



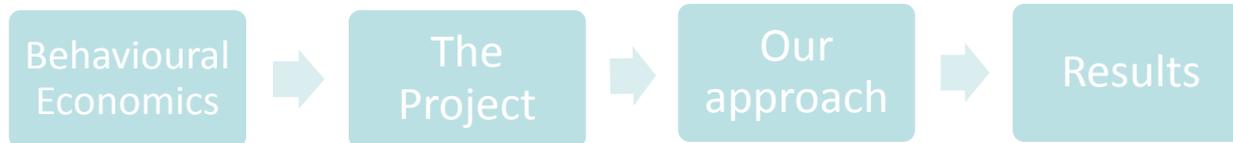
An Roinn Sláinte
Department of Health

Waiting List Validation: Improving Patient Engagement with a Behaviourally Informed Letter

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Behavioural economics (1)

A standard definition is

‘BE applies psychological insights into human behaviour to explain economic decision-making and economic analysis.’

Others, e.g. Lunn, argue . . .

‘BE is the application of the inductive scientific method to the study of economic behaviour’

Behavioural sciences . . .

‘comprise the systematic analysis of the **processes** underlying human behaviour, through **observation and experimentation** (lab and field). They combine knowledge and research methods from the fields of psychology, economics, sociology, neuroscience, among other sciences.’

Applying behavioural insights? (1)

Behaviourally-aligned

Policy initiatives where BIs can be identified, although not designed based on behavioural literature or a tailored test

EU Health and Nutritional claims Regulation (2006)

Behaviourally-informed

Designed after an explicit review of previously existing behavioural evidence, although not benefiting from any specific prior experiment

Ban on pre-checked boxes in the Consumer Rights Directive (2014)

Behaviourally-tested

Initiatives being explicitly tested, or scaled out after an initial experiment

UK BIT's trial/ HMRC effectiveness of various framings of

Information in tax payment reminder letters

Background to the project (2)

It is good practice for hospitals to undertake administrative validation of waiting lists

The NTPF's *National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol* (NTPF) includes an administrative validation process which states that

“it is compulsory that a formal bi-annual hospital validation is carried out on all inpatient and day case waiting lists over six months.”

But it is estimated that approximately 25% or one in every four patients do not reply to a validation letter

Behaviourally informed and tested communications (2)

The NTPF was producing a communications pack for hospitals to manage waiting lists

- **Different validation letters were used throughout the system**
- **The pack was to include a template validation letter**

After looking at a sample of existing letters we wanted to explore if using behavioural insights would help more patients to engage with the validation process

- **Measured by lower non-responses from patients**

The RSU, DH worked collaboratively with the NTPF and the Health Service Executive and an Advisory Group to design a behaviourally informed and tested letter

Key players (2)

Project Team

Core team:

Mr Robert Murphy, Research Services Unit

Dr Carol Taaffe, Research Services Unit

Advisory Group:

Prof Liam Delaney, University College Dublin (UCD)

Dr Pete Lunn and Dr Deirdre Robertson, Economic and Social Research Institute (ESRI)

Ms Helen Ryan, National Adult Literacy Agency (NALA)

Prof Alex Wood, Private Consultancy

NTPF:

Ms Alison Green, Process Innovation Director

Ms Helen Lenehan, Project Assistant, Process Innovation Unit

Participating hospitals

Mr Gary Keenan and Verona Walsh re hospitals in RCSIHG.

Mr John Doyle and Ms Aideen O'Callaghan re hospitals in ULHG.

Overall approach (3)

Used the mnemonic TEST developed by the BIT UK

Target

- What behaviour are we trying to change?
- How will we know the intervention has worked?

Explore

- How might we understand the context?
- What behavioural biases are likely affecting the behaviour?

Solution

- Have we refined our possible solutions?
- Have we prototyped our solution?

Trial

- Does the solution work?
- How effective is the solution?
- What are the costs and benefits of the solution?

