

Chapter 2: Workflow Design

The implementation team can use the workflow template in the resources below to design their decision aid delivery process. Once a plan is formulated, it is important to pilot or review it with the team members (often frontline staff) who will be responsible for each step to ensure it is feasible and to identify any gaps. Below are some specific steps to consider:

- Convene implementation team(s).
- Determine target patient populations.
- Develop identification strategy for target populations that is systemic and equitable.
- Map current clinical workflows for targeted patients.
- Remap clinical workflow to incorporate identification of target populations, decision aid distribution, (decision support coaching if applicable), and data collection for project monitoring.
- Interview key staff to clarify current responsibilities related to clinical workflows.
- Revise job descriptions as appropriate to adjusted responsibilities related to decision aid distribution roles.

Resources included in this chapter:

- 2.1 Workflow Template: This document can be used by the implementation team to map out the different activities and assign roles to staff to fully integrate the decision aid into clinic workflow.
- 2.2 Pre-Visit Delivery Workflow: Example of a completed workflow template from an orthopedic clinic where the decision aid is delivered before a visit with the orthopedic surgeon.
- 2.3 Day-Of-Visit Delivery Workflow: Example of a completed workflow template from an [practice] where the decision aid is delivered on the day of the visit with the orthopedic surgeon.
- 2.4 Job Description and Staff Scripts for Introducing Decision Aid: Example of language that has been incorporated into job descriptions for clinical staff. Sample scripts that have been used by clinical staff when delivering the decision aid to patients which encourage decision aid viewing. Examples can be modified to clinic's needs and workflows.

Resource # 2.1: Decision Aid (DA) Workflow Template

Purpose: Design a workflow to distribute decision aids to patients at your site.

Team members involved in development of workflow: [Insert team members names]

Decision Aid(s) covered with this workflow: [Insert name of DAs being utilized]

The template below is for your team to think through the main steps and create a detailed workflow plan. Please replace the italicized text with the responses appropriate for your site. For sites that have ongoing decision aid use, please reflect on the existing workflow, including whether and how the activities are reviewed and revised.

Activities	What	When	Who	How	Some Considerations
Engage leadership, clinicians and staff	Buy-in from leadership to support this as a priority, from clinicians to approve use with their patients and from staff to understand this is priority for the team is essential to success of the project.	<i>When will you get buy-in?</i> <i>If ongoing, how often do you reconnect to confirm/maintain support?</i>	<i>Who will get buy-in from leadership, surgeons, other clinicians and staff?</i>	<i>How will you get buy-in? Is it best to present at clinic meeting? Individual meetings?</i>	<i>Some sites may prefer to do a small pilot first and then use that data to generate buy-in from larger group, but ideally, it is important to do this before launching the project. Do you anticipate any pushback? Other competing priorities? If there is variable interest, will you allow different participation for different doctors/practices or will you mandate same procedures?</i>
Target individuals or populations	For each DA, define the target patient population for the DA.	<i>When will you determine the target population?</i> <i>If ongoing, how often do you review and revise target population?</i>	<i>Who will determine the target population to get the DA?</i>	<i>How will target patient population be identified?</i>	<i>Will you allow each surgeon to have a different target population or will you standardize across the team?</i> <i>Do you want to start with one DA and then expand to others or start with all?</i>
Identify eligible patients	Create standard operating procedure	<i>When in the process of care</i>	<i>Who identifies and determines</i>	<i>Where is the needed information to</i>	<i>Is the intake information standardized across the clinic and does it contain needed level of</i>

