eAppendix A. Phone Script

Template for calling patients who have visited ED without having called AACC first

- Do not call any patient who is currently in the hospital or in the ED at time of call.
- Do not call if the patient is known to you, i.e. friend, family, KP nurse, KP doctor, etc. (avoid HIPAA issues!).

“Hello, my name is ________. I am calling from Kaiser Permanente about _______ [patient’s name]. May I speak to _____ [patient’s name]?”

- Patient reached (or person with Durable Power of Attorney for patient) – Continue to #1 below.
- If patient not available, ask when you can call back and document the date and time for next call __________. Do not leave specific information about the study with anyone but the participant.
- If answering machine or voicemail reached: “I am calling from Kaiser Permanente for _______ [patient’s name]. Please call me back at __________. Thank you.” (Do not identify yourself as doctor)
- **Note:** if the family member tells you that the patient died, please check below. Do not ask family member this question; they are likely to volunteer this information at the beginning. If the patient died, do not continue with the telephone call. Offer sympathies to the family member and then respectfully end the telephone call.

  - Patient died: *** End Call ***

- If the family member or patient ask additional questions regarding the medical care of the patient in the ED, please inform them that this is only a telephone survey about available KP services and that you are unable to provide them with medical information. Medical questions should be managed by directing the patient to their own primary care physician, referral to the ED, or by calling the AACC (xxx-xxx-xxxx). If the family member requests additional information, then please provide the family/friend with the number to Patient Member Services: 1-800-xxx-xxxx. Also, inform Dr. Y, the PI, about this contact as soon as possible.

  - Patient demented or hearing impaired – *** End Call ***

- See the contact code information on telephone log

**UPON REACHING THE PATIENT:**

1. “I am calling patients who were seen in the Emergency Room recently. I would like to tell you about a study we are conducting which will provide you with information about medical services that are available to you through KP for your future medical care. It is your choice to participate or not and there are no charges involved. Whether or not you agree to participate in this telephone study, it will not affect you or your
family’s care in any way. If you do participate, you do not have to answer any questions that you don’t want to answer. All of your answers will be kept confidential and will only be grouped with responses by 600 other members in the study. The information will not go to your doctor, to the health plan, or into your medical record. If you have any questions or concerns about participating in this phone study, I will be happy to answer them now or at any other time and I can give you a phone number to contact our IRB (Institutional Review Board) or Dr. Y, the study’s principle investigator. At the end of this call, I will mail you information about the services I describe to you now. The call should take about five to ten minutes.”

“Do you consent to participating?”

☐ No – “Thank you for your consideration.” *** End Call ***

☐ Yes. Proceed with the next steps.

2. “Do you know about our Appointment and Advice Call Center?”

☐ No – go to #3 below and check reason: “Unaware of AACC services” (item #6 below**).

☐ Yes – You may choose to ask this question now, or after you have reviewed information about the call center and KP.org. “Please tell me why you did not call the call center?” (Choose all that apply, then go to #3 to give information about AACC services. In some cases, the patient was referred to the ED by their PCP or by EPRP or brought by ambulance – if so, note this.)

1. I did not have the phone number
2. I did not have access to a phone
3. I did not think they could help me with the type of medical concern that I had
4. My medical concern was so urgent that I did not have time to call (e.g. severely injured)
5. I prefer to get medical care directly from the emergency department
6. Unaware of AACC services**
7. Other: __________
8. Referred to ED by another health provider

3. “Our Call Center offers many services that can help you in the future if you have a medical problem. Here are the services available to you through the call center:

a. 24/7 nurses/physicians available: We have trained nurses and emergency physicians who work here 24/7 who can review your symptoms and provide you with medical advice and recommendations on how best to manage those symptoms.

b. Urgent appointments: We can book an urgent appointment for you with your doctor, either as a regular clinic appointment, or as a telephone appointment, where a physician will call you to review your medical problem.

