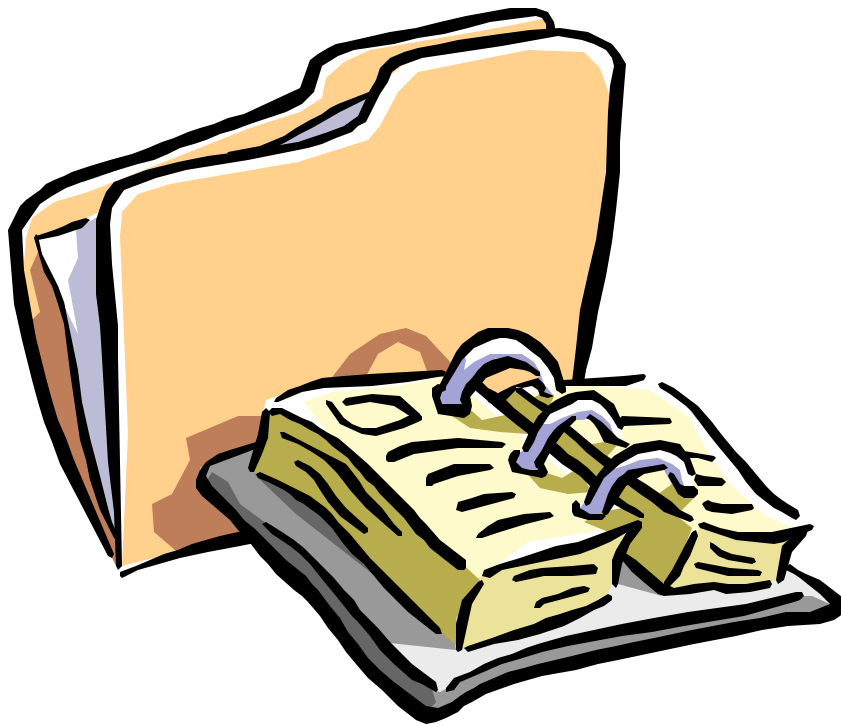




RECALL AND REMINDER SYSTEMS



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Definitions

Recall: A recall is usually for abnormal results where it is essential that the patient return to the practice.ⁱ

RACGP guidelines for patient recallⁱⁱ

- Only patients who normally attend the practice should receive recall notices
- Recall notification should only be for a specific aspect of continuing care and/or specific preventative care
- It is appropriate to monitor patients with established diseases by recall
- **There is clear obligation on the doctor to recall patients who have failed to follow up abnormal tests**

Reminder: A reminder is usually for preventative care. A reminder system is a proactive way of promoting healthcare.ⁱⁱⁱ

RACGP guidelines for patient reminder^{iv}

- Seek patients permission before placing them on a reminder register
- The recall of patients at appropriate intervals for preventative care of recognized value is recommended
- The RACGP accepts a protocol of preventative care recalls. Such a schedule would be regarded as constituting a minimal standard of preventative care, subject to variation at the discretion of the doctor

Types of Recall and Reminder Systems

- Postcards
- Letters
- Phone calls
- Emails
- Birthday cards
- Mail outs
- Recruitment letter (e.g. Health Assessments or Care Plans)
- Opportunistic screening (Prompt during unrelated practice or home visit e.g. cervical screening)
- SMS

Types of Reminders^v

Immunisation

- i. Childhood immunizations
- ii. ADT/Pneumococcal/Influenza
- iii. Hepatitis B – follow up vaccination
- iv. MMR (18 – 30)
- v. Flu vaccine

Chronic Disease or Risk Factor Management

- vi. CVD (BP, lipids, weight)
- vii. Bone density testing
- viii. Diabetes
- ix. Asthma

Screening

- x. Pap smear
- xi. Breast screen
- xii. Mammography
- xiii. Prostate
- xiv. Hypertension

Enhanced Primary Care

- xv. Health Assessment
- xvi. Care Plan

Mental Health Review

Other

- xvii. Colorectal screening/colonoscopy review
- xviii. Physical activity
- xix. Dietary management review
- xx. Depo Provera injections
- xxi. Post natal review
- xxii. Skin checks (epidemiology study)
- xxiii. Physical activity script
- xxiv. Contraception

Why Have a Recall and Reminder System?

There is scientific evidence that reminder/recall systems enhance return visits. Studies of the effectiveness of mail or telephone reminder systems generally have demonstrated improvements in patient compliance with a variety of scheduled health care visits.^{vi}

In one study^{vii} it was discovered that patient reminder systems were effective in improving immunization rates in 80% of the studies, irrespective of baseline immunization rates, patient age, setting, or vaccination type. All types of reminders were effective (postcards, letters and telephone or auto-dialer calls), with telephone reminders being the most effective but costliest.

Using Recall and Reminder Systems within the medical practice has been shown to improve overall health care.^{viii} For example children who are behind on immunization rates are at a greater risk of being behind in other preventative services.

Successful centralised recall systems in other countries have promoted interval screening for cervical cancer.^{ix}

The majority of overdue vaccinations result from people simply forgetting that the vaccination is due. A friendly reminder from your practice via a phone call or letter is a simple strategy to recall patients for vaccinations and increase practice immunization rates.^x

What can Recall and Reminder Systems offer?^{xi}

- Improved health outcomes in chronic disease
- Cost effectiveness
- Enable better provision of services
- Facilitate adherence to guidelines
- Screening for multiple risk factors
- Adherence to privacy legislation
- Equity and access
- Reduction in hospital admissions and over-servicing
- Disease registries can be used to improve outcomes in the management of diabetes and other chronic diseases
- Better outcomes were seen in patients who received letters based on registry-generated data
- This strategy should be included as part of a comprehensive chronic disease management plan

Further refinements in the use of registries should result in further incremental improvement.

Cost Effectiveness^{xii}

28 patients attending a consultant over a 3 month period (as a result of a reminder letter) at \$30 per consultation = \$840

The costs in generating income;		
GP (overview)	1 ½ hours at \$100 per hour	\$150
Mail		\$25
Junior staff time	1 ½ hours at \$16 per hour	\$24
Total Costs		\$199

Total income generated over 3 months equals \$641

Cost effectiveness varies

- The cost-effectiveness of automated telephone messages and letters may vary widely depending on the setting, and choices among strategies should be tailored to the populations being served.^{xiii}

Implementing a System of Recall and Remind

“Systems should enable things to just happen, in the most unobtrusive manner possible. Systems apply to every activity in our business”