Re-design of the validation letter (3)

Based on:

- 1. A review of existing validation letters**
- 2. A review of Guides on Plain English and Guides on applying behavioural insights to public policy and services**
- 3. A literature review on**
 - a) patient engagement/non engagement with health services
 - b) approaches to increasing responses to surveys
 - c) trials to gauge the impact of changing the wording and presentation of information in letters or SMS messages
- 4. An iterative process with the Advisory Group**

Design Elements (3)

Font and size

Arial, aimed for 12 point as standard but had to use 11 to fit to one page

Call for action

Heading “Please reply to this letter” rather than “Waiting List Validation”

Personalisation

“Dear Robert” rather than “Dear Mr Murphy”

Messenger

The letter is closed by a named staff member rather than a job title or department name

Design Elements (3)

Simplification

Simplified to make the letter easier to read and understand

Salience

Important messages are highlighting, bullets and image

Consequences and Observer - made more salient

“If you **don’t send** us back this page by **16th November 2017**, then we will take it that you do not require this procedure and **you will be removed** from our waiting list. Your GP (family doctor) will be informed.”

Apology

“I apologise you are still waiting.”

Intention, Value, Resource

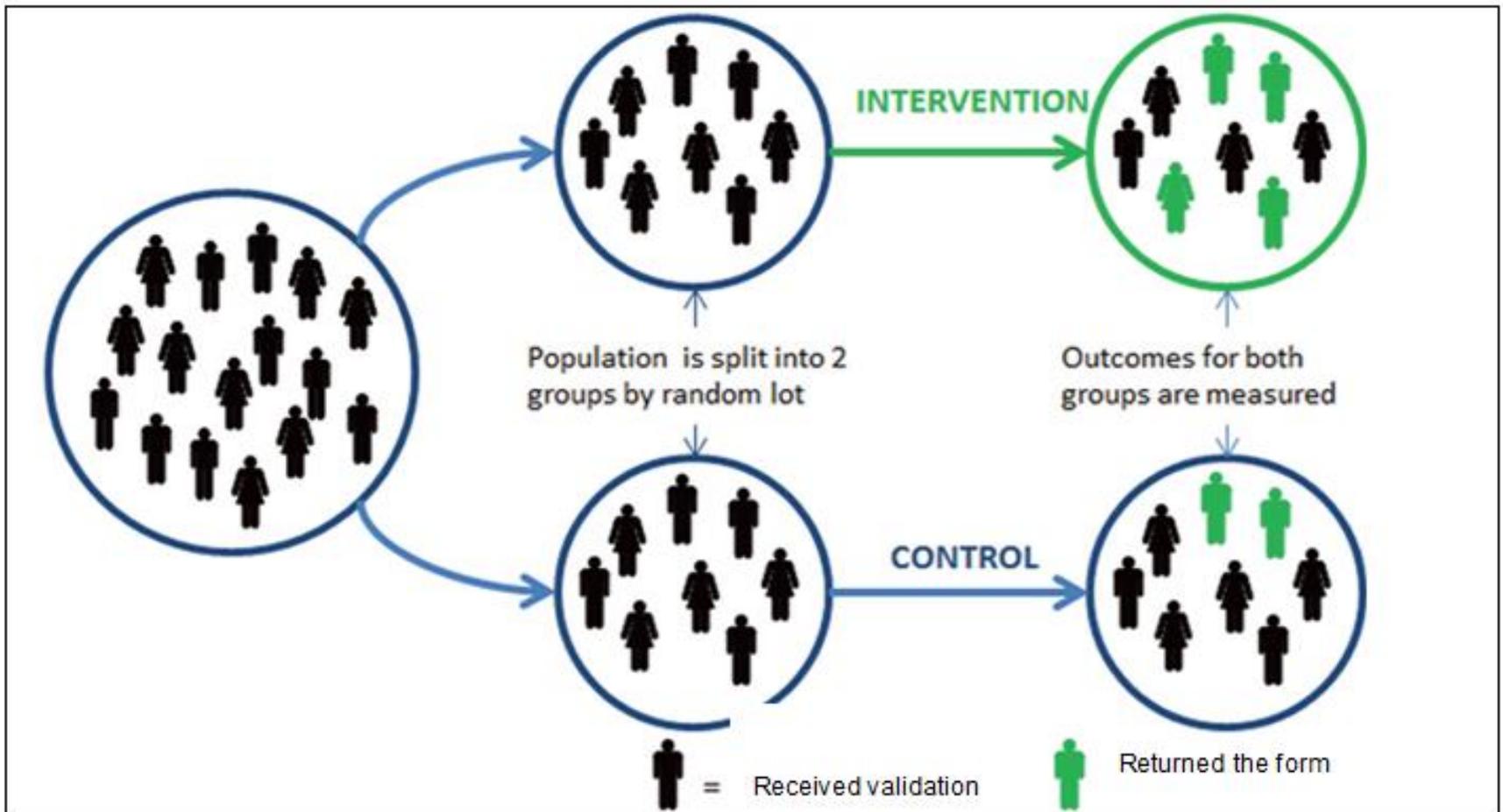
“We want to provide our valuable services to our patients as soon as we can. That is why we are checking our waiting list.”

