MVC
Michigan Value Collaborative

Patient Journey Mapping For Post-Discharge Follow-Up

Breakout Session

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Kickoff Exercise

Connecting with the patient experience

Session Goals

01.
Learn From Our Peers' Processes

02.
Learn & Practice the Journey Mapping Process

03.
Identify Untapped Opportunities

Journey Mapping

What is patient journey mapping and why do it?

Patient Journey Mapping answers: How do patients get from A to B to C?

And how do they feel about that experience?

Unlike traditional patient experience measurement, the patient journey looks not only at service delivery but also at the steps the patient takes before and after they engage directly with your organization.

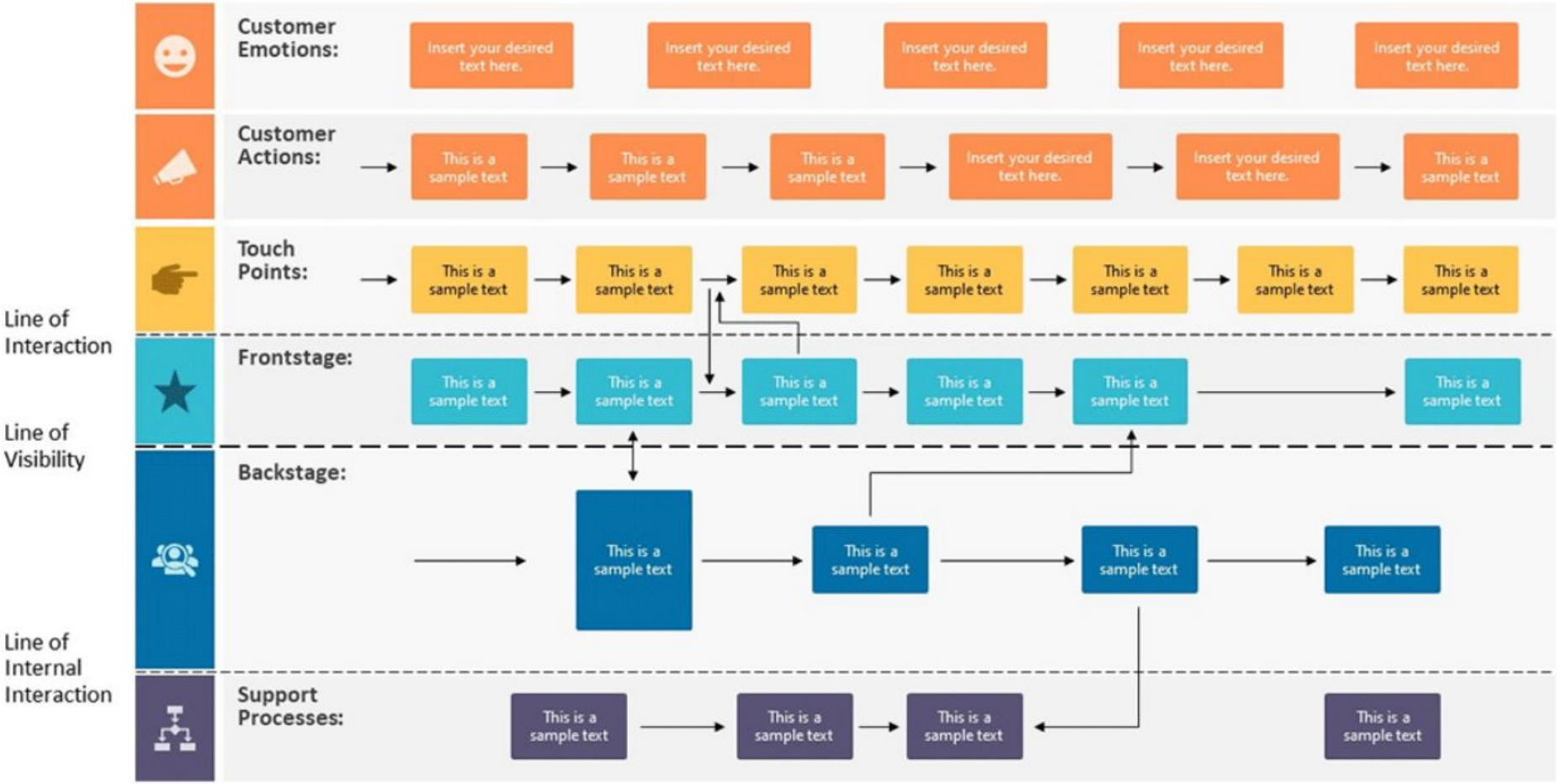
Two Types of Journey Maps Today

Current State

A current state journey map tells the story of what patients do, think, and feel as they identify, seek out, receive, and maintain their care. This type of map is best for driving incremental improvements to enhance the patient experience and is ideally created using patient data and observational data.

Service Blueprint

A service blueprint is a simplified diagram of a current state patient journey map, with added layers to illustrate the systems of people, processes, and technologies surrounding each patient touchpoint. For current state patient journey maps, the service blueprint helps identify root causes of pain points.


Customer Emotions:
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Customer Actions:
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Touch Points:
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Line of Interaction
Frontstage:
Line of Visibility
Backstage:
Line of Internal Interaction
Support Processes:

Linda's Journey Map

Browse information or learn more on a general topic

USA.gov

Stage of Journey	Identifies Information Need	Looks for Information			Find Information			Seeks Help		
Activities	Linda's friend, Dottie, tells her to look for grants	Turns on computer and **Googles** "Government Grants"	Clicks on **Grants.gov** and then Search Grants	Doesn't understand Search Grants information and goes back to **Grants.gov** Homepage	Clicks on USA.gov link on **Grants.gov** home page under Financial Assistance	Reads **USA.gov** Benefits, Grants, and Loans page and realizes she is not eligible for a grant	Clicks on link to **Benefits.gov**	Begins **Benefits.gov Benefit Finder**, but it takes too long and she clicks "Contact Us" to find a real person	Fills out **Benefits.gov** webform and types a message to ask how she can get financial help	Checks her **e-mail** later and sees response from **Benefits.gov**
