Qualitative Process Evaluation of a Pharmacist-to-Physician Opioid Outreach Program at axialHealthcare

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Background

- axialHealthcare is a healthcare data analytics organization in Nashville whose solutions limit clinically unwarranted opioid prescribing and use.
- Through Clinical Consult Services (CCS) outreach, physicians and their care teams receive:
  - Risk Identification Mitigation (RIM) Report
  - Referral network
  - Patient alerts
  - Care Pathways
  - PharmD Consult

Methods

- The Rapid Identification of Themes from Audio recordings was utilized for data collection and analysis
- 20 calls were used for preliminary codebook creation
- 108 random telephonic outreach recordings were then coded; 105 were linked to axial’s Data Capture and used for analysis
- Data was collected in REDCap, cleaned in Trifacta, and analyzed in Tableau

Objectives

- CCS modeled on the Integrative Behavioral Model
- Relies on strong relationships to influence determinants of behavior
- CCS calls are recorded, but no analysis was being conducted on this qualitative data
- Qualitative feedback from providers and administrative staff could identify process shortcomings and strengths
- Ultimate objective was to use results to inform and improve future outreach

Discussion

- The evaluation demonstrated key process barriers previously undocumented
- Results are informing CCS’ workflow and SOPs
- axial’s investing in qualitative analysis software for ongoing analysis
- A new metric, provider accessibility, is being captured
- Renewed focus on improving relationship-building between CCS and providers, emphasizing:
  - Preferred method of communication
  - Most effective method of delivering information
  - Better integration with engineering and data science teams

Results

- 24.3% of calls resulted in ‘pending callback’ (which average >11 minutes)
- 21.4% of brand recognition of axialHealthcare
- 20.4% of providers identified a lack of time to discuss portal, and/or utilize between outreaches
- 11.7% expressed doubt over the accuracy of opioid-related data (feedback direct from clinicians vs. administrative staff)

Conclusions

- Full results presented to cross-cutting audiences, including the leadership team and scientific advisory board
- Internship extended to evaluate the patient outreach pilot program

Acknowledgements

- axialHealthcare, the CCS team, and Science & Analytics for the opportunity, and the warm welcome to the team.
- Meridith Peratikos, my supervisor, for providing the perfect combination of leadership and support.