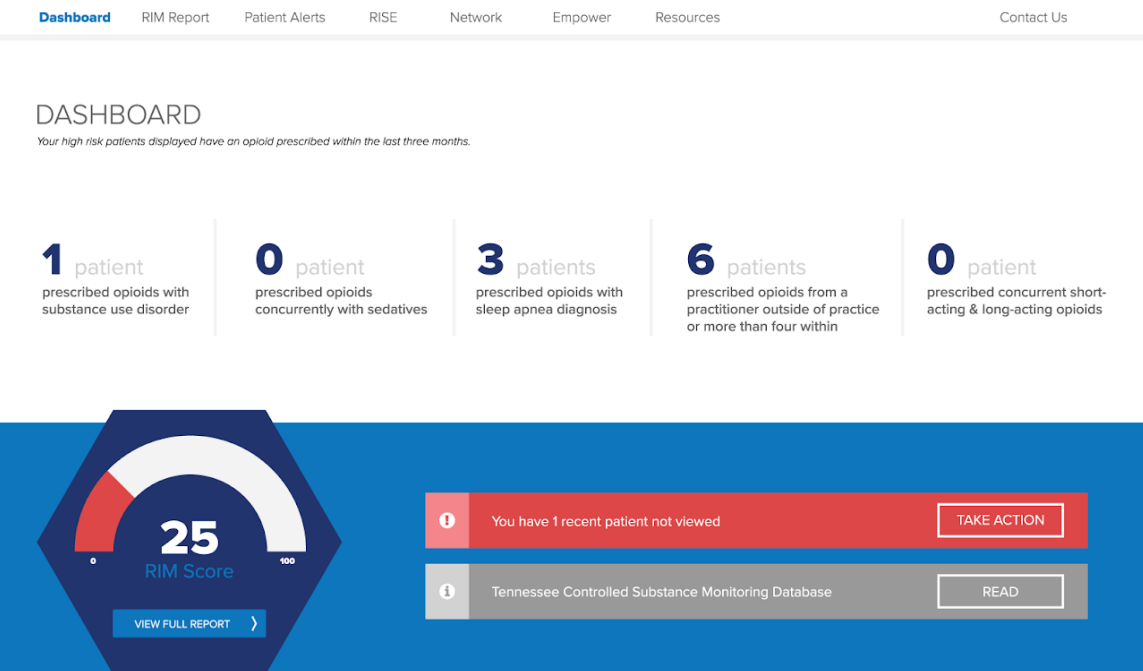


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<sup>1</sup>Vanderbilt University <sup>2</sup>axialHealthcare

