AVS form increases compliance at Evans Army Hospital Iron Horse Clinic
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Background
- Transition of care from clinic to home is challenging for patients
- Noncompliance is one of the results of poor transition of care
- Acute appointments in primary can result in new diagnoses and treatment plan changes
  - Lifestyle change
  - Self care
  - Changes to medications
- Poor compliance with care plans can lead to:
  - Lack of improvement of acute and chronic conditions
  - Patient confusion about the care plans
  - Patient confusion about why care plans should help
  - Simple problems evolving into complex chronic conditions

Aim of project
With the use of an after visit summary (AVS) form, we will increase outpatient compliance at the Evans Army Hospital Iron Horse Clinic

The AVS Form
End of Visit Summary
Appointment with __________________________
Date of appointment ________________________
What we talked about _________________________
What I can do to manage this without medications

New medications and how to take them

Referrals
Further workup

Results
Compliance Rates

<table>
<thead>
<tr>
<th></th>
<th>no AVS form</th>
<th>AVS form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance</td>
<td>58.3%</td>
<td>83.3%</td>
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</table>

Reasons for noncompliance

<table>
<thead>
<tr>
<th></th>
<th>No AVS Form</th>
<th>AVS Form</th>
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</thead>
<tbody>
<tr>
<td>Forgot part of plan</td>
<td>Left form in car and forgot part of plan</td>
<td></td>
</tr>
<tr>
<td>Forgot part of plan</td>
<td>Doesn’t like taking pills</td>
<td></td>
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<tr>
<td>Couldn’t tolerate side effects</td>
<td></td>
<td></td>
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<tr>
<td>Waiting to see if specialist agrees with care plans</td>
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Discussion
- AVS form improves compliance
- Study is small, so potentially other reasons for increased compliance
- Better provider communication may increase baseline compliance
- Possibly more discussion of care plans in group with verbal instructions and AVS form, so better remembering due to double exposure to information
- May have been differences in complexity of care plans between the two groups
- 5 no-form patients and 3 form patients lost to follow-up
  - Phone number may have been incorrect
  - Patients may have been unavailable at time I called
  - Patients may have chosen not to answer phone at time of call

Methods
- AVS forms given to 15 patients after I saw them
- Another 17 patients including that only received verbal care plan instructions
- I called patients 1 week later using the phone numbers listed in the EMR with the following questions to assess compliance and noncompliance:
  - What have you done for care of ______ since your appointment with us last week?
  - What difficulties have you found with your care plan?
  - Why haven’t you tried ______, which is part of your care plan?

Future plans
- Repeat study using the same AVS form with a second provider to see if provider communication style has an effect on compliance
- Verify phone numbers in EMR with patients to eliminate possibility of having the incorrect phone numbers
- Schedule phone visit with patients for better follow-up
- Similar results expected