

Two Simple Questions: Increasing Pre-Travel Visits in the Family Medicine Clinic

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Background

Millions of Americans travel annually to malaria-endemic areas and countries where vaccine-preventable illnesses are prevalent.¹ The pre-travel visit is an important, but often underutilized², service that family medicine physicians can provide to patients.

Aim Statement

To increase the number of pre-travel visits conducted by 25% when comparing visits from September 2019 to March 2020 to those between September 2018 and March 2019.



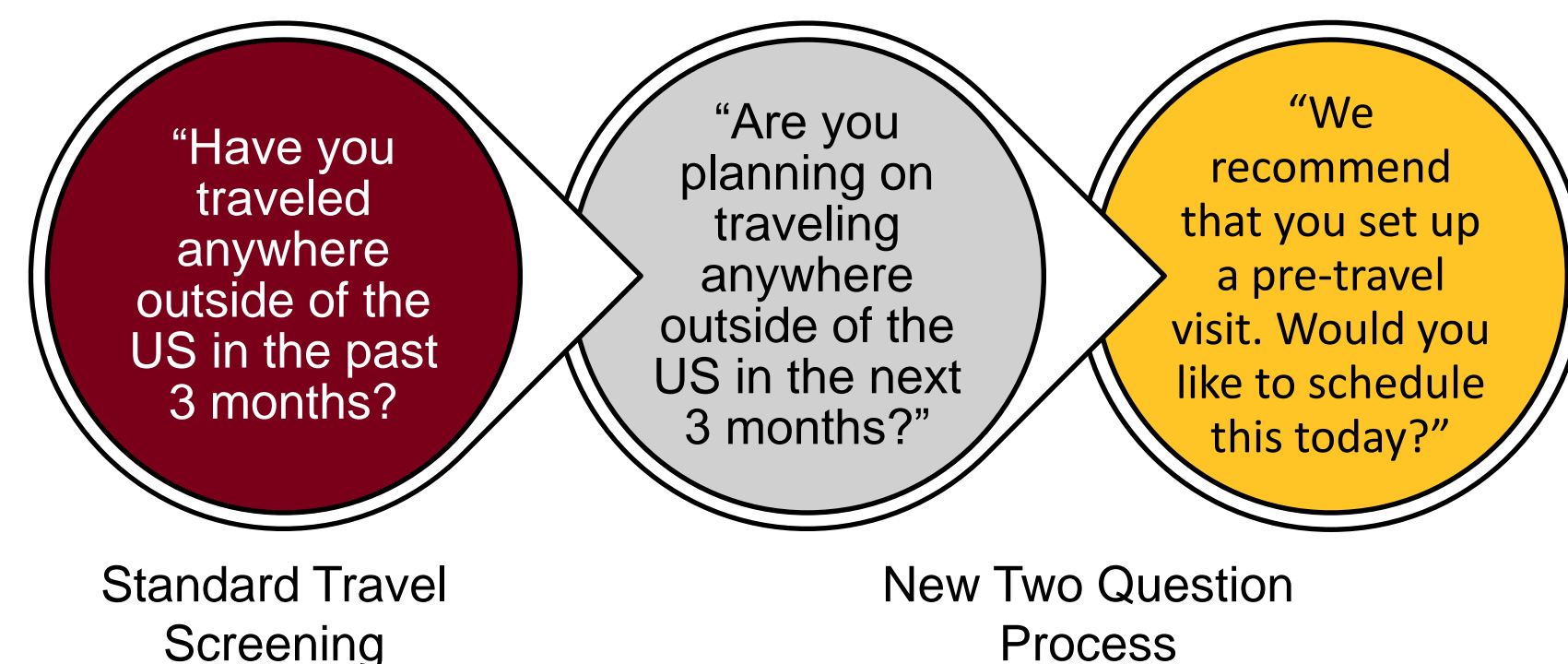
Methods

Data was obtained via pre- and post-intervention chart reviews looking specifically at:

- Number of pre-travel visits completed
- Destination(s) and number of days prior to travel the visit was completed
- Vaccines and malaria prophylaxis discussed/given

Quality improvement interventions determined through multiple PDSA cycles included:

