

Scenario #1:

Problem: The care teams/providers struggle to know when a patient is due for screening

Current State: Clinic A is a new grantee of both the CRCCP and BCCEDP. As an organization they have protocols outlining the proper screening guidelines, but do not use their Electronic Medical Records system to support the care teams in the Identification of the patient's current screening needs.

Task: Create a swim-lane process map where the care team utilizes passive and active Clinical Decision Support Alerts to identify the current screening needs of the patient at the point of care/time of visit. Consider what information needs to be collected (by whom, when, where & how is it documented).

Scenario #2:

Problem: Patient Risk Assessment and Family history are not integrated into the EHR system functions

Current State: Clinic B has been focused on screening patients for CRC and have some formal processes in place including the use of a physical CRC risk assessment form that inquires in detail about the family history of CRC. The risk assessment form is not integrated into the EHR system and must be completed every visit.

Task:

1. Create a process where the risk assessment form and family history is captured and used to drive the clinical decision support tools. Consider what information needs to be collected (by whom, when, where & how is it documented).
2. Also, create/complete a sample IT request for a CDS alert that takes into account the patient family history (Consider what data is needed and how it should be used in the CDS algorithm).

Scenario #3:

Problem: Current patient navigation efforts are not documented into the EMR system. The patient navigators struggle to know when/who to follow-up with post encounter.

Current State: Clinic C has a full time patient navigator. The navigator tends to work in a silo, their work and communication with patients is limited to their documentation tool and is not available to the provider/care team.

Task: Create a workflow process map that incorporates patient navigation efforts and documentation into EMR System. The process should be able to provide the PN the ability to know which patients to contact and when to contact them for follow up. Additionally, include in the process documentation of the PN efforts, so the grantee can report (number of patients receiving PN services, number of follow-up calls made...etc.) on the efforts of the of the PN work. Also, consider how other team members could utilize this process to support PN efforts (i.e. MA notices multiple unreturned contact attempts and helps link the patient with the PN).