Feelings and Needs	Thankful Dottie is such a good friend	Feels a little nervous and unsure, and hopeful her search will work	Feels confused and decides to try again in case she missed it	Thinks this seems easy	I hope this link has what I need	Encouraged but needs clarity, comfort, and reassurance	Feels optimistic	Overwhelmed by the questions. Needs to know this is the right step.	Hopeless and discouraged, not sure this is going to help	Disappointed there is more to do and needs support and hope

Potential Opportunities for Improvement

- Simplify benefits.gov contact page
- Make the benefits finder more like Turbo Tax
- Add questions to benefits.gov email form to help agents give better responses
- Create task force for benefits related sites/agencies
- Merge grants.gov, benefits.gov, and govloans.gov
- Become benefits program manager - benefits.usa.gov
- Integrate benefits finder and unclaimed money search
- Add APIs to integrate with state benefits info
- Integrate benefits.gov FAQs into content pages on benefits.gov
- Create an infographic to explain benefits finder
- Ask Grants.gov to add a popup asking if you want personal benefits
- Add benefits finder directly to USA.gov page

HEALTHCARE PATIEN

JOURNEY MAPPIN

STEP 1

START OF SYMPTOMS

STEP 6

Visit to specialist

STEP 3

STEP 5

Diagnosis confirmation

STEP2

STEP 4

Blood check and genetic testings

No diagnosis or suspected diagnosis

HEALTHCARE PATIEN

JOURNEY MAPPING

STEP 7

ORDER MEDICATION

STEP 8

Stay in touch with your doctor

STEP 9

Research your diagnosis

STEP 10

SUPPORT FROM THE FAMILY AND DISEASE COMMUNITY

Group Activity 1 Service Blueprint

At your table, work together to outline a service blueprint for how Hospital A would approach care delivery for a CHF patient admitted for pulmonary edema. Outline all organizational touchpoints between the time this patient is admitted, through service delivery and discharge, and into the ongoing care and follow-up stages.
The primary focus here is the steps taken by Hospital A.