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Activities	What	When	Who	How	Some Considerations
	for identifying eligible patients.	<i>are patients identified?</i>	<i>eligibility?</i>	<i>determine eligibility? What should happen if there are questions regarding eligibility?</i>	<i>detail? Depending on how strict sites are with screening they often tradeoff between loose process where decision aids are given more broadly and will get to people who may not be eligible (e.g. to all new patients) or using more strict process where decision aids may not get to all people who are eligible.</i>
Distribute the decision aid	Create standard operating procedure for getting the DA to patients.	<i>When are decision aids delivered -- before, during or after the visit?</i>	<i>Who is responsible for getting the DA to patients?</i>	<i>How is the decision aid delivered? Is it a mailed paper copy or an online link sent electronically or some combination? How much can be automated via EHR?</i>	<i>If possible, patients indicate strong preference to receive materials in advance of visit with the surgeon. Sites may need to build in some redundancy to ensure patients are able to access the DA (e.g. electronic copy with paper back up).</i>
Encourage use of decision aid	As part of the process, it is important to make sure that patients are aware of the DA and encouraged to review it.	<i>When will patients be encouraged to use it?</i>	<i>Who is responsible for encouraging patients to use it? Is someone able to remind patients to review the materials?</i>	<i>How is the encouragement given (via electronic message, phone call, in person?)</i>	<i>Ideally, this may happen multiple times from multiple people (e.g. email from surgeon, reminder from front desk staff at check-in).</i>
Support SDM conversation	The DA helps patients prepare for a SDM conversation with the surgeon.	<i>When does the conversation typically happen (at the initial, new patient visit or are there multiple interactions?)</i>	<i>Who is involved in these conversations?</i>	<i>How are patients invited to participate and engaged in the decision?</i>	<i>Depending on the DA, some tools may have print-outs or summaries that can be used to support conversations. Training can be designed to provide tips for communicating risk or eliciting patients' preferences.</i>
Documentation and measurement	Documentation of DA delivery and use is important for	<i>When will the DA delivery, use and conversation be</i>	<i>Who will document the DA delivery, use and conversation?</i>	<i>How will the DA delivery, use and conversation be</i>	<i>Collecting monthly data on decision aid delivery is core requirement for the Learning Collaborative.</i>

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Activities	What	When	Who	How	Some Considerations
	monitoring success of the project.	<i>documented?</i>		<i>documented?</i>	
Feedback	Provide routine feedback on delivery and usage to clinicians, staff and leadership to keep informed on project success.	<i>How often will summary reports and feedback be given?</i>	<i>Who will receive the feedback? Who will send it?</i>	<i>How will the report be created and prepared?</i>	<p><i>Whether via a short email or quick update at monthly team meeting, providing data and trends over time can help everyone see impact of the project.</i></p> <p><i>Providing recognition and rewards (e.g. pizza lunch) for staff for maintaining strong decision aid delivery is also helpful for sustaining delivery.</i></p>

Resource # 2.2: Decision Aid Workflow Pre-Visit Model Example

Figure 1 provides a high-level summary of the workflow and Table 1 below illustrates the details of how one site completed the template to deliver decision aids to patients before an upcoming visit with a specialist.

