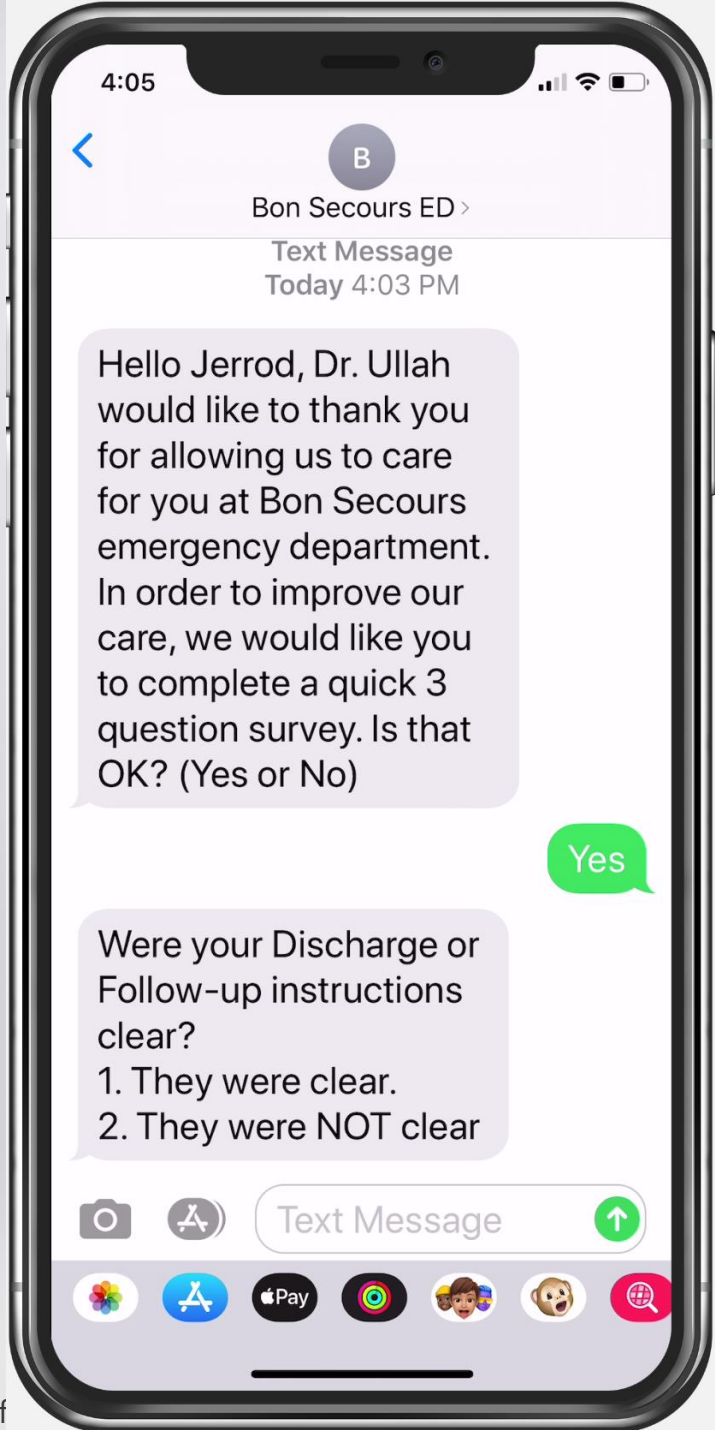
# HEALTHTALK™ Referral Management

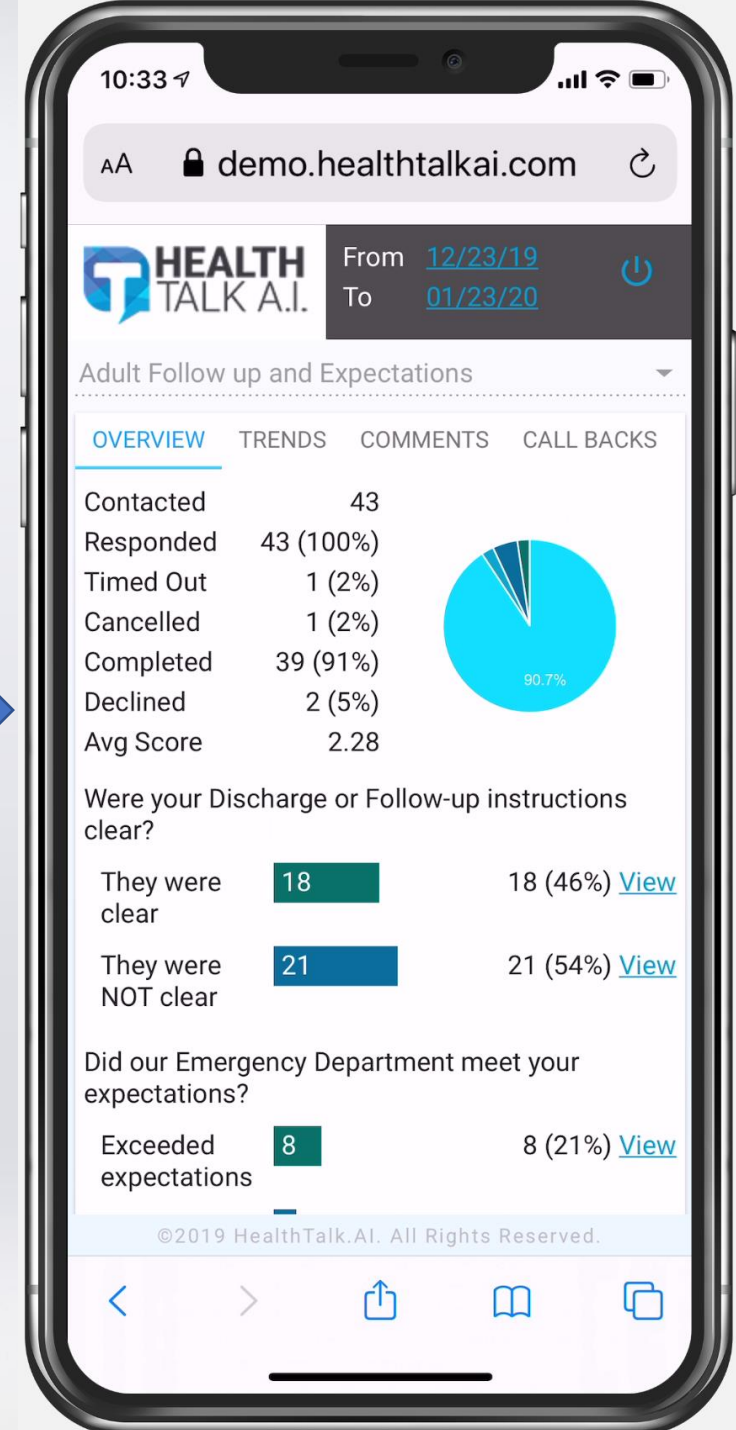