Finalisation of the test validation letter (3)

Informed by review of draft test letters by:

1. members of the Advisory Group
2. members of the National IDPP Project Steering Group
3. staff in Cavan and Monaghan hospital
4. Ms Brigid Doherty, CEO, Patient Focus
5. members of the Advisory Group (again!)

Tested through a RCT (3)



Adapted from *Test, Learn, Adapt: Developing Public Policy with Randomised Control Trials*, The Behavioural Insights Team, London, UK.

Different letters in use so used two control letters (3)

2nd November 2017

<Title> <Patient First Name> <Patient Surname>
 <Address 1>
 <Address 2>
 <Address 3>
 <Address 4>

Patient Record Number: < >

Dear <Title> <Patient Surname>,
 You are listed for a procedure on <Consultant Name> <Speciality> Waiting List. We want to ensure our waiting list is accurate and up to date. Accordingly, we would be grateful if you could complete this form and return it to us at your earliest convenience.

If we do not hear from you by November 16th 2017, we will assume that you no longer require the procedure and your name will be removed from the waiting list. Your Consultant and GP will be informed.

Yours sincerely,
 Validation Officer, UHL

PLEASE UPDATE YOUR CONTACT DETAILS FOR OUR RECORDS

Name:		
Address:		
DOB:		
Contact Telephone Number:		

Please tick the appropriate box:

Yes, I wish to remain on the waiting list		
No, I do not wish to remain on the waiting list		Please indicate the reason:

Signed: _____ Date: _____

<Pt. Address Line 4> <Current Date>

Ref: <MRN>

Re: <Consultant Last Name><Waiting List Name> Validation

Dear <Title> <Pt Surname>

You have now been on the <Insert Speciality> waiting list since <Insert Date on Placed List>. We regret that it has not been possible to offer you a procedure but wish to assure you that your name is still on the list and hasn't been overlooked.

We find sometimes that patients obtain treatment elsewhere or no longer require a procedure. We periodically contact patients on our waiting lists to check whether this is the case.

We would be grateful if you could complete and return this letter to let us know if you still require a procedure.

If we do not hear from you within two weeks of the date of this letter we will assume that you no longer wish to have a procedure with this specialty and will remove your name from the waiting list and your GP will be informed.

Yours sincerely,
 <Insert Department/ Section Name>
 <Insert Department/ Section Telephone>

Please tick: Ref: <MRN>

I still require this procedure

I no longer require this procedure. Please indicate the reason:

Please reply to this letter |

Dear Robert

You are on our General Surgery waiting list for a procedure with Deirdre Robertson. I apologise that you are still waiting. We want to provide our valuable services to our patients as soon as we can. That is why we are checking our waiting list.

We need you to please:

1. Answer the question below and sign.
2. Return this page to us in the freepost envelope enclosed.

	Read this letter
	Fill in the form
	Return this form

Please do this **even if** you have recently been in contact with the hospital.

If you **don't send** us back this page by **16th November 2017**, then we will take it that you do not require this procedure and **you will be removed** from our waiting list. Your GP (family doctor) will be informed.

