

RECALL AND REMINDER SYSTEMS

Recall and reminder systems involve reviewing each patient's preventive service needs at regular intervals to ensure that nothing has been missed and to identify patients who have not come in at appropriate intervals. Practices that implement recall and reminder systems increase their immunization rates by 10% to 20%.¹

Developing a recall and reminder system can seem overwhelming, yet the work is actually much easier than it seems at first glance. By breaking the tasks into small pieces, effective recall and reminder systems can be accomplished in a large practice in as little as 1 to 2 hours per month. Recall and reminder systems may lead to increased practice revenues, enable the practices to use community outreach sources, and provide an excellent means of identifying inactive patients.

Recall and reminder systems need to reflect the unique characteristics of the practice's office system, staff, and patient population. There are many options for practices interested in recall and reminder systems. Some systems involve targeting patients who are behind on services (the most effective approach), while other systems focus on sending reminders to an entire age group (a less effective approach). It may help to start with individual components of a system and gradually work toward more sophisticated systems.

Bibliography

Daley MF, Barrow J, Pearson K, et al. Identification and recall of children with chronic medical conditions for influenza vaccination. *Pediatrics*. 2004;113:e26-33. Available at: <http://pediatrics.aappublications.org/cgi/reprint/113/1/e26>. Accessed December 18, 2008

Tierney CD, Yusuf H, McMahon SR, et al. Adoption of reminder and recall messages for immunizations by pediatricians and public health clinics. *Pediatrics*. 2003;112:1076-1082. Available at: <http://pediatrics.aappublications.org/cgi/reprint/112/5/1076>. Accessed December 18, 2008

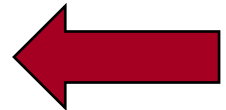
¹ Szilagyi PG, Schaffer S, Shone L, et al. Reducing geographic, racial and ethnic disparities in childhood immunization rates by using reminder/recall interventions in urban primary care practices. *Pediatrics*. 2002;110:1-10

Implementing a Recall and Reminder System

1. Form your improvement team.

- Select a team to work together to plan and test improvement ideas.
- Team members might include staff from the front office, business office, and medical records, as well as clinical staff.
- See pages 1 and 2 in Systems Implementation for additional ideas.

2. Define a recall and reminder system for your office.



- Determine what services will be the focus of your recall and reminder system.
 - What services are the most important for you to track?
 - Can you use something as a proxy to track a range of services (ie, immunization status for other preventive services)?
 - Do you currently have outreach or recall systems in place on which you can build?
 - Decide if using computers or other technology will work in your office. If not, you can build a system that does not rely on the computer.
- Estimate the workload.

Data indicate that about two-thirds of patients will be up-to-date on preventive services, while approximately one-third of patients will be behind on some service. In a busy practice with 60 newborns per month, action is likely to be needed for approximately 20 patients per month.
- Identify patients to include in your recall and reminder system.

The simplest approach to a recall and reminder system is to review the charts of children of particular age(s) monthly. It is helpful to estimate the number of patients who would likely be included in your population (eg, how many children are born in a typical month in your practice).
- Refine the criteria by which a child will be considered eligible for tracking.

You could target a particular age group (eg, all 20-month-olds in your practice) or focus on a particular service (eg, immunizations) to narrow your focus for the recall and reminder system. It is helpful to start with a small, focused group and then expand once you feel your system is working well. Possible criteria may include

 - Age—focusing efforts on 20-month-old children provides an opportunity to recall patients and bring them up-to-date by age 24 months
 - Missed most recent recommended well-child care visit—use 18-month visit as a proxy for being delinquent, assuming children seen for well-child care visits will receive needed services

- Delinquent on immunizations
 - Delinquent on preventive services
- Use computer systems when possible.
Most offices have a computer system for billing and appointments. It is less common for an office to have a computer system that stores visit data. Nonetheless, most computer systems can be of use when undertaking recall and reminder efforts (some systems have built-in features).

