

System-level Workforce  
Capacity Building for Integrating  
HIV Primary Care in Community  
Health Care Settings

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# Transforming your practice

workflows,  
responsibilities,  
training competencies

# Agenda



- ❖ Housekeeping
- ❖ Goals from pre-implementation checklist:
  - Where are there overlaps?
    - ✓ Workflow and Process Mapping
    - ✓ Training Competencies
    - ✓ Job descriptions/roles/responsibilities
- ❖ Practice Transformation Facilitator Learning Community
- ❖ Questions and Evaluation Survey



- Please use the chat box for questions and comments throughout webinar
  - If you have any technical difficulties, please chat or email [Stuart.Gaffney@ucsf.edu](mailto:Stuart.Gaffney@ucsf.edu)
- Callers have been muted
- At the end of the webinar there is a survey we would like you to complete
  - This is different from a survey you will be getting from WebEx.

# That darned checklist!

## Year 1 Pre-Implementation Checklist

### Define practice transformation model

- Determine the category or categories your PTM falls into
  1. Expanding workforce – training new primary care providers to provide HIV care
  2. Making workforce more efficient – changing roles and responsibilities of existing staff and/or hiring new staff; developing the care team
  3. Making patient engagement more efficient – e.g., patient navigation, linkage with CBOs, sending non-critical patients to primary care providers, self-management
- Identify goals – utilize PCMH-A, building blocks to help ID goals
- Identify providers, staff and clinics that will be impacted by PTM
- Identify services that will be impacted by PTM

### Engaging stakeholders

- List stakeholders
  - o at all health facilities affected by PTM
  - o all intersection points of patient care
  - o all staff interacting with PTM
- Hold meetings with all impacted stakeholders to plan PTM
  - o Meetings will likely be held at various stages of pre-implementation as well as during implementation.

### Defining roles and responsibilities

- Job descriptions
  - o Define job descriptions for new staff
  - o Document current roles and responsibilities
    - Esp. as they relate to the greater care team
  - o Define new roles and responsibilities for existing staff
- Outline co-management processes and procedures among care team members

### Write down protocols, policies and procedures

- Know current clinical policies and procedures
  - o Understand current clinical work flow
    - Track patients as they move through the clinic
      - If you differentiate between patient populations, create workflow for each different type of patient.
        - o E.g. newly diagnosed, high acuity, homeless, primary care, newly reengaged
  - o Document current panels (if they exist)
- Define new clinical policies and procedures

- o Document future work flow
  - How will the PTM change the visit flow for patients?
  - If you are planning new services for particular patient populations, create workflow for each different type of patient.
    - E.g. newly diagnosed, high acuity, homeless, primary care, newly reengaged
- o Plan how to clean up panels (if they exist) **Do not implement new empanelment until after baseline assessment.**
- o Plan stable teams or teamlets **Do not implement new teams until after baseline assessment if part of your PTM.**

### Training

- Define competencies
  - o for new staff
  - o for providers
  - o for existing staff
- Define Learning objectives
  - o for new staff
  - o for providers
  - o for existing staff
- Develop and document training curricula modules
- Document trainings
  - o for new staff
  - o for providers
  - o for existing staff
- Develop evaluation tools to assess effectiveness of training over time
  - o For learning objectives
  - o For skills and competencies
- Develop training timeline

### Assess data needs

- Electronic medical records
  - o Who has access?
  - o Can data be easily extracted?

### Roll out

- Develop a timeline
- Develop a revised work plan
- How will you sequence roll out? If multi-site, will you have pilot sites? Roll out to everyone at once? Roll out to smaller number of sites first?

# Why document?



- ❖ Your work plans include your objectives, dates, and activities.
- ❖ Your supporting documents will provide what the
  - ❖ *CURRENT* status of clinic operations
  - ❖ *FUTURE* status of clinic operations, with the Practice Transformative Model implemented

- ❖ Since this is a de
- types of document
- and after



we need both  
picture of before

# Linking your documents

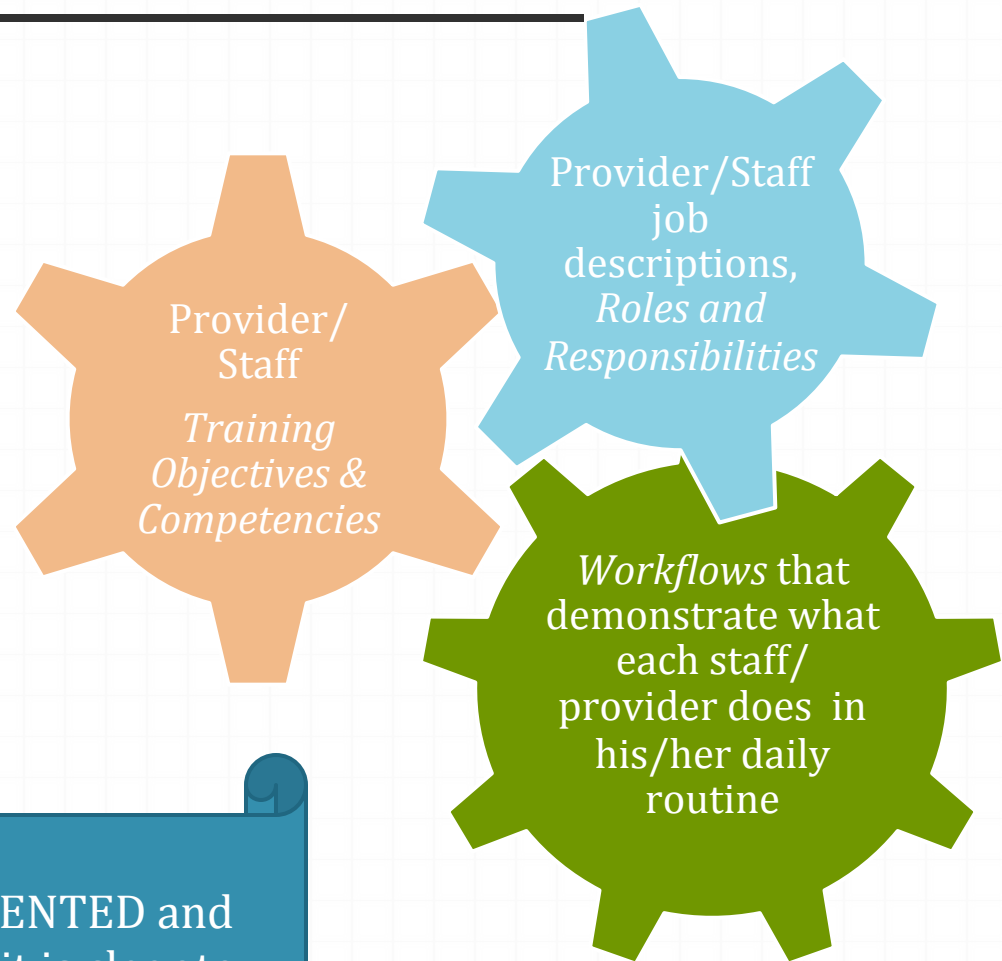
Roles/Responsibilities



Training Competencies



Workflows



By having all of these areas DOCUMENTED and in CONCORDANCE with each other, it is clear to everyone *who* is responsible and *what* the expectations are

# What is a workflow map?



- ❖ Creating a visual representation of a process
  - A process is a series of actions, steps, or tasks performed in a certain order to achieve a certain result
  - For example: answering the phone, doing prescription refills, documenting vital signs, or filling out billing forms
- ❖ Defines the beginning of a process, the end of a process, and all the steps in-between
  - Defines what *is*

# Considerations for creating workflow maps

Note: those who chose to work with patients often are tactile learners, so developing a workflow/process map can be a frustrating task! Others may really enjoy it!





