ORIGINAL ARTICLES

Tracking and Reminder Systems in OB/GYN Practice

A Survey of Practitioners

Morgan Booher, D.O., Chase White, M.D., David Jaspan, D.O., and Jay Goldberg, M.D.

OBJECTIVE: To assess the compliance of OB/GYN providers with the American College of Obstetricians and Gynecologists (ACOG) recommendation for a tracking and reminder system in their office practices.

STUDY DESIGN: A paper survey was distributed during a risk management talk at the 2018 ACOG Annual Clinical and Scientific Meeting. Data were summarized, and responses were compared using χ^2 test for independence and Fisher's exact test.

RESULTS: A total of 53 OB/GYN practitioners completed the survey: 30% were familiar with the ACOG committee opinion for tracking and reminder systems, 51% had been sued, and 79% thought that patients were always responsible for obtaining ordered tests and referrals. When asked in a separate question about providers' responsibility, 40% thought that providers were solely responsible. Providers who had been sued were more likely to think that providers were responsible for following up on results. 65% contacted patients who did not show. Belonging to a practice with >11 providers was associated with being less likely to believe providers were responsible for tracking results. Working at an academic center was associated with being less likely to track results.

CONCLUSION: OB/GYN providers inconsistently follow the ACOG committee opinion recommendations for tracking and reminder systems. The majority believed that patients were primarily responsible for obtaining ordered tests and referrals. (J Reprod Med 2020;65: 273–276)

The majority (79%) of OB/GYNs in our study believed that patients, not the ordering provider, were primarily responsible for obtaining ordered tests and referrals.

Keywords: female, gynecology/organization & administration, humans, obstetrics/organization & administration, patient compliance, reminder systems.

In 2006, the American College of Obstetricians and Gynecologists (ACOG) initially published a committee opinion ("Tracking and Reminder Systems") which recommended that each office establish a simple, reliable tracking and reminder system to improve patient safety and quality of care and to minimize missed diagnoses. The committee opinion has since been replaced twice and was recently reaffirmed in 2019 by ACOG.[1]

In a recent lawsuit in New Jersey, an OB/GYN was sued with the primary criticism that he deviated from the standard of care in not complying with the ACOG committee opinion "Tracking and Reminder Systems" by failing to follow up on a woman who was given verbal and written instructions to have a repeat diagnostic mammogram in 3 months following an abnormal mammogram.

From the Department of Obstetrics and Gynecology, Einstein Medical Center Philadelphia, Philadelphia, Pennsylvania.

Address correspondence to: Jay Goldberg, M.D., Department of Obstetrics and Gynecology, Einstein Medical Center Philadelphia, 5501 Old York Road, Philadelphia, PA 19141 (jaygoldbergmd@yahoo.com).

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The patient failed to obtain the ordered mammogram. When she finally returned to the OB/GYN 18 months later, a large breast mass was palpated, which was determined to be a breast cancer. The patient required a radical mastectomy, chemotherapy, and radiation therapy. The opinion of the OB/GYN expert for the plaintiff was that if the OB/GYN had followed the ACOG committee opinion "Tracking and Reminder Systems," the patient would have been contacted by the OB/GYN soon after the 3 months for failing to obtain the repeat mammogram, leading to the diagnosis of her breast cancer at an earlier clinical stage. It was alleged that this would have also resulted in a less invasive surgery and a higher likelihood for cure.

From the authors' own personal experience, this committee opinion has also been represented by Plaintiffs to be the standard of care for OB/GYNs regarding what is required to be in place for tracking and reminder systems in several other malpractice lawsuits.

In clinical practice, the benefits of having a tracking system for results are multifaceted. When a physician tracks results from labs and studies ordered by themselves, test results may be less likely to fall through the cracks and may be obtained in a more timely manner. Abnormal results may be addressed promptly, potentially decreasing morbidity and mortality. Patient satisfaction with and trust in their provider may also improve.[2]

Among all medical and surgical specialties, the topic of tracking and reminder systems appears minimally in the literature. For example, an article in the primary care literature in 2015 discussed implementing tracking and reminder systems to improve colorectal cancer screening rates, specifically among the American Indian population.[3] An editorial article from 2002 gave recommendations for better test results tracking.[4] However, we found no official guidance on this topic from the American Academy of Family Physicians or any other national societies other than ACOG.

To our knowledge, since the committee opinion "Tracking and Reminder Systems" was first published in 2006, there has been no formal assessment regarding whether OB/GYNs are aware of this Committee Opinion and follow it in their routine clinical practice. A similar study was conducted looking at labs and tests ordered by internal medicine doctors; it showed that only 23% had a system in place to follow up on ordered labs.[5] Our study surveyed current OB/GYN practitioners on their tracking and reminder systems and attitudes/perceptions on this topic.

