Inspiration

"What you cannot visualize you cannot solve."

- Albert Einstein

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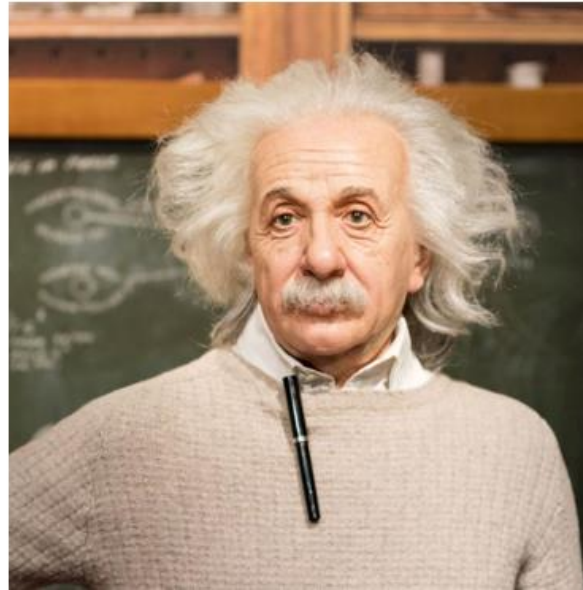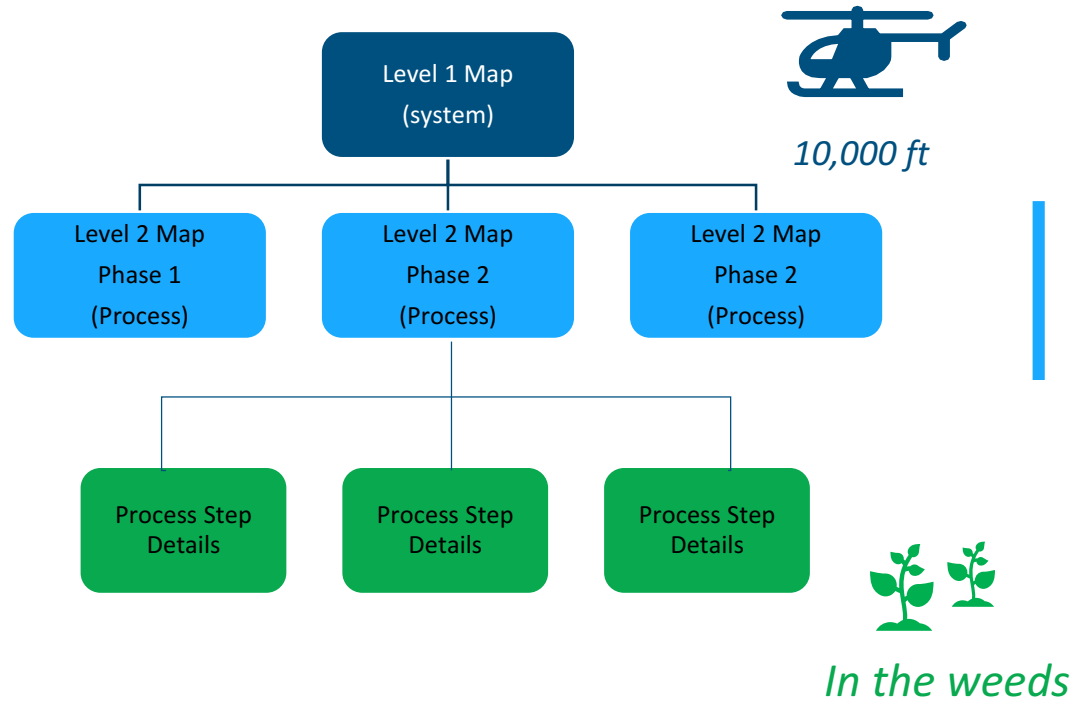
How Does Mapping Work?