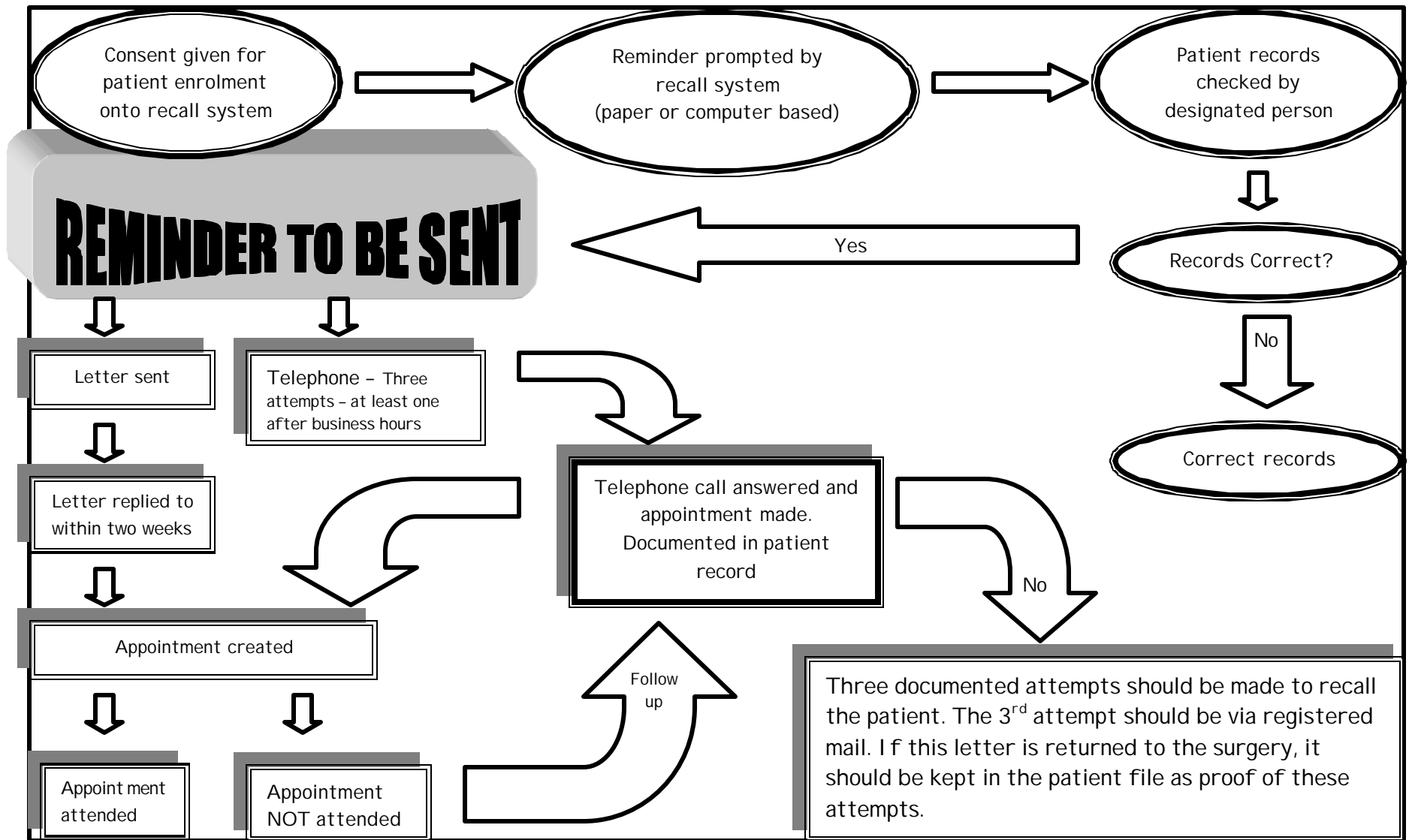
To implement an effective system, all of the steps of that system should be discussed, documented and followed up.

The elements of the system should be considered first.

1. Write up a statement of the result of the system. In the case of recalls and reminds, is the practice mainly looking to **recall** any patients with abnormal results only, or do you want the system to cover **reminders** for tests due, such as repeat Spirometries or ECGs, or breast checks etc.
2. Work out the sequential steps – the work flow of the system, look at the flow chart or check list provided in this manual for an example.
3. Appoint a staff member to be accountable for operating the system. There is a greater chance of success when you appoint only one person.
4. Decide on the resources required for the system. Is the system on computer, or if paper based, do you need to print up postcards, purchase a file box etc.
5. State timing and scheduling of the activities and results required. How often will the recalls be prompted, weekly? monthly? How often will the recalls be checked against appointments made, etc.
6. Decide on benchmarks for performance. After a certain period, say 3 or 6 months, the system should be reviewed for success levels.

Look closely at how the system works. Are the patients happy with the system? What about the rate of appointments generated from it? Is the time spent on recalling patients too long? Why? Is this because there are too many incidences of not being able to contact the patient? What can be done to fix this?

Most systems need to be reviewed regularly, and a recall and remind system is no different.



Checklist for recall and reminder systems

- Consent for patient enrolment onto recall system
- Reminder prompted by reminder system
- Designated person checked patient records correct

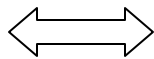
Name: _____

- See Practice Policy

1. Letter

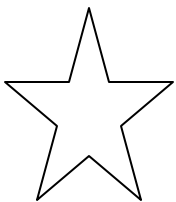
OR

2. Telephone



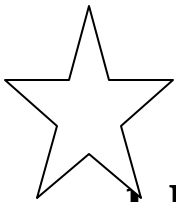
- Letter sent
- Reply to letter within two weeks
- Appointment created
- Document in patient notes
- or if appointment not created**
- Registered mail sent**
- attempt telephone**
- Registered mail sent**

- Patient answered morning call
- Patient answered afternoon call
- Patient answered after hours **call**
- Appointment created.
- Document in patient notes
- or if appointment not created**
- Document in patient notes
- or if appointment not created**
- attempt letter**
- Registered mail sent**



Three documented attempts should be made to recall the patient. The third attempt should be via registered mail. If this letter is returned it should be attached to the patient file as evidence.

- Unable to contact Patient.** **Registered mail attached to patients file**
- Doctor made aware**



Documentation should state that the patient attended the appointment. If the appointment is not kept then documented contact must be made with the patient.

1. Letter (see above)

2. Telephone (see above)

- Appointment created.
- Document in patient notes
- or if appointment not created**
- Registered mail sent**

Recalls are totally ineffective unless a number of basic principals are adhered to;

Direct the recall. Your computer or paper based system should be able to differentiate the type of recall. Recalling a patient for cervical screening, when contacting a male, is tantamount to gross administrative efficiency, and places the practice in a poor light.

Pay attention to detail. Recalling the wrong dependant or changing a Mr to a Mrs shows a total disregard for a patient. Make sure the information you capture is correct, and show the patient you care.

Don't just post letters. Posting a mail merged letter, where the patient name and address details are all in upper case, where the letter is riddled with spelling and grammatical errors, and unsigned goes against the principals of effective marketing.

Adhere to the principals of relationship marketing. Pay attention to detail, address the letters correctly. People like to be made to feel important and a correctly addressed and written personalised letter goes a long way to achieving the goal.

Recalls should be a routine process, where one day of the month is allocated for this function. Recalls are an excellent way of generating patient loyalty.

Sending out recalls is only a small part of the process. What about the patients that did not turn up? The reasons vary;

- The patient may have every intention to visit, but due to extraneous pressures failed to make an appointment
- The recall may not have reached the patient
- The patient may have moved.
- You may have addressed the recall incorrectly
- Patient loyalty has been lost and they now visit another practice

If any of these reasons apply, you need to take action. You may need to verify the person's contact details and/or make a telephone call to trace the patient and then book a follow up an appointment.

The methods of recalling a patient vary. A good management system will allow you to record the patient's email address and email recalls. Faxing a recall is also very effective, both in terms of appointments being made, as well as reaching the target. Faxes still have an element of importance attached to them and tend to have a high success rate.

Personal telephone calls are extremely effective and allow an appointment to be made with minimal fuss. Not only is it more cost effective than mail, but a well prepared telephone script can achieve remarkable results.

Feedback and follow up reinforces the growth of patient loyalty. You need to know who your customers are in order to offer them what they want. The consequence is steady and strong practice growth.

Undertaking recalls can be an expensive process, especially if done incorrectly. Most practices see the cost of recalls in terms of the cost of postage, paper and envelopes, failing to see the underlying costs. These range from the cost of returns, bad databases and incorrectly entered postal codes, as well as salaries, overheads and the immeasurable cost of patient perception.^{xiv}

What skills are required by GPs and practice staff to operate a good register?

- Regular and good communication (staff meetings)
- Computerisation makes it much easier
- Delegation and assignment of tasks to specific staff
- Good systems

How many reminders should be sent?^{xv}

- Multiple patient reminders are more effective than single reminders in improving screening rates in a managed care setting. Three reminders should be sent.
- It has been suggested that three phone calls should be made, in an attempt to contact a client. These phone calls should be made at three different times of the day. As an unanswered call attracts no cost it is a good strategy to attempt this three times before a letter is sent.

How many recalls should be sent?

- Send a letter, then phone. Three documented attempts should be made to contact the person. The final attempt should be a registered post letter sent to the last known patient address. If this mail returns to the surgery as undelivered then this should be attached to the patient file.

The process of a Recall and Remind system is an essential aspect of the practice's management. It is the process of telling your patient that he/she is due for a visit. It achieves two goals, the first is providing an important service to the patient by informing them that a consultation is due, and secondly; boosting the practice's profitability.

For every dollar it costs to keep an existing client, it costs extra to get a new client. However, with the process of managing recalls, relationship marketing kicks in, effectively saving over 50% of the new patient cost.

