

2016 Defense Health Information Technology Symposium

The Holistic Approach to Workflow Evaluation: Team, Tools and Top Cover



“Medically Ready Force...Ready Medical Force”

“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



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Learning Objectives

- Identify some of the previous and current workflow efforts occurring within the MHS
- Describe the tools in existence that are available to enhance the clinician experience
- Discuss a multi-disciplinary “Tiger” Team approach to looking at MTF X’s clinical workflow and some lessons learned

Workflow and Change Management

- Definition
- Current Efforts Occurring within the MHS

Clinical Tools

- Availability and Utilization of current tools

Multi-Disciplinary “Tiger-Team” Approach at MTF X

Definitions

- ❑ **Workflow:** The processes involved in completing a job, including such functions as the organization of human or other resources; the design of tasks; the development of procedures (and their implementation), followed by feedback, oversight, and quality improvement McGraw-Hill Concise Dictionary of Modern Medicine. © 2002
- ❑ **Change Management (CM):** Is the process of taking people from an old process to a new process using a **Standardized Framework** and **Tool set** to achieve a desired outcome (Prosci)

Current Workflow Efforts

- ❑ **Business Process Management Working Group/Work Steering Committee** (BPM WG/WSC) has been involved in workflow and order set standardization pre and post award for the new DoD-EHR (MHS GENESIS)
 - ❑ Work Started in October 2013 in several phases and is ongoing



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Current Workflow Efforts (Continued)



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- ❑ **Tri-Service Workflow (TSWF) within Customer Deployment Support (CDS) Branch** has been engaged in using **AHLTA AIM** (Alternate Input method) forms to capture a the clinical workflow as well as bring clinical decision support to the fingertips of providers at the point of patient care
- ❑ Efforts to date resulted in:
 - ❑ Utilizing the team-based approach to patient care
 - ❑ Standardized the use of evidence based tools and templates
 - ❑ Ability to data mine from the clinic encounter and adjust form content in an agile fashion

Current Tools in Use



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Updated: 03 May 2016 MISuite Feedback

TSWF Navigator Form

This form has links to the LATEST versions of the TSWF suite of AIM forms, in addition to various medical and patient resources. Click on any button below to go to the specific AIM form or resource.

<p>Base Forms</p> <p>Tri-Service Workflow CORE</p> <p>Nursing Services</p> <p>Pediatrics - General</p> <p>Pediatrics - 0-23 months</p> <p>Pediatrics - 2-6 years</p> <p>Pediatrics - 7-18 years</p> <p>Procedures</p> <p>CPG Based Forms</p> <p>Chronic Opioid Therapy (COT)</p> <p>Cardiovascular (A-Fib, CHF, Ischemia, HTN, HLP)</p> <p>Low Back Pain (LBP)</p> <p>Metabolic Disorders (Obesity, DM, HTN, HLP)</p> <p>Pulmonary Disorders (Asthma, COPD)</p> <p>The above Base (Primary Care) and CPG forms are all Copy Forward compatible</p>	<p>Behavioral Health Forms</p> <p>Behavioral Health - Specialty</p> <p>Integrated Behavioral Health Care</p> <p>Miscellaneous/Other Forms</p> <p>Case Management</p> <p>Clinical Pharmacology</p> <p>In/Out Processing</p> <p>MHSPHP</p> <p>Military Periodic Health Assessment (MI-PHA)</p> <p>Separation History and Physical</p> <p>Obstetrics</p> <p>Beta Forms</p> <p>Air National Guard <beta></p> <p>Geriatrics <beta></p> <p>Pediatric Nursing <beta></p> <p>Everything TSWF - Training Materials, Updates, and Resources</p>	<p>ICD-10 Resources</p> <p>ICD-10 Training & Transition Tips for AHLTA Users</p> <p>General Resources</p> <p>RelayHealth/MCare/Secure Messaging</p> <p>DHIMS AHLTA User Support (Tutorials and Tips/Tricks)</p> <p>Army Provider EIM Coding Reference Tool</p> <p>Simplified Coding Quick Reference Sheet (AF/NavY)</p> <p>Madigan Referral Guidelines</p> <p>AFMS Knowledge Exchange</p> <p>Medical Resources</p> <p>myHQ Evidence Based Medicine Links</p> <p>VADoD Clinical Practice Guidelines</p> <p>Family/Doctor.org</p> <p>MedlinePlus</p> <p>AMEDD Virtual Library Evidence Based Medicine Decision Support Tools</p> <p>Patient Resources</p> <p>MayoClinic.org</p> <p>DoD Pharmacoeconomic Center Prior Authorization and Medical Necessity Forms</p> <p>NCTT Mobile Apps</p>
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TSWF Navigator

Developmental Screening

Psychological/Behavioral Assessment: All wellness visits. Surveillance at all well visits.
 M-CHAT-R/F: 18 and 24 months (screen valid 16-30 months)
 Formal Screening (ASQ): at 9, 18 and 24-30 months

M-CHAT-R/F Recommended at 18 and 24 months

M-CHAT-R/F
 Total # of M-CHAT-R Questions Failed
 # of M-CHAT-R/F Questions Failed.