Level 1 MACRO/Strategic

- Systems mapping
- Define strategic direction, "what"
- Leadership involvement

Level 2 MICRO/Tactical

- Process mapping
- Identify the tactical, "how"
- Unit-level involvement

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Strategy (Macro) vs. Tactics (Micro)

Level 1 Maps visualize the entire System (Strategy)

STRATEGY = TAKE THE RIVER

TACTICS = USE A BOAT

Level 2 Maps focus on the Process and Tasks (Tactics)

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Mapping Example


```
            ┌─────────────────────────┐
            │  Level 1 Map (System)   │
            │   Bonbon Production     │
            └─────────────────────────┘
                         │
        ┌────────────────┼────────────────┐
   ┌─────────┐      ┌─────────┐      ┌─────────┐
   │ Level 2 │      │ Level 2 │      │ Level 2 │
   │   Map   │      │   Map   │      │   Map   │
   │(Process)│      │(Process)│      │(Process)│
   │ Bonbon  │      │ Mix and │      │ Package │
   │ Supply  │      │  Bake   │      │ Bonbons │
   │Delivery │      │ Bonbons │      │         │
   └─────────┘      └─────────┘      └─────────┘
```

Level 1 Map (System) — Bonbon Production

Level 2 Map (Process) — Bonbon Supply Delivery

Level 2 Map (Process) — Mix and Bake Bonbons

Level 2 Map (Process) — Package Bonbons

Step 1 — Put Bonbons on Conveyor

Step 2 — Put Bonbons in Packaging

Step 3 — Ship Bonbons to Customer

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Process Improvement

Lean Tools

Current State Map
(where we are)

- Analyze map(s)
- Root cause analysis
- Brainstorm improvements
- Prioritize

Future State Map
(where we'd like to be)

Human Centered Design Sprints

- Empathize
- Ideate
- Prototype
- Test

Recommendations

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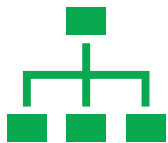
Process Improvement

Current State Map (where we are)

- Analyze map
- Root cause analysis
- Brainstorm improvements
- Prioritize

Future State Map (where we'd like to be)

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Transformation Steps

Drafted current state process maps

Reviewed for accuracy

Identified areas for improvement

Design/implement the future state

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Why Mapping for RETAIN?

Goal: To help states identify opportunities to increase participant enrollment in RETAIN.

- Recognizing that-
  - States are implementing recruitment and enrollment differently based on their service design models
  - Most are behind in their enrollment goals.

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Our Customizable Process Mapping Approach

Step 1

Pre-Mapping Questionnaire

- Understand overall criteria and approach for outreach and recruitment

Step 2

Create Current State Level 1 Maps

- Participant Referrals
- Participant Enrollment

Step 3

Analyze

- Ask questions to identify and find root causes of issues
- Note any best practices

Step 4

Brainstorm

- Consider ideas for improvements and prioritize
- Option to drill down on a step if more clarity needed

Step 5

Future State

- Create future state maps that include improvements
- Possible expansion of recruitment criteria

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Report Outs

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Let Us Know-

Process(es) your team mapped

What did you learn through this exercise?

What changes have been made (or will be made)?

Order of Report-Outs
1. Minnesota
2. Vermont
3. Kansas
4. Ohio
5. Kentucky

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Minnesota

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MN RETAIN Process Mapping Exercise
Referral ➡ Enrollment

Lensa Idossa, Program Manager
John Connell, Program Coordinator

www.mnretain.com

Participant Outreach Matrix

- Developed a matrix to help us recognize the different types of lead sources that feed into the referral and enrollment pipelines.
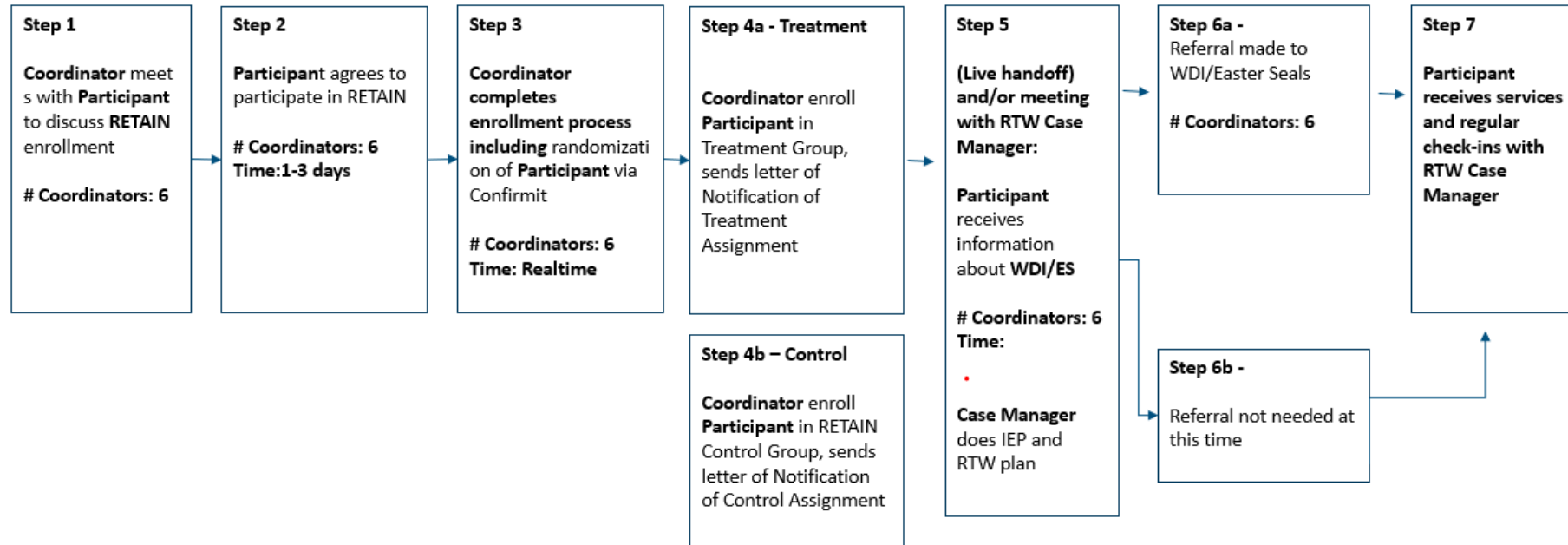
Participant Outreach Matrix