Figure 1: Description of key activities for a pre-visit workflow

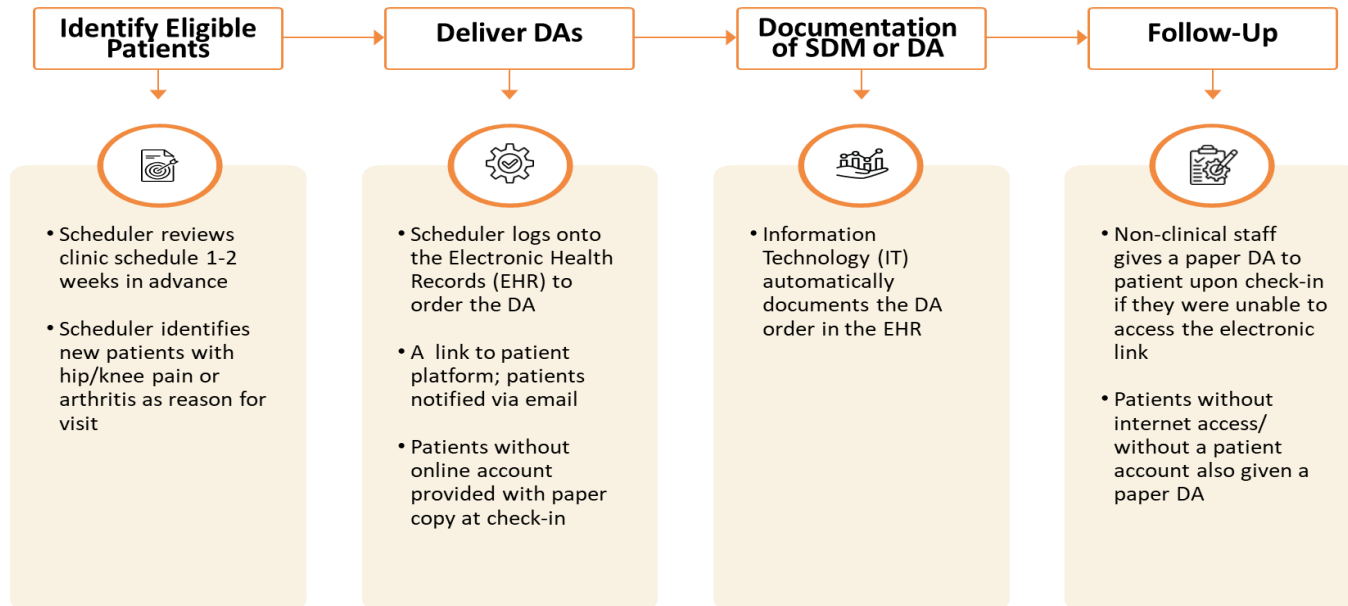


Table 1: Detailed workflow template for a site that integrated hip and knee decision aids to patients prior to a specialist visit

Team members involved in workflow: Chief of Joint Center, Surgeon, Practice Manager (PM), MGH Shared Decision Making (SDM) team, Department Coordinators (Schedulers)

Decision Aid(s) covered with this workflow: Hip and Knee Osteoarthritis

Activities	What	When	Who	What happens/How	Some Considerations
Engage leadership, clinicians and staff	<i>Buy-in from leadership to support this as a priority, from clinicians to approve use with their patients and from staff to understand this is priority for the team is essential to success of the project.</i>	Before project launch Monthly after launch	SDM team, Chief and Surgeon Chief and Surgeon SDM team, PM, Schedulers SDM team	Met to discuss opportunity to start decision aid (DA) implementation Emailed new PM to emphasize importance of project, desire to have their patients get DAs, and to connect PM with the SDM team Met to discuss SDM and DAs, and to review the workflow and ordering process in the Electronic Medical Records (EMR) Monthly report showing DA orders emailed to Chief and PM	This was a reboot as the site had used DAs in the past but had not ordered any for at least 2-3 years. One new surgeon was not familiar with DAs, the manager and all front desk staff were new and not familiar with prior processes.
Target individuals or populations	<i>For each decision aid, define the target population.</i>	Before project launch	SDM team and PM	Targeted all new patient consultations for hip or knee pain	Site primarily sees arthritis patients considering total joint replacement.
Identify eligible patients	<i>Create standard operating procedure for identifying eligible patients.</i>	1-2 weeks before the scheduled visit date	Scheduler	Review clinic schedule note: hip or knee pain or arthritis as ‘reason for the visit’ PM or surgeon available to answer questions regarding eligibility	Currently we don’t have process in place to handle late additions to the schedule.
Distribute the decision aid	<i>Create standard operating procedure for getting the decision aid to patients.</i>	1-2 weeks before the scheduled visit date	Scheduler	Places order in EMR for eligible patients. If patient is active on Patient Portal = online link sent electronically to patient.	System optimized for patients on Patient Portal but need paper workflow to reach those without digital access.

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Activities	What	When	Who	What happens/How	Some Considerations
		Day of visit	Scheduler	If patient NOT on Patient Portal, a paper copy given at time of check-in.	
Encourage use of decision aid	<i>As part of the process, it is important to make sure that patients are aware of the decision aid and encouraged to review it.</i>	At time of booking new patient appointment	Scheduler	Scheduler has script to notify patient that they will receive information and encourage them to review prior to their appointment. For patients not active on the Patient Portal, schedulers encouraged patients to review the DA in the waiting area while waiting to be roomed.	
Support SDM conversation	<i>The decision aid helps patients prepare for an SDM conversation with the surgeon.</i>	Early in project At the new patient visit	Surgeon and clinical care team	As part of initial project activities, the surgeons reviewed the DAs and the SDM team answered questions about the materials, the summary report and how to use those in support of SDM conversation. DA has summary report that is sent to EMR for surgeon to review and use to help guide conversation.	SDM team has CME skills training to provide tips for communicating risk or eliciting patients' preferences. Use of printouts or summaries has been low.
Documentation and measurement	<i>Documentation of decision aid delivery and use is important for monitoring success of the project.</i>	At the time of the DA order SDM outcomes collected 3-6 months post-operatively	Scheduler, EMR team, Patient Reported Outcome Measures (PROMs) registry, DA vendor, SDM team	When scheduler orders the DA in EMR it is documented. The vendor sends reports that show whether the patient completed the DA or not. Available for online delivery only (not paper copies). For patients who have surgery, a short set of 10 SDM questions are included in the post-operative PROMs	Found little interest in use of smart phrases for SDM documentation (some surgeons have incorporated sentence or two into their templated notes). Do not have reliable way to track patient usage for paper copies.
Feedback	<i>Provide routine feedback on delivery and usage to clinicians, staff and leadership to keep informed on project</i>	Monthly post launch	SDM team, PM, Chief	The SDM team sends monthly data dashboard via email to the chief, surgeon champion and administrative leads. We encourage them to share with their team.	Whether via a short email or quick update at monthly team meeting, providing data and trends over time can help everyone see impact of the project.