## 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

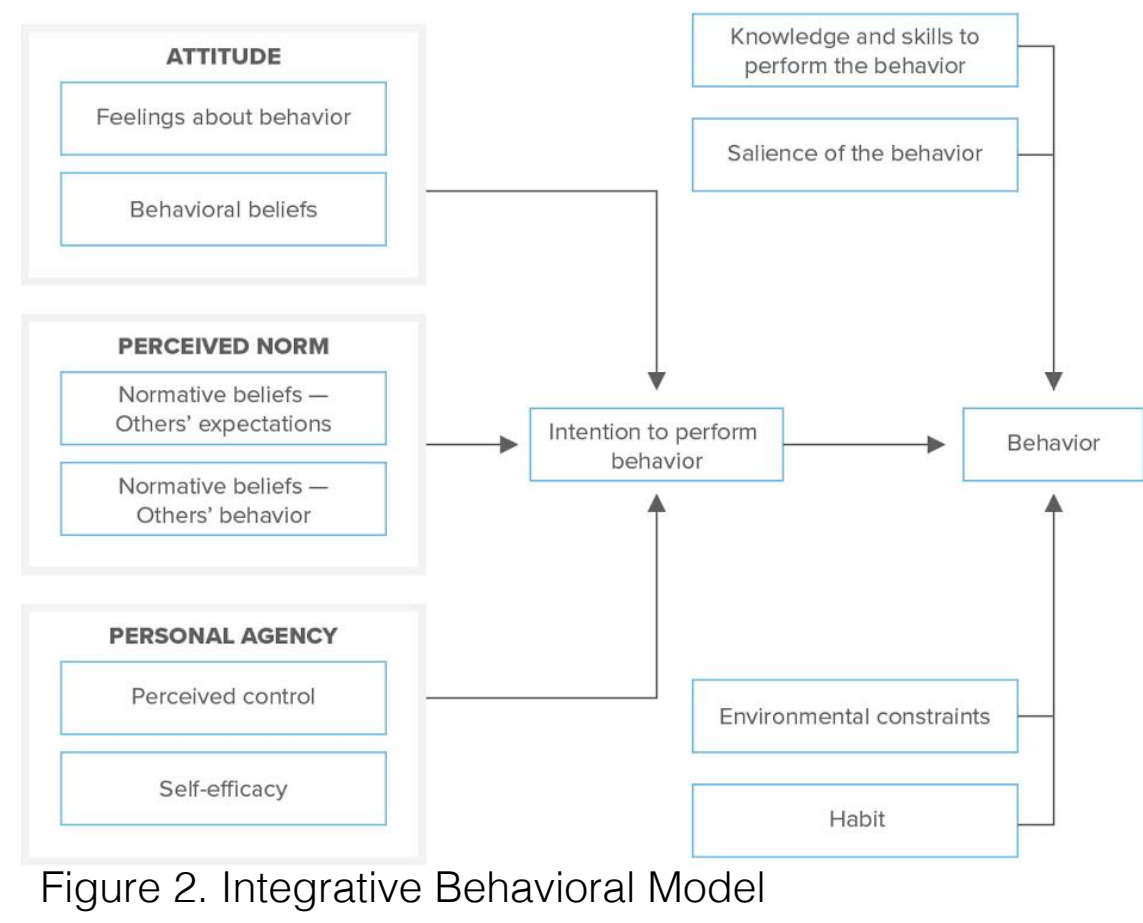
- The Rapid Identification of Themes from Audio recordings was utilized for data collection and analysis
- Collect → Code → Analyze → Interpret
- 20 calls were used for preliminary codebook creation
  - 108 random telephonic outreach recordings were then coded; 105 were linked to axial's Data Capture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