Ages and Stages Questionnaire Screening with ASQ recommended at 9, 18 and 24 months and PRN

Ages and Stages Questionnaire
 ASQ Domain:
 Communication
 Gross Motor
 Fine Motor
 Problem Solving
 Personal/Social

M-CHAT-R/F Guidance Link to M-CHAT-R/F Video

Process:
 M-CHAT-R/F is given to parent/caregiver to complete and is scored IAW clinic policy.
 M-CHAT-R/F is completed by Provider for items failed on MCHAT-R as an interview with the parent/caregiver

Scoring:
 Each failed item is one point.
 M-CHAT-R: Yes = Pass on the Follow-up, except for questions #2, 5 & 12 where Yes = Fail

Screening Results:
 M-CHAT-R screen of 0-2 items failed = Screened Negative
 ≥2 items screen after 2nd birthday. Unless surveillance indicates ASD.
 ≥4 items No action unless surveillance indicates ASD.
 M-CHAT-R screen of 3-7 items failed =
 Administer M-CHAT-R Follow-up (TM) Follow-up for the items, scored as 'Fail'

M-CHAT-R/F of 0-1 failed = Screened Negative.
 No future action unless surveillance indicates ASD. Rescreen IAW future well-child visits.
 M-CHAT-R/F of 2 or higher failed = Screened Positive.
 Refer child to diagnostic evaluation and eligibility evaluation for early intervention.
 M-CHAT-R screen 8-20 failed.
 Acceptable to bypass M-CHAT-R/F.
 Refer IMMEDIATELY for diagnostic evaluation and eligibility evaluation for early intervention.

Referrals:
 - Audiology to rule out hearing loss
 - Speech language pathology to evaluate language skills
 - Developmental pediatrics, clinical psychologist, or other clinician for evaluation of ASD

When documenting a delay or loss in development using the prepositioned free text fields below, you MUST select A = Abnormal and change the "Y" to "N" and document in field after the prepositioned text

Free Text Entry	Alternative Checkbox Entry
>>> 1 Week	>>> 1 Week - (Alternative checkbox entry)
>>> 1 Month	<<< 1 Month - (Alternative checkbox entry)
>>> 2 Months	Yes to All
>>> 4 Months	<input type="checkbox"/> Fixes on faces <input type="checkbox"/> Can be calmed <input type="checkbox"/>
>>> 6 Months	<input type="checkbox"/> Lifts chin off surface <input type="checkbox"/> Starting to smile <input type="checkbox"/>
>>> 9 Months	>>> 2 Months - (Alternative checkbox entry)
>>> 12 Months	>>> 4 Months - (Alternative checkbox entry)
>>> 15 Months	>>> 6 Months - (Alternative checkbox entry)
>>> 18 Months	>>> 9 Months - (Alternative checkbox entry)
>>> 24 Months	>>> 12 Months - (Alternative checkbox entry)
	>>> 15 Months - (Alternative checkbox entry)
	>>> 18 Months - (Alternative checkbox entry)

