COVID-19 Symptom Checker: MyChart Self-Triage & Self-Scheduling Tool

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Background

- COVID-19 caused a surge in ambulatory demand
- Practices were inundated with phone calls, messages, and appointment requests
- A COVID-19 hotline was created to centralize triage, but the process remained manual and resource-intensive

State of triage in March 2020 (beginning of COVID pandemic)

- True North Pillars addressed:
  - Patient Experience: Improve access
  - Quality and Safety: Standardize triage
  - Financial Strength: Decrease triage and scheduling costs
  - Learning Health System: Be a national leader in COVID-19 Symptom Checkers
Project Goals

• **Primary Goal:** To improve the triage and scheduling process for COVID-19, specifically by providing patients with 24/7 access to triage and scheduling for COVID-19 symptoms and concerns, and offload work from front-line staff in clinics and from triagers at the COVID-19 Telephone Hotline

• **Target state:**
  – Divert ≥30% of call volume from clinics/Hotline to an online, self-service portal
  – Build fully integrated triage and scheduling for all dispositions
  – Provide a patient-friendly digital solution in multiple languages and help address health disparities

• **Learning health system goal:** Provide a proof of concept for digital-first solutions to acute patient concerns at UCSF
Gap Analysis

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**People**
- Anxiety around COVID
- Lack of familiarity/comfort with online symptom checkers
- Most appts at UCSF scheduled manually
- Triage done differently in every clinic

**Environment**
- UCSF did not have centralized triage before COVID
- Many competing COVID priorities
- No established tool for online triage
- Limited ApeX resources

**Methods**

**Equipment**

**Imperfect COVID-19 Triage Process**
1. Created standardized triage algorithm

2. Built that algorithm into a Symptom Checker in MyChart

3. Streamlined direct scheduling for each disposition

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Project Evaluation & Impact

- >30,000 total uses (hotline: ~20,000 patient calls)
- >3,300 direct scheduled appointments into Respiratory Screening Clinic, Video Acute Care Clinic, and Drive-Thru testing
- Available in English & Spanish
- Decreased time from triage to confirmed appt
- Decreased burden on COVID-19 Hotline

Self-Triage Recommended Dispositions by Day

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Next Steps & Lessons Learned

Next Steps:
• Formal analysis of operational impact
• Gather additional patient feedback
• Adapt this model to other common conditions to improve triage experience and efficiency

Lessons Learned:
• Integration is key. This product was useful for patients not just because they could get triage advice, but because they could then be linked with the necessary appointment type for their symptoms.
• A Symptom Checker should triage, not diagnose. To avoid errors, liability and the need for complex analytic tools, we aimed only to triage patients based on well-established criteria, not to diagnose their condition.
• Appropriate use is possible with digital tools. The tool was used by a diverse array of patients, and we found very few cases of mis-use or “gaming” of the system

Symptom checker expanded to
• Affiliates (MarinHealth)
• Pediatrics
• Lessons shared with other UC’s, other AMCs across the country

Work featured in
• JAMIA
• AMIA Journal Club
• AAMC Clinical Guidance Repository
• Care Zooming Implementation Guide

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