Legal Issues of recall and Reminder systems

RACGP Guidelines^{xvi}

- Only recall regular patients
- Obtain patient consent
 - Give clear reasons why recalling is important
 - Link to clinical condition
 - Explain patient's responsibility
 - Indicate method and frequency of contact
 - Provide pamphlet or information sheet
 - Indicate practice policy "opt in" or "opt out"
 - Refusal must be informed
- Recall for specific aspect of continuing care and/or preventative care
- GPs obligation to recall patients who have not followed up abnormal tests

Do you need explicit consent from patients to allow practice staff to generate recall letters and phone patients for recall?^{xvii}

- No. Implied consent is adequate. GPs and practice staff are bound by the same code of ethics and privacy legislation. It is mandatory in NSW to have staff sign confidentiality agreements and display the practice privacy policy for patients to read
- The letters can be signed by the GP or by practice staff on behalf of the GP
- Can specify, for example "diabetes recall"

Implicit or Explicit consent?^{xviii}

- This means that if the use of an individual's information for recall was one of the primary purposes of collection, or an expected directly related secondary purpose, the individual's consent will not be required
- Usually it is the 'organisation', that is, the medical practice, that is collecting, using, disclosing and storing the individual's information
- Therefore, it is the medical practice, as distinct from the doctor as an individual, which is responsible for the individual's personal information. Use by other staff members in that organisation is not a disclosure. The Privacy Act does not require that medical staff/medical support staff sign a confidentiality agreement specific to each of the tasks that they perform nor does it require that individuals be told which specific staff member in an organisation will use their information
- Therefore, if the person who generates the recall letter/call is part of the same organisation as the doctor the consent of individual will not be required

Is it the GPs responsibility to recall patients?^{xix xx}

- The responsibility may be split between the GP and practice staff depending on the policy of the practice
- If GP orders a test that comes back abnormal or life threatening the GP is responsible for the recall of the patient to advise of the findings and to explain what they mean
- The patient should know the results of every test undertaken. The GP is to ring patient regardless; you can't assume that no news is good news!
- How far do you go to recall patients? Firstly write a recall letter or phone the patient; if there is no response by patient, ring them and then send a registered post letter to the patient's last known address (this is only if the results are abnormal). See flow chart for full outline of steps involved in recall and remind
- Depends on how GP sets up consultation and costs involved
- Can document in notes and provide an appointment card (which reinforces recall in writing)

Should clinical data leave the GP practice?^{xxi}

- Yes, provided that consent is obtained from both the GP and the patient
- Patient to complete consent form and be given patient information sheet – which contains the details where the data is going, in what format (de-identified?) and why

Should it be recorded if the consultation was recall initiated?^{xxii}

- GPs don't really need to record this in the patient's medical record
- However, good follow up procedure is required
- More a funding than patient management issue (use of Medicare trigger item)

Paper based Recall and Reminder Systems

Immunisation

Australian Charted Immunisation Register (ACIR)020A Reports.

This report is sent to practices by the ACIR. It must be requested by practices, which may be done via the internet (www.hic.gov.au) or by filling in the report request form and the 46E confidentiality agreement (see appendix one for examples). This report lists all children registered at a practice who are overdue for immunisation.

The children can then be followed up and recalled into the practice to complete the overdue immunisations.

Patient Charts

By penciling in the next appointment date on patient's charts and checking them at every visit, practices can effectively monitor patient needs. Office personnel also can attend office policy (see section on recall and reminder policies) and call or send letters to patients who are behind on their appointments.

Phone Lists

Phone list can be used to follow-up with patients who have future appointments or have missed appointments. By tracking patients whose appointments are 6 months away and contacting them as their appointment nears. Doctors show patients they are aware of their children's needs and ensure that parents are reminded about upcoming appointments.

NB Patient or Guardian permission must be received for patients to be enrolled in Reminder Systems, please see section Implementation and Legality Issues for further details. (Page 7-13)

Filing Systems

Filing systems can be used to add in recall and remind.

The following companies have recall and reminder accessories or prompt devices for a paper-based system

www.aosys.com.au

www.easifile.com.au

www.multifile.com.au

www.rollspl.com.au

www.top3.com.au

Patient File prompt stickers

Colour coded stickers (a different coloured sticker for each year) can be used on the patient's file to show when the patient next needs a reminder.

Stickers can be supplied by the NSW Cervical Screening Program, these stickers are a prompt for the doctor to ask women if their Pap test is due.

How to Use These Stickers

For all eligible women 18-70 years place stickers on

- Front cover of case notes
- Patient summary sheet or
- Continuation notes as a record of when the next Pap test is due.

For more information about Pap tests and cervical screening contact the NSW Cervical Screening Program on 13 15 56.

Translation and Interpreting Service: 13 14 50.

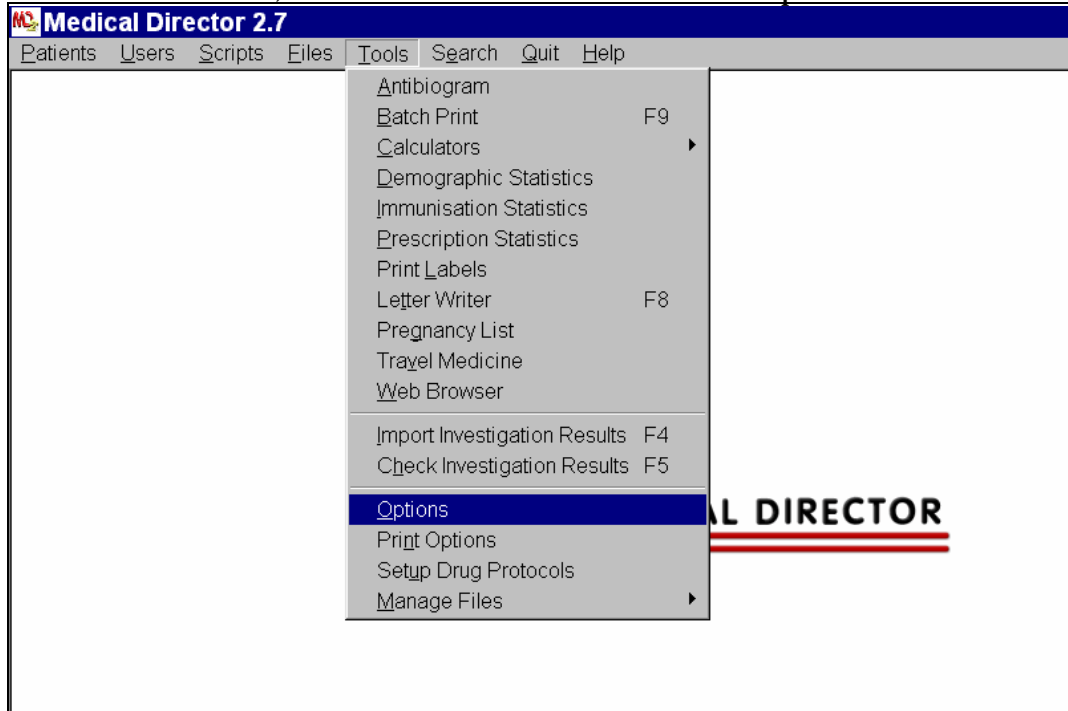
For Pap Test brochures and further information, visit the NSW Cervical Screening Program; www.csp.nsw.gov.au

Computer based systems

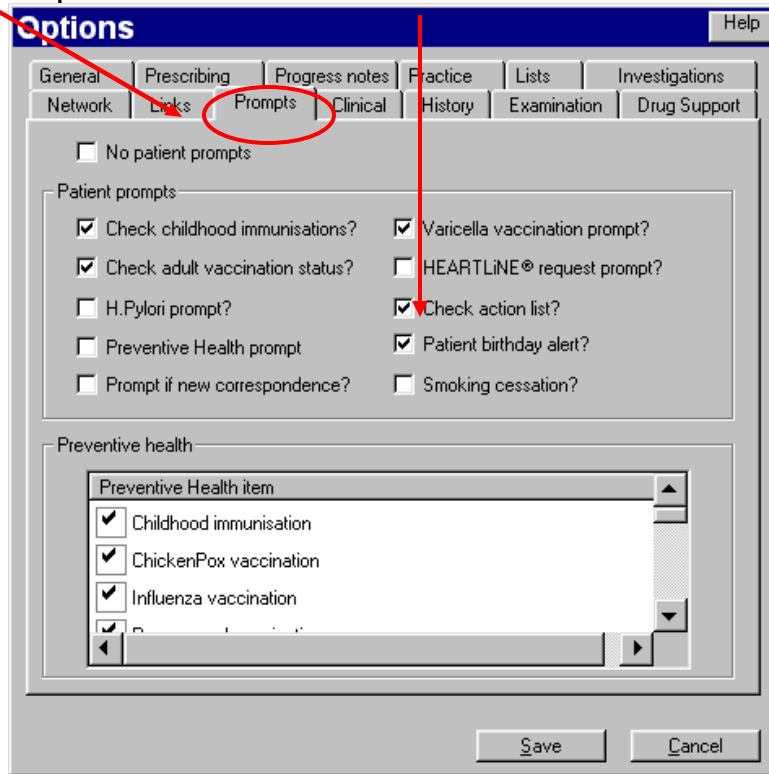
Setting up MD for using Recalls and Outstanding Actions

The recall system described in this document combines the MD recall with the “outstanding action” to provide a system that not only allows better tracking of patient recalls, but also draws the GPs attention to the reason for the patient’s recall when they arrive for their appointment.