TSWF Peds

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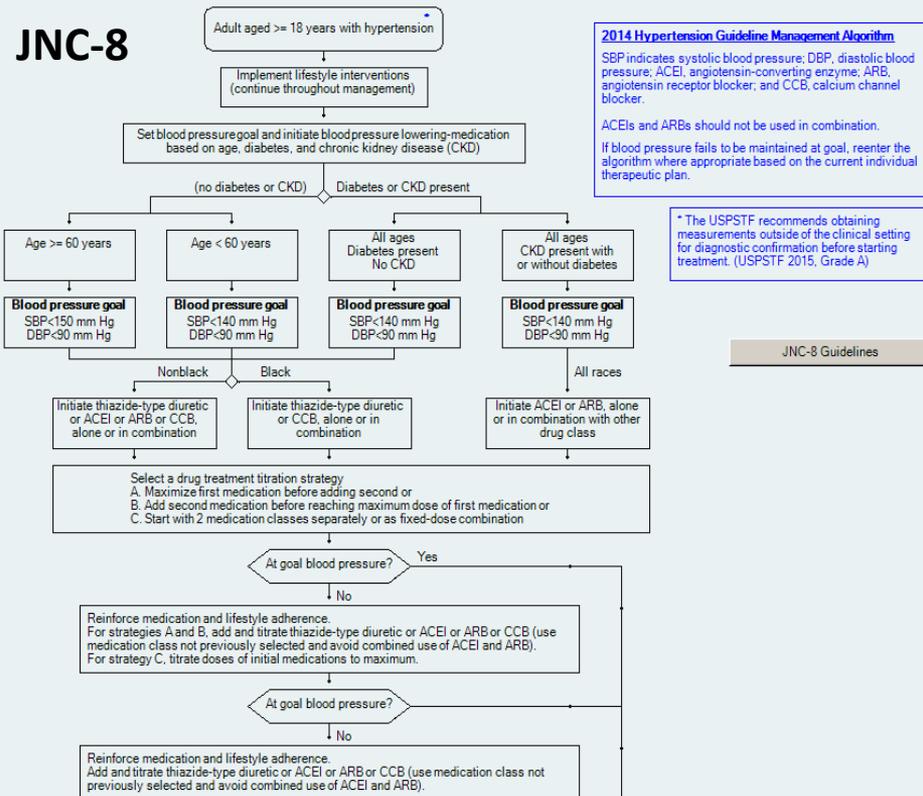
Current Tools in Use (Continued)



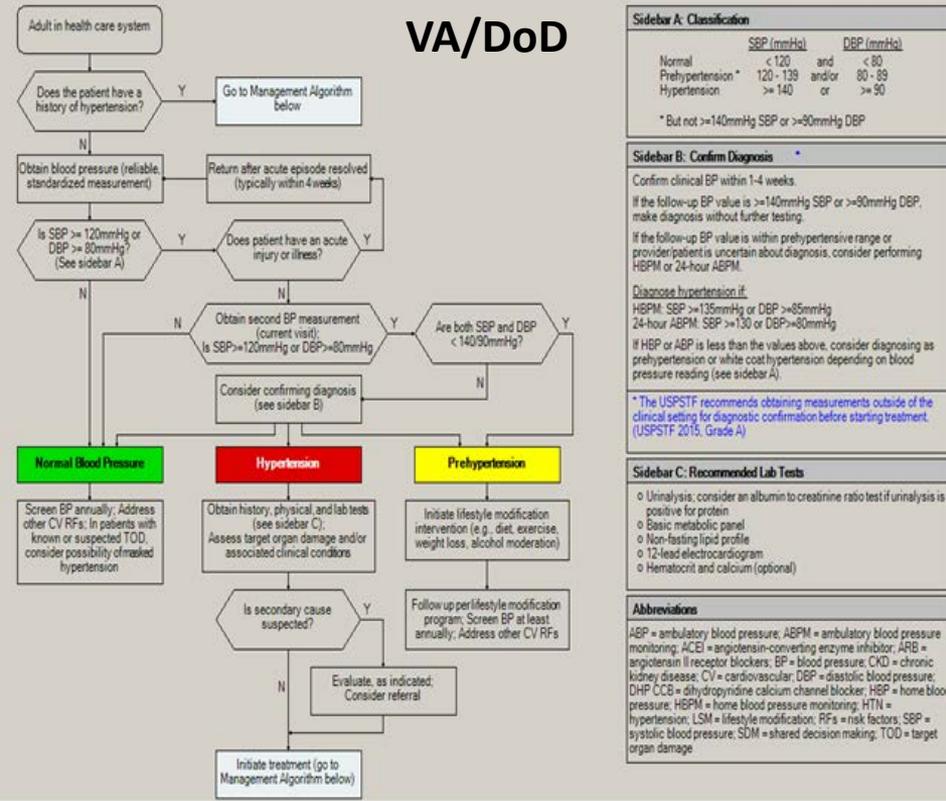
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JNC-8



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CORE 2.0 – In Development

Navigation: << >> | Home | AIM - TSWF-2.0-INFO | AutoNeg | Undo | Details | Browse | Shift Browse | Note View

INFO | Outline View

TSWF CORE 2.0 - INFO

TSWF Website | Return to Navigator
MilSuiteFeedback | Ver. Sep-Dec 2016

CORE 2.0 Info

- CORE
 - HPI / PMH
 - Prev Services
 - Health Literacy
 - Screening
 - BH Screening
 - ROS
 - PE
 - MSK/Spine Exam
 - Well Female
 - Counseling/Educ
 - CCPs
 - Procedures
 - Obsolete Terms
 - Copy Forward Items
- QUICK VISITS
- CPG AIM FORMS
- CPMs
- OTHERS

Change Notification



This form represents a significant change in workflow. You will notice that there is now a column of buttons to navigate the user through the different sections of CORE and the suite of TSWF forms. The CORE ELEMENTS section includes all the elements from the tabs of the old CORE AIM form. The ACUTE section will link you to TSWF AIM forms dealing with specific acute visit types. CPGs will take you to the TSWF Suite of CPG guided AIM forms, and OTHERS guides the user to the rest of the TSWF AIM forms.