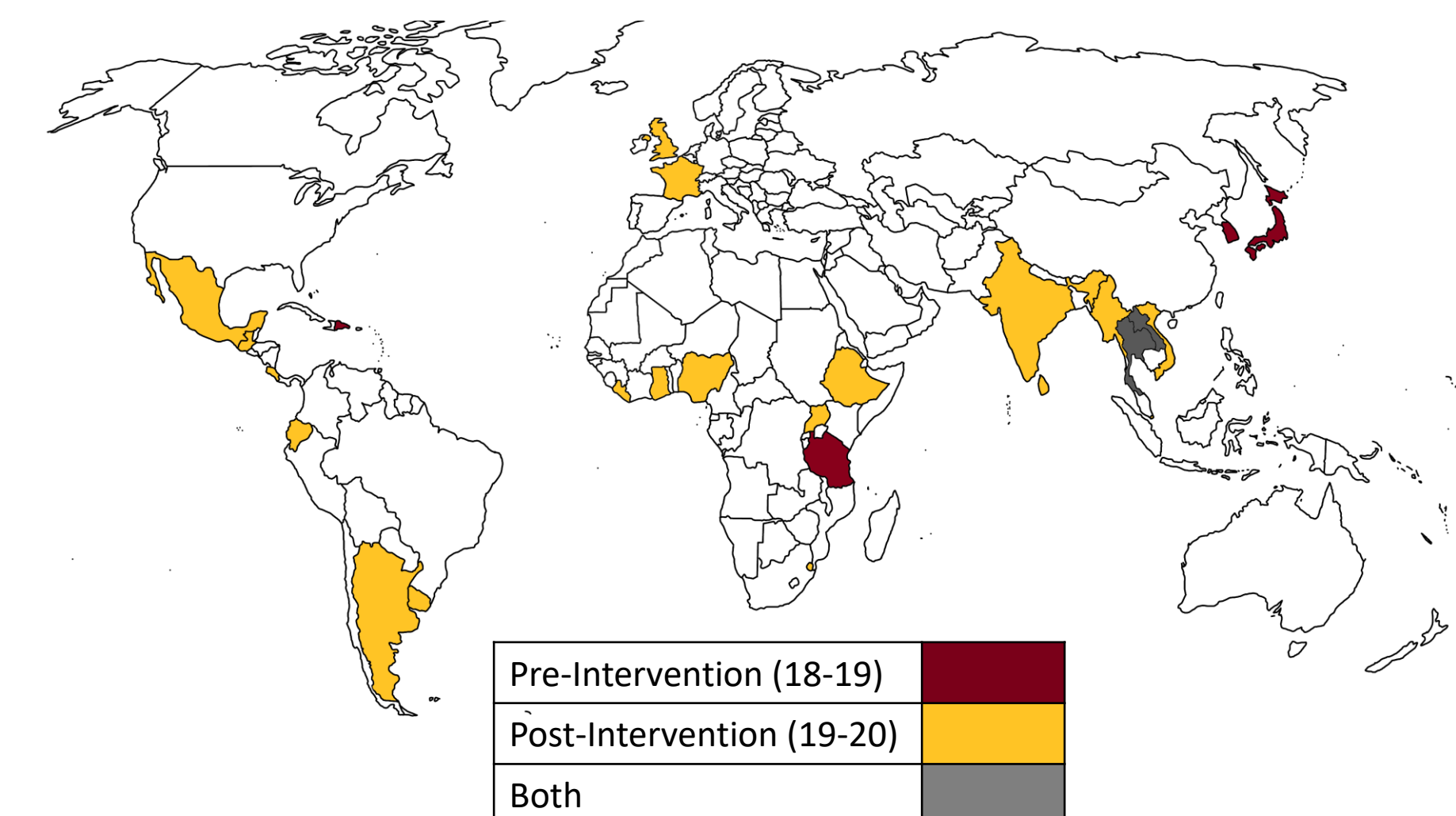
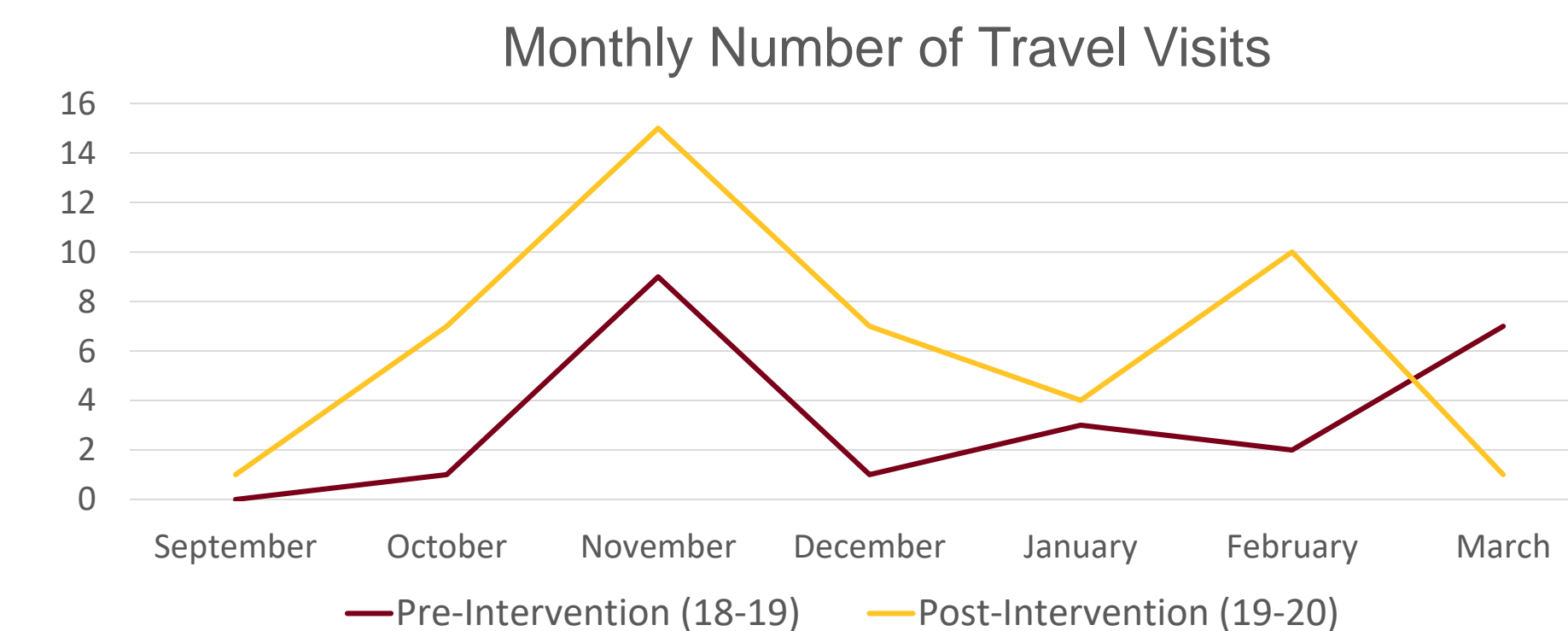
- Reviewed local availability of key pre-travel vaccines (Japanese encephalitis, Yellow fever, Typhoid) and CDC counseling recommendations³
- Surveyed resident physicians about their knowledge of and satisfaction with current pre-travel processes
- Implemented scripting campaign at the front desk and in the call center