The first step is to ensure that the “Outstanding Action” feature is fully functional. To do this, each user must turn it on in their options:



Select the "Prompts" tab and make sure that "Check action list?" is ticked.



Part II: Recalls:

Recall protocols need to be set up when first applied.

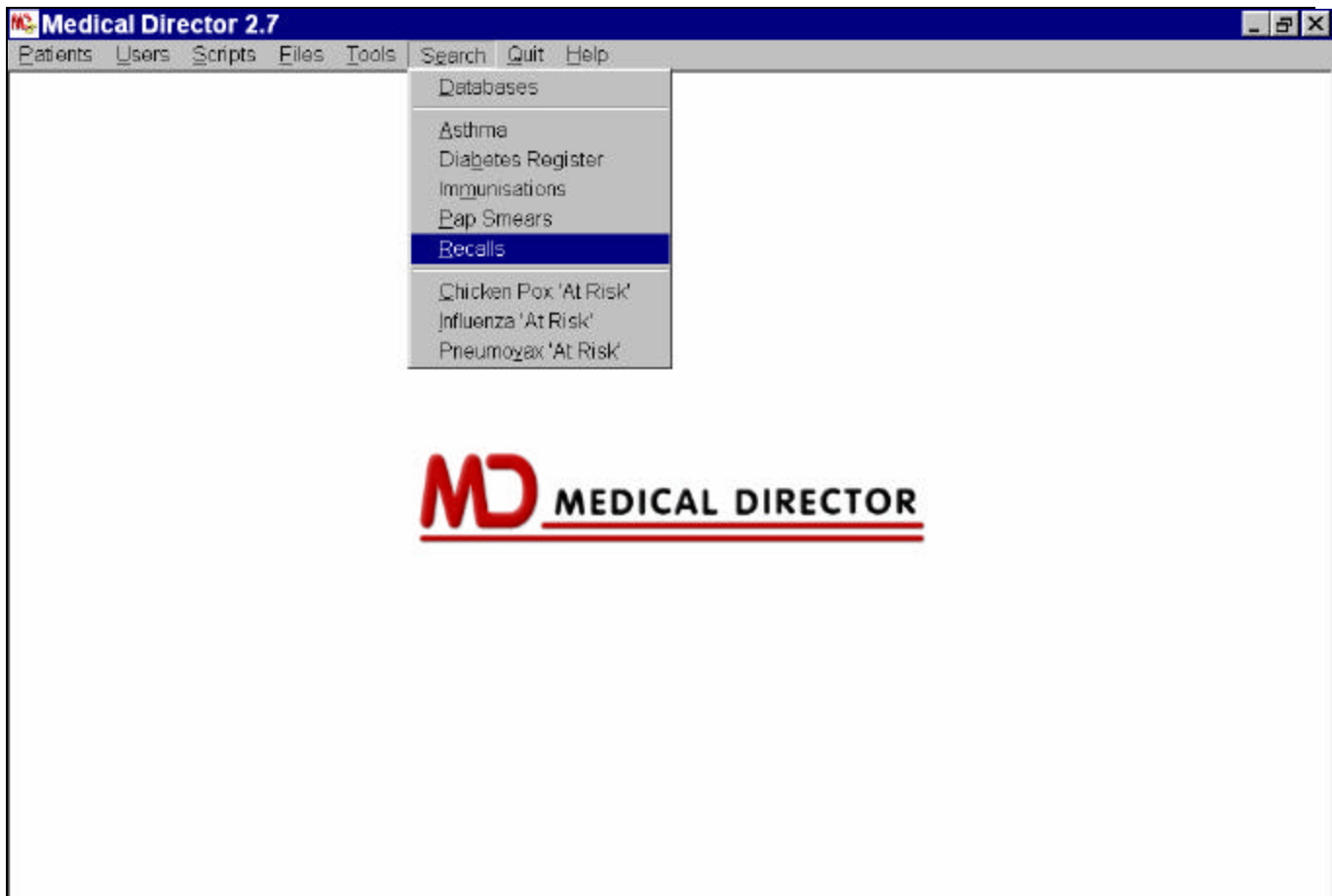
Unlike other recalls, this example of overdue pap smear is a “once off, proactive” recall for an identified patient population.

Adding to the recall system rather than mail merging the list directly ensures that an “outstanding action list” is generated.

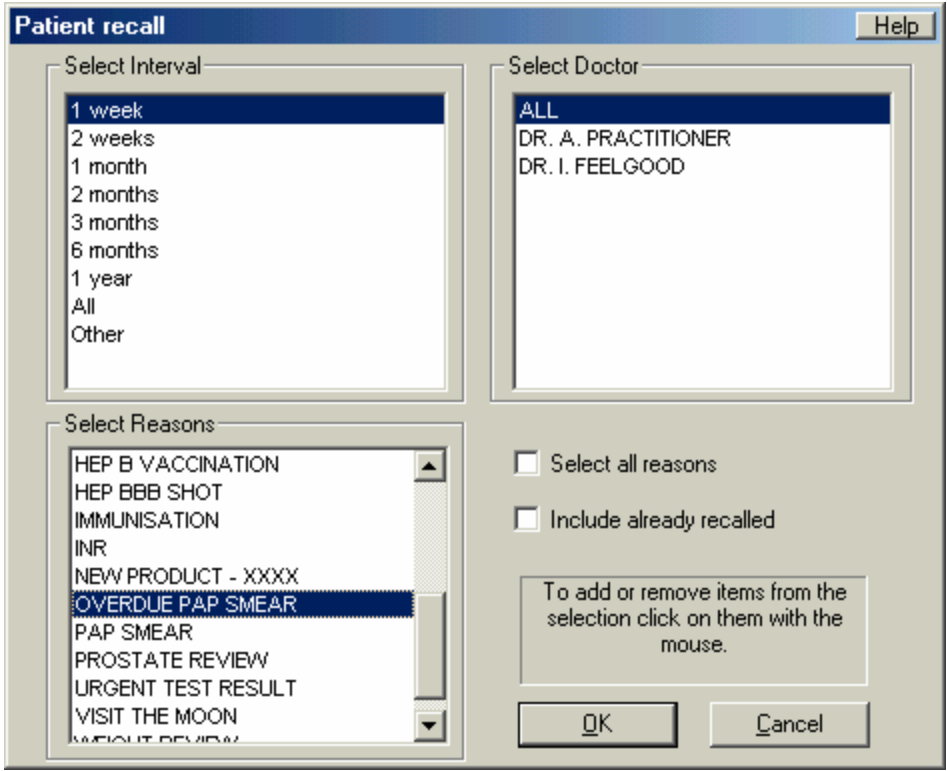
The screenshot shows a dialog box titled "Add Recall" with a "Help" button in the top right corner. The "Doctor:" field contains "DR. A. PRACTITIONER". Under "Reason for recall", there is a text input field with "OVERDUE PAP SMEAR" and a "Save Protocol" button below it. A list box below contains the following items: BLOOD PRESSURE REVIEW, BREAST EXAMINATION, CHOLESTEROL REVIEW, DIABETES REVIEW, DVA REVIEW, FULL MEDICAL CHECK-UP, INFLUENZA VACCINATION, and MAMMOGRAPHY. The "Interval" section has a numeric input field with "1" and three radio buttons: "Weeks" (selected), "Months", and "Years". The "Recall Date:" field contains "05/01/2002". A checkbox labeled "Once only recall" is checked. At the bottom are "Save" and "Cancel" buttons.