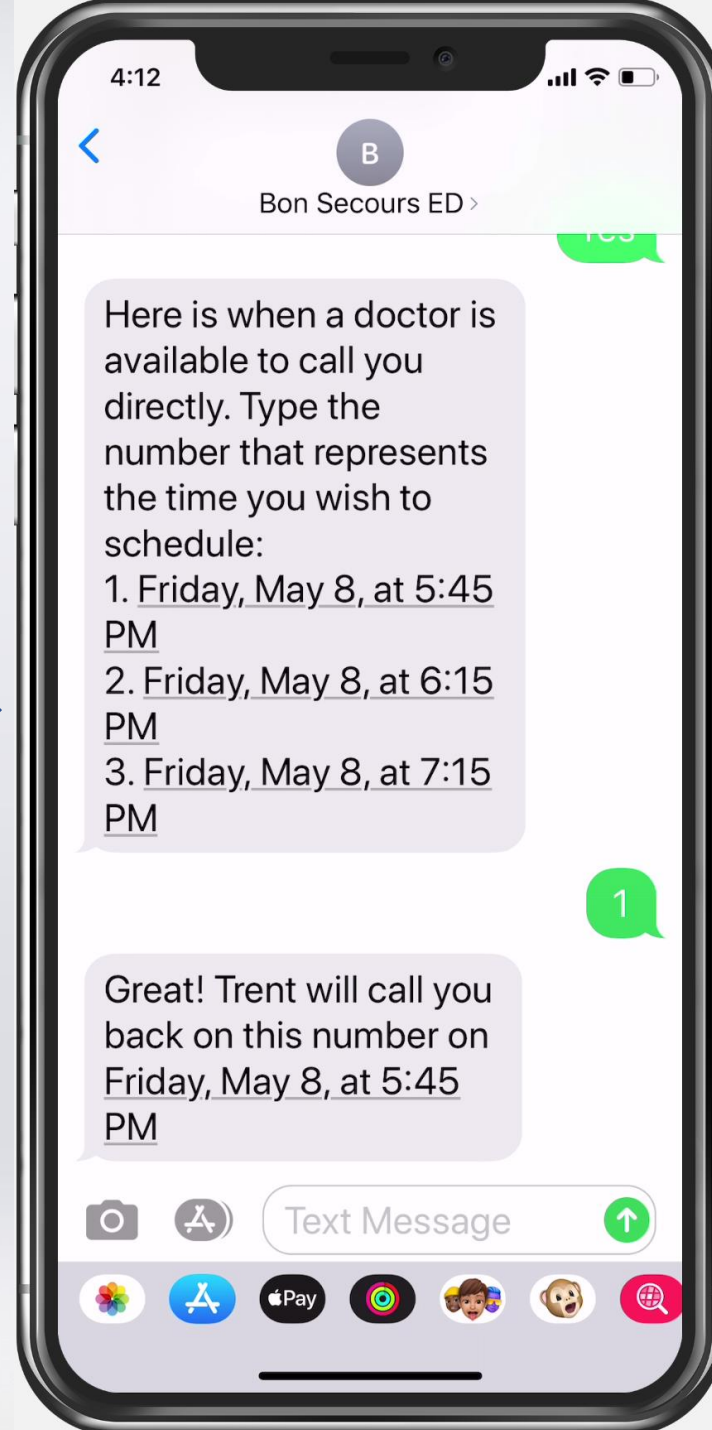
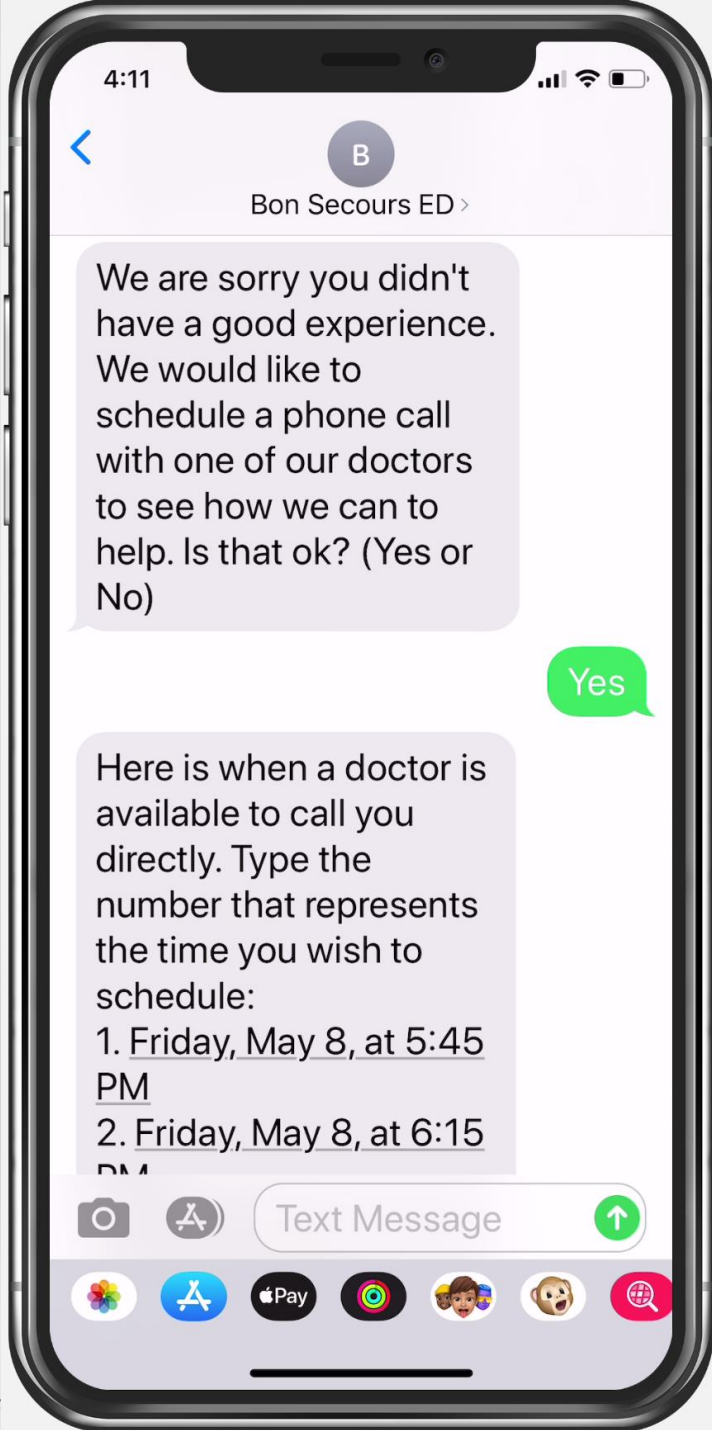




