

Process Mapping Questions

Before implementing latent TB infection services, your agency will need to develop procedures to carry out each component and determine how these new services will fit into your workflow. For each component, think about all of the actions needed to carry out services, including how these actions link together and what is needed to start and complete each action or part of the component. For each component, key questions to ask as you develop these procedures are listed below.

As you answer these questions, your agency can develop a process map for the new service component you'll be providing. For more information on process mapping in general, you can take the eLMS course "Process Mapping: A Planning and Management Tool to Visually Describe Work Flow" by following [this link](#). You can also reach out to Sophie Lewis at MDPH at sophie.lewis@mass.gov for guidance on how to develop a process map.

COMPONENT A:

Risk Assessment

- 1 What services/departments will be involved in identifying individuals at increased risk?
- 2 Who will determine if the individual has signs and/or symptoms consistent with TB? What steps will be taken [by whom] if an individual has TB signs and/or symptoms? What supplies and equipment (e.g., PPE) will staff need and how will they access it?
- 3 Who within each service/department will identify those at increased risk? Be specific about the staff or roles/positions. Multiple staff or roles may be involved, be sure to identify all as relevant to your clinic/agency.
- 4 For staff involved in identifying individuals at increased risk for TB infection, what training/education will they need?
- 5 What tools or strategies will staff use to identify those at increased risk or how will staff identify those at increased risk?
- 6 When risk is determined, where will this information be documented? Who is responsible for documenting? What is the standard template for documenting?
- 7 If a client is determined to be at increased risk, who needs to be alerted the individual is at risk? How is this done? Multiple people (e.g. MA, PCP, social worker) may need to be advised. Be sure to identify roles/individuals as relevant to your clinic.
- 8 Who tells the individuals the results of the TB risk assessment and lets those at increased risk know that they should be tested for TB infection? How will the information be communicated to the individuals? Be specific about the individuals or roles/positions. Multiple individuals or roles may be involved. Be sure to identify all as relevant to your agency.

Testing

PRIOR TO CONDUCTING THE TB TEST

- 1 When an individual is determined to be at increased risk, how will testing be accomplished? Who will complete the client testing and when? Are there standing orders?
- 2 What services/departments will be involved in testing individuals for TB infection?
- 3 Which staff at your agency will be involved in administering the TB tests (e.g., ordering an IGRA, blood draw, transferring the sample to the lab, receiving results, placing PPD, reading PPD, explaining next steps to individuals, recording findings)? Be specific about the individuals or roles/positions. Multiple individuals or roles may be involved. Be sure to identify all as relevant to your clinic.
- 4 For staff involved in TB testing, what training/education will they need?
- 5 Which test(s) will you use?

IGRA TESTS

- 6 For IGRA tests, which laboratory will you use? Do you need to sign an MOU with this laboratory, or update an existing MOU? Are there other changes needed to communicate with this laboratory about IGRA tests and results?
- 7 What is the process for preparing and sending samples to a laboratory?
- 8 Do your ordering and billing systems accommodate IGRA testing? What updates are needed for these tests and associated processes?
- 9 How are results received from the laboratory? How does this system need to be adapted for IGRA results?
- 10 Which staff at your agency receive results from the laboratory and how do they communicate these results to other staff members? Who is responsible for interpreting the test result? How does this system need to be adapted for IGRA results?
- 11 Who is notified and how? How does this system need to be adapted for IGRA results?
- 12 What process/strategies will your agency use for letting individuals know the results of an IGRA test?

TST TESTS

- 13 What process/strategies will your agency use to make sure that individuals who have had a TST return to have their test read? Who is responsible for follow-up? If the individual does not attend at the appointed time, what will you do to contact them?
- 14 How are test results documented in the medical record? Who is responsible for interpreting the test result? Who documents the results? Is documentation standardized? Does this system need to be adapted for TST or IGRA results and if so, how?

- 15 Do your ordering and billing systems accommodate TST testing? What updates are needed for these tests, and associated processes?
- 16 What process/strategies will your agency use for letting individuals know the results of a TST?

AFTER TB TEST RESULTS ARE RECEIVED

- 17 For individuals with a positive IGRA or TST result, where will evaluation for latent or active TB be done? Will the evaluation be internal to your agency, or through linkage to an external clinic?
- 18 Who at your agency will be responsible for documenting the steps involved in testing an individual for TB infection and for confirming that individuals with positive test results accessed evaluation services? How will this documentation be done and who will the data be shared with?

