

Mystery Caller General OBGYN Study Feedback

How can we improve the REDCap form for future data entry?

- I think that the REDCap form of data entry was easy to use and streamlined. However, there could be an “Other” option for “Reasons for Exclusion” because I ran into situations during my calls where an office would need to be excluded due to a reason that wasn’t listed and then I would have to pick a reason for exclusion that didn’t fit and elaborate in the notes section. Otherwise, REDCap data entry is a great tool and helped me navigate through my calls effectively!
- I thought it was good! I did add a column on the spreadsheet for when I had a first call and needed to record the record ID so that it was marked incomplete and I could go back to it for the second call. This seemed to work really well for me!
- Possibly adding more options for reason of exclusion from the study. For some scenarios it was hard to pick a reason because it didn't seem to fit any. Another way this could be improved is by adding a "other" selection.
- include a section for "need patient chart for scheduling"
- Nothing, I liked how it was laid out, as it was super easy to follow and go along while making calls.
- REDCap form was very concise and formatted really well. The only suggestion I would have is to include "Not accepting Blue Cross Blue Shield" under the exclusions question. I was pretty surprised with the calls that actually did not accept the almost "universal" insurance. Other than that, the form was great and if we were ever confused, the response time from Hannah was really swift and the answer was always there!

How can we improve our research assistant orientation and better prepare you to make calls?

- The research assistant orientation was very informative and prepared me sufficiently to make calls.
- I think it was a little unclear just how much time would be required for the calls, there were some days I spent around 4 hours on them. I think just being explicit about the number of calls and approximate time would be great!
- I think the orientation well prepared us to make the calls.
- n/a
- Everything was awesome and you all were a lot of help!
- Honestly, the orientation was what we needed. It was concise and and it gave us the information we needed for the study without over-explaining (which is not bad) anything.
- When we were conducting the study, a problem I kept facing was contacting offices at times they were closed due to time zone differences. A method I think that would work is grouping the call assignments in the same (or similar) time zones, that way one could focus on tackling the east coast by starting to make phone calls at 6am Mountain Time. Then another person could tackle the west coast by making phones calls until 6pm Mountain Time. It was a little bit confusing calling California, then New Jersey, then Hawaii. But it was not really a big issue, so do not worry too much if it is difficult to make the adjust.

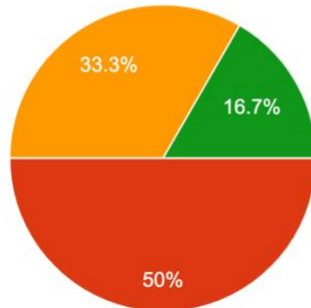
What ideas do you have for how we can improve access for patients to outpatient gynecologic care? (i.e. regionalization of care, physician extenders/APPs, accurate and better directory information about who does and does not take Medicaid)

- I think that transparency about which insurance types each practice takes is very important. Many offices only took some types of Blue Cross/Blue Shield or regional versions of Medicaid, and for a person who has just moved to an area or has never received outpatient gynecological care, finding a practice that takes their insurance can be overwhelming and even a deterrent to receiving the care they may need.
- Many offices offered APP visits much sooner than the OBGYN so I think having a list of offices with APP would be great! List of Medicaid vs. concierge/no-insurance providers would be great! Some were only OB offices, on a general call list this was surprising.
- I think physician extenders are an excellent way to improve access for patients. When calling a lot of the offices the physician was booking very far out in advance; however, some of them offered an earlier appointment with a nurse practitioner or a PA. Although this date was not written down for this study, I think this is an excellent way to get patients in at an earlier time.
- accurate and more accessible billing information in tangent with insurance types.
- Everything mentioned in the questions examples, could we do like roadside screenings? - currently at CU Anschutz, I believe there is a funded bus that helps screen for skin cancer and they go around and provide those screenings. In theory, could we do the same thing but with gynecologic checks? Not only that but it'd help aid in educating the public and we could provide a list of regional clinics that do and don't take medicaid to those coming to get the screenings.
- Having an increase in the presence of evening office hours would definitely improve access for patients. When I worked at a Boys and Girls Club over the summer, the shifts would run from 8:00 to 4:00pm or 9:00 to 5:30pm. When I would get off at 5:30, it would be hard to schedule appointments for physical or dental needs because all of the offices were closed at that time. Scheduling a morning appointment would also be difficult as the clinics would open at the time work would start. During our study, I noticed how many of the offices closed at 4pm, which would make it difficult for full-time working patients to schedule and attend the appointment without having to miss work. During the study, only Planned Parenthood seemed to offer evening and weekend appointments, and if that concept was implemented in many more clinics, many more patients would be able to receive care. More related to our study, it was a bit frustrating when many clinics would require us to fill out a new patient form and then they would respond within a few days time (even up to a week) to then schedule an appointment no matter the situation. Having access to much needed care as soon as possible should be a priority, but if there are multiple-day-long wait times to just schedule an appointment, a question should be raised there. I completely understand how there are few receptionists, and few physicians with a high ratio of patients, but maybe clinics creating an online scheduling system to redirect patients to would alleviate the stress of taking days to process new patient registration. On another note, as many clinics already have this implemented, it would be very helpful to patients if other clinics would also list out their accepted insurance types on their website clearly. It would be a much quicker alternative than having to wait on hold for even fifteen minutes at a time. This was a really great study! Thank you so much for letting me be apart of this great experience. It was a pleasure working with you all!

What should our next OB/GYN mystery caller study be?

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6 responses



- Access to care for pap smear appointments (Medicaid vs. BCBS)
- Access to care for STI checks (Medicaid vs. BCBS)
- Presence of evening office hours
- Presence of Saturday (weekend) visits
- Other