# What is a workflow map?

- ❖ Workflow mapping is a way of **making the invisible “visible”** to a practice so they can look for ways to improve their processes to **increase efficiency, reduce errors, and improve outcomes.**
- ❖ Creating a workflow map enables you and the practice to **see what is currently happening, identify opportunities for improvement or change, and design new, more effective processes.**

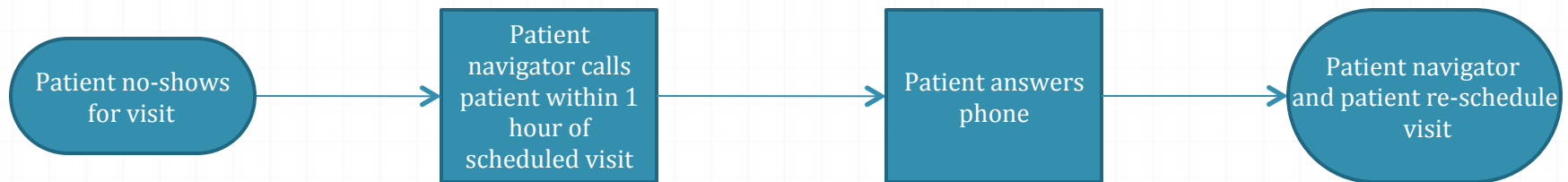
[Agency for Healthcare Research and Quality:](http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5.html)

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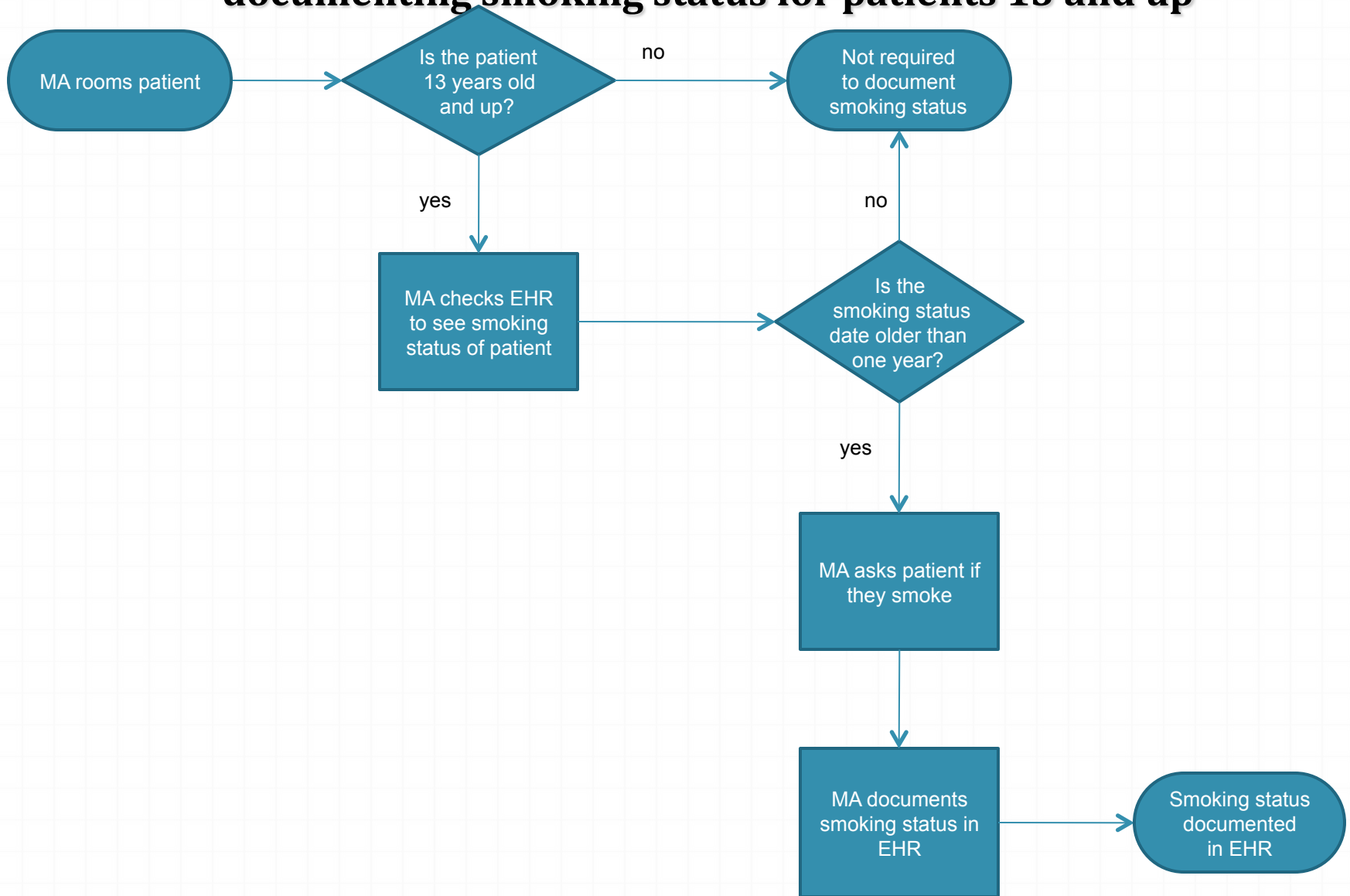


# What does a workflow map look like?

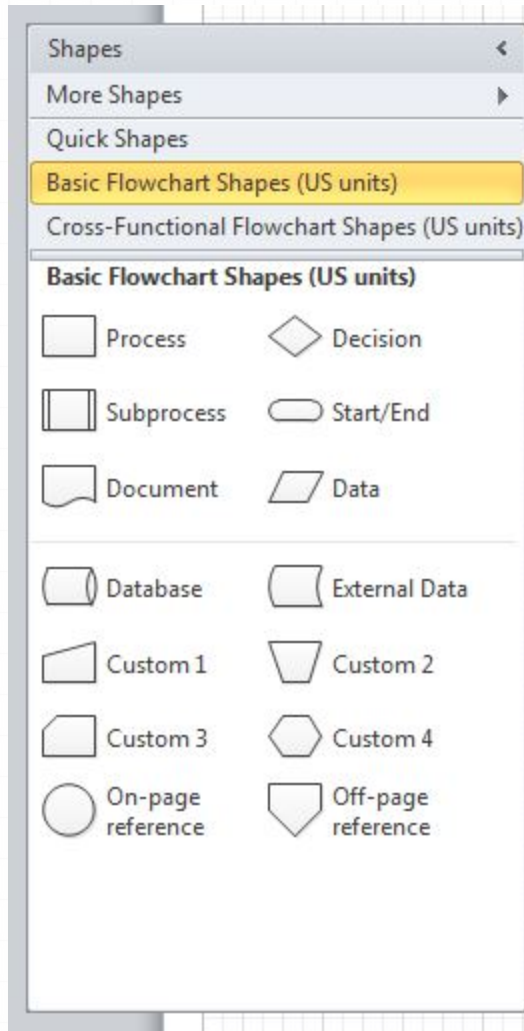
- Symbols represent steps
- Steps are put in order



# Example workflow: documenting smoking status for patients 13 and up

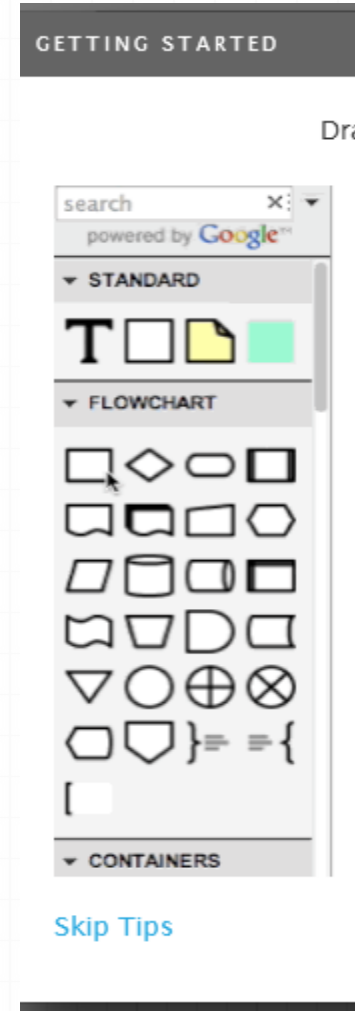


# Know your symbols



Visio (PCs only,  
software)

