

**2025 Davee Foundation Lecture**

**and Resident Research Day**

**Abstract**

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**Title: Dedicated Panel Management in Residency: Using Telehealth to Improve Patient Outcomes**

**Background:**Telehealth has emerged as an important part of health care in a post COVID era. For patients who do not have regular transportation or the means to leave work or the home, telehealth can improve access to medical care. Familiarity with telehealth is an important skill for residents to learn as part of their training. In addition, continuity of patients and managing a patient panel is an important part of being a primary care physician. By utilizing telehealth to address empanelment patients with uncontrolled medical issues, residents can identify patients who need intervention, manage their chronic conditions, and improve the quality of their preventive health care.

**Methods:**Each resident was assigned ~1 telehealth day every 1-2 months with half the slots dedicated to patient outreach of panel patients. The other half remained open for urgent care visits. Residents then identified patients in their panel who would benefit from targeted outreach, with a focus on patients with uncontrolled hypertension or type 2 diabetes. There were 5 PDSA cycles where feedback was solicited from residents via survey. A1C and blood pressure were compared before and after outreach to analyze if the efforts had an effect on these medical conditions.

**Results and Conclusions:**Results are ongoing. We anticipate that having dedicated outreach to patients with uncontrolled medical problems will improve these conditions. We plan to average the change in A1C and blood pressure to see if the net results indicate an improvement. Resident surveys were conducted and suggest that residents overall enjoy the program and appreciate getting to focus on patients in their own panel. There are challenges and limitations to this project, one being that patients were often unable to participate in an unscheduled “cold call” medical visit, resulting in a small sample size of visits.