



CRISP Success Story

Johns Hopkins Community Physicians (JHCP) Leverages Encounter Data to Power Effective Callback Program

Encounter Notification Service (ENS) enhances JHCP's ability to comprehensively engage with patients and identify the root cause of their potentially avoidable emergency department visit.

Background and the Need:

JHCP, a leader in providing and advancing comprehensive patient and family-centered care as a part of Johns Hopkins Medicine, began a callback initiative in October 2016 to boost patient engagement and overall satisfaction. The foundation for the systems' new callback program involves existing technology—ENS, which is able to update clinicians in real-time when their patients are discharged from an emergency department (ED), so follow-up calls can be initiated.

The notifications appear within the PCP's EHR, and a template prompts the clinician through a set of questions that help them build a repertoire with the patient. The clinicians assess the patient's status and pose questions about what brought them to the Emergency Department (ED), assure they understand discharge instructions, and schedule any needed follow-up care. This simple phone call can quickly identify whether ED utilization was appropriate, or could have otherwise been avoided by visiting ambulatory care.

“Within 7 days of an ED visit, 30% of our clinicians have accessed our callback program to help our system improve ED utilization and customer service. ENS is the backbone to our callback program and other care coordination initiatives.”

- Jenny Bailey,
Vice President, Quality & Transformation,
Johns Hopkins

Current State:

Data gathered in November 2017 by Johns Hopkins indicated that 15% of patients reached through the callback system were potentially avoidable visits. From January through September 2017, Johns Hopkins' affiliated ACO—Johns Hopkins Medicine Alliance for Patients (JMAP)—saw nearly 2% lower ED visits than all other Medicare Shared Savings Program (MSSP) ACOs. Awareness of proper ED utilization, education of non-emergency treatment available, and information to mitigate common issues preventing patients from visiting primary care or urgent clinics, such as transportation options have helped contribute to the decrease in ED visits.

The Benefit:

To the Patient

- They receive education and support to better understand the practice's accessibility to meet their future health needs.
- By receiving education on what is appropriate ED use, patients may avoid unnecessary testing and treatment.
- Patients receive appropriate follow-up after an ED visit and are informed how to comply with their ED discharge plan.
- A 2013 study¹ supports that the likelihood of recommending an ED to others is stronger by ~20% if the patient receives a call from an ED staff member post-discharge.

To the Primary Care Physician and Practice

- The PCP has a unique relationship with the patient that allows for better clinical decision-making and outcomes for a patient's non-emergent conditions.
- When appropriate, continuity of managing a patient's conditions, allows the practice to better serve their patient population.
- Practices are increasingly at financial risk for their patients' care across the continuum. Comprehensive knowledge of events are the foundation for effective programs.

¹ Guss, D., Leland, H., & Castillo, E. (2013, January). The impact of post-discharge patient call back on patient satisfaction in two academic emergency departments. *The Journal of Emergency Medicine*. Abstract retrieved from [National Center for Biotechnology Information, U.S. National Library of Medicine database](#).