Participant Source	Direct vs. Indirect	Onramp to Initial Recruitment Conversation	Recruitment Goals (150+ per month) 2023 – 2000 total	Outreach Capacity for Enrollment / Staffing	Geographic Reach	Primary Audience
Mayo Clinic	Direct outreach to staff and patients (calls/emails)	Direct enrollment by outreach team **Est. Time:** 24 hours/immediate	700 annual/58 per month	**Est. # Staff dedicated to outreach:** • 6 FT Coordinators doing outreach (initial calls/consent) • 6 RTW Case Managers (assist when needed) • As needed additional support	Statewide	Patients Healthcare partners
FULCRUM Healthcare Network	Direct/Indirect	Immediate after recruitment team receives referral	250 annual / 21 per month	No additional staff – Mayo team supports	Statewide	Patients Healthcare partners/staff
Rochester Clinic PLC	Direct/Indirect	Immediate after recruitment team receives referral	100 annual / 8 per month	No additional staff – Mayo team supports	SE Minnesota	Patients Healthcare partners/staff
HealthPartners	Direct/Indirect	After recruitment team receives referral	700 annual / 58 per month (their goal - 20 per week)	• 2 FT Research Coordinators • 2 Case Managers • As needed additional support	Twin Cities metro area	Patients Healthcare partners/staff

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MN RETAIN's Enrollment Process

- After a referral is generated, what does MN RETAIN's enrollment process look like?

- Helped to identify bottlenecks and improve efficiency

Level 1: Minnesota Patient Enrollment Process*

Step 1

Coordinator meets with **Participant** to discuss **RETAIN** enrollment

Coordinators: 6

Step 2

Participant agrees to participate in RETAIN

Coordinators: 6
Time: 1-3 days

Step 3

Coordinator completes enrollment process **including** randomization of **Participant** via Confirmit

Coordinators: 6
Time: Realtime

Step 4a - Treatment

Coordinator enroll **Participant** in Treatment Group, sends letter of Notification of Treatment Assignment

Step 4b – Control

Coordinator enroll **Participant** in RETAIN Control Group, sends letter of Notification of Control Assignment

Step 5

(Live handoff) and/or meeting with RTW Case Manager:

Participant receives information about **WDI/ES**

Coordinators: 6
Time:

.

Case Manager does IEP and RTW plan

Step 6a -
Referral made to WDI/Easter Seals

Coordinators: 6

Step 6b -
Referral not needed at this time

Step 7

Participant receives services and regular check-ins with **RTW Case Manager**

Roles:
- Coordinator
- RTW Case Manager
- Participant
- Provider
- Referral Lead

Reflections and Insights

- How was the mapping activity helpful for the team?
  - Allowed our teams to detail potential avenues for generating new referrals
  - Comprehensive map of each step of the enrollment process and identify areas for technical assistance

- What changes are you considering to your processes or work based on what you learned or discussed in this activity?
  - One of the areas that we strengthened was making participant transitions among our core team members more seamless

- Next steps: Building on this work for Employer Engagement

Questions & Answers

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Acknowledgements

Thank you!