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Activities	What	When	Who	What happens/How	Some Considerations
	<i>success.</i>	1-2 times per year post launch		SDM team hosts breakfast or lunch for staff who are involved and share patient quotes gather feedback on process.	Providing recognition and rewards (e.g. pizza lunch) for staff for maintaining strong DA delivery is also helpful for sustaining delivery.

Resource # 2.3: Decision Aid (DA) Day-of-Visit Workflow Template: Orthopedic Model

The table below illustrates how one site completed the template to deliver decision aids to patients as part of the clinic visit.

Team members involved in development of workflow: Front desk staff, Medical Assistants

Decision Aid(s) covered with this workflow: Hip and Knee Osteoarthritis

The template below is for your team to think through the main steps and create a detailed workflow plan. Please replace the italicized text with the responses appropriate for your site. For sites that have ongoing decision aid use, please reflect on how the program got up and running and how different elements are kept up to date.

Table 2: Detailed workflow template for a site that integrated hip and knee decision aids into care the day of the visit

Team members involved in workflow: Front desk staff, Medical Assistants

Decision Aid(s) covered with this workflow: Hip and Knee Osteoarthritis

Activities	Definition	When	Who	What happens/How	Some Considerations
Engage leadership, clinicians and staff	Buy-in from leadership to support this as a priority, from clinicians to approve use with their patients and from staff to understand this is priority for the team is essential to success of the project.	Before project launched Periodically after project launched	Chief, practice manager, surgeon champion, MGH SDM team	Presentation at faculty meeting Individual meetings with department chair, surgeons and service line chiefs About one year later, selected internal performance metric to support expansion Monthly reports monitor progress and if there are large variations, SDM team will reach out to explore barriers and/or reasons for successes	Interest from both spine and hip/knee arthroplasty -- but require separate workflows Piloted with surgeon champions Consider how to keep project top-of-mind by connecting at least 2-4 times per year, if not more frequently
Target individuals or populations	For each decision aid, define the target population.	Before project launched	Chief, practice manager, surgeon champion, MGH SDM team	Targeted new patients with hip/knee arthritis with appointment with surgeon	Criteria aligned with decision aid
Identify eligible patients	Create standard operating procedure	In the morning on a clinic day,	Medical Assistants	Review clinic schedule to identify eligible patients	Some surgeons have varied patient mix and targeting new patients with