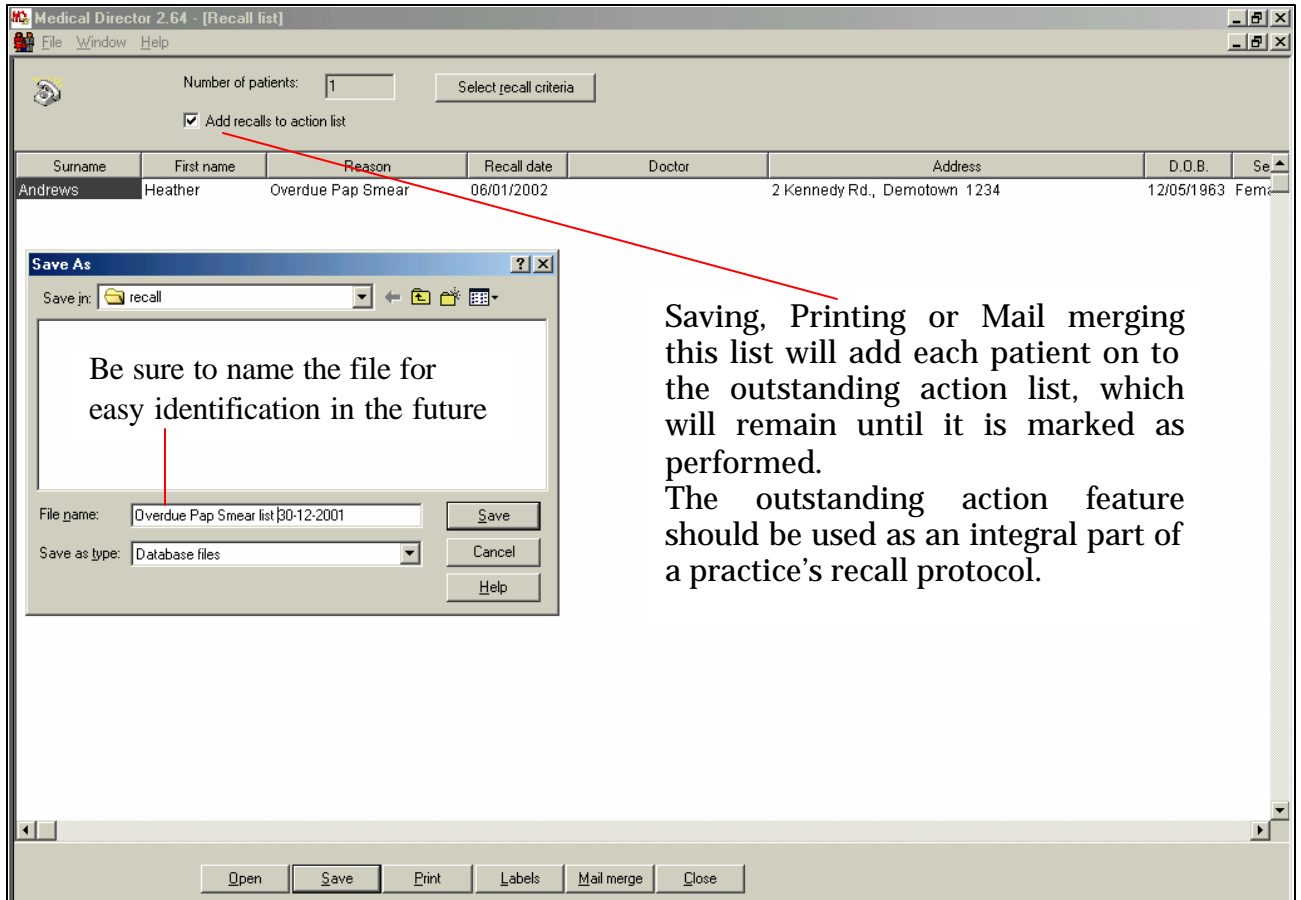
When setting up recall protocols, be sure to name the protocol using lay terminology, as the term can appear in the recall letter sent to the patient.

Follow up these patients by a personalised letter or phone call, all patients with this recall should be identified using the recall system.



These patients can be included in the practice's routine recall, or can be dealt with separately, allowing the use of a specific recall letter and/or printing of a specific list for appointment management purposes.





Saving, Printing or Mail merging this list will add each patient on to the outstanding action list, which will remain until it is marked as performed. The outstanding action feature should be used as an integral part of a practice's recall protocol.

What does this window mean?

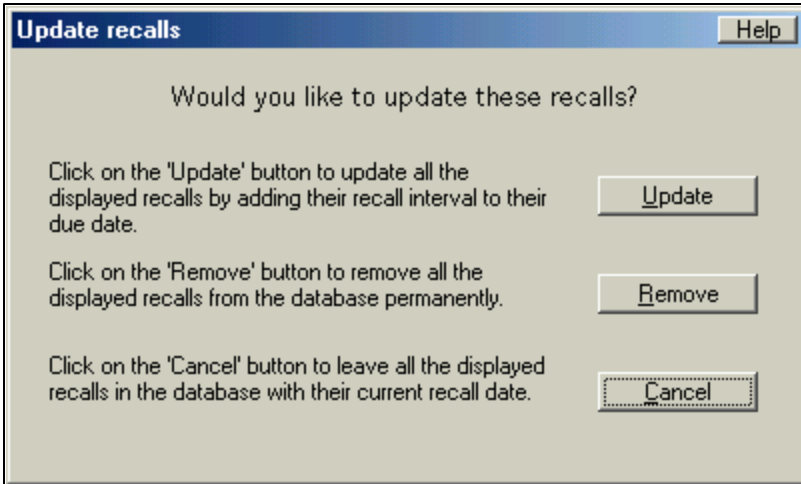
The Update or Remove buttons should only be used if the outstanding action feature is fully enabled.

As this recall is a "once only" recall, and providing that the "outstanding action" feature is fully enabled*, it would be appropriate to use the "Remove" button.

It should be noted that with the standard recalls, the "Update" button should be selected.

*See Page 5-6 for detailed instructions for managing the outstanding actions system in your practice.

should be saved for record tracking.