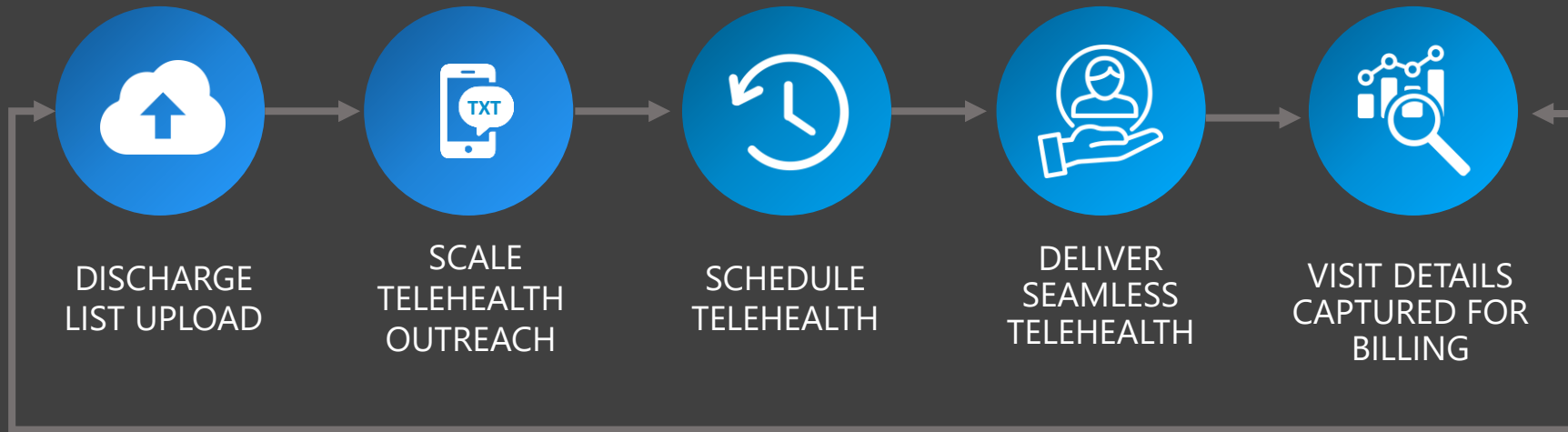
# HEALTHTALK™ Patient Experience and Service Recovery