Vermont

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PROCESS MAPPING:
EDC DATA ENTRY

RETAIN
VERMONT

EDC = Electronic Data Capture:
## The place where our study information is sent, stored, and managed

Goals for the process:

- Clean data
- Increase the consistency and efficiency in which we are entering data to ensure data validation and integrity
- Increase satisfaction with EDC end users
- Reduce time spent determining what data should be entered
- Easy or seamless data visualization/reporting of data
- Seamless integration of data into other workstreams

Participants:

- Work-Health Coach Lead
- Work-Health Coach
- Study Coordinator Lead
- Study Coordinator
- Program Director
- Data Center PI
- DC Project Manager

VT RETAIN Process Mapping: **EDC Data Entry**

- Met with AIR over 4 sessions.

- Used Jamboard to work collaboratively during each session.

- Various teams use the EDC. Representatives from the teams that most use it participated.
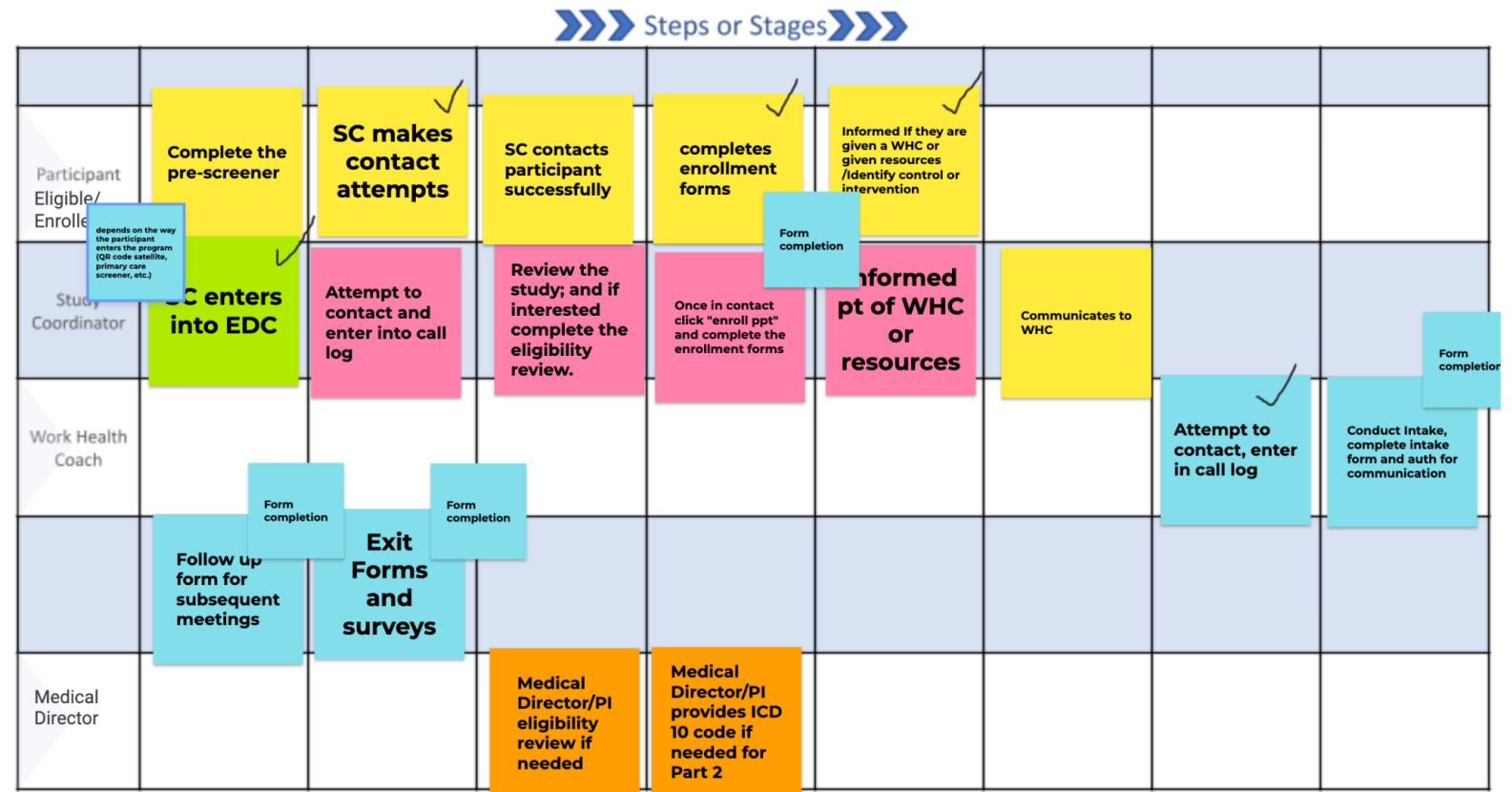

- Began with the ***Swim Lane*** model to reflect the different users.