Click the link to the left for a 2 minute 38 second video describing the changes.

[Link to TSWF Training Video](#)

Change Management

- An Organization that utilizes a “Change Management Framework” should have the ability to monitor their ROIs
 - Return on Investment (ROI)
 - Speed of Adoption
 - Ultimate Utilization
 - Proficiency
 - Currently the Services do not have one standardized, established, Change Management Framework

□ Theories & Frameworks

□ Kotter's 8 steps to Transforming an Organization

- Establish Sense of Urgency
- Form a Powerful Guiding Coalition
- Creating a Vision
- Communicate the Vision
- Empowering others to Act on the Vision
- Planning for and creating short term wins
- Consolidating Improvement and Producing still more change
- Institutionalizing new approaches

□ Kotter JP, Leading Change: why transformation efforts fail. Harv Bus Rev. 1995; March-Apr:61

- ❑ **Diffusion of Innovations** – “Diffusion is the process by which an innovation is communicated through certain channels over time amongst members of a social system” – Everett Rogers

- ❑ **Bridge’s Transition Theory** – William Bridges, PhD; “Managing Transitions” first edition 1991
 - ❑ Phase 1: Losing, Letting Go, deal w/ the loss before moving on
 - ❑ Phase 2: The Neutral Zone- confusion, chaos, attempt to re-align to change
 - ❑ Phase 3: The New beginning: energy, purpose, unity, embrace change

- ❑ **PROSCI**
 - ❑ ADKAR model – Awareness-Desire-Knowledge-Ability-Reinforcement

Tiger Team at MTF X

- ❑ TSWF Tiger Team visited MTF X for an “Efficiency Visit” aka “EV”
- ❑ Pre Visit: MTF CC, SGH, MDOS & Flight Commanders, key clinic personnel, and the CIO were all pre-briefed
- ❑ Plan: Return with TSWF team to join evaluation with: Flight Commander, NCOIC, CIO, GPM, Clinical Champion



Tiger Team at MTF X

- The Holistic approach of looking at the workflow from “check in” to “check out” and the transitions and transactions that occur

Patient checks in



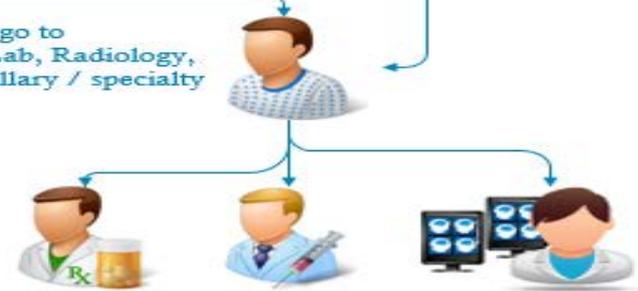
Patient is screened in by technician
then seen by provider



Patient checks out



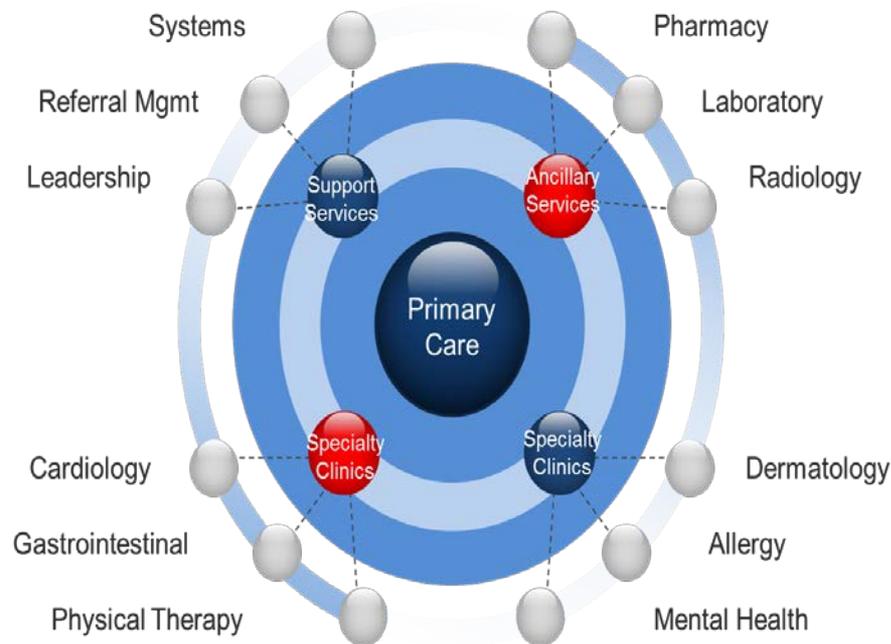
Patient may go to
Pharmacy, Lab, Radiology,
or other ancillary / specialty
services