Lucid Chart (free,  
some limitations)



**Note: There are ~4-6 commonly used/recognized symbols. If you use others or have custom symbols, mark their meaning.**

# Types of workflow maps

Zoom In

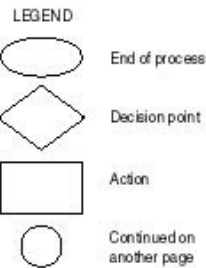
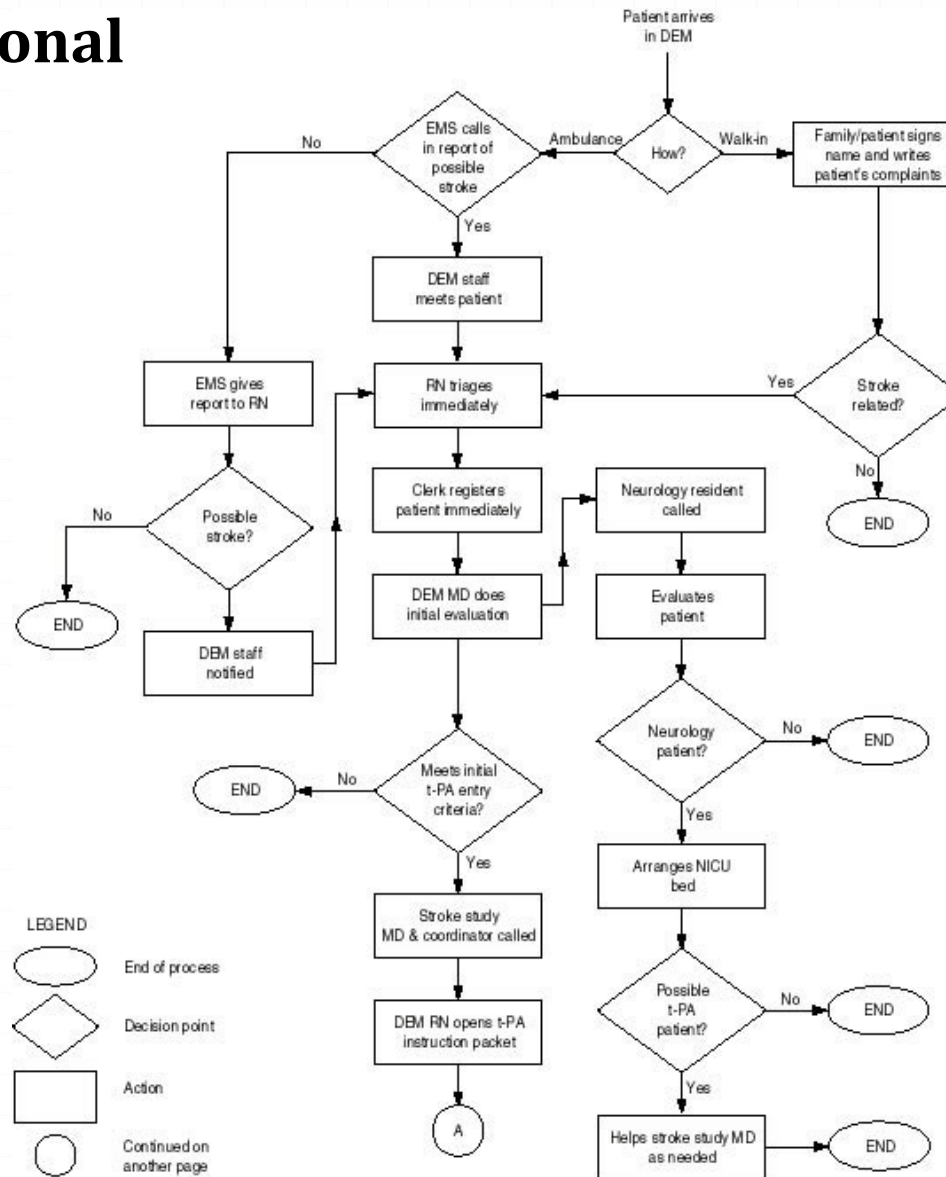
Zoom Out