Question: Do you still require this procedure? (tick one box only)

Yes, I still require it No, I had it done elsewhere No, other reason

If "No, other reason" please give reason: _____

Please sign: _____ Medical Record No. 12345

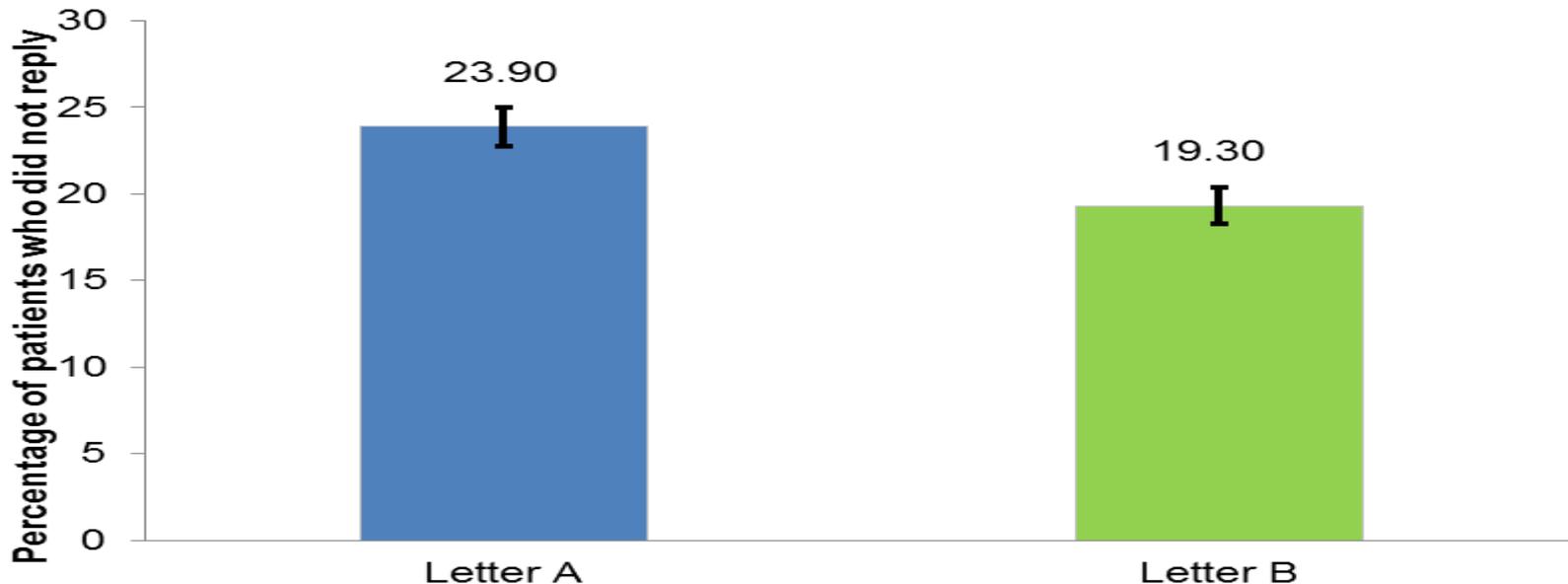
If you have any questions about the above, please phone 01 635 3122.

Kind regards,

Carol Taaffe, Scheduled Care Department

Results (4)

The number of patients who did not reply was lower for the redesigned validation letter (Letter B) than for the control letter (Letter A)



Proportions: statistically significant difference , $Z = 2.99, p < .01$.

Logistic regression model : OR 0.76, 95% CI 0.64–0.92, $p < .01$.

Letter B achieved a 19% better performance or resulted in one in five non-responders changing their behaviour

Conclusions (4)

Using the redesigned validation letter will reduce non-responses

We suspect this is because it makes clearer the importance of the validation process and what the patient is asked to do

Based on bi-annual validation of inpatient/day case 2017 waiting lists of 3+ months it would result in at least 5,000 more patients responding

It would reduce follow-up for non-response, enable better use of resources and help hospitals to meet their requirement in the Protocol

Adoption (4)

The NTPF adopted the re-designed letter as the recommended national validation letter template

The template was circulated as the recommended validation letter to

- **all hospital group COOs,**
- **all hospital Business Managers, Performance Managers, Schedule Care Leads, Waiting List leads,**
- **all attendees of NTPF's Training & Development programme for the Waiting List Management Protocol**

NTPF and RSU are working to improve the inpatient appointment letter

Reflections

- **At broadest level BE is relevant whenever outcomes are significantly influenced by behaviour**
- **Rewarding to be able to demonstrate an improvement**
- **Important to base on sound understanding of behavioural and related evidence, and avoid a ‘tool’ driven focus**
- **Progress a number of projects as part of business planning**
- **Not starting from scratch**
- **Considerable benefits from collaborating**