Points of Contact

What is your hospital's current workflow from the time a CHF patient is admitted through the point of follow-up care?

Support Processes

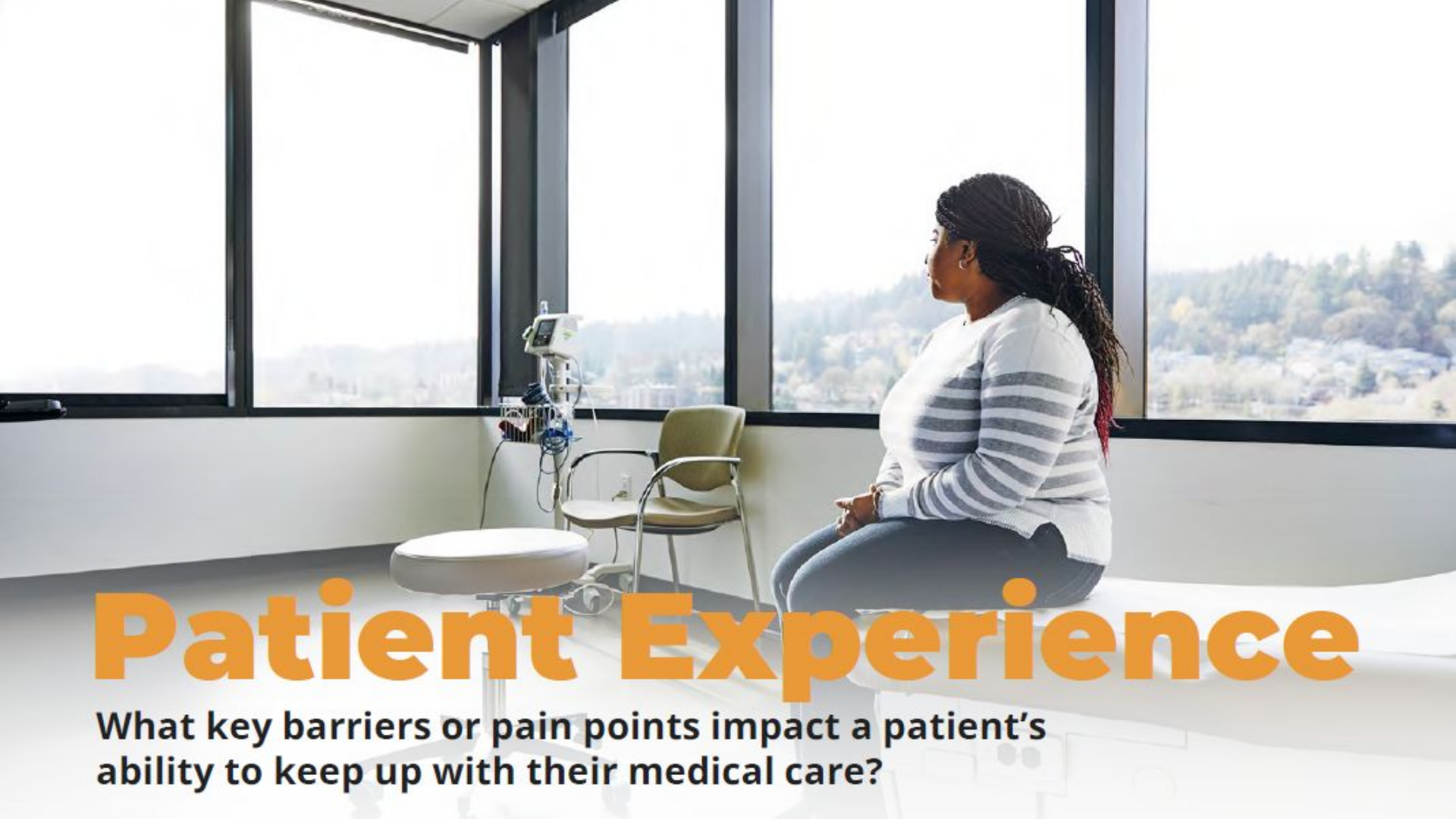
Does Hospital A already have any interventions in place to further support the patient during or after discharge?