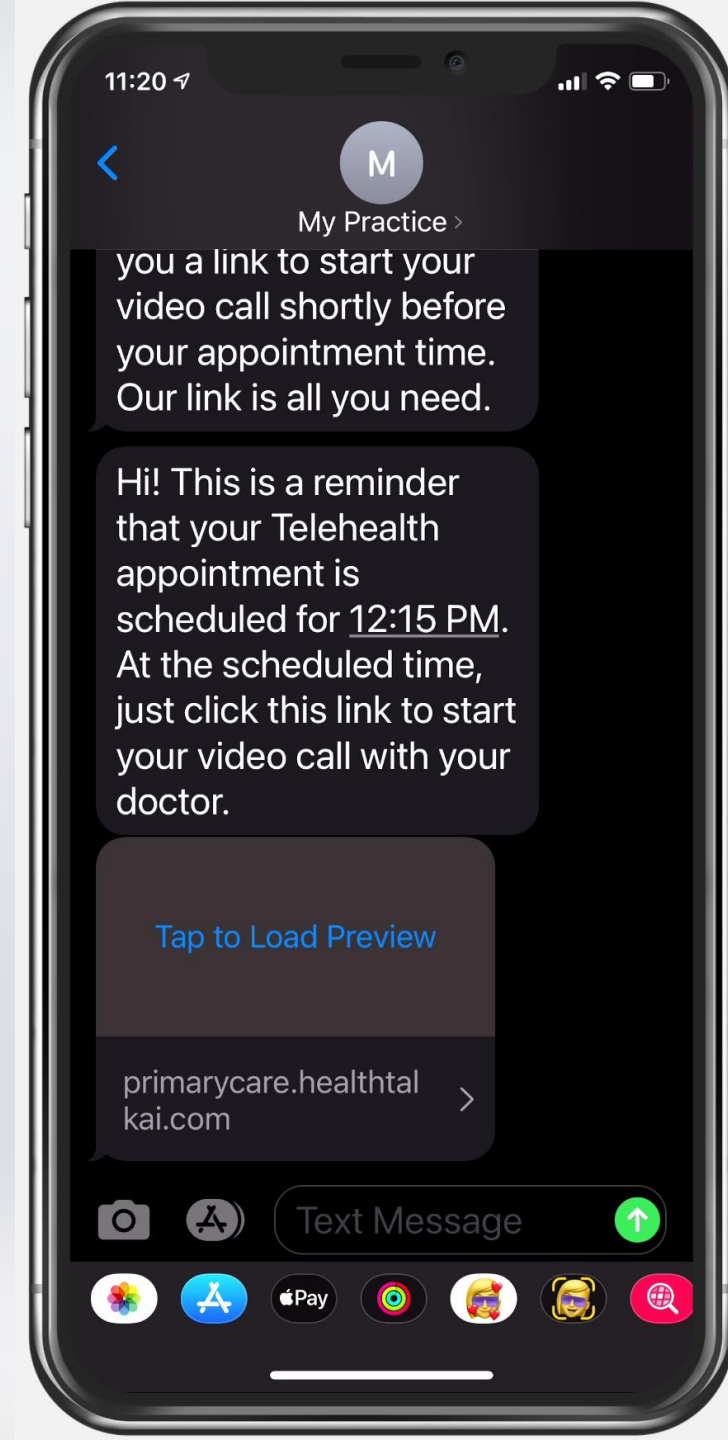
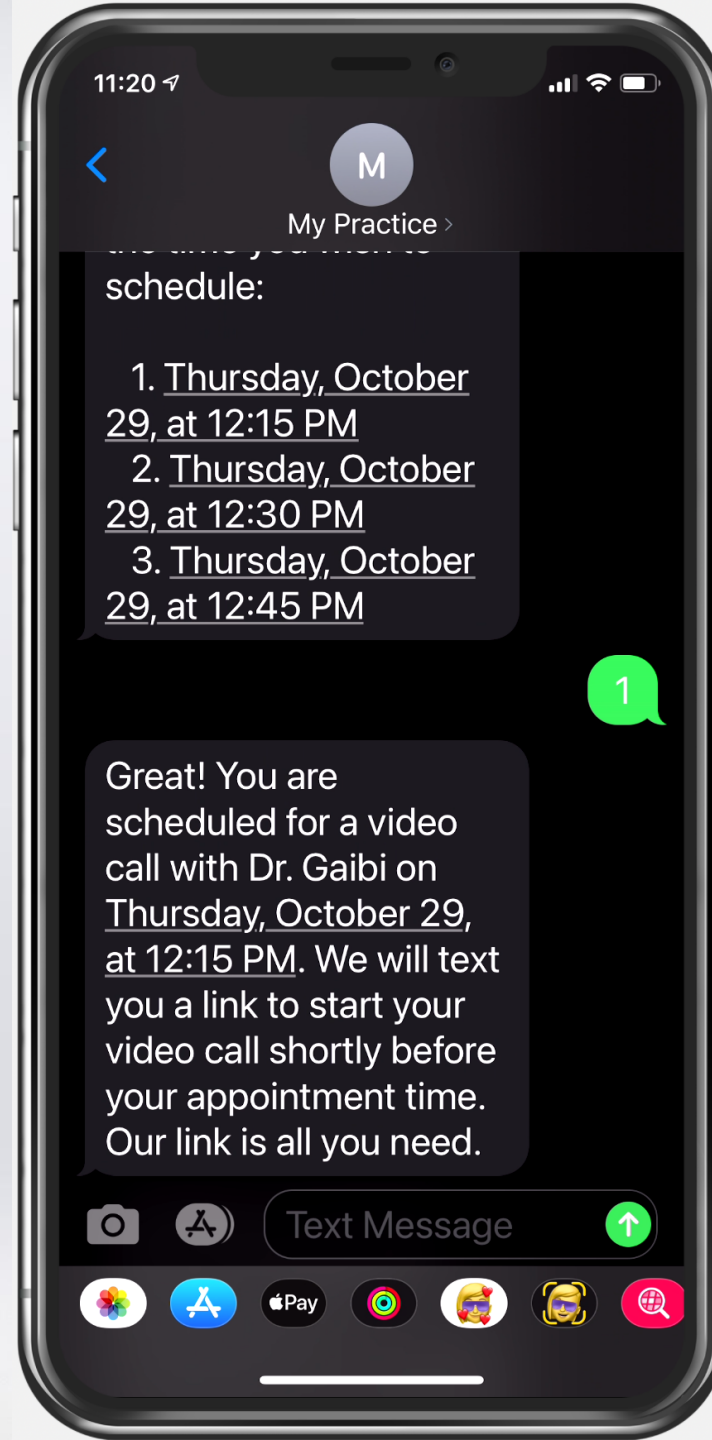
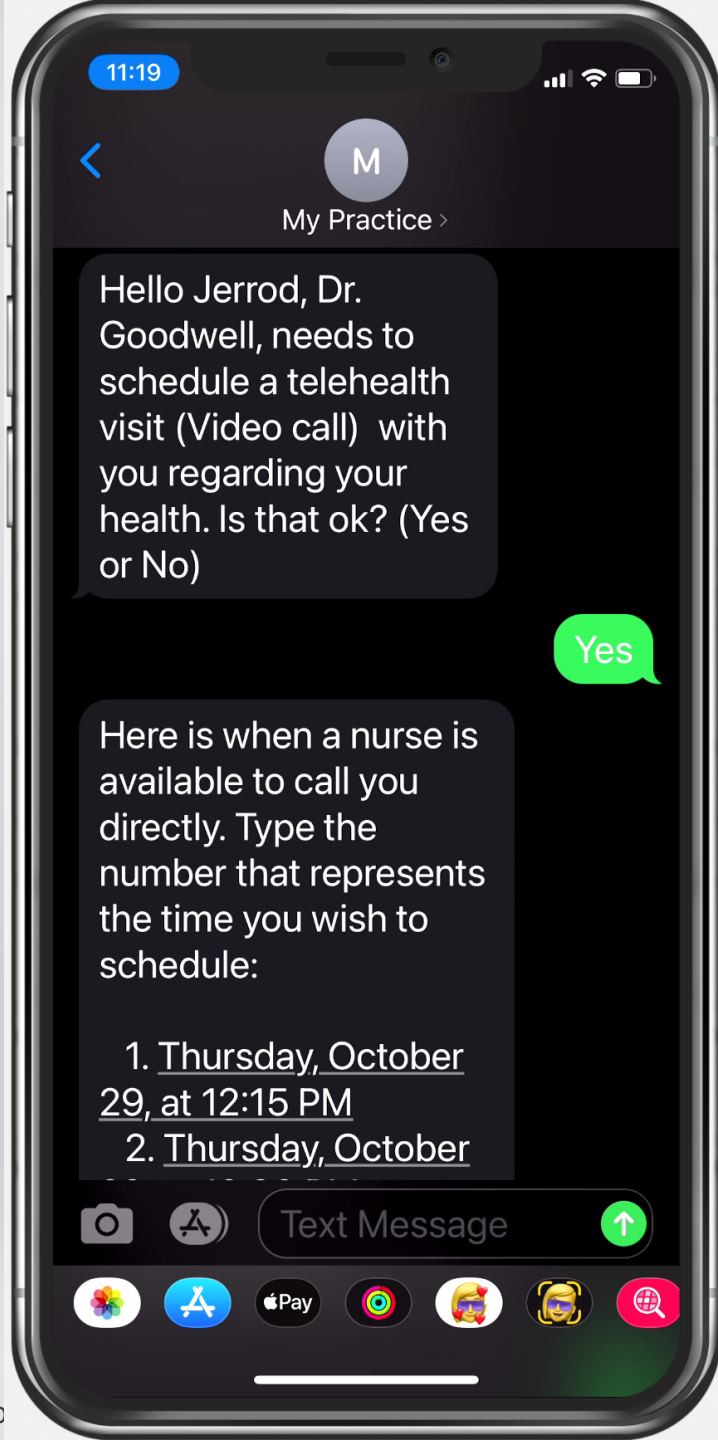




