



PREVENTIVE PROGRAM SUCCESS STORY

Emergency Department Mitigation



How prompt outreach to patients after a recent visit to the emergency department drove more people to schedule an appointment with a primary care physician. Our health action platform determined the effectiveness of an omnichannel approach, demonstrating that the synergy between channels will increase engagement and drive desired health actions.

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Using an omnichannel sequencing approach to drive frequent emergency department users to establish relationships with primary care physicians.

Challenge

Visiting the emergency department (ED) for non-emergencies and other minor ailments is a common occurrence. In fact, studies report that upwards of 60% of emergency department visits among patients are potentially unnecessary and could be avoided entirely.

One of our health system clients had a goal to bring down rates of those using the emergency department in lieu of visiting a primary care physician (PCP). They partnered with us on a program designed to drive people without an established PCP to schedule an appointment with one after a recent visit to the ED. They wanted this program to move people to take preventive health actions rather than reactionary ones in the future.

Process

We began this program by designing an omnichannel outreach strategy that included text messaging, email, and interactive voice calls. Once the outreach methods were established, patients were randomly assigned to different segments, then channel sequencing and messaging were determined.

We tested two different content themes to understand which message resonated with different populations or demographics. A value message was used with 50% of the population and a health message was used with the other 50% of the population.

MESSAGE THEME #1

Health

"Make this your healthiest year yet!"

MESSAGE THEME #2

Value

"The cost of your visit is 100% covered."

Approach

One of the reasons this program was effective was because we were able to connect with our client's system to conduct outreach to patients within just a few days of their discharge from the ED. By conducting outreach quickly, we were able to get more people to perform the desired health action of scheduling with a PCP because it was top of mind.

We know from experience that a batch-and-blast model of communication is an outdated and ineffective method when trying to engage people. We take a more human approach, developing various segments that patients were randomly assigned to. From there, different channel sequences were tested to see which methods would resonate.

We discovered that synergies existed between channels. For example, engagement increased when an omnichannel approach that included interactive voice was used. This doesn't necessarily mean that traditional channels like interactive voice calls are more effective, but it does mean that the combination and the sequence of channels matters.

In addition, when **text messages were used alongside interactive voice, engagement increased.** Overall the program revealed that the more places people saw a message, the higher likelihood of action.

The Patient Experience

Four different segments were created that included different combinations of email, interactive voice, and text messaging. The patient experience by channel was variable:

When a patient received a text message or email, they would be instructed to click a link to a scheduler site to schedule a wellness visit with a PCP.

When interactive voice calls were used, patients could elect to be transferred to a live agent to schedule an appointment on the spot.

As a result of this program we were able to answer several key questions established at the start. Testing message themes between value and health revealed that more people completed the desired action when they received the health message. In addition, this program showed that transfer rates to schedule an appointment from mobile numbers was double those from a landline.

People with a mobile number were 2x as likely to transfer as those with a landline. This taught us that we should be capturing mobile numbers when people are visiting the ED.

Results

Several key findings emerged as a result of this ED mitigation program, including an astounding **13:1 ROI**. The sooner a patient was contacted after their visit to the ED, the more likely they were to schedule an appointment with a PCP.

41%

improvement using multiple channels that included interactive voice

8x

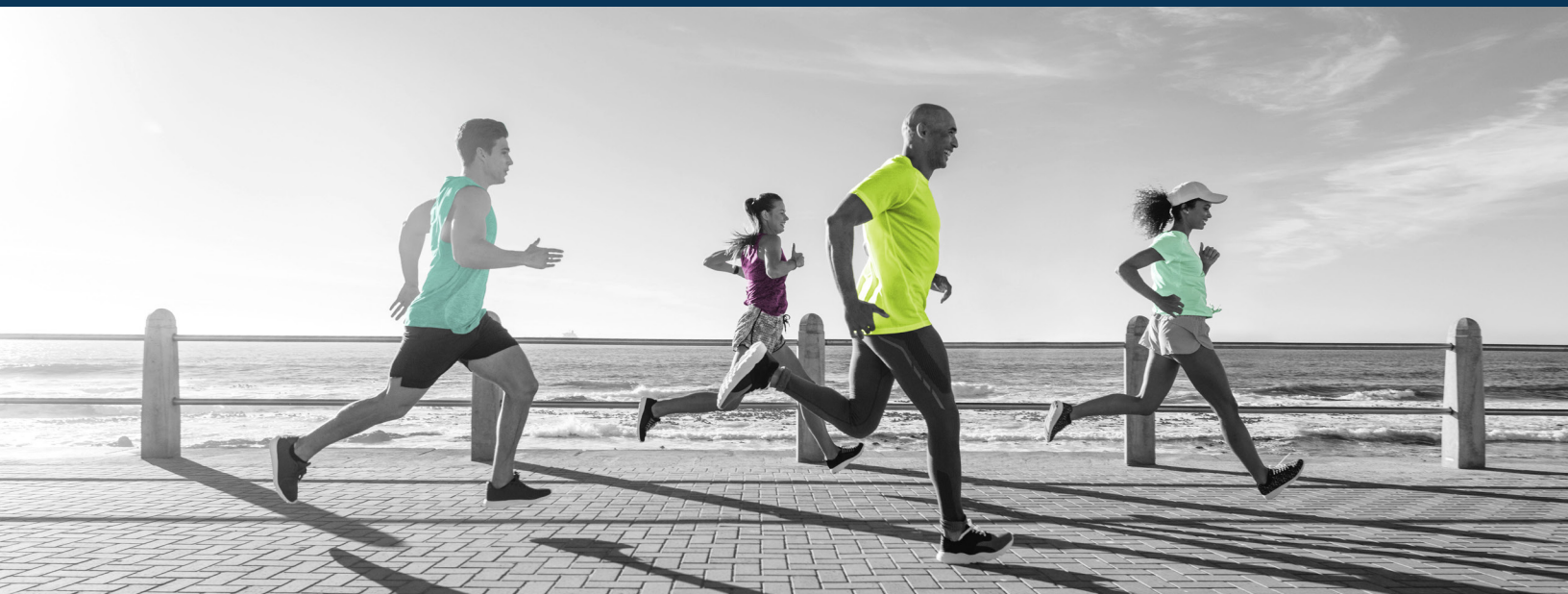
more likely to engage when texting was used with interactive voice

14%

more likely to respond to a message of health instead of value

One of the most notable findings in regards to text messaging was the response rate. **Patients between the ages of 60-79 were the most likely group to engage with text messaging.**

This means that contrary to popular belief, those in this age group that have a cell phone know how to use it and will engage through this channel, demonstrating that text messaging is effective in older populations.



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