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Activities	Definition	When	Who	What happens/How	Some Considerations
	for identifying eligible patients.	before seeing patients.	Practice manager and surgeons	Surgeon/manager available to answer questions	hip/knee pain is not sufficient
Distribute the decision aid	Create standard operating procedure for getting the decision aid to patients.	While rooming and during visit.	Medical Assistants	<p>MA will place order in EMR for the appropriate decision aid.</p> <p>If patient is active on the Patient Portal online link sent electronically to patient.</p> <p>If patient is NOT active on Patient Portal, MA hands patient paper copy at time of rooming.</p>	Schedulers do not have access to EMR and are unable to place order time of scheduling the visit
Encourage use of decision aid	As part of the process, it is important to make sure that patients are aware of the decision aid and encouraged to review it.	While rooming	Medical assistant	MA hands the patient the paper DA and encourages them to review it while waiting for the surgeon.	
Support SDM conversation	The decision aid helps patients prepare for a SDM conversation with the surgeon.	Early in project	The SDM team, the surgeons and clinical team	As part of initial project activities, the surgeons reviewed the DAs and the SDM team answered questions about the materials, the summary report and how to use those in support of SDM conversation.	<p>Depending on the decision aid, some tools may have print-outs or summaries that can be used to support conversations.</p> <p>MGH team has formal online CME-training course to build skills for communicating risk or eliciting patients' preferences.</p>
Documentation and measurement	Documentation of decision aid delivery and use is important for monitoring success of the project.	<p>At the time of the DA order</p> <p>Completion rates collected up to 1 year after DA order</p> <p>SDM outcomes collected 3-6</p>	Medical assistant, Surgeon, Epic team, PROMs registry team, Decision aid Vendor, SDM team	<p>When the MA orders the DA via the electronic medical record it is recorded.</p> <p>The vendor also sends reports that show whether the patient completed the decision aid or not. Available for online delivery only (not paper copies).</p>	Collecting monthly data on decision aid delivery is core requirement for the Learning Collaborative.

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Activities	Definition	When	Who	What happens/How	Some Considerations
		<p>months post operatively</p> <p>If the DA is integrated in the EMR, it will be ordered by the MA and a paper copy will be given to the patient at new patient visit. For all patients getting paper copies, the MA will still go into EPIC and order the DA for tracking purposes.</p>		<p>For patients who have surgery, a short set of 10 shared decision making questions are included in the post-operative PROMs</p>	
<p>Feedback</p>	<p>Provide routine feedback on delivery and usage to clinicians, staff and leadership to keep informed on project success.</p>	<p>Monthly</p>	<p>SDM team</p>	<p>The SDM team sends monthly data dashboard via email to the chief, surgeon champion and administrative leads. We encourage them to share with their team.</p> <p>1-2 times per year SDM team hosts lunch for staff who are involved and share quotes or other feedback.</p>	<p>Whether via a short email or quick update at monthly team meeting, providing data and trends over time can help everyone see impact of the project.</p> <p>Providing recognition and rewards (e.g. pizza lunch) for staff is also helpful for sustaining delivery.</p>

Resource # 2.4: Integrating into job descriptions and sample scripts to support patient engagement with the decision aid (DA)

Often, staff members play an important role in distributing the DA. The following includes some resources to help in training staff and ensuring that the decision aids are used.

Job description: Due to high staff turnover, having the roles and responsibilities related to decision aid delivery listed in job descriptions for staff can be very helpful. Below is a sample text in job description:

The [medical assistant] will support delivery of patient decision aids to new patients with hip or knee pain who are coming in to talk about joint replacement surgery. Each week, the MA will identify eligible patients, order the decision aid via Epic, print paper copies to have in clinic and provide paper copies, as needed, when rooming patients.

Warm Hand-off Scripts: When staff are responsible for getting decision aids to patients, it is critical that there is a warm hand-off to encourage the patient to use the decision aid. Below are a few key elements that clinical staff may use to help ensure that patients know that the decision aid is coming, know why they are getting it and are encouraged to review it.

Key elements that constitute a warm handoff	Sample
<ul style="list-style-type: none"> Introduce DA to make sure patients know that it is being sent 	<ul style="list-style-type: none"> Electronic delivery: “We are going to send a message to your [patient portal name] account with a link to some education materials for [insert condition]. The information goes over the different treatment options.” Paper copy in office: “Here are some patient education materials that reviews the different treatment options for [insert condition].”
<ul style="list-style-type: none"> Emphasize surgeon would like patient to review the DA 	<ul style="list-style-type: none"> If prior to visit with surgeon: “[Dr. XX] would like all of [his/her] patients to review. You can review this at [home or before your visit].” If at time of visit: “[Dr. XX] would like all of [his/her] patients to review this educational material. You can review now while you wait for [him/her] and/or at home after the visit.”
<ul style="list-style-type: none"> Questions or follow-up from patients 	<ul style="list-style-type: none"> If patient is sent DA via patient portal: “If you can’t access the link or have trouble with [patient portal name], please [contact our office at xxx-xxxx].” If patient is given DA in clinic: “If you have any questions after reading the materials, you can send a message to Dr. [xx] or call the office at [xxx-xxxx].”