CARE TEAM AND WORKFORCE GUIDE RESOURCE 6: WORKFLOW EXAMPLES

FIGURE 6.1: PRE-VISIT PLANNING

MP PRE-VISIT PLANNING (PVP) WORKFLOW EXAMPLE

Prior to Scheduled Appointment

MA initiates PVP activities for their assigned PCP 1-3 days prior to appointment Utilizing the PHM Platform, the MA will complete the PVP checklist, including documenting:

- Reason for Patient visit
- Transportation needs
- Interpretation services needed
- Cultural, faith-based, or LGBTQIA+ preferences for care
- Type of exam/room readiness needs
- Supplies needed for patient/procedure
- Lab/imaging
- Recent ED/hospital records
- Vital signs to be obtained/charted
- Assessments due
- Immunizations
- Health maintenance activities
- Prenatal/post partum care



As able, the MA will support PVP activities including ordering labs/health maintenance activities per the organization's Standing Order policy/procedures.

Day of Appointment

Conduct morning huddle, utilizing PVP checklist (pg. 20 in Care Teams IG) to communicate important information and outstanding tasks that need to be addressed by the PCP

Discussion Questions

- Who is conducting PVP?
- Is it happening consistently?
- What IT systems are used to complete?
- When is it done?
- Are there standing orders in place to support PVP/ ordering of labs/health maintenance activities?

Prior to checkout, preorder needed labs/ screenings needed for next visit

Schedule follow up appointments and support referral management

Provide patient education and ensure patient is aware of any interventions or patient-directed activities needed prior to the next appointment