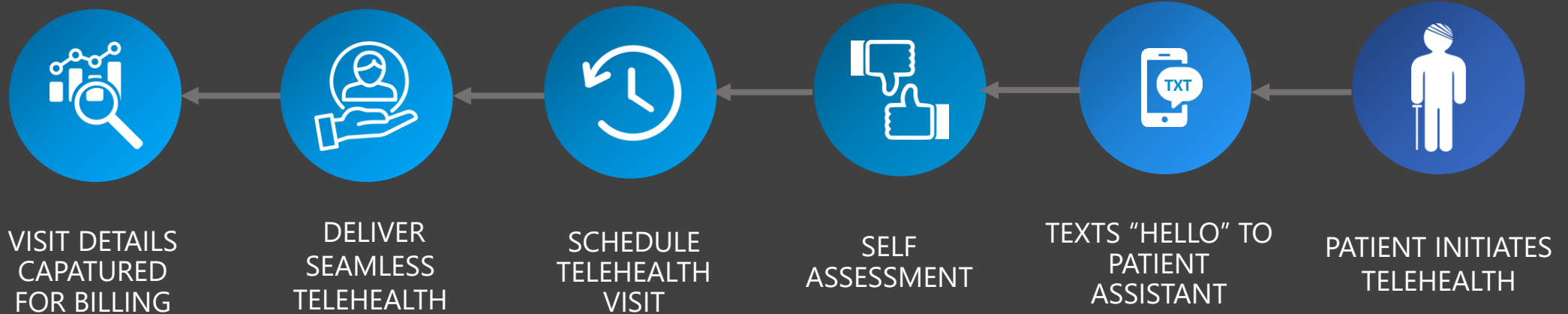
# HEALTHTALK™ Telehealth Outreach and Delivery

