Increasing Physician Awareness and Utilization of LVHN’s Health Advocacy Program.

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Increasing Physician Awareness and Utilization of LVHN’s Health Advocacy Program

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Introduction/Background

The call for increased focus on patient's social needs as a major factor in their health has been present for decades. However, despite this knowledge, up to 40% of health outcomes are still dependent on socioeconomic factors, and 80% of physicians agree that addressing patient's social needs is as important as addressing their medical needs. Community health programs have shown success at addressing patient's social needs as a method of improving their health, while also reducing cost.

Within the Lehigh Valley Health Network (LVHN) Department of Community Health, the Health Advocacy (HA) Program aims to address this need for increased attention to the social determinants of health. The program works to help patients at the 17th Street clinics, including the Center for Women’s Medicine (CWM), Lehigh Valley Physicians Practice (LVPP), the Children's Clinic, Family Health Center, and the Center de Salud, get connected to community resources.

Problem Statement

To better address the social needs of patients, the Health Advocacy Program helps connect patients with community resources. This Capstone project aims to increase physician awareness and engagement with the program.

Methods

A failure mode analysis was performed to determine where patients could be lost in the referral process (Figure 1). It was determined that for the scope of this project, it was most practical to look at the first step in the referral, which is having patients get referred to the program. To increase physician awareness, presentations were made to groups who staff the CWM, LVPP, and Children's clinics. A pre and post survey was developed and distributed to the attendees of the presentations. From their responses and feedback from the HA program staff, interventions were produced to increase referrals and awareness of the program. Two of the interventions, the Epic Referral and feedback from the HA program staff, were included in the Appendix (Figures 2 & 3).

Results

There were 48 people surveyed in this project from Sept 21 through Jan 20, with residents (77%) being the largest demographic. There was a roughly equal distribution amongst the three clinics (CWM, LVPP, and Pediatrics), and only 11% of respondents were aware of the program. Information was gathered regarding the staff's awareness of their patient's social needs, and is provided in Figure 4. The post-survey showed that 65% of respondents desired having a poster or pamphlet for the providers distributed in their clinics to increase awareness about the program, and this information helped guide interventions designed for the project (Figure 5).

Future Implications

The results of this project show the need for further work into the methods used to engage physicians in the use of new community programs such as the HA Program. From the surveys, it was shown that few had been previously educated about this program, however with their engagement they were able to provide concrete and supportive interventions that will hopefully increase physician engagement. Further studies can be done to show the usefulness of our interventions, as well as take the next step in regards to increasing use of the program which would be to reach those patients who were referred, but lost to follow up, as shown in the failure mode analysis.

Conclusions and Future Implications

The results of this project show the need for further work into the methods used to engage physicians in the use of new community programs such as the HA Program. From the surveys, it was shown that few had been previously educated about this program, however with their engagement they were able to provide concrete and supportive interventions that will hopefully increase physician engagement. Further studies can be done to show the usefulness of our interventions, as well as take the next step in regards to increasing use of the program which would be to reach those patients who were referred, but lost to follow up, as shown in the failure mode analysis.

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