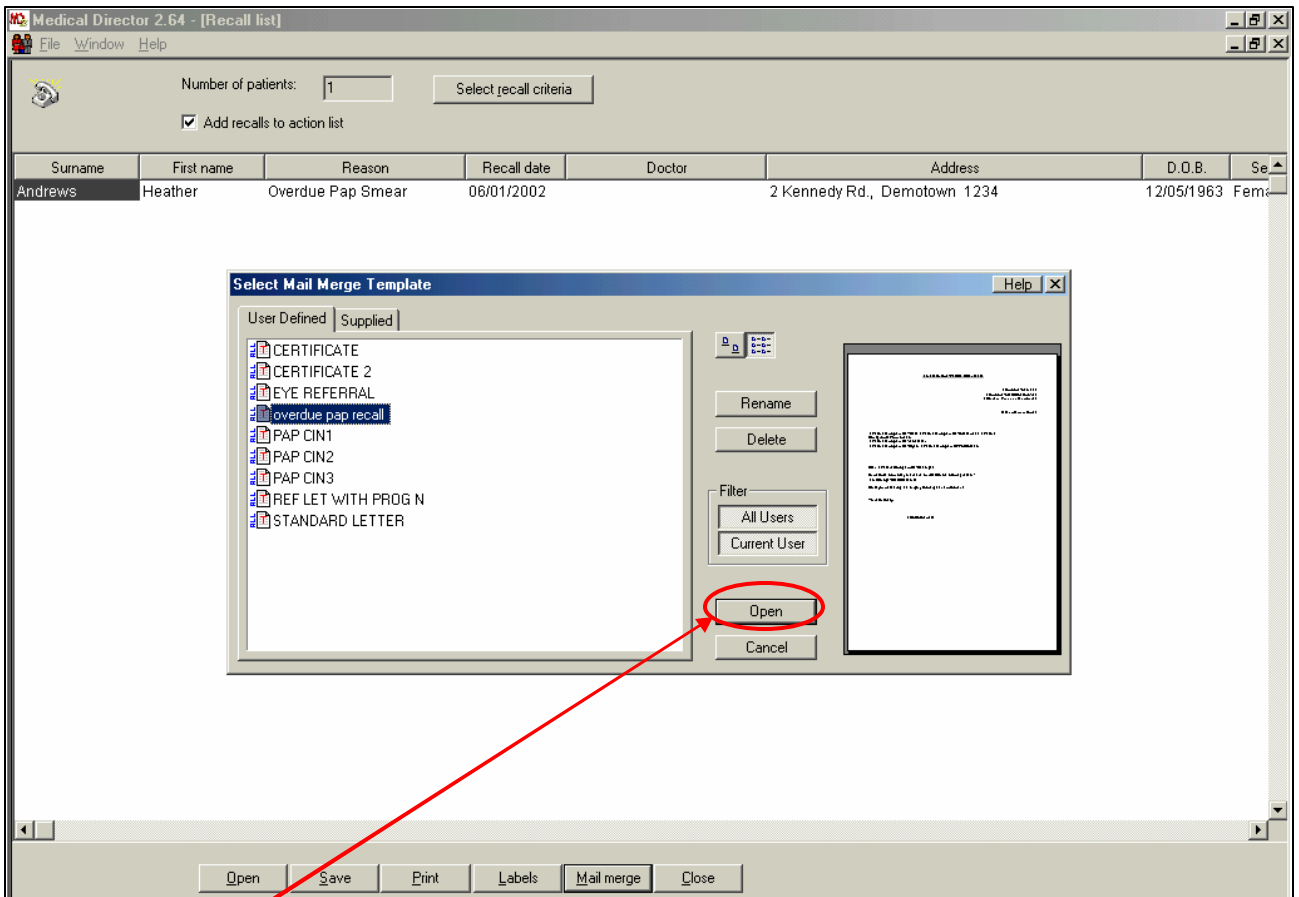
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As this recall is a “once only” recall, and providing that the “outstanding action” feature is fully enabled*, it would be appropriate to use the “Remove” button. It should be noted that with the standard recalls, the “Update” button should be selected.

*See Page 5-6 for detailed instructions for managing the outstanding actions system in your practice.

Part III: Mail out:

The “Mail merge” button opens the letter writer template window, where the

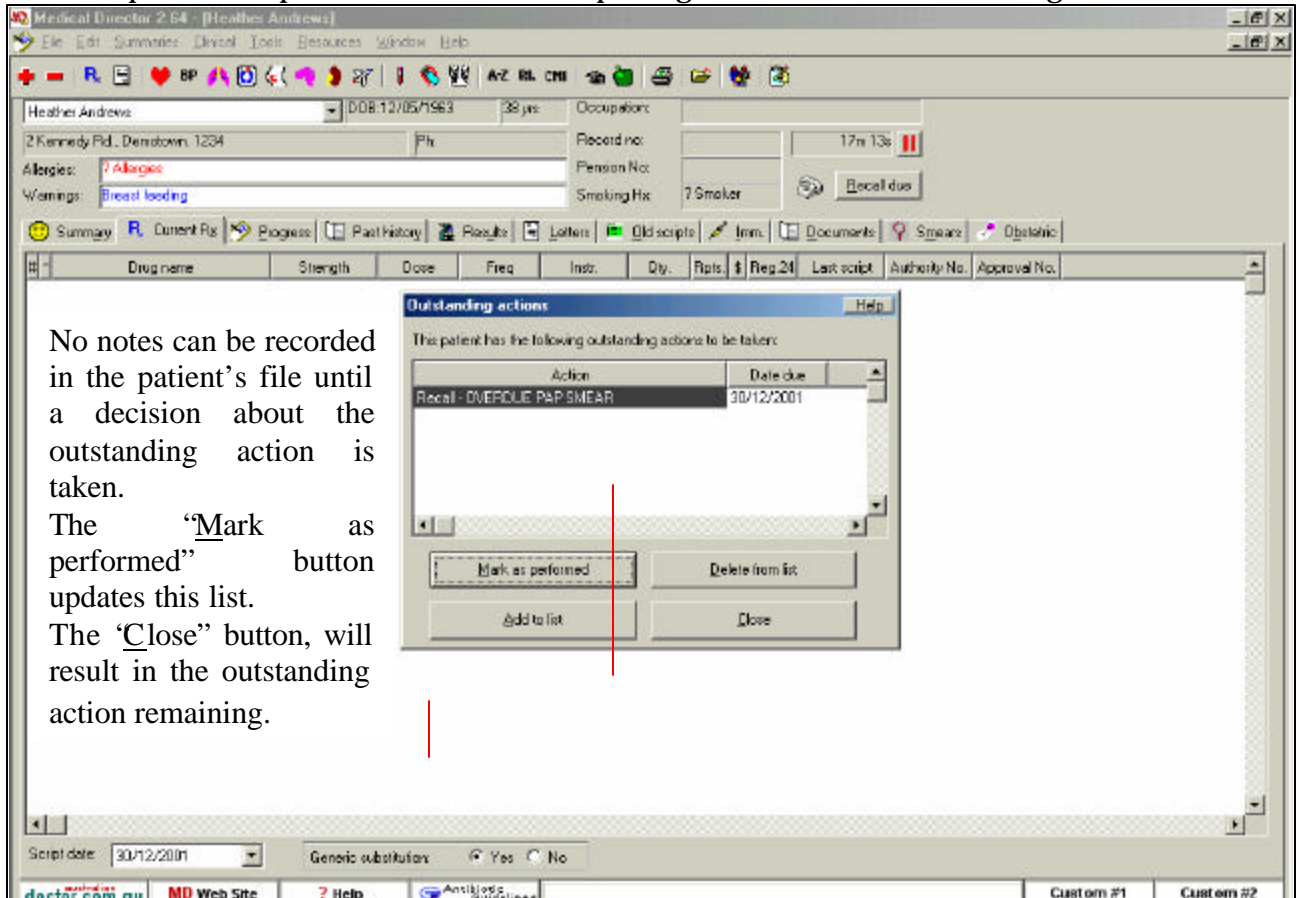


specific letter can be selected. The “Open” button will send it straight to the printer.

The recall list can also be printed for use when the patients make appointments.

Part IV: Outstanding Actions

When a patient responds to a recall, on opening their file, the outstanding action



No notes can be recorded in the patient’s file until a decision about the outstanding action is taken.

The “Mark as performed” button updates this list.

The ‘Close’ button, will result in the outstanding action remaining.

list is activated:

The first time that a standard recall list is generated, make sure that the “Add recalls to action list” is ticked:

Medical Director 2.64 - [Recall list]

File Window Help

Number of patients: 16 Select recall criteria

Add recalls to action list

Surname	First name	Reason	Recall date	Doctor	Address	D.O.B.	Sex
Anderson	David	Blood Pressure Review	19/12/2001		61 Wallace St., Melbourne 3000	04/01/1955	Male
Anderson	Penny	Clean Toe Nails	04/01/2002		61 Wallace St., Melbourne 3000	04/07/1993	Ferr
Andrews	Heather	Pap Smear	14/12/2001		2 Kennedy Rd., Demotown 1234	12/05/1963	Ferr
Andrews	Heather	Diabetes Review	05/01/2002		2 Kennedy Rd., Demotown 1234	12/05/1963	Ferr
Andrews	Jennifer S.	Clean Toe Nails	04/01/2002		2 Kennedy Rd., Demo Town 4523	20/04/1970	Ferr
Andrews	John	Asthma Review	28/12/2001	DR. A. PRACTITIONER	2 Kennedy Rd., Demo Town 4523	17/06/1943	Male
Andrews	Maureen	Inr	19/12/2001		3 Best St., St. Kilda 3107	23/06/1923	Ferr
Andrews	Maureen	Clean Toe Nails	04/01/2002		3 Best St., St. Kilda 3107	23/06/1923	Ferr
Andrews	Melissa	Immunisation	19/12/2001		5 Jefferson St., Parkville 3156	19/01/1993	Ferr
Andrews	Melissa	New Product - Xxxx	19/12/2001		5 Jefferson St., Parkville 3156	19/01/1993	Ferr
Andrews	Michael	New Product - Xxxx	19/12/2001		23 Tanner St., Bondi 2367	08/05/1954	Male
Andrews	Michael	Diabetes Review	05/01/2002		23 Tanner St., Bondi 2367	08/05/1954	Male
Andrews	Norman J.	New Product - Xxxx	19/12/2001		3 Best St., St. Kilda 3107	02/06/1995	Male
Andrews	Sally	New Product - Xxxx	19/12/2001		21 Best St, Pill Land 3123	12/05/1998	Ferr
Andrews	Sally	Hep B Vaccination	04/01/2002		21 Best St, Pill Land 3123	12/05/1998	Ferr
Duck	Donald	Urgent Test Result	19/12/2001		12 Disney Street, Disneyland	/ /	Male

When anything is done with this list (saving, printing, mail merging) the following window will appear:

Update recalls Help

Would you like to update these recalls?