- Swim Lanes helped us identify overlapping processes or differing processes to accomplish the same thing.

Discovered: Different processes for the same task

- Internal contact protocol is to attempt 7 contacts before marking as "Lost to Contact."

- After 7 attempts a letter is sent to the person and their PCP.

- The letter is automatically generated in the EDC *after* the 7th contact is logged.

- SC workaround: enter an 8th contact log to get the letter to generate. WHC workaround: manually write the letter after the 7th contact attempt because letter wasn't being generated at the expected time.

*Work-Health Coaches*
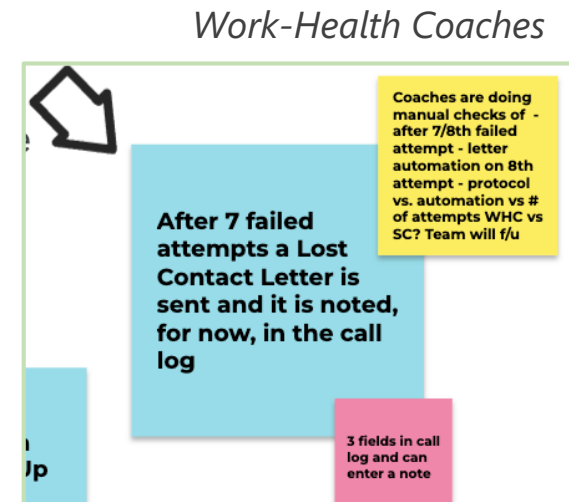
Study Coordinators
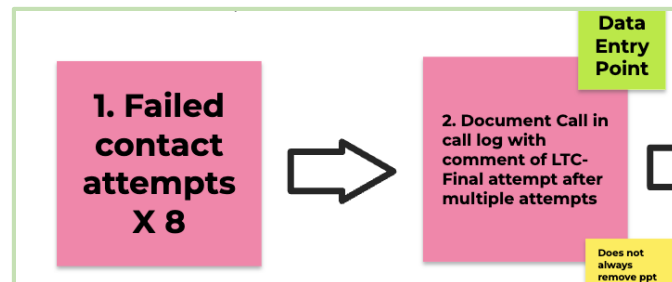
Opportunity for immediate improvement

- Advised WHCs to add an 8th log noting letter send to generate letter.

- Able to standardize process across teams and save time.

- Didn't require any updates to the EDC, freeing up the data team for larger updates.

Immediate results:

- Identified opportunities for standardization and improvement for the end users and the EDC.

- Initial prioritization of most necessary EDC development work.