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Some of the Communities Engaged

- ❑ Primary Care (PCMH –Patient Centered Medical Home) Model
 - ❑ Is the cornerstone of patient care, however it is part of a community
- ❑ To successfully evaluate the Primary Care Clinic, the Team looked at:
 - ❑ Transitions and transactions with other clinics and ancillaries to see if processes could be standardize and efficiencies derived



MTF X “EV” Findings

Form(s) Mismatch:

- Front Desk may not have most current SF600 overprint
- Older forms had patient filling out entire form vs what was new from last visit
- Misalignment with TSWF AHLTA template – potential to add time to transcribe from paper into electronic, or have data missing

Printing/Printers:

- Network printers were broken, or users were not correctly connected to them costing time to getting handouts to patients, delaying exiting, room turnover

Peripherals Not Working:

- CAC reader on keyboard intermittently failing – logging user out, keys not functioning

EUDs:

- Off network due to missed updates, or awaiting to get put on network

MTF X “EV” Findings

Patient Handouts:

- MTF had a “Patient Discharge Sheet”
 - Check boxes of where they had to go (Pharmacy, Lab, Rad, etc.), with numbers of Tricare or the individual ancillaries.
 - Reminder of referrals entered and how to activate
 - Area for Blood pressure check, tobacco cessation classes, follow-up appts
- LACK OF STANADARIZED PATIENT HANDOUTS –**
 - This is a MHS issue, not an MTF issue

No Standardized tool for Clinic Communication for Updates/Notifications

- This hasn’t been provided to MTFs from the Enterprise perspective
- There are tools that can be utilized
- MILSUITE – will be trialed at this site
 - However, will need to be trained, manned, and maintained

MilSuite to Enhance Communication

Site Identified Issue:

- Lack of a universal site to share information
- Clinics may have separate “share folders/ drives”
- No official collaboration site

MilSuite

- Information, news, updates, documents, project tracking can be posted and/or sent to email
- Can link to SharePoint, quick links to other websites
- Can restrict users to those invited or open to general public

Outcome – In Progress

Target follow-up areas

- Work with Systems shop to have clinic have inventory of replaceable peripherals (Keyboard/mice)
- Keep site/clinic team engaged and have them brief Command on updates/progress
- Follow-up post implementation of enhancements to see if the impact was as estimated
 - i.e. If one provider spends five minutes per patient to print out a handout, does a central desk for handouts/referrals pay off ?
 - Does a common collaboration site “milSuite” help the clinic staff to stay well informed and up to date with changes in policy, meetings, updates?

MTF X

- Didn't have the manning to maintain efforts post visit
- Recommendations briefed upon completion of visit were difficult for site personnel to engage as they may have been changing jobs/roles
- MilSuite was not leveraged for its capability

Strategy for future visits:

- Provide Level of Effort (LOE) estimate for each role involved
- Have Tiger Team assist with some of the changes as allowable by site and team manning

Requirements for Success

- ❑ Areas deemed of High Importance for a successful Tiger Team evaluation:
 - ❑ Ensure Leadership is engaged and supports the effort
 - ❑ **Have key clinic personnel participate**
 - ❑ **Highly Recommend** a team from the site engages with Tiger Team efforts pre, during and post visit
 - ❑ Ensure there is planned follow-up to check on progress, re-evaluate/assess to determine if a different course of action is required

Requirements for Success -Key Take-Aways



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- ❑ When approaching the Assessment of a Workflow:
 - ❑ Need to have the involvement of SMEs doing the work
 - ❑ Need to re-evaluate periodically to identify Return on Investment (ROI)

- ❑ When Implementing a New Workflow:
 - ❑ Understand this is Change Management
 - ❑ Must have Leadership support and use a standard platform/framework

Questions?



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Evaluations



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Please complete your evaluations

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