Detailed Workflow

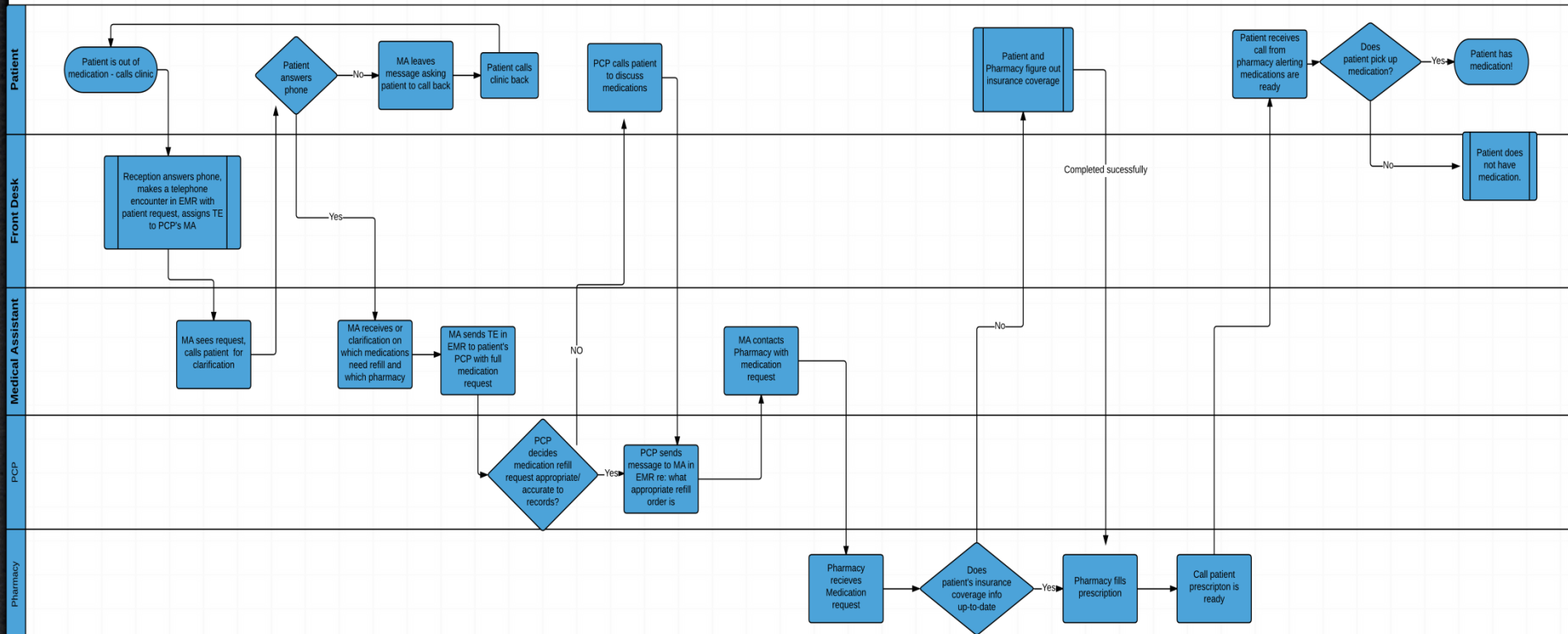
High-Level Workflow

# Example: Traditional Process Map



DEM = Department of Emergency Medicine

# Example: Swimlane Work Flow Map

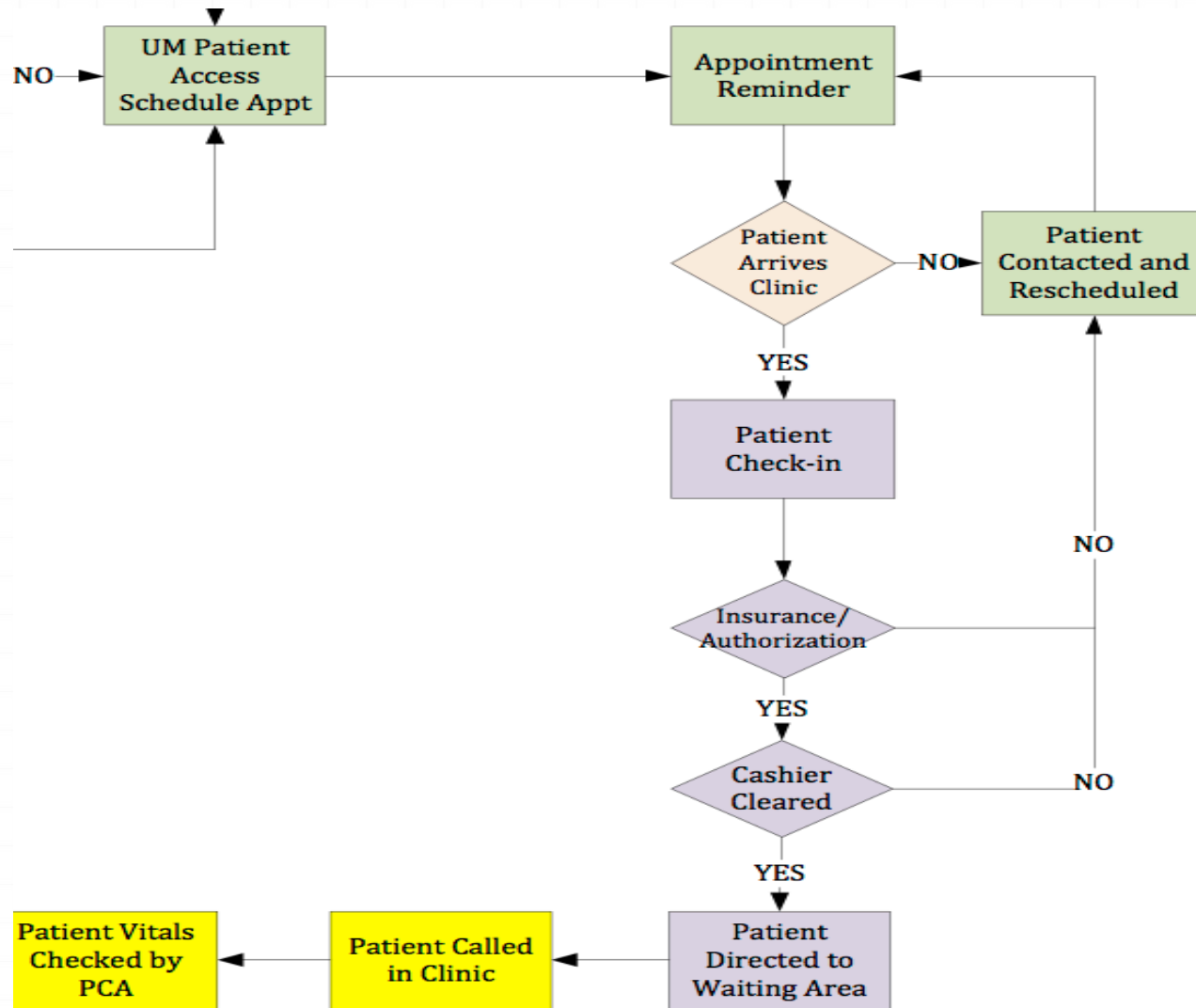


- Forces the question of who is responsible for a given activity
- Illustrates the sequence of events
- Provides a timeline
- Indicates the number of hand-offs
- Shows opportunities to eliminate/reduce steps



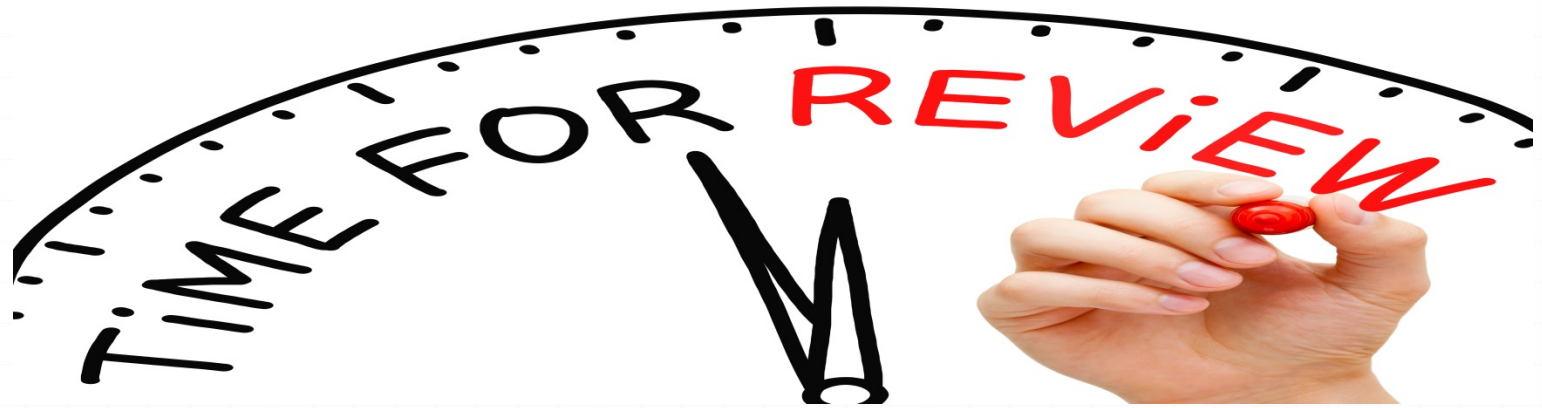


# Patient flow vs. workflow



# Why bother with workflow mapping?

- ❖ Workflow mapping helps practices
  - Identify barriers to getting the work done (safety)
  - Eliminate wasteful steps
  - Streamline complicated workflows
  - Standardize how work is done
  - Provide better care to the patient
- **Workflow mapping helps guarantee the success of your PTM implementation**



When making a workflow, choices:

- High-level (overview) or High-detail (specific work process)
- Use high-level flow to help generate list of functions that need detailed mapping
- (Traditional) Workflow Map or Swimlane Workflow Map
- Rationale for using workflow maps in quality improvement

A photograph of a waiting area in a medical clinic. In the foreground, a row of five brown, upholstered chairs with metal frames is arranged. The background features a light green wall with a large white graphic of a person's head and shoulders. A sign on the wall reads "Pre Assessment Anaesthetic Clinic".

# Workflow mapping in action

Doing an initial workflow shows the problems in the current system and how the practice might do it *better*.

