Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.
**eTable 1. Schedule of Outreach**

| Practice  | Within 2 business days of discharge | Week 1 | Week 2 | Week 3 | Week 4 | Day 30 |
|-----------|-------------------------------------|--------|--------|--------|--------|--------|
| Control   | Standard TCM phone call from the practice | X      | X      | X      | X      | X      |
| Intervention | Standard TCM phone call from the practice | Three check-in messages | Two check-in messages | One check-in message | One check-in message | Closing message |
| Enrollment in automated texting platform | | | | | | |
| Appointment question | | | | | | |

**eMethods. Script of Messages and Net Promoter Score**

- **Enrollment messages**
  - Hello {name}. The care manager from {PCP’s name}’s office enrolled you in this Penn Medicine texting program. This program is for people who have been recently discharged from the hospital.
  - We will check in regularly to see how you are doing and make sure you get the care you need. We will respond to you within 1 business day. Please note that texting is not 100% secure. Message & data rates may apply.
  - If you want to speak with us in between check-ins, text “CALL”. If you need immediate medical help, call 911. If you do not want to receive these messages, text “BYE” at any time.

- **Appointment question**
  - Do you have an appointment with your Primary Care doctor or specialist within the next 1-2 weeks?

- **Regular check-in question**
  - Is there anything we can help you with today?
    - If patient answers “yes”: Thanks for reaching out. Before we call we’d like to get a little more information. What can we help you with?
      - A) I don’t feel well
      - B) I need help with my medicines
      - C) I need help with my appointments
      - D) I need help at home
      - E) More than one or something else

- **Closing message**
  - You have reached the end of the 30-day discharge follow-up program. You will no longer receive messages from us. If you have a new need or a non-urgent medical issue, call your doctor. If you need immediate medical help, call 911.

- **Net Promoter Score question**

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On a scale of 0 (unlikely) to 10 (extremely likely), how likely are you to recommend Penn Medicine’s discharge follow up program to a friend or colleague?

Calculation of Net Promoter Score (NPS)
- \( \text{NPS} = \% \text{ promoters} - \% \text{ detractors} \)
  - “Promoters” are those who give a score of 9-10
  - “Detractors” are those who give a score of 0-6
  - “Passives” are those who give a score of 7-8
- The score is reported as an integer value from -100 to +100

**eTable 2. Calculation of UPHS Risk Score**

| Risk Factor                          | 1 Point                                      | 2 Points                                  | 3 Points                                      |
|--------------------------------------|----------------------------------------------|-------------------------------------------|-----------------------------------------------|
| Age                                  | 65-84                                        | 85+                                       |                                               |
| Number of acute admissions in the past year | 1 admission                                 | 2 admissions                              | 3+ admissions                                 |
| Number of ED visits in the past year | 1 visit                                      | 2 visits                                  | 3+ visits                                     |
| COPD, CHF, Diabetes, or Chronic Liver Disease | 1 point per diagnosis                        |                                           |                                               |
| Depression                           | Has diagnosis of depression                   |                                           |                                               |
| No PCP                               | Patient doesn’t have a PCP                   |                                           |                                               |
| Medicaid                             | Patient is on Medicaid                        |                                           |                                               |

*Scored from 0-15
eFigure. Trends in 30-Day Acute Care Resource Use Presented as Monthly Average
eTable 3. Parallel Trends Testing Before Intervention

| Outcome                | Odds Ratio Estimate | 95% CI       | p-value |
|------------------------|---------------------|--------------|---------|
| Acute care utilization | 0.95                | 0.76 - 1.20  | 0.70    |
| ED visit               | 0.89                | 0.68 - 1.18  | 0.43    |
| Readmission            | 1.20                | 0.87 - 1.68  | 0.29    |
| Death within 30 days   | 0.93                | 0.47 - 1.83  | 0.83    |
| Death within 60 days   | 0.75                | 0.42 - 1.36  | 0.34    |

eTable 4. Mortality Outcomes

| Outcome       | Before period (%) | After period (%) | Difference-in-difference (aOR, 95% CI) |
|---------------|-------------------|------------------|----------------------------------------|
| 30-day mortality |                  |                  |                                        |
| Control       | 7/613 (1.1%)      | 8/953 (0.8%)     | 0.92 (0.23 - 3.61)                     |
| Intervention  | 12/447 (2.7%)     | 9/604 (1.5%)     |                                        |
| 60-day mortality |                |                  |                                        |
| Control       | 10/613 (1.6%)     | 17/953 (1.8%)    | 0.63 (0.21 - 1.85)                     |
| Intervention  | 18/447 (4.0%)     | 15/604 (2.5%)    |                                        |

eTable 5. Sensitivity Analysis

*Primary regression model incorporating additional control practices, for a total of 6 control practices*

| Outcome                | Before period (%) | After period (%) | Difference-in-difference (aOR, 95% CI) |
|------------------------|-------------------|------------------|----------------------------------------|
| Acute care utilization |                  |                  |                                        |
| Control                | 695/3331 (20.9%)  | 1253/5504 (22.7%)| 0.67 (0.47 – 0.95)                     |
| Intervention           | 86/435 (19.8%)    | 98/595 (16.5%)   |                                        |
| ED visit               |                  |                  |                                        |
| Control                | 364/3331 (10.9%)  | 724/5504 (13.2%) | 0.67 (0.43 – 1.04)                     |
| Intervention           | 49/435 (11.3%)    | 63/595 (10.6%)   |                                        |
| Readmission            |                  |                  |                                        |
| Control                | 414/3331 (12.4%)  | 711/5504 (12.9%) | 0.70 (0.44 – 1.12)                     |
| Intervention           | 42/435 (9.7%)     | 44/595 (7.4%)    |                                        |