

Workflow Design:

A Focus on the Experience of the Recipient of Services

Questions to consider in designing workflow related to the engagement, enrollment, retention, service planning, and service delivery processes.

In an integrated system of care, understanding the initial and ongoing experience of the client as s/he moves throughout the organization's policies, procedures, and activities is key to designing workflow systems that engage and respond to the felt needs of recipients. The best way to understand the effect of a particular policy and procedure on a client is to go through the process yourself. Some organizations have done just that and found the process invaluable. An organization's workflow that aligns with the aims of the PBHCI initiative involves closely examining the following questions related to key processes and procedures.

1. **The initial screening and admission process:** Who makes the initial contact with the client? Where and when does it take place? How are clients informed about the organization's services including access to primary care services? What are we trying to accomplish at our first meeting with a client? Do we include peers in this process? What information is gathered? How are clients oriented to the environment and the people in the setting? Are clients introduced to others?
 - o Ask yourself: What would I like to have happen at my very first contact with the organization? How do we initially engage and inform clients? How can we find out if clients like our current workflow around screening and admission?
2. **Getting to know my treatment team:** How do clients meet the members of their treatment team? Who informs the client about the members of the treatment team? Who is the main go to person for the client? How do clients get to know their primary care team members if they choose to enroll? Does the client meet every member of the team?
3. **Deciding to enroll in the PBHCI initiative:** How do clients make a decision to enroll? What information is provided? What information would you want in order to make an informed decision? Are clients provided any written information that they can share with others if they so choose? Are peers involved in supporting the client to make an informed decision?
4. **Service Planning:** How does the organization provide information about all the services available to the client? Who works with the client to make informed decisions about which services are needed and most importantly, wanted? In what way does the client participate in the identification of needs and services? What contribution does the client make directly to the documentation of the service plan? How is information communicated (e.g., just verbally or with written information?)
5. **Service Delivery:** For each service provided including primary care, describe the who, what, when, where and how of each service. How does a client access the service? Who is involved? What is the role of each team member in the provision of services? What happens if the client decides to stop a service? Dislikes a service? Changes their mind about the need for the service?

How does the client access primary care services? What steps are involved in assisting a client to get their initial physical exam? How are the results communicated to the client and the members of the treatment team? What are the steps involved if the person's exam reveals the need for follow up care? Who arranges it? Who provides support to the client? How are the results shared with the client and the treatment team?

How are clients informed about wellness related services and activities? Are peers involved? Who assists the client to make informed decisions about wellness activities? If a client avoids all the wellness activities, what steps might the program take? Are these the steps you would want taken?



Five PBHCI Workflow Strategies That Work

- 1. A client is most likely to follow through on a referral if it is done using a warm handoff** (i.e., the provider directly introduces the client to their colleague). The best workflow has the fewest steps between the client presenting and sitting down with the behavioral health or primary care provider.
- 2. If the workflow design must include a referral, make sure any opportunity for that referral to fail (i.e., the client does not make the appointment) is anticipated and addressed.** Convey to the clients that you are dedicated to helping them be healthier and happier and will do whatever it takes to support them in this process. This includes:
 - Asking the client the most likely reason he or she will not be able to attend the upcoming appointment.
 - Making sure the client has transportation.
 - If there is a co-pay, discussing this and clarifying how the client can be supported to help pay it.
 - For clients with a phone, calling them the day before the appointment to remind them of the appointment.
 - Making sure to link the client attending the appointment to his/her own life goals--remove as best you can the ambivalence (e.g., use motivational interviewing techniques).
- 3. PBHCI program staff should assume clients will no-show to appointments and design workflows accordingly.** PBCHI programs that are the most successful with enrollment and reassessment use an assertive community outreach model where staff meet often (daily or at least weekly) to review client caseloads and problem solve about how to link and coordinate with the client and the other staff/providers that serve that client.
- 4. Workflows should be designed to reflect the client's needs, perspective, and schedule.** While data collection is important, it is not more important than the client's need to see the practitioner. From the client's perspective data collection and arranging his or her schedule around a healthcare appointment with you is not a priority. This means the absolute bare minimum of data collection should be collected from the client. When designing your PBHCI program's workflow, make sure to consider if there are data already available in the EHR or could be reliably collected later. Appointments should be scheduled during times when it is easiest for the client to attend (e.g., evenings, weekends, after/before other visits to providers).
- 5. The earlier and more often a peer is involved in an intake referral or reassessment the better.** PBHCI programs that understand stigma is a primary concern for clients receiving behavioral health services.