c. Messages to your doctor: We can send messages to your regular doctor, who can then follow up with you to provide further advice and recommendations.

d. Telephone treatments: We have over 30 conditions/medical problems for which we can treat you over the telephone, getting prescriptions to your pharmacy that you can pick up without having to make an appointment with your doctor. Examples of these medical conditions include:
• Urinary tract infections
• Conjunctivitis (pink eye)
• Vomiting
• Upper respiratory infections/sinusitis

4. “Are you enrolled on KP.ORG?” (Check KPHC if enrolled on KP.ORG)

☐ Yes – “Would you like me to review the benefits of this system?”

☐ No – “If you register for this service, you can do many things to help you manage your health better. It is completely free and easy to sign up for – you just go to [www.kp.org](http://www.kp.org) and follow the instructions, get a personal account, and create your own password. Here are some of the things you can do through KP.org:

  • Email your doctor directly through secure messaging, privately and confidentially.
  • Appointment booking – you may book your own appointment with your doctor.
  • Prescription refills – you may get refills on your prescriptions (except for controlled substances)
  • Medication list – you can review your own list of medications to make sure it is accurate.
  • Lab results – you can review your own lab results.
  • Medical information – you can review information about a wide variety of medical symptoms and diseases.
  • Podcasts – we have numerous podcasts about various medical topics that you may review.”

5. “Would you like us to send information to you about the various services I have described to your home address listed on your record?”

☐ No.

☐ Yes.

Send the file of patient names and home addresses to ________, highlighting those patients you have contacted and who have agreed to accept this mailed information.

6. “Now that you know about the services that are available through our Call Center, do you think you will you call us the next time you have a medical problem?”

☐ Yes – “Our Call Center telephone number is: xxx-xxx-xxxx. We will be here to help address your medical questions. Call us the next time you have a medical problem that you would like us to help you manage.”

☐ No – “Please tell me why not?”

7. Do you have any questions for comments for me?
## Appendix B - Phone Log

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### Contact Code

- **RR**: Reached Respondent
- **CB**: Call Back
- **NH**: Respondent Not Home
- **NA**: No Answer
- **BZ**: Busy Tone
- **AM**: Answering Machine
- **DC**: Disconnected
- **WN**: Wrong Number
- **BC**: Blocked Call
- **DP**: Durable Power of Attorney

### Interview Code

- **CG**: Caregiver
- **CI**: Completed
- **DC**: Disconnected
- **WN**: Wrong Number
- **BC**: Blocked Call

### Interview

1. **Passed**
2. **Failed**
3. **Cancelled**
4. **Success**
I appreciate the recent opportunity to speak with you on the telephone about the Kaiser Permanente appointment and advice line and about the KP.org website. As we discussed, I am sending to you further information that I hope will help with any future medical problems you may have.

**Appointments and advice**

When you or a loved one has an illness or injury, you probably want to get it taken care of right away. We can help – whether it’s day or night. For care in your area, including in-person appointments, telephone appointments, and advice, please call our appointment and advice line for your medical care needs* 24 hours a day, seven days a week: xxx-xxx-xxxx. We’ll discuss your situation and help you decide what type of care may be right for you with these helpful services:

- An advice nurse (and/or an emergency physician) to help answer your questions.
- A telephone visit with a doctor.
- A convenient same-day office appointment.
- An after-hours or weekend appointment.
- An emergency department visit if needed.

**Save time. Get your answers from home with KP.org**

I have enclosed information about KP.org (“Anytime.Anywhere”) that will allow you to take advantage of numerous services that are available to you through the online “My Health Manager” program. Registering for this program is safe and secure, as only YOU may access it with your own personalized password. I highly encourage you to register for this program, if you are not on KP.org already, so that you may start using My Health Manager right away.

Thank you again for talking with me. I hope that this information will enhance your care experience when you have future medical needs.