Partner Touchpoints

Does Hospital A coordinate with affiliated or unaffiliated physician group(s)? With any community-based organizations?

Tailored Processes

Does Hospital A tailor its standard protocols for any particular patient populations?



Patient Experience

What key barriers or pain points impact a patient's ability to keep up with their medical care?

5 +/- 2

Processing Capacity

Cognitive psychologist George A. Miller proposed in 1956 that the average person can hold 5–9 chunks of information in their short-term memory. Current cognitive psychologists hypothesize that the average person today can process 3-7 pieces of information due to greater informational demands.

When cognitively depleted, we have less processing capacity and weaker short-term memory.

Information Overload

Research has consistently found that patients often forget information given to them by their physicians.[1] Patients can immediately forget 40% to 80% of the medical information and recommendations they receive. Of the information they remember, only about one-half of it is typically recalled correctly.[2]

Checklist for Post-Hospital Follow-Up Visits

Prior to the Visit

- ☐ Review discharge summary.
- ☐ Clarify outstanding questions with sending physician.
- ☐ Reminder call to patient or family caregiver to:
  - ☐ Stress importance of the visit and address any barriers.
  - ☐ Remind to bring medication lists and all prescribed and over-the-counter preparations.
  - ☐ Provide instructions for seeking emergency and non-emergency after-hours care.
- ☐ Coordinate care with home health care nurses and case managers if appropriate.

During the Visit

- ☐ Ask the patient to explain:
  - ☐ His/her goals for visit.
  - ☐ What factors contributed to hospital admission or ED visit.
  - ☐ What medications he/she is taking and on what schedule.
- ☐ Perform medication reconciliation with attention to the pre-hospital regimen.
- ☐ Determine the need to:
  - ☐ Adjust medications or dosages;
  - ☐ Follow up on test results;
  - ☐ Do monitoring or testing;
  - ☐ Discuss advance directives;
  - ☐ Discuss specific future treatments (POLST).
- ☐ Instruct patient in self-management; have patient repeat back.
- ☐ Explain warning signs and how to respond; have patient repeat back.
- ☐ Provide instructions for seeking emergency and non-emergency after-hours care.