Click on the 'Update' button to update all the displayed recalls by adding their recall interval to their due date.

Click on the 'Remove' button to remove all the displayed recalls from the database permanently.

Click on the 'Cancel' button to leave all the displayed recalls in the database with their current recall date.

Update

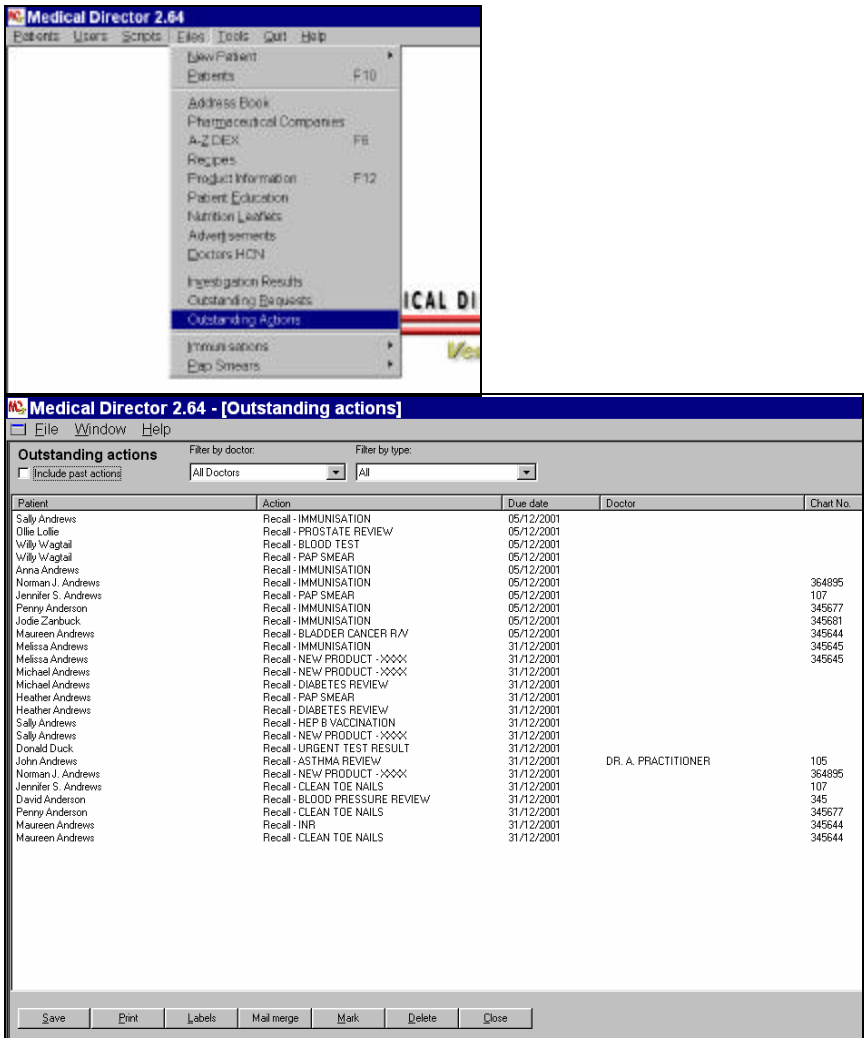
Remove

Cancel

Because the recalls are being added to the action list, the patient recall can be "Updated" to prevent patients being sent multiple recall letters.

Note: Selecting **Cancel** will result in an outstanding action not being generated

Patients who have not responded to their recall can then be quickly identified through the Outstanding Action List:



To ensure the follow up of patients needing urgent review, the Outstanding Action List must be checked for specific types (eg. abnormal pap result/repeat pap smear) at least fortnightly.

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ReMinD

The ReMinD program was established in 1996 and is a shared care service in which GPs can enrol patients with the following conditions

- **Diabetes**
- **All macrovascular risk factors-singly or in combination**
- **All forms of target organ damage**
- **Any vascular event**

These patients are enrolled in a recall system and will be prompted to return to their GP at an appropriate time frame for their condition. The system is based on the NSW Health Department guidelines for best practice in diabetes and NHF guidelines for management of hypertension, dyslipidemia and physical activity. This ensures that all patients enrolled in ReMinD are managed at an optimal level of care.

Clinical Audit Points

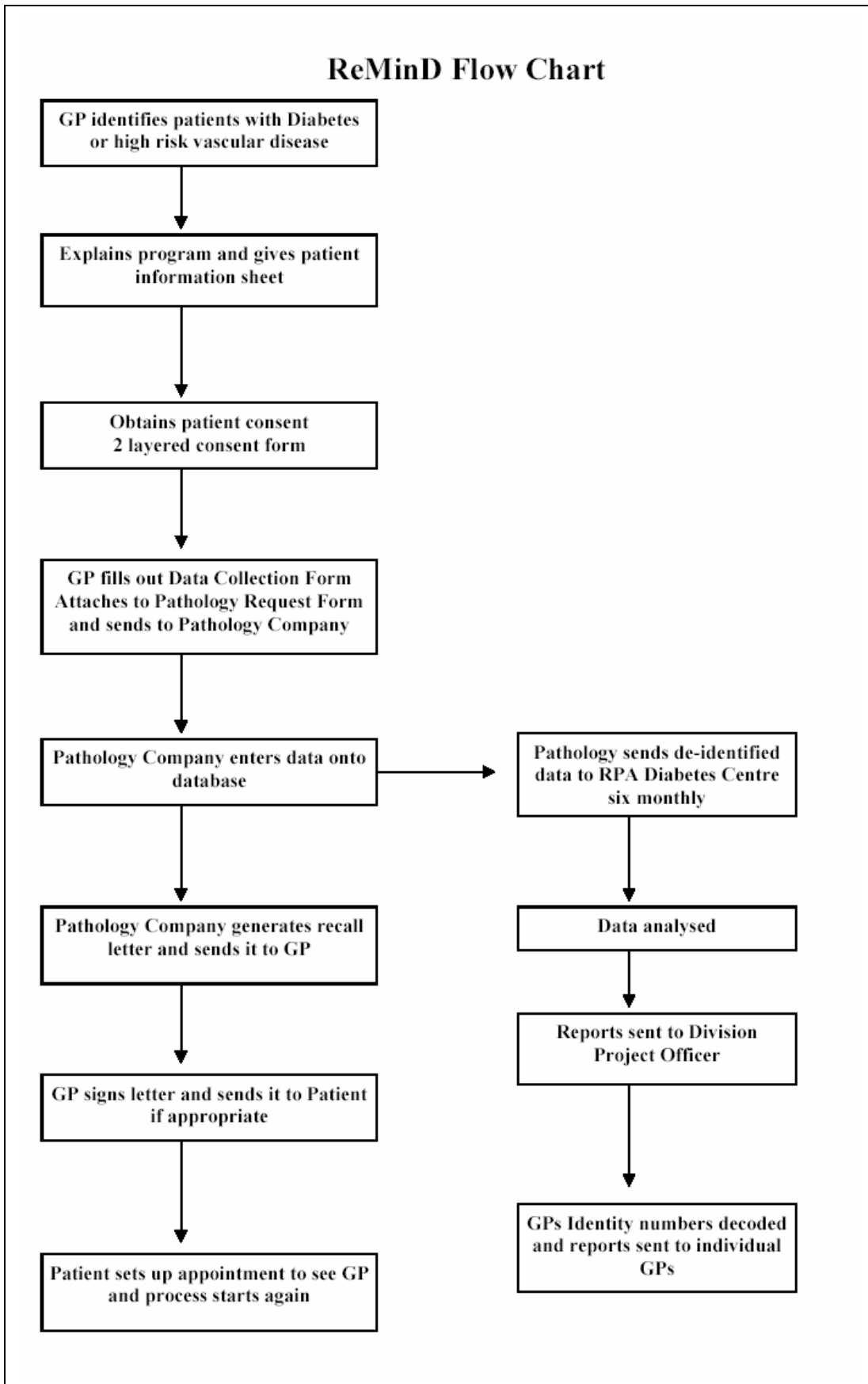
The Remind system is also classified as a clinical audit with the RACGP and GPs will be awarded 20 **C**ontinuing **P**rofessional **D**evelopment (CPD) points for taking part in the program. Reports on GPs individual performance in the management of these patients as well as the performance of the Division as a whole will be produced annually. These will be sent to GPs to allow them to evaluate their performance and identify areas in the cycle of care which need to be improved.