# Rx refills

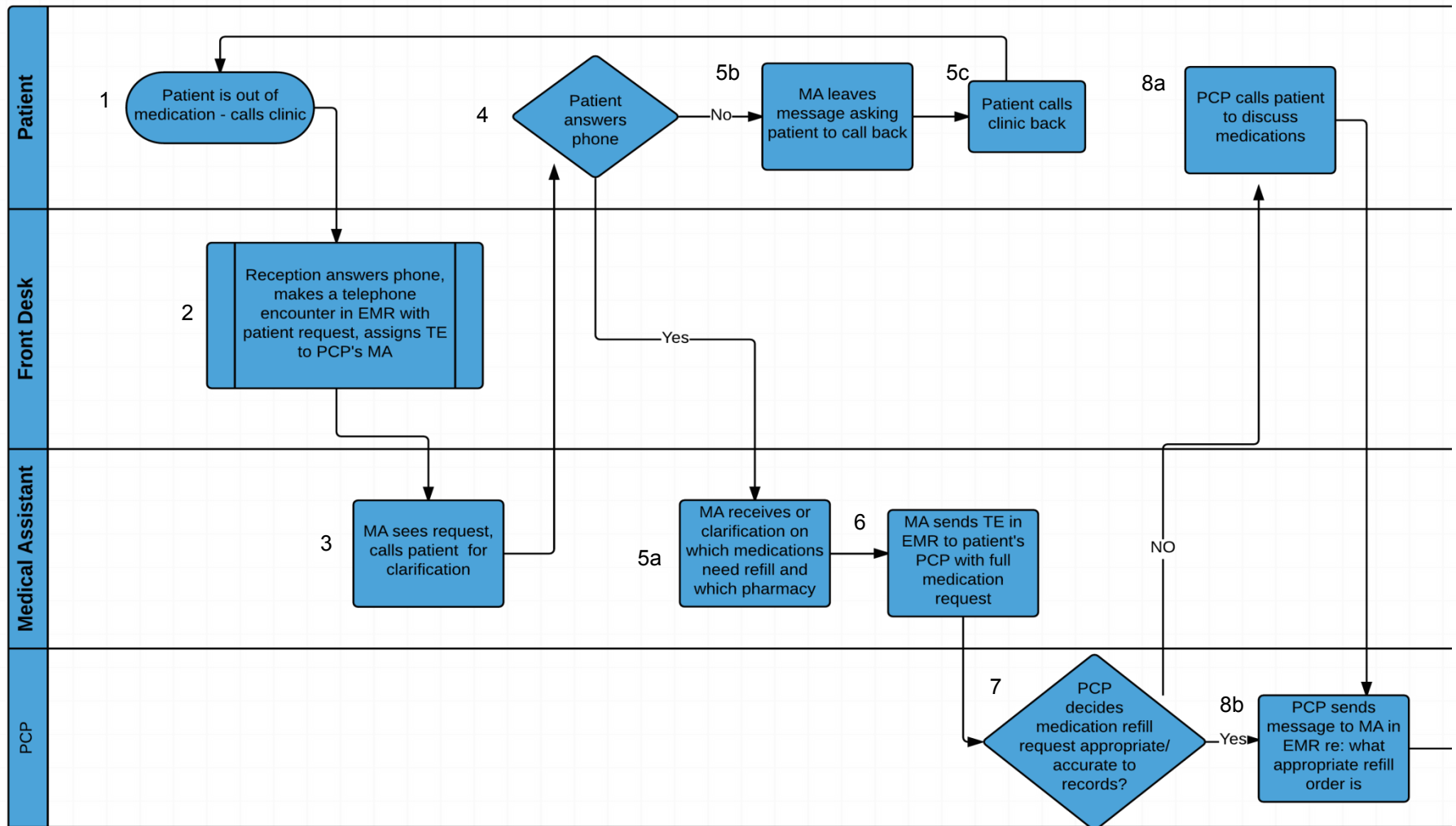
Patient calls clinic for Rx refill



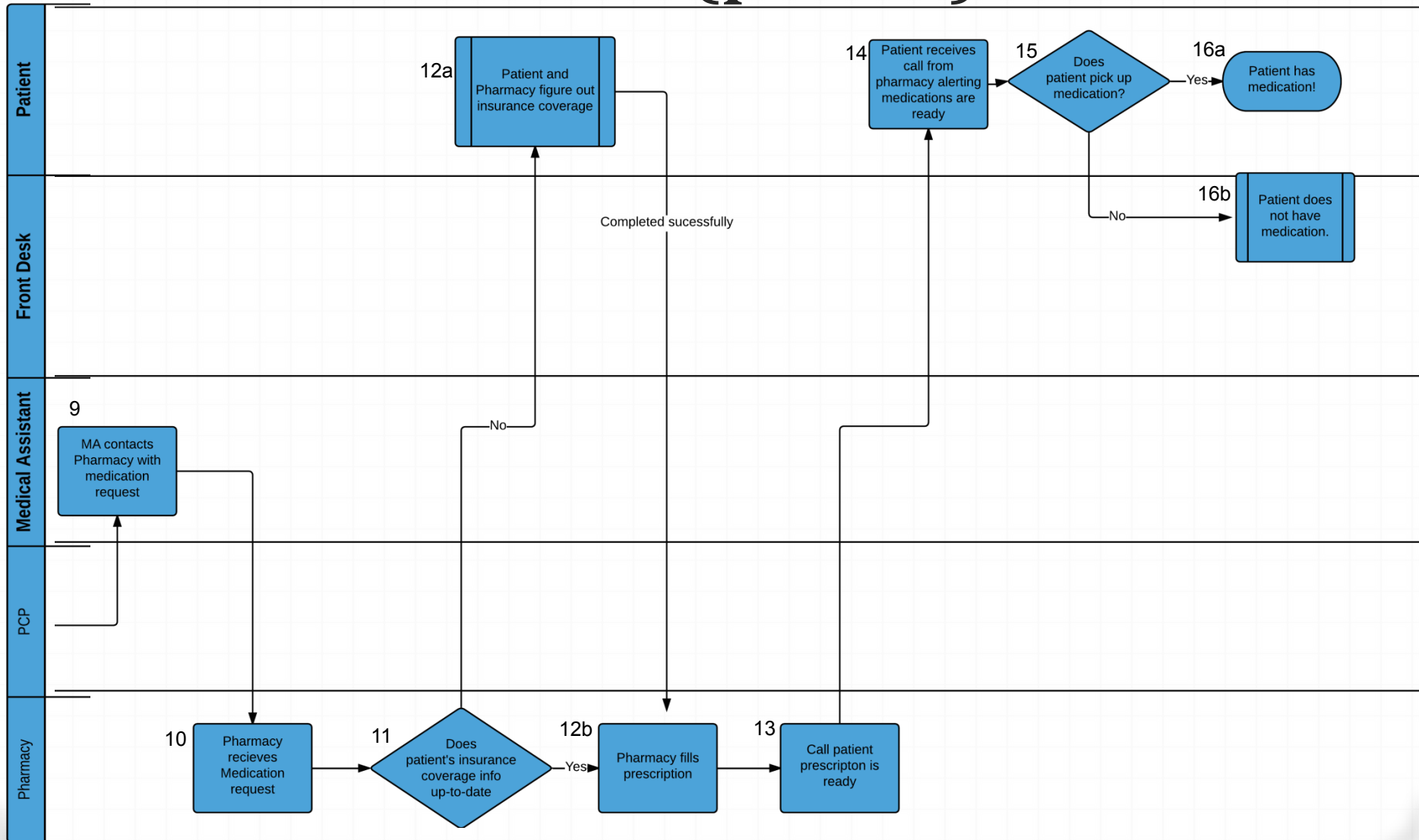
What are all of the steps it takes to get from point A to point B (or Z)?

Refill available at pharmacy for Patient to pick-up

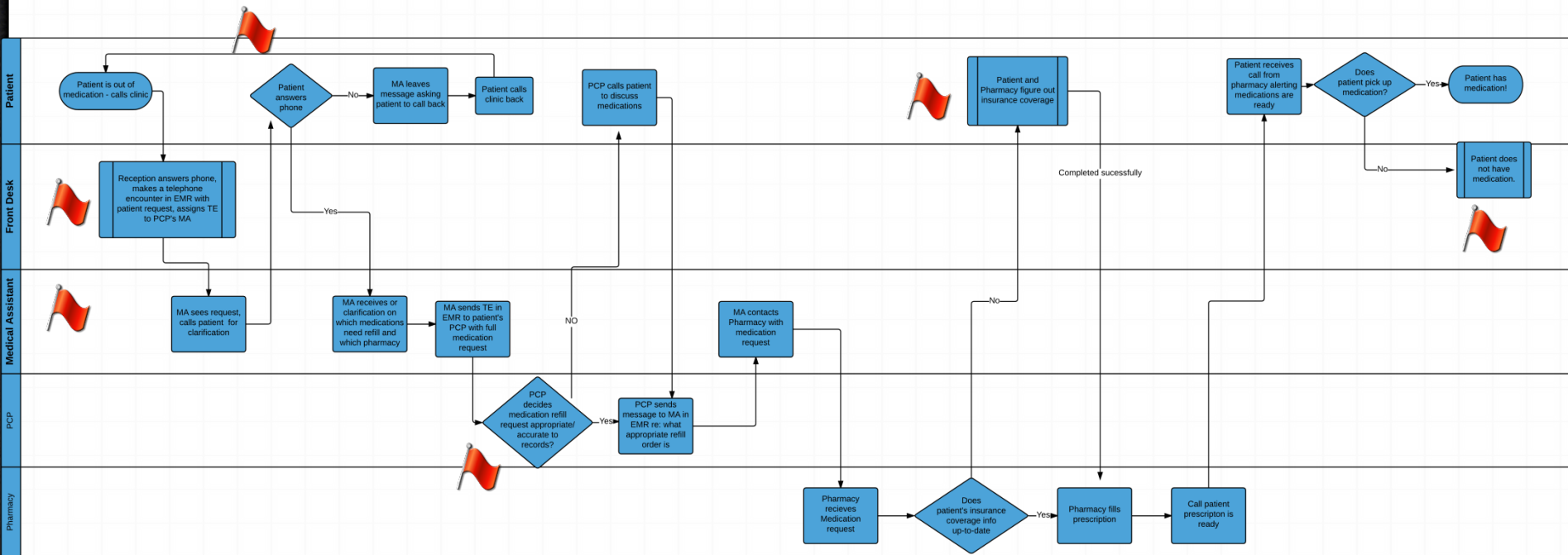
# Swimlane Process Map of Rx Refills (part 1)