Call your computer vendor directly to determine if you can use your computer system to help you with recall and reminder tasks. Following are some questions you may want to ask your computer vendor or your information technology staff.

- Does the computer system have a built-in tracking system? Is it possible to purchase a tracking system as an add-on?
 - Can the system generate a list of all children born in a given month (eg, all children born in December 1999)?
 - Does the computer store data on specific services such as immunizations or tuberculosis skin test (PPD skin test)?
 - Does the system contain information on diagnosis or type of visit?
 - Can the system be programmed to link date of birth with receipt (or no receipt) of individual services (eg, all children born in August 2003 who have received all appropriate DaPT immunizations)?
- See pages 2 and 3 in Systems Implementation for additional ideas.

3. Test new ideas.

It is important to balance staff availability and the desire to implement a recall and reminder system. Starting with a narrow focus will help.

- Determine which staff will be involved.
The office manager or business manager can often be of assistance when trying to generate patient lists. Ask for his or her help early in your planning process.
- Who will generate the list of children of a particular age?
 - Who will screen the charts?
 - Who will send reminder postcards or make phone calls?
 - Who is responsible for follow-up tracking?
- Establish a relationship with local agencies to coordinate efforts.
On those occasions when recall efforts are unsuccessful, having an established relationship with local outreach efforts (such as health department programs and the Special Supplemental Nutrition Program for Women, Infants, and Children) can provide helpful information, such as if the child has moved or up-to-date contact information, as well as assistance in conducting outreach activities.

- Many state and local health departments have programs that track and follow up on children who are delinquent on immunizations or who have missed preventive health care visits.
- Practice staff can call the health department to determine how best to collaborate.
- Be sure to identify a specific contact at the health department.
- Develop a written agreement describing how you will work together.

Track the results of your tests.

It might be helpful to see how many patients keep appointments to determine whether your new ideas are helpful before expanding to other ages. It may be helpful to track how much time staff is taking to implement the recall and reminder strategies. A system that requires too much time will not be sustained.

See pages 3 through 5 in Systems Implementation for additional ideas.

4. *Solicit parent and staff feedback about the system.*

Ask parents if reminder calls are helpful.

- Consider your patient population. Perhaps many of your parents do not have reliable phone numbers or your contact information is not up-to-date.
- Consider ways of involving parents in recall and reminder systems. Patients could complete address or contact information on a card while waiting to check out.
- Ask parents to describe how other organizations or offices remind them of upcoming appointments or needed services. Ask what they like or dislike about these approaches.

See pages 5 and 6 in Systems Implementation for additional ideas.

Strategies for Recall and Reminder Systems

Following are several approaches to designing a recall and reminder system.

Missing Required Health Maintenance (RHM) visit(s) used as proxy for being delinquent

- Each month, the computer system produces a list of patients aged 19 months who missed a RHM visit, and prints an address label for each child.
- Patients on the list are sent a reminder about the need for an appointment.
- The list of patients who were sent a postcard is filed in a “tickler box” or computer database. One month later, the list is reviewed to determine if the patients have scheduled a RHM since the reminder was sent. Patients who did not make an RHM are the “no-response group.”
- The list of no-response patients receive appropriate follow-up (such as a second postcard or phone call) from your office, health department, or school.

Individual chart screening to identify patients needing tracking

- The same steps as above are followed, except that the added step of screening patient charts is added prior to contacting patients with reminders. This approach requires more staff time, but narrows the task of reminding patients about needed appointments or services.

All children of a particular age receive reminder

- The computer system produces a list of patients who are in a specified age group (eg, 15 months) and prints an address label for each patient.
- Postcard reminders are sent to all patients on the list, stating that your practice generally sees patients in this age group annually. The postcard can emphasize the importance of preventive health care.
- Two months later, the follow-up tracking is initiated. The list of patients who were sent a postcard reminder is reviewed to determine if they have been seen for a RHM or if they have scheduled one.
- The no-response patients are sent another reminder or called to request that they contact the office to make an appointment.