How to enrol patients

The first stage in ReMinD is obtaining the patient's consent to be involved in the program. Then pathology must be taken and the data collection form filled out and sent to a participating pathology company. The data is then entered by the pathology company and they will forward a reminder letter for patients at an appropriate time frame to the GP who will sign it and then send it on to the patient.

Please see the following page for a flow chart outlining the steps involved in ReMinD.

ReMinD Flow Chart



NSW Pap Test Register

The Pap Test Register:

- Keeps a history of women's Pap tests and cervical histology results
- Sends a reminder letter to women who have not had a Pap test within 27 months of their previous normal test
- Works with practitioners to follow-up women with abnormalities who have not had a subsequent Pap test or cervical biopsy within the time specified by the NSW Pap Test Register Reminder and Follow-up Protocol
- When requested, giving practitioners a woman's previous cervical history, to assist them in determining when a woman's next test is due
- Provides pathology laboratories with a woman's previous cervical history at the time of reporting

Like registers in other States and Territories of Australia, the NSW Pap Test Register has been implemented using an "opt off" approach. This means a woman's details are automatically forwarded to the register by the laboratory processing her test, unless she chooses to "opt off" at the time the test is being taken. Each woman is sent a welcome letter when her Pap test is received by the register for the first time. Being included on the register is voluntary; a woman can withdraw her name and address from the register at any time by making a request to the register in writing.

The Pap Test Register records the following data; name, address, date of birth and the results of the Pap test or other related follow-up tests (such as cervical biopsies), details of the doctor or nurse who took the test, the date of the test and the name of the laboratory that processed it.

If a woman chooses not to join the register her date of birth and Pap test results (but not her name or address) are collected to assist in the gathering of statistics that are important in understanding cancer of the cervix.

Confidentiality of information

Legislation governing operation of the NSW Pap Test Register specifies that a woman's identifying details may only be released to the woman concerned, her health practitioner and the laboratory engaged on her behalf. Release of information to other persons would only be with the woman's written consent. The only exception to this rule arises if the register is served with a court order or subpoena for release of information.

Contact the NSW Pap Test Register
NSW Pap Test Register
Locked Bag 3
Woolloomooloo Kings Cross NSW 1340

Phone: (02) 9334 1973 or
Toll free: 1800 671 693

Reminder Letters

Careful attention to the format and content of patient reminder letters is necessary to improve adherence to the preventive services recommendations^{xxiii}.

Generic Reminder Letter

Doctors Name
Doctors Address
Or
LETTERHEAD

Patient Name
Patient Address
Patient DOB

Dear _____

This is a courtesy note to remind you that your annual examination is now due.

Please contact these rooms between 9:00 am and 5:00 pm on any working day to make an appointment with the practitioner of your choice. Please bring this letter when you come for your appointment.

If you have had the examination completed recently at another medical centre, please let us know so that we can amend your records accordingly.

Thank you

The Medical Centre

Generic Recall Pathology Letter

Dr Name
Dr Address
Or
Letterhead

Patient Name
Patient Address
Patient DOB

Dear _____

We are writing in regard to results of your recent pathology tests.

At the time of your consultation, we agreed to notify you if a test result requires further consultation. We were unable to contact you by telephone. Could you please phone the surgery make an appointment for review of your results.

Yours Sincerely

Drs Name

Generic Recall Letter

Drs Name
Drs Address
Or
LETTERHEAD

Patient Name
Patient Address
Patient DOB

Dear _____

At the time of your last consultation, we agreed to advise you of a recall test when it became due. We were unable to contact you by telephone.

Please phone the surgery to arrange for a recall examination

Yours Sincerely

Drs Name

Consent to participate in Recall and Remind System

Practice name
Practice Address
Or
LETTERHEAD

Consent to participate in Recall and Remind System

I _____ give my consent to participate in <name of Practice> recall and reminder program.

I understand that this practice will contact me by _____ or _____ to advise me of the due date of my next _____ test.

I understand that I can have my name removed from this register at any time.

Signed _____

Print name _____

Staff Member Witness _____

Print Name _____

Reminder Policy

This is an excerpt from the CSDGP Practice Policy and Procedure manual which is available through the Division by contacting 9799 0933.

This practice adopts a pro-active, preventative approach to the maintenance of every patient's general health and wellbeing.

The practice uses the following strategies:

- Case note stickers
- At-Risk Register
- Disease Register
- Prevention Register
- Patient Reminder Register

<change to suit practice>

The patient reminder system requires that, with the consent of patients, notices are to be issued by the practice to remind the patient that preventative treatment is due.

It is the responsibility of <name of position> to:

- Update the Patient Reminder Register which is located <location>
- Ensure that patients are notified either phone/mail every <state frequency>

The preventative programs involved in the reminder system include:

- Childhood immunisation
- Pap smears
- Blood pressure testing
- Cholesterol testing
- Annual medical tests
-
- <add or remove as applicable>

RACGP Standard 1.6.4.

Recall Policy

This is an excerpt from the CSDGP Practice Policy and Procedure manual which is available through the Division by contacting 9799 0933.

Recall System

Recall system – for following up and recalling patients with abnormal test results.

All incoming pathology results, before being placed in patient's file, must be marked or stamped with:

- Date received
- Signature of requesting doctor
- Follow up action required

If the requesting doctor is unavailable, results are given to the doctor on duty for appropriate action.

The following procedures are in place within this practice for recalling patients requiring action or review:

- Phone call from the doctor or the receptionist asking the patient to come in
- After several **<state number of calls>** failed telephone attempts, a letter is sent to the patient asking that they contact the practice as soon as possible
- The process is to be documented in the patient's file, and each entry is to be initialled by the doctor to be sent to
- A registered letter is sent to the patient

<change to suit practice>

RACGP Standards 4.2.4.; 4.2.5.

Resources and Support Available

Jane Grimm (CGPIS) is performing a literature review on practice based register recall systems. She can be contacted by email j.grimm@unsw.edu.au

Divisional websites provide protocols and training modules. www.csdgp.com.au

RACGP www.racgp.org.au

HIC www.hic.gov.au

AGPAL www.agpal.com.au

ADGP www.adgp.com.au

Medical Software Industry Association (particular vendors like Medical Director)

Medline literature search

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^{xvii} Penn D. **Register recall systems in primary health care**. Centre for GP Integration Studies, UNSW

(source Dr Craig Lilienthal - Full time GP in Bowral, Medico legal adviser and columnist for "Australian Doctor", former Director of United Medical Protection, verified also by Dr Sara Bird - Medical Advisor to Medical Defence Australia)

^{xviii} Penn D. **Register recall systems in primary health care**. Centre for GP Integration Studies, UNSW

^{xix} Penn D. **Register recall systems in primary health care**. Centre for GP Integration Studies, UNSW

^{xx} Dr Craig Lilienthal and Dr Sara Bird, Medico Legal Advisers

^{xxi} Dr Craig Lilienthal and Dr Sara Bird, Medico Legal Advisers

^{xxii} Dr Craig Lilienthal and Dr Sara Bird, Medico Legal Advisers

^{xxiii} Orstein et al. 1993