- Introduced data entry and process standardization team-wide, which can be implemented immediately.
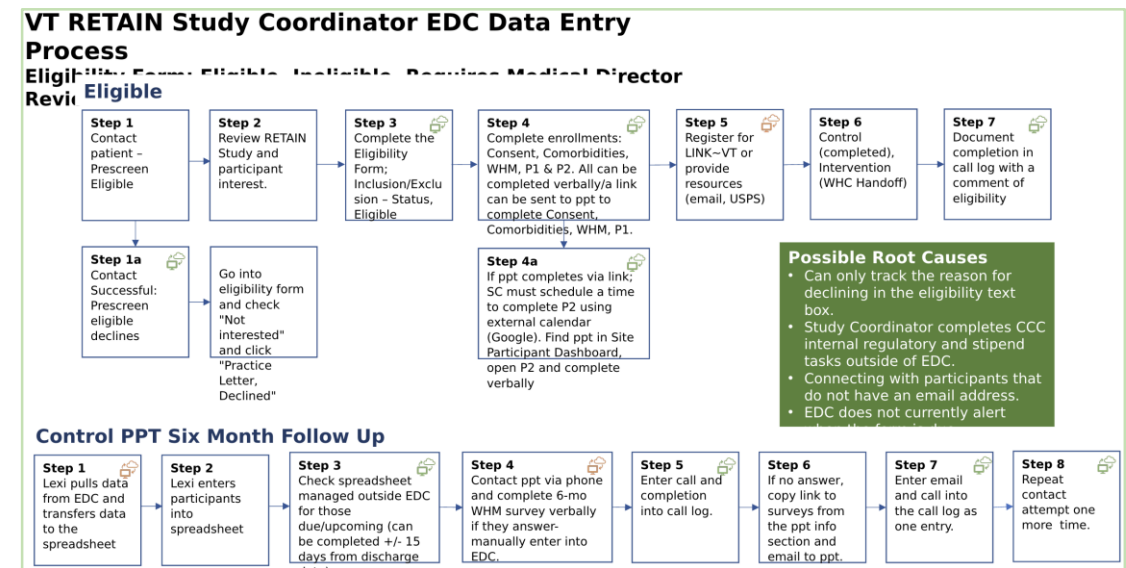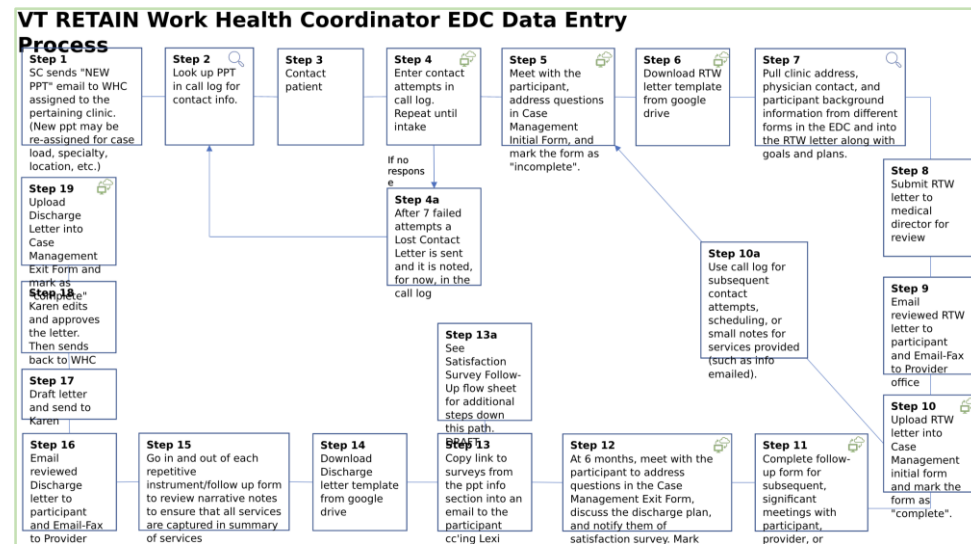
Next steps:

- Creating a future process map to inform our work plan and lay out all priorities.

Kansas

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Kansas Process Mapping
Provider Recruitment and Enrollment

Challenges

- New provider availability/interest to complete the online training module

- Lag time in provider completion of forms resulting in:
  - No enrollment
  - Long wait time impacting ability to provide "early intervention"

Strengths

- Access to a Medical Director in each medical system for peer support.

- Access to CME's for participation in **RETAINWORKS** professional development through ECHO.

- Ability to develop agreements with multiple providers within a clinic or department.

- Access to in-person and remote services

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Kansas Process Mapping
Participant Recruitment and Enrollment

Challenges

- Making initial contact with referred and eligible patients

- Patient may be interested but denied enrollment if their provider is unwilling to complete the paperwork.

- Completion of enrollment paperwork.

Strengths

- Coordination across systems

- Connection to workforce services

- Able to identify potentially eligible patients with EMR data in all medical systems.

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Next Steps

- Pursue new avenues for enrollment that do not require a provider signature.

- Provider Champion Lunches

- Explore communication options including using the patient chart and text messaging.

- Explore creating a survey link in REDCap for enrollment forms and data.

- Increase provider awareness of RETAIN through outreach and education efforts.

- Site visits for more process mapping.

LIZ - RETAIN WORKS PARTICIPANT

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Ohio

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Process Mapping & Identifying Bottlenecks