Materials and Methods

This study was deemed IRB-exempt by the Einstein Medical Center IRB. A paper survey was distributed to OB/GYNs during a risk management talk at the 2018 ACOG Annual Clinical and Scientific Meeting in Austin, Texas. The survey included questions regarding the responding practitioner's current work situation (private, physician group, non-academic hospital, or academic hospital related) and the number of practitioners in each practice (1, 2–5, 6–10, 11–25, or >25). Participants were then surveyed regarding their own routine clinical practice with "Yes or No" questions regarding seven commonly ordered tests/studies by OB/GYNs. They were also asked whether they believe patients and/or physicians are responsible for obtaining ordered testing. From a patient perspective, this entailed the patient making appointments or completing studies or laboratory tests as recommended to them by their physician. In the case of physicians, this meant that physicians were responsible for obtaining results of those recommended studies and facilitating their completion if necessary.

The OB/GYN's type of tracking system was then assessed (computer-based/electronic, paper, or none). Further questions included whether or not providers contact patients who do not show up for appointments, document patient phone calls and no-shows, whether or not the provider had ever been sued (further clarification for primary reason of legal action was not assessed), and if they were familiar with the ACOG Committee Opinion regarding tracking and reminder systems prior to taking the survey.

Only studies with every question answered were included in the analysis. Data were summarized, and response frequencies were compared between groups. Group-level response frequencies were compared using χ^2 test for independence or Fisher's exact test, as appropriate.

Results

Of the 60 surveys distributed, 53 OB/GYN practitioners (88%) completed the survey. Only 30% of those surveyed were familiar with the ACOG committee opinion for tracking and reminder systems. 51% of all respondents had been sued. 79% believed that patients were always responsible

for obtaining ordered tests and referrals, whereas 40% thought that providers were. Overall, 75% had a tracking system for pap smears, 68% for biopsies, 55% for lab tests, 62% for screening mammograms, 58% for diagnostic mammograms, 42% for ultrasounds, and 28% for specialist referrals. 65% contacted patients who did not show up for appointments. A summary of the data can be found in Figure 1.

There was a tendency for providers who had been sued to be more likely than providers who had not been sued to believe that providers were responsible for following up on results (52% versus 27%, p=0.064). Providers who had been sued had tracking practices similar to those of providers who had never been sued.

Providers belonging to a practice with >11 providers were less likely than those in smaller practices to believe providers were responsible for tracking results (17% versus 51%, p=0.014). Providers in larger groups were also statistically more likely to contact patients who did not show up to their appointments (p=0.003).

Providers working at an academic center were less likely than non-academic physicians to track ultrasound results (18% versus 53%, p=0.015). Familiarity with the ACOG committee opinion on tracking and reminder systems did not affect attitudes or tracking practices, other than specialist referrals (p=0.021).

Discussion

The ACOG Committee Opinion "Tracking and Reminder Systems" states that "*Each office should establish a simple, reliable tracking and reminder system to facilitate communication, improve patient safety and quality of care, and minimize missed or delayed diagnoses*." In real life clinical practice, however, 70% of OB/GYN providers surveyed were not familiar with this committee opinion, and overall they inconsistently follow this ACOG committee opinion.

The majority (79%) of OB/GYNs in our study believed that patients, not the ordering provider, were primarily responsible for obtaining ordered tests and referrals. Only 40% of those surveyed believed that the ordering OB/GYN was responsible for following up. Based upon the number, some providers believe that there is a shared responsibility amongst patients and their doctor.

Why are all ordered tests and recommended follow-up not always tracked by OB/GYNs, with reminders sent to noncompliant patients? Many OB/GYNs may believe that the concept of patient autonomy means that it is the patient's decision whether to follow the ordering OB/GYN's recommendation or not. There may also be logistical,