Workflow Resources

Successful integration of behavioral health and primary care services requires organizations to analyze workflow with clinical, operational, financial, and quality implications. The benefits include increased quality of care, access to services, enrollment, processes, and revenue. Further benefits include reduced wait times, staff time, and documentation. Workflow is the sequence of physical and mental tasks performed by various people within and between work environments. It can occur at several levels (one person, between people, across organizations) and can occur sequentially or simultaneously.

The following tools and resources assist PBHCI grantees in making access to care timelier, addressing revenue losses due to no-show appointments, and mastering technology to improve performance. For additional resources and/or technical assistance, visit www.centerforintegratedhealthsolutions.org or contact Emma Green, Training and Technical Assistance Coordinator at (202) 684-7457, ext. 251 or emmag@thenationalcouncil.org.

No More No Shows!

How Carlsbad Transformed Service Delivery through Customer Engagement by Noel Clark, CEO, Carlsbad Mental Health Center

<http://www.thenationalcouncil.org/galleries/business-practice%20files/No%20More%20No%20Shows%20Noel%20Clark.pdf>

NIATx Increasing Continuation between Levels of Care

NIATx lists promising practices to help increase continuation between levels of care—i.e., between detox and residential treatment, etc.

<http://www.niatx.net/content/contentpage.aspx?NID=67>

WORKFLOW QUALITY IMPROVEMENT INITIATIVES

National Council's Access Redesign Quality Improvement Initiative

An innovative quality-improvement initiative launched by the National Council that has significantly increased savings, reduced staff time, cut wait times and strengthened patient engagement at community behavioral health organizations.

<http://www.thenationalcouncil.org/galleries/business-practice%20files/Access%20Redesign%20Final%20Report.pdf>

NATIONAL COUNCIL LIVE WEBINAR PRESENTATIONS ON WORKFLOW

Healthcare Reform and Parity: A Qualitative Approach to Enhanced Treatment Capacity

Internal benefit designs/ levels of care to help provide treatment capacity to respond to healthcare reform. Recommended action objectives.

*Presented by David Lloyd and Sandy Myers,
July 13, 2010*

<http://www.thenationalcouncil.org/galleries/resources-services%20files/Enhanced%20Treatment%20Capacity%2007-13-10.pdf>

Stop Waste, Eliminate Wait

National Council Access Redesign Initiative Saves Agencies \$200,000 a Year! by Scott Lloyd, Vice President, MTM Services

<http://www.thenationalcouncil.org/galleries/business-practice%20files/Access%20Redesign%20Scott%20Lloyd.pdf>

Workflow Assessment for Health IT Toolkit

This toolkit is designed for people and organizations interested or involved in the planning, design, implementation, and use of health IT in ambulatory care.

http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/workflow_assessment_for_health_it_toolkit/27865

National Council's Enhanced Access and Engagement Quality Improvement Initiative: Strategies to Increase Therapy Adherence

A program coordinated by The National Council with the goal of developing ways in which patients can be cared for more efficiently and effectively through process improvements.

<http://www.thenationalcouncil.org/galleries/policy-file/EnhancedAccessReport%20FINAL.pdf>

Open Scheduling to Improve Access & Retention

Workflow webinar addresses the impact of open access, centralized scheduling, managing meetings and supervision to improve access and retention.

*Presented by Noel Clark and Louis Thorp,
February 10, 2009*

<http://www.thenationalcouncil.org/galleries/resources-services%20files/NC%20Live%202-10-09%20Presentation.pdf>