The Process Mapping Process

RETAIN Ohio Leaders met with AIR to familiarize them with our workflows and processes
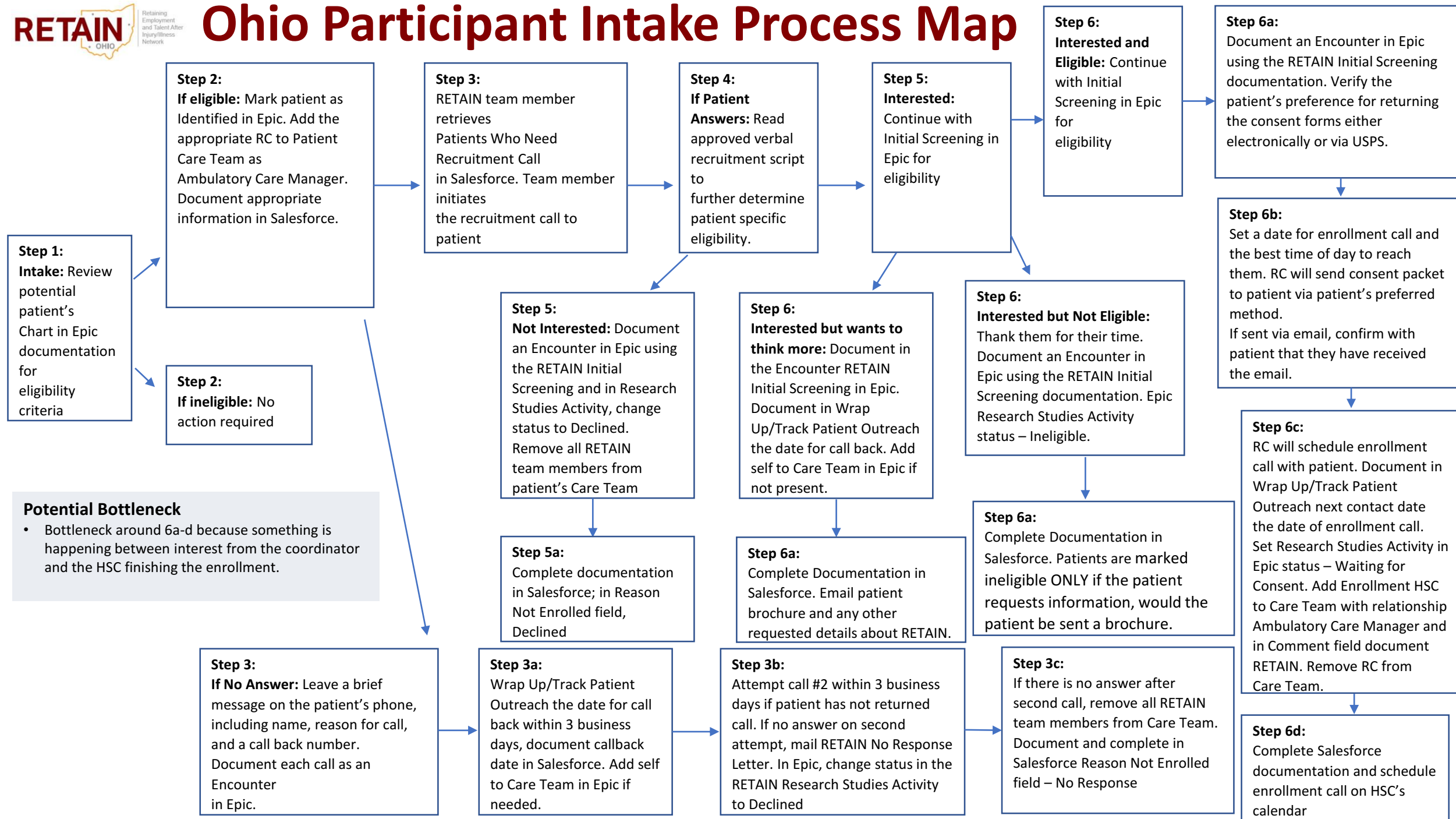
AIR took our Policy & Procedure documentation and created a process map

AIR identified potential bottlenecks in our workflows and reviewed them with us

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Ohio Participant Intake Process Map

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Step 1:
Intake: Review potential patient's Chart in Epic documentation for eligibility criteria

Step 2:
If eligible: Mark patient as Identified in Epic. Add the appropriate RC to Patient Care Team as Ambulatory Care Manager. Document appropriate information in Salesforce.

Step 2:
If ineligible: No action required

Step 3:
RETAIN team member retrieves Patients Who Need Recruitment Call in Salesforce. Team member initiates the recruitment call to patient

Step 4:
If Patient Answers: Read approved verbal recruitment script to further determine patient specific eligibility.

Step 5:
Interested: Continue with Initial Screening in Epic for eligibility

Step 6:
Interested and Eligible: Continue with Initial Screening in Epic for eligibility

Step 6a:
Document an Encounter in Epic using the RETAIN Initial Screening documentation. Verify the patient's preference for returning the consent forms either electronically or via USPS.

Step 6b:
Set a date for enrollment call and the best time of day to reach them. RC will send consent packet to patient via patient's preferred method.
If sent via email, confirm with patient that they have received the email.