Table 1. Sample RITA Codebook

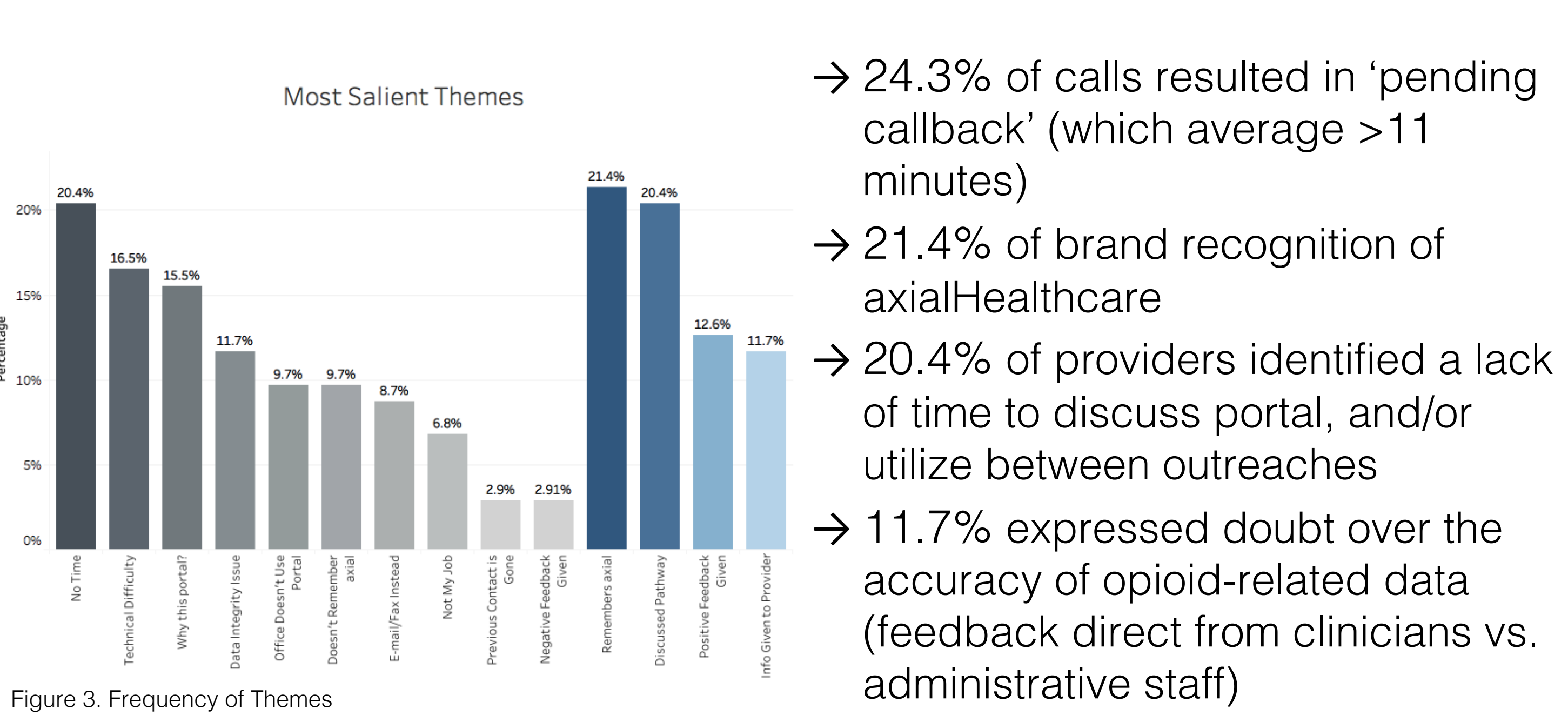
How do older adults use online consumer health resources?						
Themes	minute 5:00 – 7:59	minute 8:00- 10:59	minute 11:00 – 13:59	minute 14:00 – 16:59	minute 14:00 – 16:59	minute Etc.
Research health condition						
Understand a diagnostic test						
Learn disease management						
Get information for friend or family						
Look up something from the news						
Use if for professional reason						

## Objectives

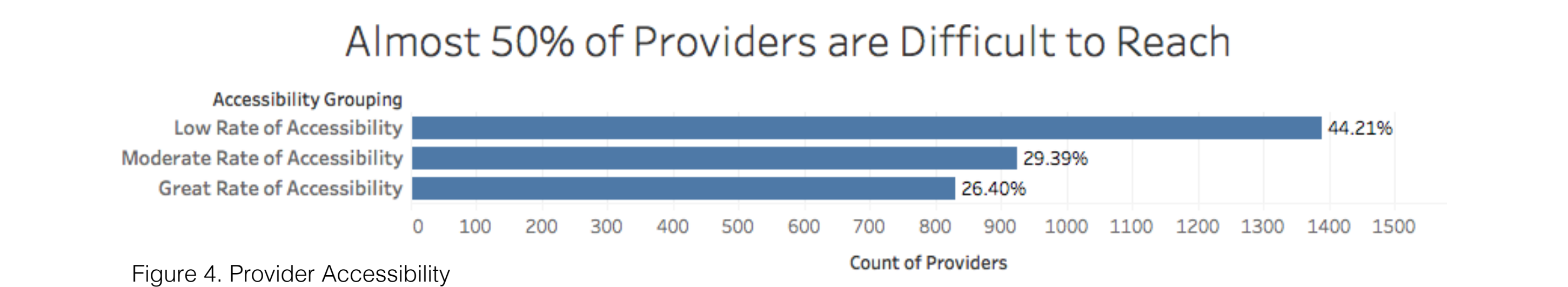
- CCS modeled on the Integrative Behavioral Model
- Relies on strong relationships to influence determinants of behavior
- CCS calls are recorded, but no analysis was being conducted on this qualitative data
- Qualitative feedback from providers and administrative staff could identify process shortcomings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



