**# 11 |** **TEXT MESSAGING PATIENT NAVIGATORS Category:** Clinic Flow

**Agency:** Wake Forest Baptist Health

**City:** Winston-Salem **State:** North Carolina

**Subpopulation:** Youth

**Regional Group:** North Carolina

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**Evidence of Improvement:** Yes **Other Data:** Yes

**Intervention:** Provided the ability to text message patient navigators.

**Change Ideas:**

* Upon reaching out to the newly diagnosed patients, they were offered the option of receiving text messages and could verbally opt in or out
* It was explained that texts would be generic and discussions involving viral load, medications, sensitive information, etc. would be done over the phone instead of text
* Additional costs were related to phone charges

**Intervention Description:**

This intervention was implemented to provide patients with the option to be able to send and receive text messages to/from patient navigators. Prior to this intervention, a Drill Down Data was carried out by a multidisciplinary team consisting of a youth HIV provider, clinic social worker, and patient navigator. From this, the strongest barrier to achieving viral suppression was found to be navigation of the healthcare system, which this intervention addressed. Patient navigators used an iPhone that was already being used to communicate with patients by sending appointment reminders and check-ins. Upon reaching out to the newly diagnosed patients they were offered the option of receiving text messages and could verbally opt in or out. It was noted in patients’ chart in the “Specialty Comments,” which could only be seen by the clinic, that it is “ok to text” the patient. It was explained that texts would be generic and discussions involving viral load, medications, and other sensitive information would be done over the phone instead of text message. For example, instead of “You have an appointment with Rachel Miller, PA on 7/1/19 at 2:00 pm on the 7th floor of Janeway Tower” the text would read “See you 7/1 at 2:00.” If a patient texted a clinical question, for example – “I’ve been having diarrhea” this would trigger a phone call to the patient by the navigator to connect to the clinic’s triage nurses and reinforce proper healthcare navigation. Additional costs were related to phone charges. Eighty-seven percent of patients seen between June 2018 and December 2019 agreed to and engaged in texting. Viral suppression for their youth subpopulation increased from 75.8% (147/194) to 79.8% (154/193).

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| *Do you have measurable data to demonstrate the effectiveness of this intervention?*  **Yes** | *How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)*  **4-Highly Effective** | *What are the start and end data points for the intervention to indicate the measurable impact?*  **87% of the patient seen during the ECHO collaborative agreed to and engaged in texting** | *Was this intervention tested/implemented during the Collaborative?*  **Yes** |
| *Is this intervention replicable across other HIV subpopulations of the Collaborative?*  **Yes** | *How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)*  **2-Somewhat Easy to Replicate** | *How much financial support do you estimate was necessary to test your intervention per patient? ($-No Additional Agency Costs; $$-1 to 49 US Dollars; $$$-50-99 US Dollars or more; $$$-100 or more US Dollars; Don't Know)*  **$$$** |  |