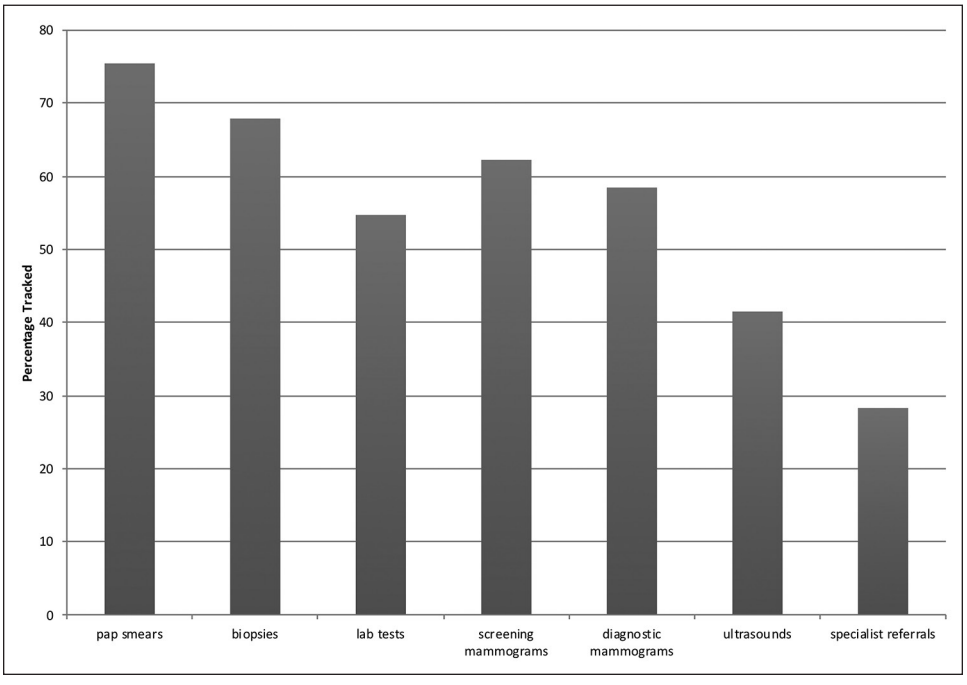

Figure 1
Percentage of OB/GYN providers with tracking systems for each item surveyed.

time, or financial impediments to having a reliable tracking and reminder system in place.

Reasons that patients do not comply with ordered tests, referrals, or follow-up are many. In our opinion, they include disagreement with what was recommended by the OB/GYN, economic issues such as a lack of health insurance or high co-pays, a lack of time, distraction by relationship or work problems, seeking a second opinion that differs, denial, disorganization, and forgetfulness.

What does an ideal tracking and reminder system look like? In 1996 Boohaker et al described four basic steps for managing patients' test results.[5] In general, these included tracking tests until the results are received, notifying patients of the results, documenting the notification, and arranging the appropriate follow-up for abnormal results. In 2002 White expanded on these principles by adding that the ideal system for tracking results should be standardized, simplified, include electronic technologies to their maximum capacity, involve patients and empower them to take responsibility for their care, and, lastly, should create a culture in the office where results reporting is the norm.[4]

Since those articles were published, electronic medical records (EMRs) have become the standard of medical care. Many electronic medical records can be programmed with stop checks to facilitate timely follow-up on lab orders. Setting notifications for abnormal results, routing results to different mailboxes, and utilizing patient portal messaging through these EMR systems has been beneficial in our own practice. It is important to keep in mind that the ideal system may be different amongst OB/GYN practices.

While the 51% of OB/GYNs in our study who had been sued were more likely to think that providers were responsible for following up on results, the study did not have the power to reach statistical significance. There was no statistical significance between overall responses among providers who had previously been sued compared to those who had not. It is not known what issue resulted in litigation for these OB/GYNs.

Limitations of this study include the low number of OB/GYNs surveyed, with only 53 respondents (n=53). All of the respondents, however, were OB/GYNs that were members of ACOG. As this survey was distributed at an ACOG risk management presentation, there may have been bias toward providers who are more aware or concerned about risk management and this topic.

The goal of our study was not to opine upon what is required of OB/GYNs regarding their tracking and reminder systems, but rather to assess what is common clinical practice for tracking and reminders. While arguments can be made both for and against the ACOG Committee Opinion "Tracking and Reminder Systems," our study demonstrated both that most OB/GYNs are unaware of this publication and it is inconsistent with routine clinical practice. Our study does, however, bring to light the importance of OB/GYN physicians developing their own methods for follow-up of patient testing results and, by doing so, improving patient care and decreasing physician liability.

The COVID-19 crisis abruptly changed OB/GYN clinical practice in March of 2020. For patient and provider safety, many previously scheduled office appointments were canceled or patients did not show. Scheduled non-emergency surgeries were similarly canceled, some of which might have found malignancy, often as required by hospital or government regulations. Remote telehealth visits, via telephone or video, began to be utilized in lieu of in-person office visits. Testing ordered during these telehealth visits, often later collected at outpatient laboratories rather than the physician's office, will likely lead to an increased number of results of abnormal findings slipping through the cracks. The unprecedented stresses placed on OB/GYN practices from the COVID-19 crisis will certainly have a negative impact on tracking results and reminding patients when follow-up is necessary.

References

1. Tracking and reminder systems. Committee Opinion No. 546. Committee on Patient Safety and Quality Improvement; American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;120:1535-1537
2. Matheny ME, Gandhi TK, Orav EJ, et al: Impact of an automated test results management system on patients' satisfaction about test result communication. Arch Inter Med 2007;167:2233-2239
3. Craig JA, Redwood D, Provost E, et al: Use of Tracking and Reminder Systems for Colorectal Cancer Screening in Indian Health Service and Tribal Facilities. IHS Prim Care Provid 2015;40(2):10-17
4. White B: Four Principles for Better Test-Result Tracking. Fam Pract Manag 2002 Jul-Aug;9(7):41-44
5. Boohaker EA, Ward RE, Uman JE, et al: Patient Notification and Follow-up of Abnormal Test Results: A Physician Survey. Arch Intern Med 1996;156(3):327-331