

After Visit Summary as an Intervention to Increase Patient Recall of Treatment Information in Telemedicine and In-Person Settings

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INTRODUCTION

- Estimates of patient adherence to recommended treatment plans are low.
- Poor patient recall of the treatment plan and follow-up may be a significant contributor.
- The After Visit Summary (AVS) document is an excellent tool in the Electronic Health Record that summarizes a patient's visit content and treatment plan.
- The AVS is not universally utilized across health systems.

AIMS

To evaluate the impact of the method of AVS delivery (hard copy vs patient portal) and visit modality (telemedicine vs in-person) on Inflammatory Bowel Disease (IBD) patients' ability to recall their treatment plan and overall experience.

METHODS

- Patient population: New IBD patients (n = 81) at a tertiary center.
- Randomized into three groups based on visit type and mode of AVS delivery (Figure 1).
- Standardized clinical visits: included treatment recommendations and lifestyle modifications.
- Survey was delivered to each patient electronically (via email) 2 weeks following their visit.
- Survey included:
 - 8 questions assessing patient confidence in the recall of the visit discussion on a scale from 1 to 5
 - 1 question regarding whether they needed to call back with questions

METHODS (COND'T)

- 1 open-ended question asking what would have made it easier for them to understand their treatment plan.
- A mean "recall score" was calculated from each patient's response to the first 8 questions. These scores were compared between groups for each question and overall

RESULTS

- Of 81 patients, 29 surveys were completed (35.8%).
- No significant differences in recall scores were indicated.
- Only three respondents reported that they had to call back to ask a follow up question.
- Open-ended responses to question 10 ("what would have made it easier to understand your treatment plan?") were centered around finances, insurance, and scheduling.

DISCUSSION

- Overall self-reported recall and confidence in managing one's own care was high among patients regardless of visit type or mode of AVS delivery
- These results underscore the importance of clear and effective communication of care plans during patient visits.
- Limitations of this study:
 - Small sample size
 - Patient inaccuracy in self-assessment of recall
 - Tertiary care referral bias (extended visit times for new patient encounters may impact generalizability of results)
- AVS likely remains an effective tool to improve recall for IBD patients with complex clinical care plans.
- Future Directions: Additional investigations exploring patient adherence to IBD care plans based on recall of recommendations may be useful to measure the impact of AVS on longer term care.

FIGURE 1

Description of study groups by type of visit, AVS delivery, and number of responses.

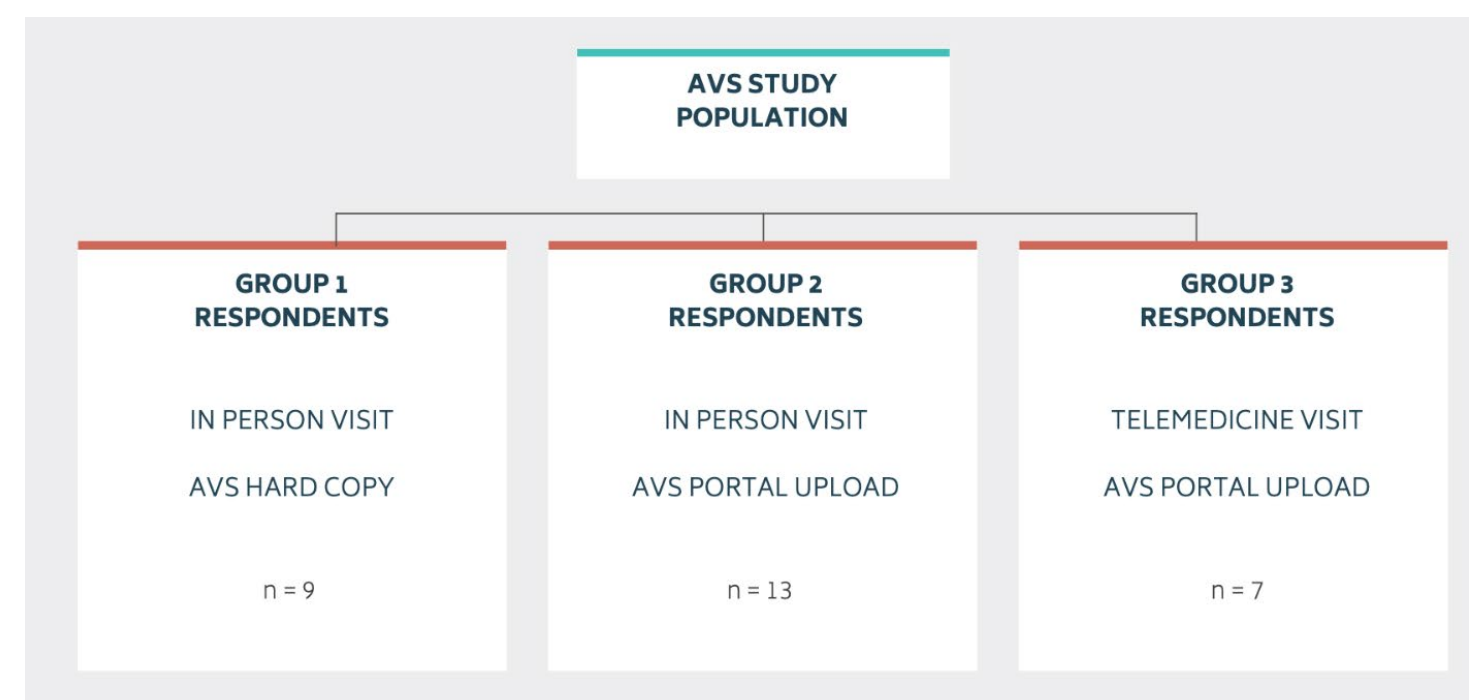


TABLE 1

Survey responses by group. Questions 1-8 were prefaced with "Please rate your level of agreement with the following statements, where 1 = "Strongly Disagree" and 5 = "Strongly Agree".

	Group 1	Group 2	Group 3
Median age	64	59	49
Gender			
Male (n)	3	10	5
Female (n)	6	3	2
Diagnosis			
Ulcerative Colitis (UC)	3	8	2
Diagnosis			
Crohn's Disease (CD)	6	5	5
Number of Subjects Enrolled	28	22	31
Number of Responses	9	13	7
Overall Recall score	3.97	4.37	4.11
Mean score Q1: "I understood the potential causes of my IBD"	4.38	4.31	4.43
Mean score Q2: "I am aware of the different treatment options that are available for my IBD"	4.33	4.38	4.43
Mean score Q3: "I understood the recommendations about diet and exercise for my IBD"	4.33	4.54	4.14
Mean score Q4: "I know how to manage my symptoms associated with my IBD"	4.13	4.15	4
Mean score Q5: "I know how to manage my IBD medications"	4.25	4.58	4.29
Mean score Q6: "My physician clearly explained my condition during my visit"	4.38	4.67	4.33
Mean score Q7: "I was given enough information during my visit"	4.38	4.75	4.29
Mean score Q8: "I have a better understanding of my treatment plan after my recent visit"	4	4.62	4.14
Need for Call Back (number of respondents that indicated "yes")	2	0	1