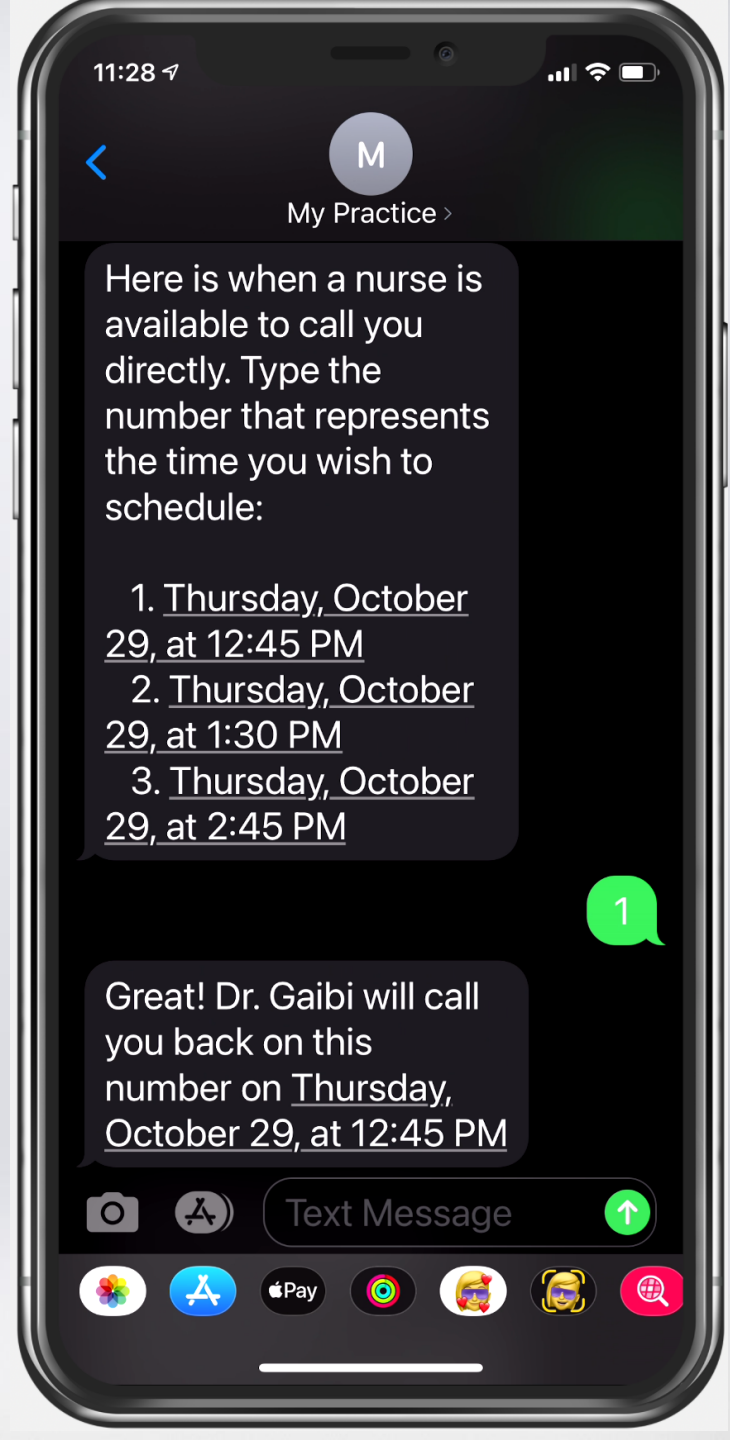
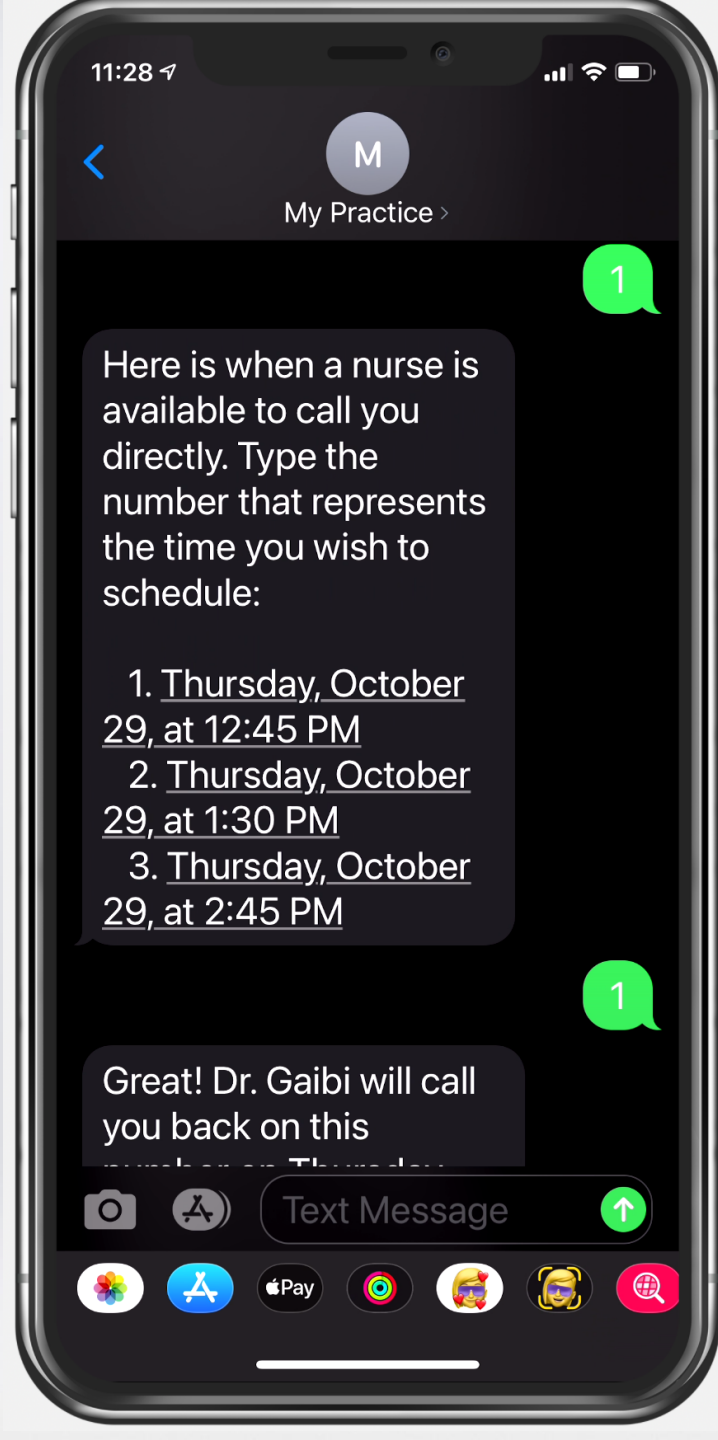
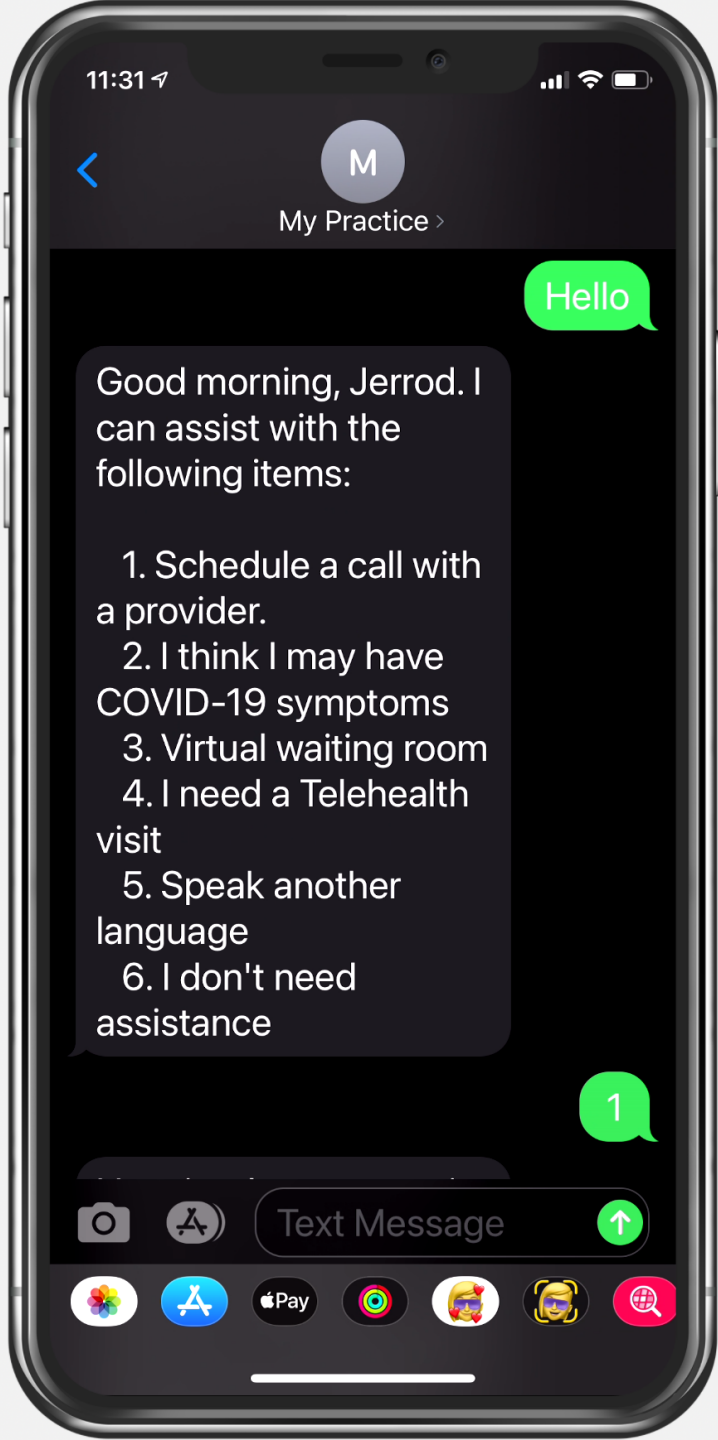