## 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)



## 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

## 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

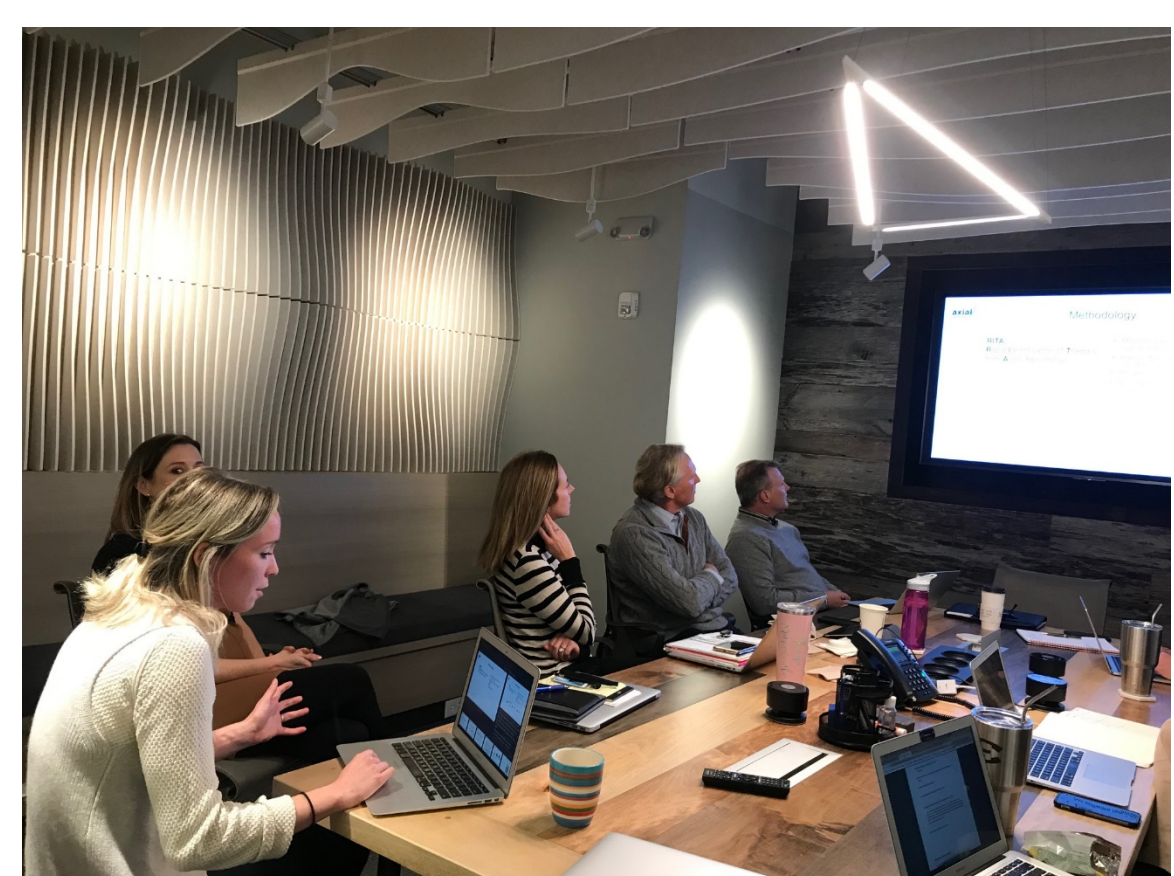


Figure 5. Presenting to axial Leadership Team

## 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.