FIGURE 6.2: POINT OF CARE

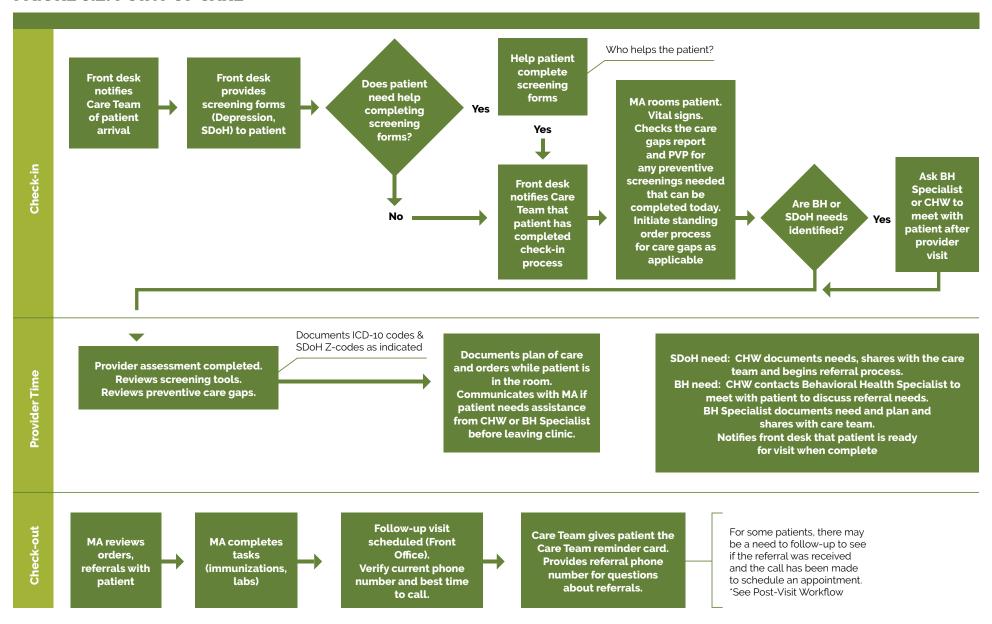


FIGURE 6.3: SCHEDULED VISIT PREVENTIVE CARE VISIT WORKFLOW

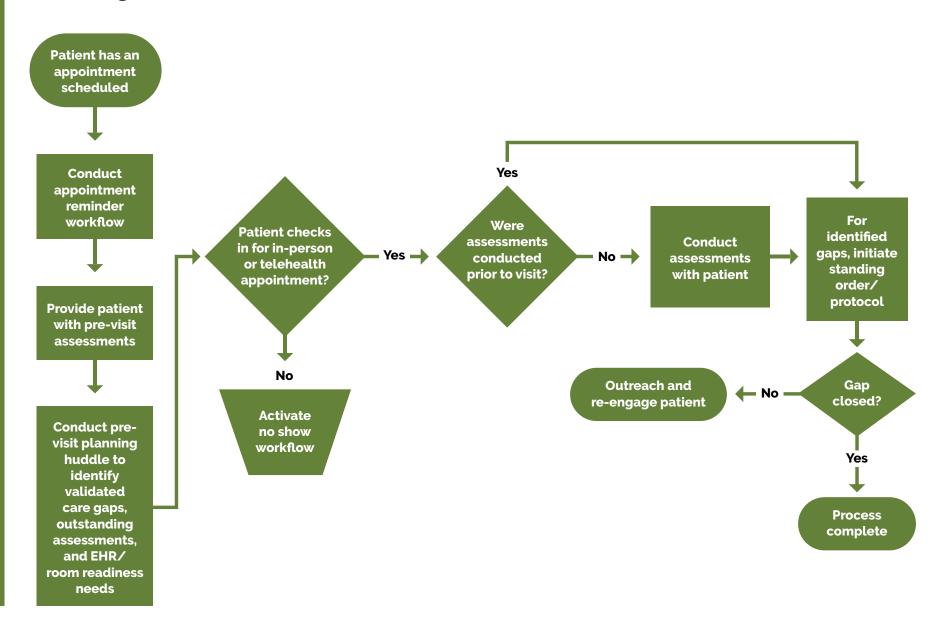


FIGURE 6.4: SCHEDULED OFFICE VISIT WORKFLOW

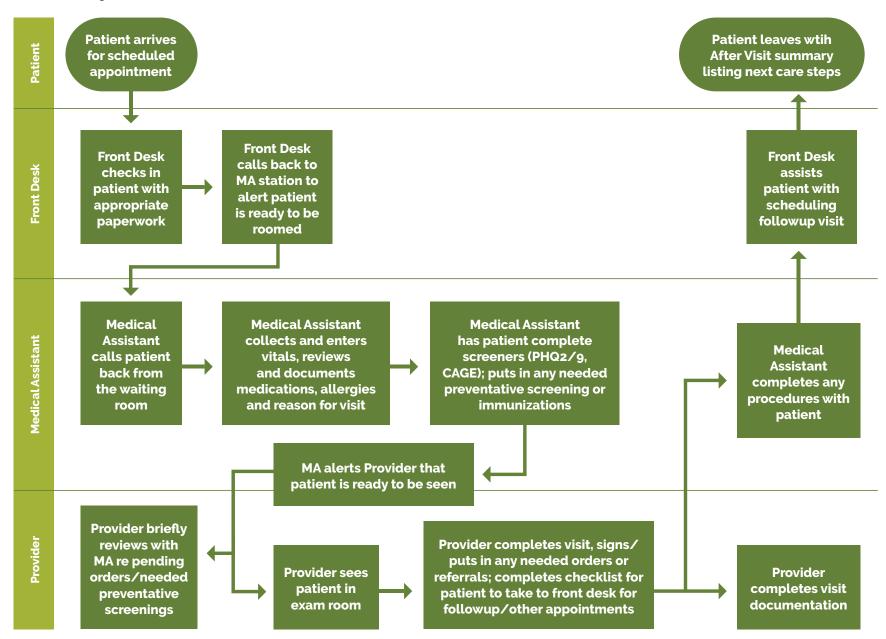


FIGURE 6.5: POST-VISIT FOLLOW UP

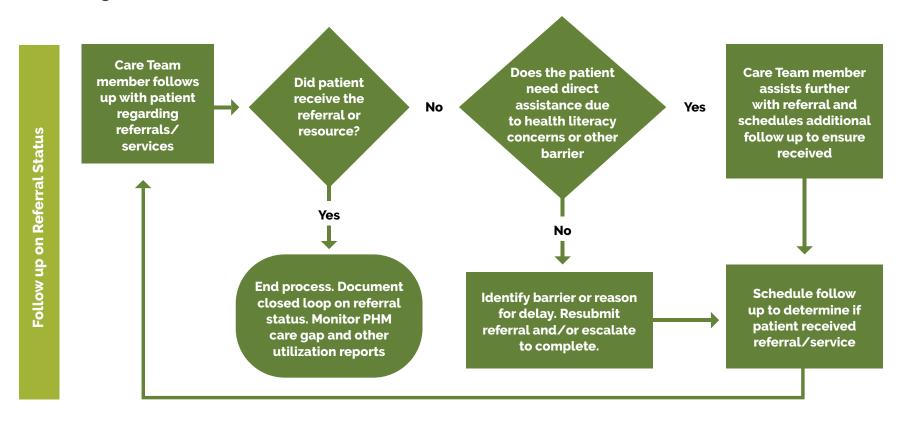


FIGURE 6.6: PROACTIVE OUTREACH & ENGAGEMENT EXAMPLE Examples of outreach teams: Quality department Do you have the capability to get Care Gap reports? Marketing Who generates report? Care Management Care Gap Report What frequency? Core Care Team Who sends it/retrieves it? Who sorts the report How are you prioritizing Who receives it? and distributes? the care gaps? **Care Gap Report shared** with the appropriate **Care Gap Report Sorts the report Care Gap Report** outreach team received reviewed & prioritized by care gap Identify who is responsible Examples of outreach: for documentation. Phone, Mail, Text/email Identify what system is Campaigns used for documentation. Determine who will review. Is the documentation in **Care Team** the appropriate place to Determine the celebrates get pulled into the Care format to share **Designated** Gap Report? with the team. wins. Care Team Outreach outreach team collaborates attempts & **End process** completes on process outcomes are & engage in outreach according improvement for documented **Results shared** continuous to Policy & identified trends in system with Care Team process Procedure in outreach in X format improvement process. Determine the timeframe for re-running the report. **Re-run Care Gap Report** Who re-runs the report? after outreach campaign per Policy & Procedure **Data validation process** to ensure accurate data is getting to IPAs/Health Plans