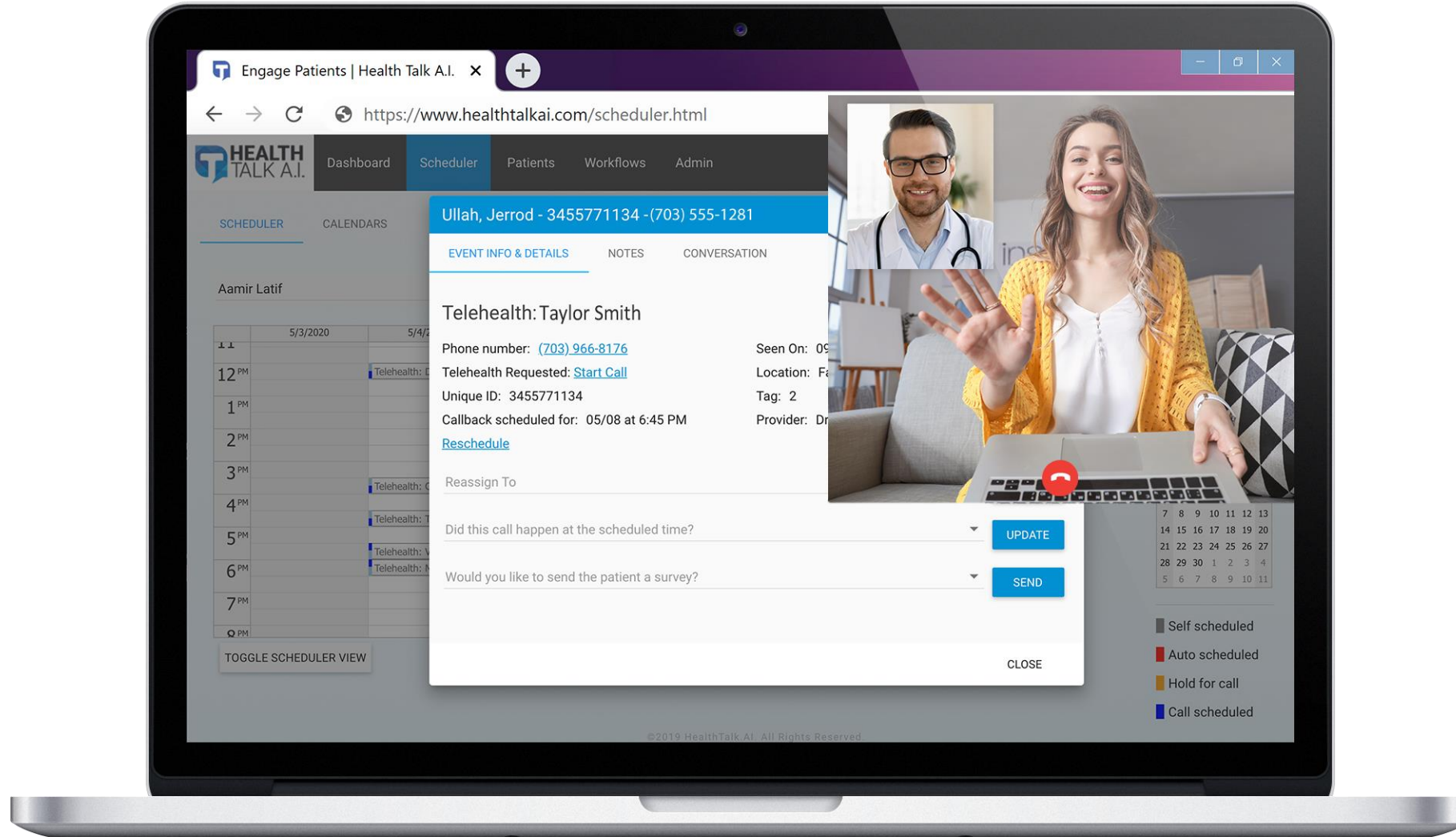


# HEALTHTALK™ Telehealth – Self Scheduling

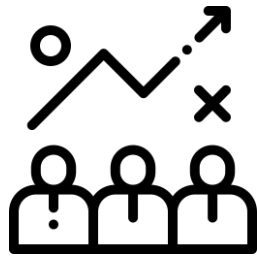




# Outreach that ends with Telehealth



# HEALTHTALK A.I. Benefits



## Drive provider performance

- Scale your practice to engage 7X patients
- Maximize care coordination



## Identify patients that need follow up

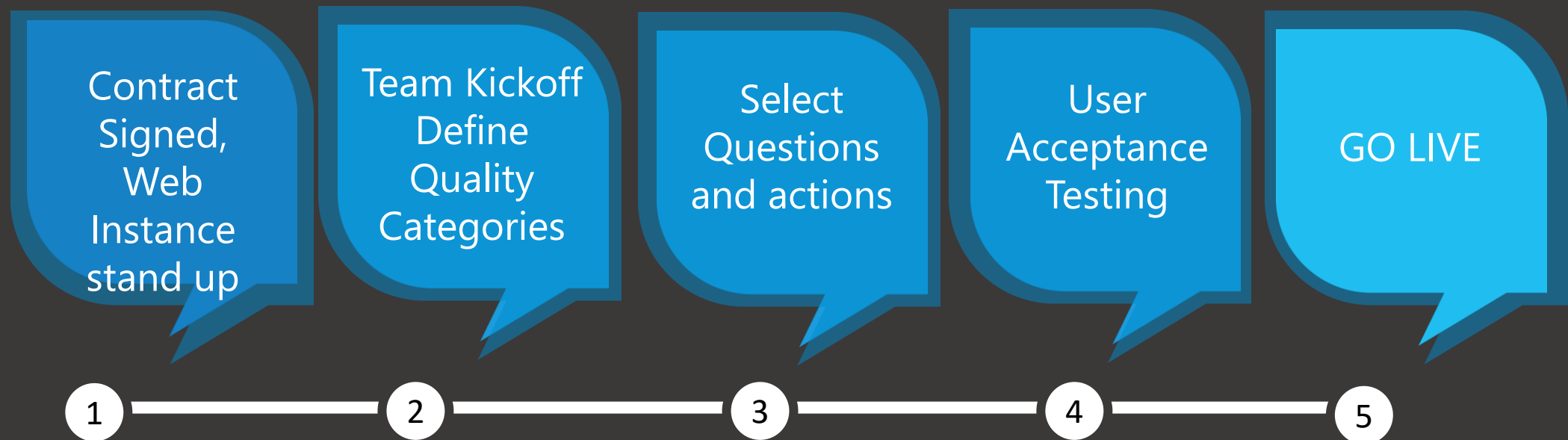
- Find patients that have a care gap
- Find patients that need clinical follow up



## Close the loop effortlessly

- Deliver telehealth visits and address patient needs
- Improve patient retention

# Lite Implementation lift - Customers are live in weeks



**THANK** [Jerrod@healthtalkai.com](mailto:Jerrod@healthtalkai.com)  
**YOU!**

# Engaging Patients to be Partners in Their Healthcare

Engaging Patients and Connecting Care Teams Through Interactive Digital Conversations





# Patient Response Today

Much of the patient engagement technology today uses text messages, email and phone calls as notifications or to remind patients of an upcoming event.

**Is it working...**

**209%**

Response rate for SMS text compared to a phone call.<sup>3</sup>

**82%**

patient engagement rate of text messages<sup>1</sup>

**20%**

patient engagement rate of emails in healthcare.<sup>2</sup>

**55%**

percent of a population with a patient portal account

**30%**

percent of a population with a portal account that use the advanced features of the portal

1. Twilio, <https://www.twilio.com/learn/call-and-text-marketing/sms-marketing-vs-email>
2. Icario Health, <https://icariohealth.com/text-messaging/>
3. The Local Project, <https://www.localproject.net/docs/texting-stats/#:~:text=90%25%20of%20leads%20prefer%20to,than%20those%20from%20phone%20calls.>

# What needs to change

● “Patient engagement has been very transactional in our organization. For us to succeed, we need technology to walk side by side with our patients as they move through their journey in healthcare”

VP Marketing, large health system

● Points to consider

- Security
- Deliver a rich patient experience
- Communicate per patient preference
- Branding
- Language capabilities

The pandemic elevated the need for remote communication with patients. Providers had to adapt quickly and find solutions to meet the new workflow.

## Common Use Cases

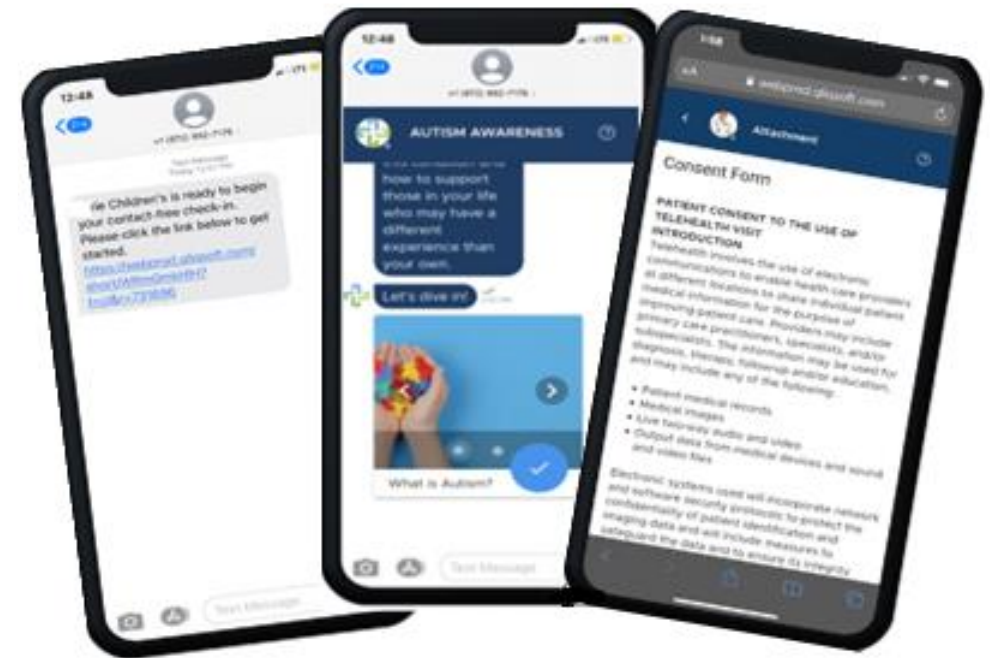
- Digital Front Door
- Referral Capture
- Automated Workflows
- Pre-Intake Data
- Education
- Remote Check-In
- Post-Visit Surveys
- COVID Screening
- Care Campaigns
- Policy Updates



# Chatbots

● Chatbots allow for a secure, rich patient experience. They can be scripted to...

- Provide education / awareness
- Collect information / forms
- Calls to action



# Chatbot Examples

The screenshot shows a chatbot interface for COPD Education. At the top, there is a red header with a back arrow, a lung icon, the text "COPD Education", and a help icon. Below the header, a green notification bubble says "COPD Education was assigned". The chat history includes four messages from the bot, each with a lung icon and a timestamp: "Hi! I'm Joanna, your personal COPD educator" (1:59 PM), "The first thing I want to let you know is that you're not alone." (1:59 PM), "16 Million Americans have been diagnosed with COPD! So... what is it?" (2:00 PM), and "Hit play!" (2:00 PM). A video player is embedded in the chat, showing a COPD video with the title "COPD: What is it?". The video player has a play button and a "COPD Video" label. Below the video, the bot asks "What exactly is COPD and how does it impact your ability to breathe?". At the bottom, the bot asks "I know that being newly diagnosed with COPD can be scary. How are you feeling so far?" (2:00 PM).