# Swimlane Process Map of Rx Refills (part 2)



# How can we make this process more efficient?

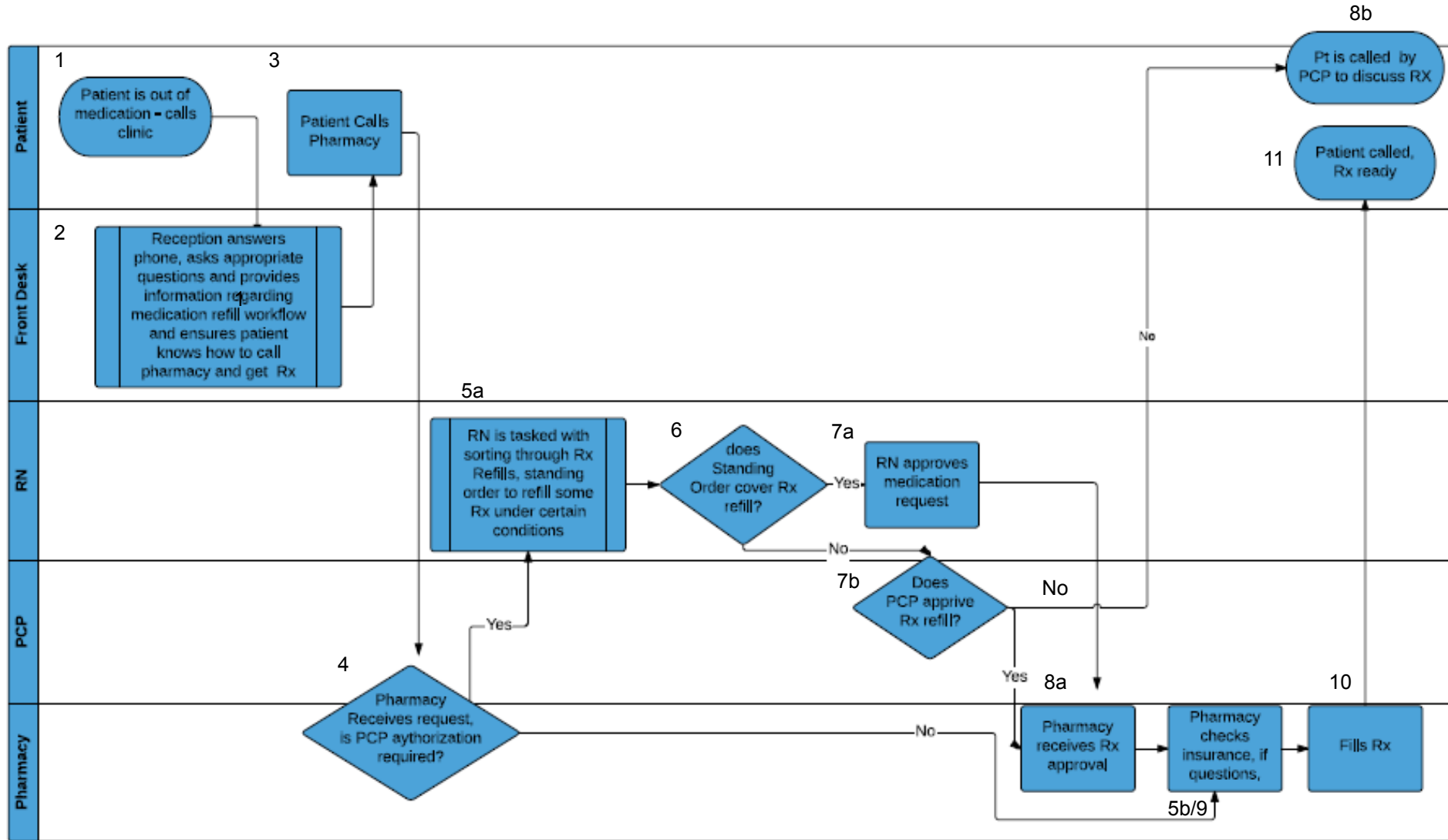


## Problem areas:

- ① If incoming notes are not sufficient, patient needs to be called back
- ② If patient doesn't pick up, stuck in circle of leaving messages
- ③ Reception and MA scope of work and duplication of work:
  - Does task shifting make sense?
  - What training or standing orders might be helpful?
- ④ Problem at pharmacy leads to additional patient contact.
- ⑤ Do we end with Rx ready for patient or patient having Rx in hand?



# Revised - Swimlane of Rx Refills





When making a workflow process map:

- ✓ Create current workflow first
- ✓ Discuss current workflow with team members, revise
- ✓ Team propose improved workflow
  - PDSA the proposed improved flow and make amendments as necessary

# The Link

- Make sure that you **establish** how established or new workflows impact
  - Responsibilities (and in some cases roles or job descriptions) of care team members
  - Training of care team members
  - Skills checks/performance review of care team members

# Responsibilities from workflows:

## Staff members answering phones

- Provides high quality customer service to patients that request medication refills