If patients had questions regarding the purpose of this visit, our front desk staff used the following script: "At this visit we review how to stay safe abroad, how to adjust and travel with your current medications and discuss the various vaccines and preventive medications recommended for anyone traveling to that area. This visit is best scheduled 30-45 days before leaving for your trip."

Results

75% of resident physicians surveyed (n=12) were unsatisfied with the clinic's baseline pre-travel visit process. After implementing the two-question process, pre-travel visits increased from 24 to 45, an 87.5% improvement. The mean number of days between the date of visit and date of travel increased from 23 to 27 days, although it continued to be below our recommended 30-45 days. There was no difference in vaccination rates or prescription of malaria prophylaxis when comparing pre- and post-intervention data. An unexpected improvement due to this process was increased diversity of travel destinations.



Future Direction

Despite the success of the two-question process, it was placed on hold in late March 2020 as the COVID-19 pandemic halted international travel in our patient population. We anticipate reinstating the process in the future. Areas for further investigation include:

- Reevaluating resident physician satisfaction with the new two-question process
- Evaluating patient care staff (medical assistants, front desk staff) satisfaction with the new process
- Creating a standard workflow for improving patient access to specialty travel vaccines that are not stocked at our site (Japanese encephalitis, Yellow fever, Typhoid)

Acknowledgments

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