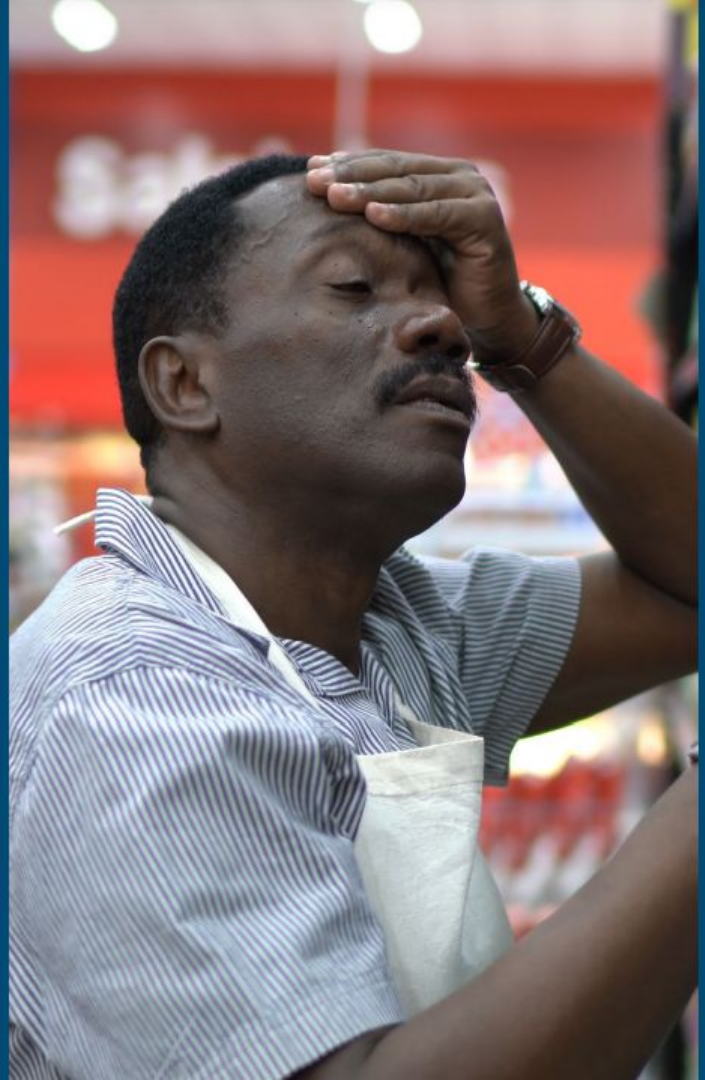
At the Conclusion of the Visit

- ☐ Print reconciled, dated, medication list and provide a copy to the patient, family caregiver, home health care nurse, and case manager (if appropriate).
- ☐ Communicate revisions to the care plan to family caregivers, health care nurses, and case managers (if appropriate). Consider skilled home health care or other supportive services.
- ☐ Ensure that the next appointment is made, as appropriate.

1. Laws MB, Lee Y, Taubin T, Rogers WH, Wilson IB. Factors associated with patient recall of key information in ambulatory specialty care visits: results of an innovative methodology. *PLoS ONE*. 2018;13(2):e0191940. doi:10.1371/journal.pone.0191940
2. Use the teach-back method: tool #5. Agency for Healthcare Research and Quality. Updated September 2020. Accessed July 18, 2023.

Minority Stress

Minority stress is a model that describes the chronic stress that people from stigmatized groups experience due to their social position. Minority stress is associated with *worse cognitive performance*



SDOH & Social Needs

Social drivers of health (SDOH) are the conditions in which people are born, grow, live, work and age. **Social needs** are the individual-level needs people experience such as lack of access to healthy foods, inability to pay for utilities, and housing instability.

Introducing

Patient Personas

A patient persona is a fictional person that stands as a representation of a group of patients with significant similarities. It helps to identify distinct needs, preferences, and behaviors of different patient types so you can implement messages and strategies that resonate deeply with that audience.

Hint: it's about more than just age, gender, and address

Prince Charles

- Male
- Born in 1948
- Raised in the UK
- Married twice
- Lives in a castle
- Wealthy & famous

Ozzy Osbourne

- Male
- Born in 1948
- Raised in the UK
- Married twice
- Lives in a castle
- Wealthy & famous

Group Activity 2
Current State Map

As a team, draft a current state patient journey map using the patient persona provided to your table. Consider the insights provided about that fictional person to outline their steps and experience. Note potential pain points tied to your service blueprint AS WELL AS outside influences.
The primary focus here is the steps taken by the patient.

Method of Contact

How would this patient interact with you during each step? Virtually? In-person?

Feelings & Worries

What are they feeling as they move through the steps? Which steps may be difficult or induce anxiety?

Other Touchpoints

Does the patient have any other clinical or community-based interactions during this period where outside support is possible?

Unique Traits

In what ways does this patient differ from others that may impact their experience?

Pain Points into

Opportunities

The HeartLife Foundation in Canada completed an extensive patient journey mapping exercise for Canadians living with and caring for people with heart failure. They summarized their findings and used insights on patient and provider pain points to identify opportunities for improved care coordination.

Opportunities:

- How might we help patients understand all the resources that are available once they are discharged?
- How might we help patients understand and translate their discharge plan to daily activities?
- How might we help patients monitor, track, and act according to their individual goals and lifestyle?
- How might we give patients the feeling that they can ask questions when they don't understand?
- How might we help patients take ownership of their care?

Next Steps

01.

Apply it!

Bring principles to meetings with clinical team, partners, and patient experience data discussions

02.

Join MVC for Part II

MVC Health in Action Workgroup
Thurs., Feb. 27, 2025, 12-1 p.m.
We will take pain points gleaned today and workshop tailored interventions

03.

Contact Us

Need a template? Have a great map to share?

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