

Mnomis Outreach Intelligence Brief™

NO PII / NO PHI

Member ID
847291

Program
Post-ED follow-up

Goal
Follow-up within 7 days

Last touch
2 days ago

Motivational posture **Guidance-Receptive**

Responds when outreach is structured, reassuring, and reduces ambiguity. Benefits from clear next steps and human support.

Confidence **0.82 (High)**

Stable preference signals across 18 events. Confidence reflects pattern consistency, not clinical risk.

Key behavioral signals

Signal	Observed pattern	What it implies
Response latency	Typically responds within 24–48 hours	Follow up within 1 business day is worthwhile
Channel preference	Phone > SMS > Email	Use a human-first approach, confirm by SMS
Appointment adherence	Completed 5 of 6	High likelihood of completion when scheduled
Self-initiation	Low member-initiated contact	Requires prompts to take action
Persistence	Responds after 2nd attempt more than 1st	Use a two-touch sequence rather than a single message

Recommended outreach playbook

Sequence

- 1) Phone attempt (weekday morning).
- 2) If no answer, SMS confirmation within 2 hours.
- 3) Second phone attempt next business day.
- 4) If still no contact, send short email with direct scheduling option.

Framing

Lead with reassurance and clarity.

Suggested opening

"I'm calling to help you complete a quick follow-up after your recent visit. I can schedule it now and keep it simple."

Close

"Would you prefer tomorrow morning or Thursday afternoon?"

Risk flags and escalation guidance

Flag	If observed	Recommended action
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No response after 2 touches	No contact after 2 days	Escalate channel or trusted caller ID. Keep message short and directive.
Repeated rescheduling	2+ reschedules	Offer time windows and propose 2 options. Reduce decision burden.
Time-sensitive follow-up	Recent ED plus missed PCP	Prioritize same-week follow up and confirm logistics needs (non-clinical).

How to measure impact in a pilot

In a controlled pilot, compare outcomes when outreach aligns with the recommended playbook versus current standard practice. Key measures include contact rate, time-to-schedule, completion within the target window, and avoided repeat outreach attempts.

Decision support only. This output does not automate care decisions or provide clinical guidance.

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