PROBLEM STATEMENT:
We identified that the largest disparity in engagement rates in response to our Discharge Outreach program’s automated calls was in our Black/African American patients.

We increased post-discharge follow-up reach rates for Black/African American patients from 65% to 76% with the addition of SMS and manual outreach calls to UCSF’s standard automated outreach calls.

Project Plan and Intervention(s)
We hypothesized that people who do not engage with the post-discharge automated call may respond to an SMS message. We implemented an outgoing SMS message as an addition to our post-discharge automated call that asks the exact same transitions questions. If a patient does not respond to the last automated call attempt of the day, they will receive an SMS which remains active for 3 hours. If they do not respond to either, they appear on an “Unreached Dashboard” which we use to make Manual Outreach calls to select patient populations.

CTOP Intervention Workflow

- Received automated call
- Reached by automated call
- Not reached by automated call
- SMS Sent
- Reached by SMS
- Not reached by SMS
- Met criteria for manual call
- Not met criteria for manual call
- Reached by manual call
- Not reached by manual call

Project Outcomes, Results & Impact
Reach rates were difficult to analyze by Race/Ethnicity because of how that data is grouped/categorized with third party vendor.

Conclusions, Next Steps, & Lessons Learned

Conclusions:
- Our SMS outreach overall improved our engagement rates from 77% to 84%
- Implementing SMS alone did not significantly increase the reach rate for Black/AA patients
- We were able to increase the reach rate for Black/AA patients by 3% by SMS and an additional 8% with manual outreach, with a total of 11%
- The disparity gap was reduced from 12% to 8%

Next Steps:
- Continue to provide additional Manual Outreach to this population to continue to reduce health disparities
- Continue to ask for feedback on preferred outreach methods in order to identify potential barriers to using SMS and optimize ways to engage with patients
- Continue to monitor reach rates

Lessons Learned:
- The seemingly simple addition of an SMS intervention was logistically complex to implement
- Increasing overall reach rates created capacity for additional manual outreach due to increased patient engagement
- The TCPA (Telephone Consumer Protection Act) enforces guidelines around patient consent and requires organizations to respect patients right to opt out
- Offering SMS created an unintentional consequence of patients having the opportunity to opt out of all SMS and future calls from our call program by replying “STOP”.
- Reach rates were difficult to analyze by Race/Ethnicity because of how the data is grouped/categorized with third party vendor