## Providers

- Approves medication refills in electronic system in a timely manner

## RNs

- Follows standing orders for medication refills and patient communication

# How will you train and assess these skills?

## *Training and Skills Checklists:*

### **Staff member answering phones**

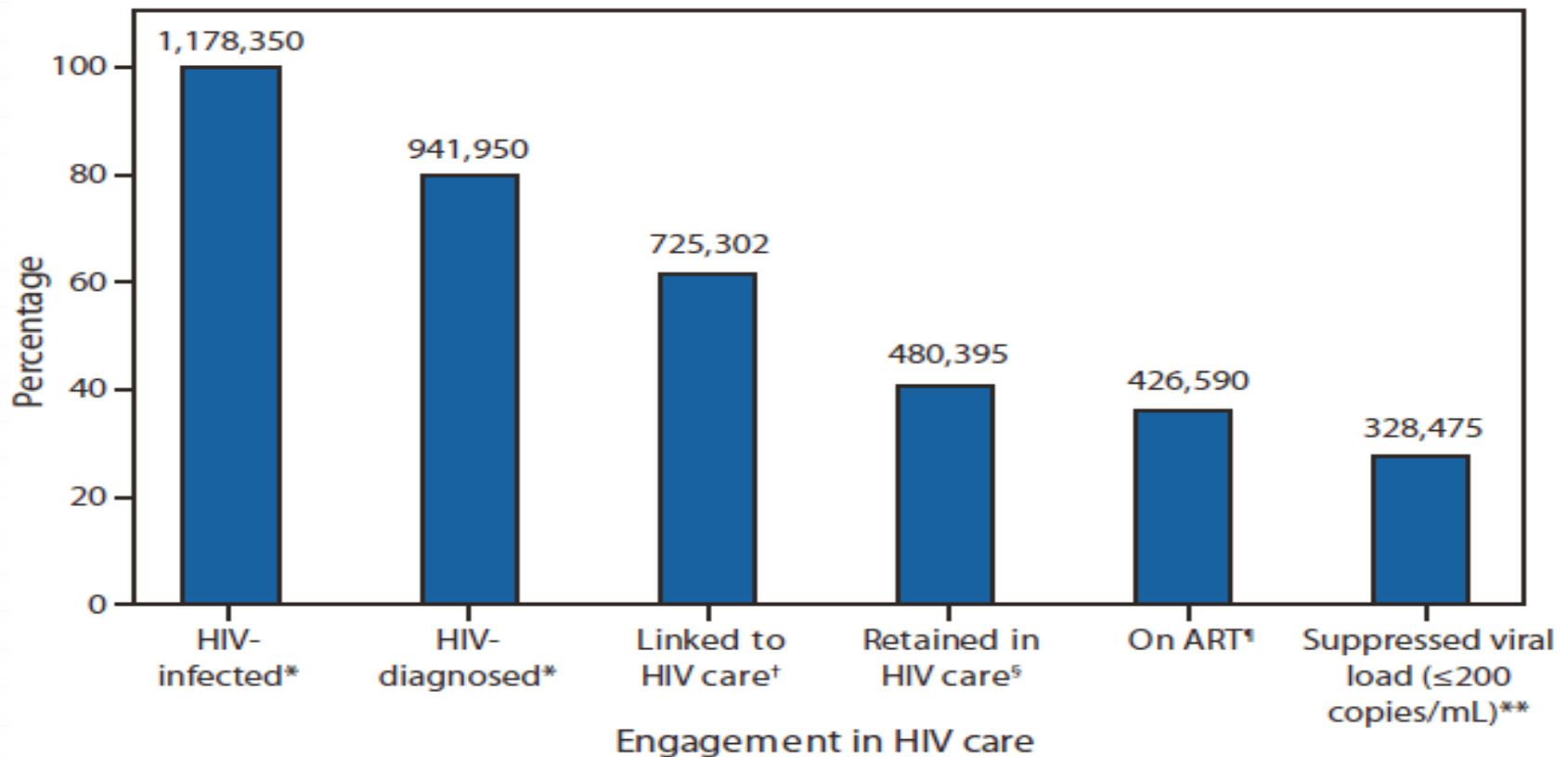
- Understands prescription refill workflow
- Able to provide effective customer service to patient:
  - Communicates patient's responsibility in prescription refill
  - Has messaging on why patients need to ask pharmacy for refills.
  - Able to assess for and address any barriers for patients communicating directly with pharmacy
  - Asking patient "is there anything else I can help you with today?"

### **Provider**

- Understands prescription refill workflow
- Able to use escript system for medication refills
- Approves medication refills in electronic system in a timely and accurate manner
- "Closes the loop" on any exceptions to timely refill

# What workflows are needed?

→ *Please type in chat box*



# Steps for workflow mapping – Individual

- ① Pick one person as the leader for each workflow
  - ② Let's say you are mapping how lab results are reviewed
  - ③ The designated person – let's call him Angel -- makes sure he understands exactly how a process occurs, for example, how lab results are reviewed
  - ④ Angel speaks with team members who are involved in lab result review
  - ⑤ Angel drafts the initial workflow map and reviews his work (with or without an additional eye/ear) to make sure all decision points, steps, etc. make sense.
- ✓ Tip: Drafting first on paper, dry erase board, with post-its, can often be less frustrating than starting on the computer.

# Steps for workflow mapping - Team



- ① Angel convenes a meeting of all people involved in reviewing lab results (the team)
- ② The team goes over his workflow map and make corrections
- ③ The team discusses how lab results could be reviewed more efficiently



# Results from the TEAM Meeting - Responsibilities & Training

## ① The **responsibilities** are:

- The RN informs patients with normal results
- The physician contacts patients with abnormal results
- The medical director writes a **standing order** for the RNs to deliver results within range.



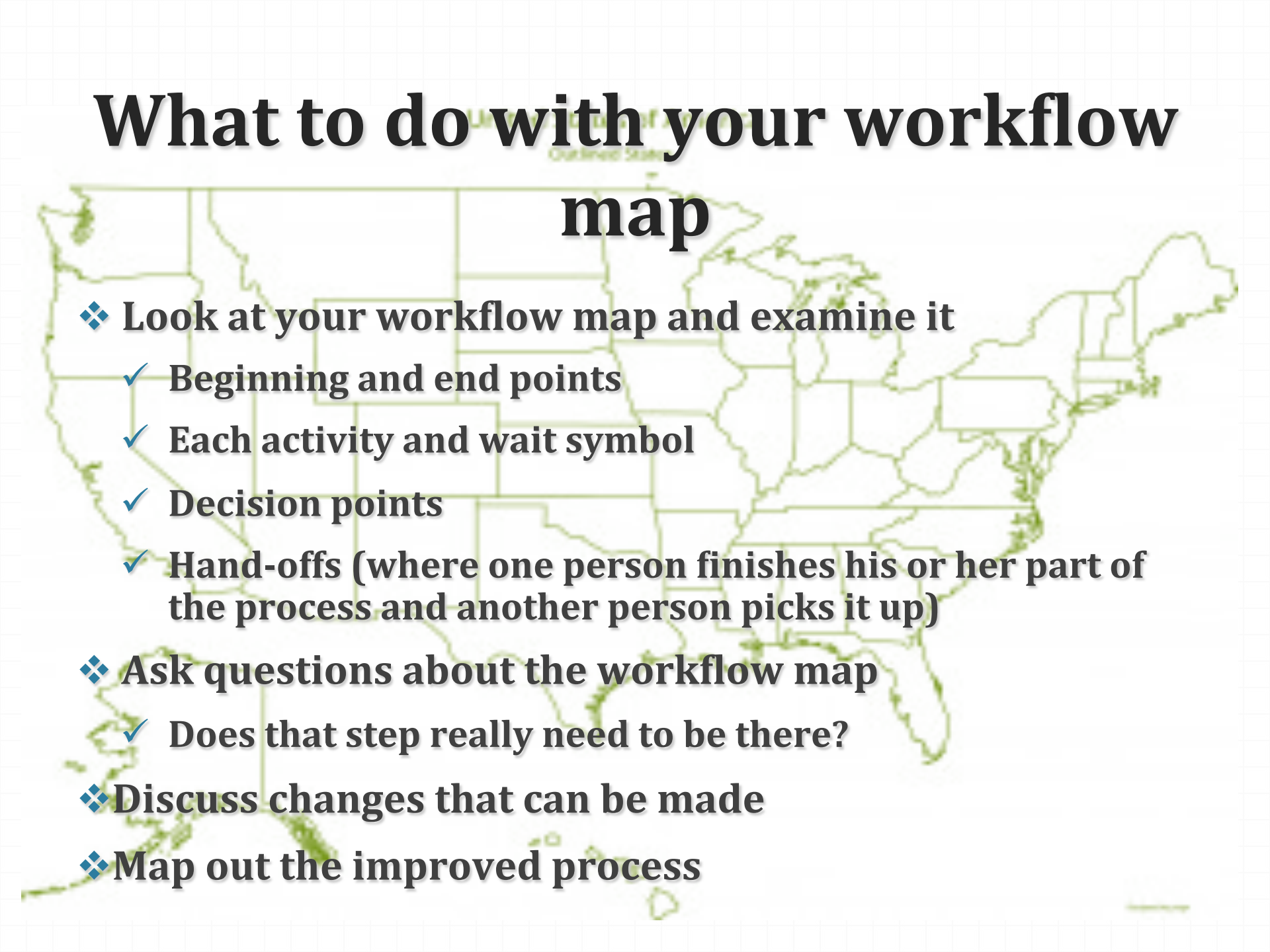
## ② The needed **training** for the RNs are:

- ✓ How to separate normal from abnormal results.
- ✓ Procedure for calling patients, delivering results effectively, and documenting
- ✓ Procedure for alerting PCP to questions that arise that are out of scope of RN's knowledge/duties when RN speaks with patient

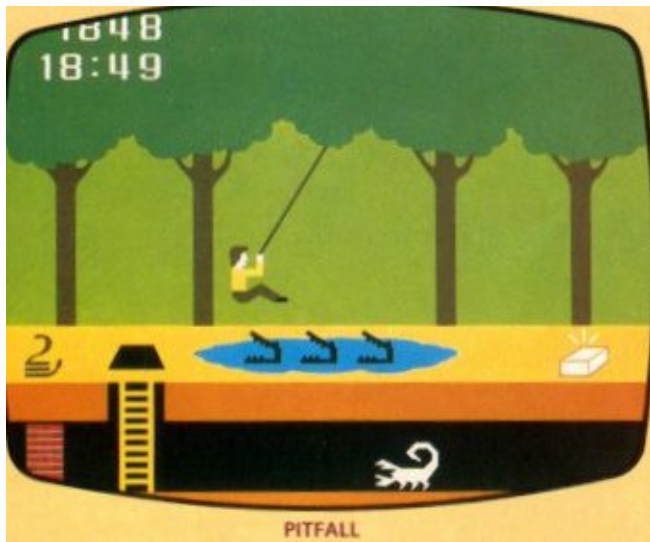
# **Steps for workflow mapping - Team**

- **Angel re-does the workflow map to reflect the new process**
- **By mapping this workflow, the practice improved**
  - ✓ **How lab results are reviewed**
  - ✓ **Who is responsible for reviewing lab results**
  - ✓ **What the job expectations are for care team members for lab results**
  - ✓ **What training competencies are for new and existing staff members for reviewing lab results**

# What to do with your workflow map



- ❖ **Look at your workflow map and examine it**
  - ✓ **Beginning and end points**
  - ✓ **Each activity and wait symbol**
  - ✓ **Decision points**
  - ✓ **Hand-offs (where one person finishes his or her part of the process and another person picks it up)**
- ❖ **Ask questions about the workflow map**
  - ✓ **Does that step really need to be there?**
- ❖ **Discuss changes that can be made**
- ❖ **Map out the improved process**

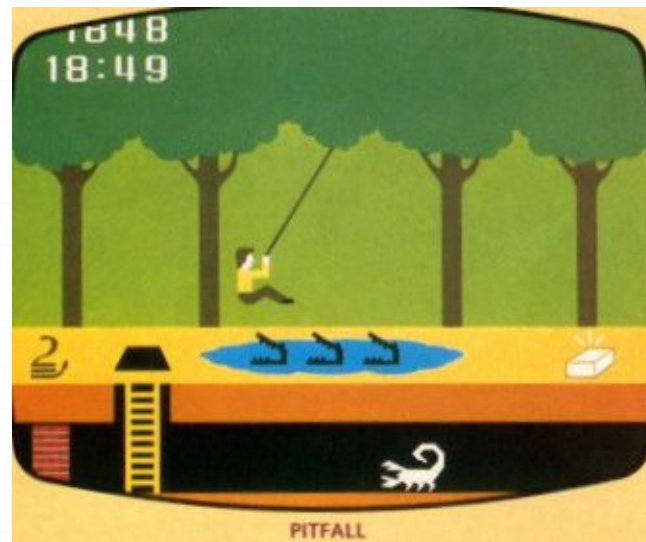


# Pitfalls of workflow mapping

- Mapping out the processes you *wish* you had
- Interviewing only a few key informants instead of shadowing everyone involved in the process
- Ignoring the opinions of those people who know the process best
- Putting your workflow map on the shelf and never looking at it again
- Creating a workflow map in isolation of other staff/clinic operations
- Jumping straight to the task of workflow mapping instead of explaining the benefits and rationale for improvement

What challenges and pitfalls have you or your site encountered with the process of workflow mapping?

→ *Please type in chat box*



# Benefits of workflow mapping

## ❖ Staff benefits

- Waste is eliminated
- Process are simplified
- More aware of their own jobs and their colleagues' job
  - When training/supervising staff, gives concrete job expectations

## ❖ Patient benefits

- Encounter fewer delays
- Ideally fewer staff encountered for a single task
- Receive better care

## ❖ Everyone benefits

- Happier (we hope!)



# Take-Away:

## Linking your documents

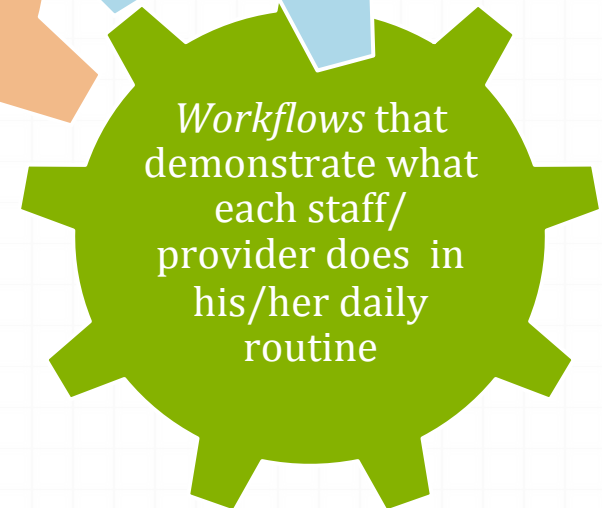
Roles/Responsibilities



Training Competencies



Workflows



By having all of these areas DOCUMENTED and in CONCORDANCE with each other, it is clear to everyone *who* is responsible and *what* the expectations are

# Take-Away:

## Steps for workflow mapping

### ❖ Step 1. Choose:

- A process to map out
- Level of detail (remember: high level means less detail!)
- Type of workflow to use (traditional or swimlane)
- Person to draft the workflow

### ❖ Step 2. Determine the beginning and end points

### ❖ Step 3. Identify each step in the process

### ❖ Step 4. Put the steps in order

### ❖ Step 5. Review and edit the first draft

### ❖ Step 6. After a day or two, review the flowchart with the team for input

Remember: it may be easier to draft using paper



# Take-Away:

## Improves Transparency

- ❖ Workflows are how you document a process – a series of steps. You can see what you do now and identify how you can improve.
  - For a demonstration project, it also helps show the before and after
- ❖ Workflows help clarify who is responsible for tasks
- ❖ Workflows help you identify key competencies and plan for how you are going to train and assess care team members



# Take-Aways and Challenges:

- ❖ Work flows are a quality improvement investment
- ❖ There are pitfalls to watch out for
- ❖ These are working documents (with established pre-implementation and final versions).



# Practice Transformation Facilitator (PTF) Learning Community



# Practice Transformation Facilitator (PTF) Learning Community

## **PT Facilitator will learn about:**

- Best practices for transformation
- Improvement models like the 10 Building Blocks of High Performing Primary Care
- Increasing capacity for ongoing transformation
- Coaching skills for PT

# Practice Transformation Facilitator (PTF) Learning Community

## **PT Facilitator will work with their team on:**

- Identifying the team's training and TA needs
- Working with the ETAC to address needs
- Tracking progress (the pre-implementation checklist)
- Coaching staff, providers and leadership
- Tracking and updating timelines
- Documenting the improvement process (meeting minutes, action items, progress on specific improvement goals, PDSA cycles)

# Practice Transformation Facilitator (PTF) Learning Community

## Goals of PT Facilitator Learning Community

- To provide support and discussion for each site's PTM implementation.
- To create sustainability within the sites for ongoing practice transformation.
- To improve the reach of the resources of the TA team.
- To encourage collaboration and peer support.

# Practice Transformation Facilitator (PTF) Learning Community

## **Participation in Learning Communities:**

- Commitment to an hour videoconference one to two times per month.
- Sessions include short didactics followed by discussion of application to sites' transformation efforts.
- Time of sessions to be determined once participants identified for each cohort.







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