The screenshot shows a chatbot interface for a COVID-19 Vaccine Assistant. At the top, there is a dark blue header with a vaccine icon, the text "COVID-19 VACCINE ASSISTANT", and a help icon. The chat history includes five messages from the bot, each with a vaccine icon and a timestamp: "Hello! Welcome to the Covid-19 Vaccine Assistant from Memorial Healthcare." (1:53 PM), "We've brought together all the resources you need to learn about, schedule, and remember to get vaccinated." (1:53 PM), "Let's start with the basics, please share your first name." (1:53 PM), "Great, welcome Jane Doe!" (1:53 PM), and "I'm going to provide you a list of options, just swipe through to find the topic that interests you most..." (1:53 PM). A user input bubble contains the name "Jane Doe" (1:53 PM). Below the chat, the bot asks "Choose a topic..." (1:53 PM). A carousel of options is shown, with "Vaccine FAQ" selected. The carousel features a large question mark icon and navigation arrows. A blue checkmark button is visible at the bottom right of the carousel.

# Digital Front Door example

Schedule an Appointment with a Provider Near You

\* WHAT IS THE DESIRED VISIT TYPE? Select a visit type

WHAT IS YOUR LOCATION? Enter postal code or city

WHO IS YOUR INSURANCE CARRIER? Select an insurance carrier

WHAT IS YOUR INSURANCE PLAN? Select an insurance plan

SEARCH

**University Health Assistant**

Thanks for choosing University Health. 2:25 PM

My name is Quincy and I'm a virtual Assistant. 2:26 PM

How may I help you? 2:26 PM

Schedule an appointment

I'd like to see the COVID-19 Safety Protocol

I need more information on parking, visiting hours, and ED

Text a live agent

# Facilitating Patient Action

Since Spring of 2020, more than 5,000 healthcare chatbots have been deployed throughout the U.S.

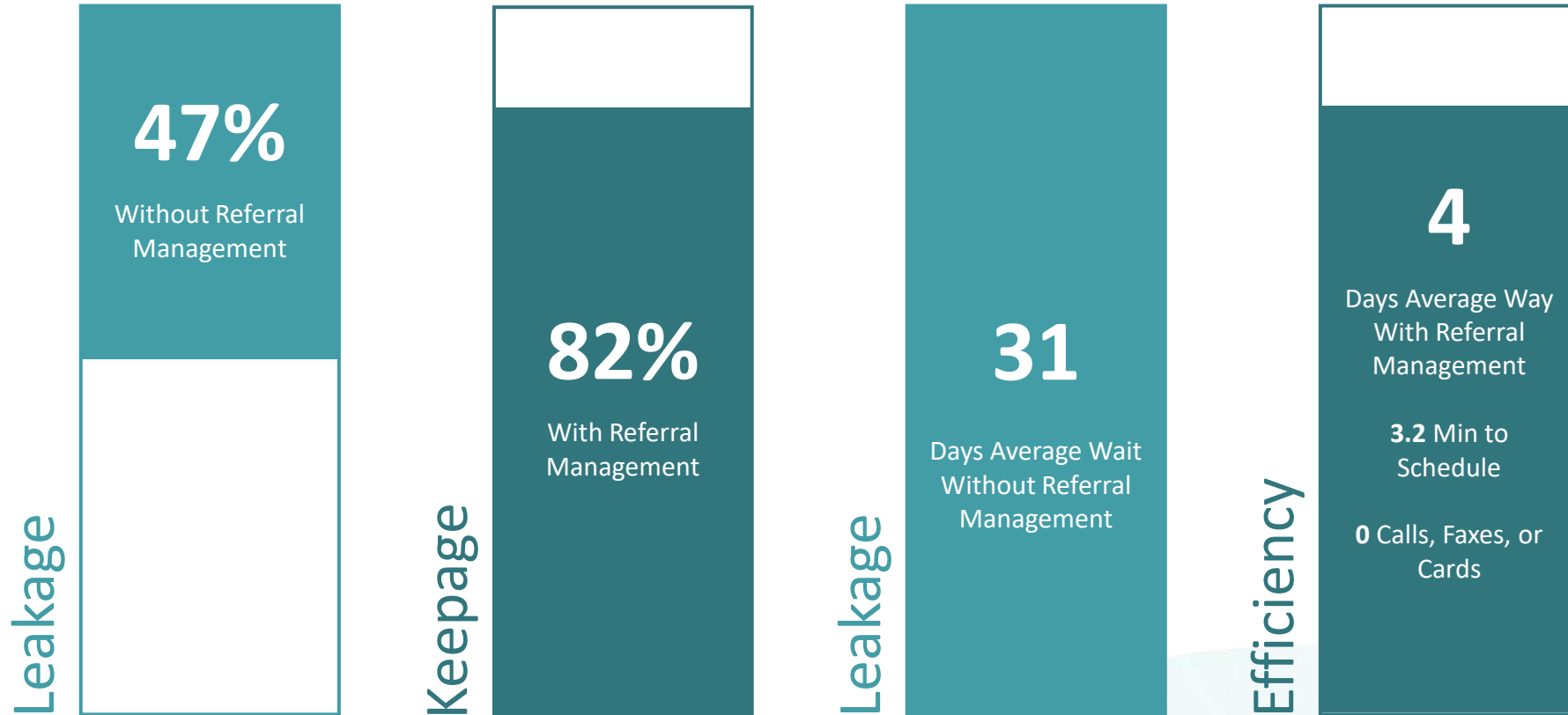
## Patient Demographics

Age	% Total
80-90	1.8%
70-79	3.7%
60-69	6.3%
50-59	13.9%
40-49	23.4%
30-39	26.3%
20-29	22.3%
18-19	2.3%

Single Customer Use Cases	Invites Sent	Engagement	Engagement Rate
Remote Check-In / Data Collection <sup>1</sup>	14,150	11,353	80%
COVID Screening <sup>2</sup>	14,540	7,985	55%
Patient Education and Monitoring <sup>3</sup>	10,393	5,778	56%
Call to Action <sup>4</sup>	244	173	71%

- 1.Chat communication, intake information, copay confirmation
- 2.Patient answers COVID screening questions before onsite appointment.
- 3.Medication adherence, monitoring for adverse events, secure chat
- 4.Family / Guardian consent for parents to receive the COVID vaccine

# The Results






# Thank You

## For More Information:

 [www.qliqsoft.com](http://www.qliqsoft.com)

 [bmontgomery@qliqsoft.com](mailto:bmontgomery@qliqsoft.com)

 (314) 255-4599



# Q&A



A moderator will now bring questions forward from the chat



**Please share your feedback using the survey link in the chat, the QR code below, or the link in the follow up email!**