Step 6c:
RC will schedule enrollment call with patient. Document in Wrap Up/Track Patient Outreach next contact date the date of enrollment call. Set Research Studies Activity in Epic status – Waiting for Consent. Add Enrollment HSC to Care Team with relationship Ambulatory Care Manager and in Comment field document RETAIN. Remove RC from Care Team.

Step 6d:
Complete Salesforce documentation and schedule enrollment call on HSC's calendar

Step 5:
Not Interested: Document an Encounter in Epic using the RETAIN Initial Screening and in Research Studies Activity, change status to Declined. Remove all RETAIN team members from patient's Care Team

Step 5a:
Complete documentation in Salesforce; in Reason Not Enrolled field, Declined

Step 6:
Interested but wants to think more: Document in the Encounter RETAIN Initial Screening in Epic. Document in Wrap Up/Track Patient Outreach the date for call back. Add self to Care Team in Epic if not present.

Step 6a:
Complete Documentation in Salesforce. Email patient brochure and any other requested details about RETAIN.

Step 6:
Interested but Not Eligible: Thank them for their time. Document an Encounter in Epic using the RETAIN Initial Screening documentation. Epic Research Studies Activity status – Ineligible.

Step 6a:
Complete Documentation in Salesforce. Patients are marked ineligible ONLY if the patient requests information, would the patient be sent a brochure.

Step 3:
If No Answer: Leave a brief message on the patient's phone, including name, reason for call, and a call back number. Document each call as an Encounter in Epic.

Step 3a:
Wrap Up/Track Patient Outreach the date for call back within 3 business days, document callback date in Salesforce. Add self to Care Team in Epic if needed.

Step 3b:
Attempt call #2 within 3 business days if patient has not returned call. If no answer on second attempt, mail RETAIN No Response Letter. In Epic, change status in the RETAIN Research Studies Activity to Declined

Step 3c:
If there is no answer after second call, remove all RETAIN team members from Care Team. Document and complete in Salesforce Reason Not Enrolled field – No Response

Potential Bottleneck
- Bottleneck around 6a-d because something is happening between interest from the coordinator and the HSC finishing the enrollment.

Actions Taken to Improve Outcomes

Potential Bottleneck Identified:

- Bottleneck around 6a-d because something is happening between interest expressed to the Research Coordinator and the HSC finishing the enrollment

Actions Taken:

- RETAIN Ohio has implemented same day/same call workflows to increase our enrollment outcomes
- Our pre-implementation enrollment outcome was 53%
- We will continue to monitor, and anticipate a notable increase in enrollment success rate

Questions?

Feel free to contact us for more information:

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Ohio | Department of Job and Family Services

Kentucky

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Our Process

- After careful review of RETAIN KY's multiple referral sources and different ways that we receive referrals, we decided that our processes can be best illustrated by creating four process maps

- The four process maps are:
    - Self-referrals,
    - Build Clinical,
    - Kentucky Office of Vocational Rehabilitation,
    - Healthcare providers

- An example of our self-referral process map is shown on the next slide

Kentucky's Referral & Enrollment Process — Self-Referrals

Step 1

Person gets automated message via MYCHART, accesses an article, advertisement or learns through word of mouth

Step 2

Person leaves voice mail, scans QR code or emails the RETAIN email

Step 3

KY intake team enters information in Case Management Data System (CMDS)

Step 4

Intake coordinator contacts participant

*Initial contact is made within 2 business days via call, email, text message (4 attempts made over 2 weeks)

Step 5

Intake Coordinator confirms eligibility & completes intake or schedules intake if potential participant can't commit to full intake at time of call

Step 6

Enrollment of eligible Participants

Intake interview via phone, zoom, or in person

Step 7

Randomization (Enhanced & Expedited) takes place and participant is assigned to a Return-to-Work Coordinator and initiates incentive payment (4 weeks to email)

Roles:
• Provider
• Participant (person)
• Intake Coordinator
• Return-to-Work Coordinator

What We Learned

- Process mapping provides us with an effective visualization of our referral flow processes

- It allowed us to visually show a unified understanding of the referral process. By having multiple process maps, we better understand how each process works.

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How We are Implementing

▪ The process maps have been shared with our intake coordinators to give them a visual description of our different referral sources and how referrals are processed

▪ The process maps will be used to train intake coordinators who join the team to show them each referral process

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Discussion

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What does everyone have in common?

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Discussion

- How might you use process mapping in other aspects of your RETAIN program?

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Day One Wrap-Up

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