

PROCESS OVERVIEW:

7 Steps in Integrating Decision Support into Clinical Care

STEP 1: IDENTIFY A CLINICAL CHAMPION:

Successful re-engineering of processes of care requires advocacy by an enthusiastic insider, usually a physician.

STEP 2: PERFORM A NEEDS ASSESSMENT:

Systematically assess decision support needs and barriers with clinicians, staff, patients using interviews and focus groups.

STEP 3: MAP CURRENT CLINICAL WORKFLOW

- Map current sequence of care.
- Begin with scheduling patients for clinical appointments.
- End with the step that currently closes the decision-making loop for patient and clinician, i.e. follow-up call, return appointment, etc.

STEP 4: SPECIFY CLINICAL CARE AND DECISION SUPPORT OBJECTIVES

- Is this clinical quality improvement, research, or both?
- Based on results of Needs Assessment and workflow mapping

STEP 5: REVISE CLINICAL WORKFLOW MAPPING

Based on steps 2, 3, and 4, modify current sequence of care map to reflect:

- data capture that addresses clinical care objectives
- decision support integration points and methods

STEP 6: DESIGN DATA COLLECTION PROCESS to meet clinical care objectives, based on steps 2, 3, and 4

- Identify decision aid(s).
- Select measurement tools that will add value to the clinical encounter.
 - Clinical: SF 36v2[®], health history, co-morbidities, health habits, etc.
 - Decision Support: Decisional Conflict Scale, Preparation for Decision Making Scale, Decision Self-Efficacy Scale, Decisional Regret Scale, etc.

STEP 7: DESIGN FEED FORWARD AND FEEDBACK REPORTS

- Feed forward (display useful data in real time): individual patient report for clinician at the episode of care
- Feedback: individual patient report for clinician after episode of care and aggregate report for clinicians, administrative staff