Healthfully yours,

**Marcus Welby, MD**

Emergency Room Physician
Kaiser Permanente Appointment and Advice Call Center
*Note: If you have an emergency medical condition, call 911 or go to the nearest hospital. An emergency medical condition is any of the following: (1) a medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or body functions or organs, (2) active labor when there isn’t enough time for safe transfer to a Plan hospital (or designated hospital) before delivery, or if transfer poses a threat to your (or your unborn child’s) health and safety, or (3) a mental disorder that manifests itself by acute symptoms of sufficient severity such that either you are an immediate danger to yourself or others, or you are not immediately able to provide for, or use, food, shelter, or clothing, due to the mental disorder.
Appointments and advice

When you or a loved one has an illness or injury, you probably want to get it taken care of right away. We can help – whether it’s day or night. For care in your area, including in-person appointments, telephone appointments, and advice, please call our appointment and advice line for your medical care needs* 24 hours a day, seven days a week: xxx-xxxx-xxxx. We’ll discuss your situation and help you decide what type of care may be right for you with these helpful services:

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Appendix E. Inclusion and Exclusion Criteria for Study Patients

**Inclusion Criteria**

- Adult patients ≥18 years
- Members of KFHP
- Low-acuity treat-and-release from 1 of 6 study EDs
- Between October-November 2014
- No contact with Call Center within 24 hours of ED visit
- LAPS2 score less than 50 at time of ED visit
- Discharge from ED to home

**Exclusion Criteria**

- Patients who left ED against medical advice
- Discharged to skilled nursing facility or other long-term acute care facility
- Transferred out to a non-health plan facility
- Non-English-speaking
- Unable to respond to questions, or no family member or guardian
- Deceased
- Pediatric patients (<18 years)
**eAppendix F. Pre- and Post-Intervention Data Figures 3a, 3b, 4a, 4b, 5a, 5b**

**Figure 3a. Pre-intervention ED visit utilization.** ED visit utilization of 9093 patients in the 6 months prior to study interventions. The y-axis represents number of patients. The x-axis represents the number of ED visits. The vast majority of patients (almost 6500) had zero ED visits, with 1500 patients having just 1 ED visit, and just over 500 patients having 2 ED visits, in the 6-month period before study interventions. The dots above the x-axis represent the presence of at least one patient for that value (i.e., one patient had 43 ED visits, one patient had 39 ED visits, one patient had 35 ED visits, etc). Where there is no dot, no patients had visits in that range.
Figure 3b. Post-intervention ED visit utilization. ED utilization is shown for the 6 months after study interventions. Similar to the pre-study ED visit utilization pattern, the vast majority of the 9093 study patients had fewer than 2 ED visits following study interventions.
**Figure 4a. Pre-intervention AACC utilization.** The y-axis represents number of patients; the x-axis represents the number of days that a patient had contacted the Advice and Appointment Call Center. Almost 6000 of the 9093 study patients had ≤2 contact days with the AACC. As a patient may have called the AACC more than once on a given day, each day that a patient called the AACC was considered a single contact day, regardless of how many times a patient spoke with someone at the AACC on a given day.
Figure 4b. Post-intervention AACC utilization. Almost 6000 of the 9093 study patients had ≤2 contact days with the Advice and Appointment Call Center after study interventions, similar to the pre-study pattern.
Figure 5a. Pre-intervention outpatient utilization. The y-axis represents number of patients; the x-axis represents the number of contacts a patient had with the outpatient department. As can be seen, almost 4000 patients had ≤2 contacts with the outpatient department in the 6-month period of time prior to the study. A patient may have had a telephone appointment, followed by an office visit on the same day. Consequently, each day the patient was in touch with the outpatient department was considered a single contact day, regardless of the number of actual “visits”.
**Figure 5b. Post-intervention outpatient utilization.** A majority of patients (3500) had ≤2 outpatient contacts during the 6-month period of time after study interventions, similar to the pre-study period pattern.