COMPONENT C:

Evaluation (Linkage Considerations)

- 1 What services/departments will be involved in linking individuals to and/or providing TB evaluation services?
- 2 Who within each service/department will link individuals to and/or provide TB evaluation services? Be specific about the staff or roles/positions. Multiple staff or roles may be involved. Be sure to identify all as relevant to your agency.
- 3 For staff involved in linking individuals to TB evaluation services, what training/education will they need?
- 4 If individuals are to be linked to other clinics/providers for evaluation, what are the agencies you will link individuals to that provide evaluation services? Do you have the MOUs or other necessary agreements in place with these agencies?
Where can these MOUs or other agreements be found?
Who will be responsible for reviewing these documents?
Who is responsible for signing these documents? How often will these documents be reviewed?
Does this agency(ies) provide treatment for TB disease?
Does this agency(ies) provide treatment for latent TB infection?
- 5 How will the process of linkage work? Who among your staff is the point of contact with the linkage agency(ies)? Which staff members at the linkage agency(ies) are the points of contact? Do you have a written protocol with the linkage agency(ies)?
- 6 Who needs to be alerted that the individual is being linked to TB evaluation services? How is this done? Multiple people (e.g. MA, PCP, social worker) may need be advised. Be sure to identify roles/individuals as relevant to your clinic.
Where will this information be documented?
- 7 Who will communicate the need and process for linkage to evaluation for the individual?
How will the information be communicated to the individual?
- 8 What is the procedure for individuals who do not wish to be linked to evaluation?
How/where will this be documented? Who will be responsible for documenting this?

- 9 How will you assess whether individuals need assistance to complete linkage (e.g., transport)? If they do, how will this assistance be provided? Consider how these needs will be different for an internal linkage vs. linkage to an external clinic.
What other staff may need to be involved in assessing needs and providing support?
How will you facilitate and confirm linkage (e.g., will a CHW make the appointment, accompany the client to the appointment, provide reminders)?
How will you document this support?
- 10 What information needs to be shared between your agency, the individual, and the linkage agency(ies) to start the linkage process? How will that information be documented and shared?
- 11 When the linkage process is started, where will this information be documented? Who is responsible for documenting?
- 12 How will you follow up to confirm that the linkage process was completed and the individual was seen by the evaluation service provider? Who will do this and where will this information be documented?
- 13 What is the timeline within which you expect the linkage to evaluation services to be completed? If you are not able to confirm that an individual completed the linkage within that timeline, what will you do? Who will be involved and what will their responsibilities be?
- 14 Once the linkage is confirmed, will you ask the evaluation agency(ies) to let you know whether the individual received a diagnosis and what the diagnosis was? Who is responsible for collecting this information and where will they record it?

COMPONENT D:

Treatment (Linkage Considerations)

- 1 What services/departments will be involved in linking individuals to or providing TB treatment services, and deciding where treatment will be managed?
- 2 Who within each service/department will link individuals to or provide TB treatment services? Be specific about the staff or roles/positions. Multiple staff or roles may be involved. Be sure to identify all as relevant to your agency.
- 3 For staff involved in linking individuals to TB treatment services, what training/education will they need?
- 4 What are the department/agencies you will link individuals to that provide TB treatment services? Do you have the MOUs or other necessary agreements in place with these agencies? Where can these MOUs or other agreements be found? Who will be responsible for reviewing these documents? Who is responsible for signing these documents? How often will these documents be reviewed?
- 5 How will the process of linkage work? Who among your staff is the point of contact with the linkage agency(ies)? What staff members at the linkage agency(ies) are the points of contact?
- 6 When an individual is ready to be linked to treatment services, where and how will this be documented? Who will document this?

- 7 Who needs to be alerted that the individual is being linked to TB treatment services? How is this done? Multiple people (e.g. MA, PCP, social worker) may need to be advised. Be sure to identify roles/individuals as relevant to your clinic.
- 8 Who will communicate the need and process for linkage to treatment for the individual? How will the information be communicated to the individual?
- 9 Will individuals need assistance to get to the linkage agency? If so, how will this assistance be provided (e.g., transport)?
How will you assess whether individuals need assistance to complete linkage (e.g., transport)? If they do, how will this assistance be provided? Consider how these needs will be different for an internal linkage vs. linkage to an external clinic.
What other staff may need to be involved in assessing needs and providing support?
How will you facilitate and confirm linkage (e.g., will a CHW make the appointment, accompany the client to the appointment, provide reminders)?
How will you document this support?
- 10 What information needs to be shared between your agency, the individual, and the linkage agency(ies) to start the linkage process? How will that information be documented and shared?
- 11 What is the procedure for individuals who do not wish to be linked to treatment services? How will this be documented? Who will be responsible for documenting this? How will communication happen between the treating provider and the adherence support team (consider the frequency, modes of communication, contact persons if concerns arise)? How will this be different for individuals getting treatment within your agency and for those getting treatment outside of your facility?
- 12 What is the procedure if the individual does not complete the treatment services activities? How will communication happen between the treating provider and the adherence support team (consider the frequency, modes of communication, contact persons if concerns arise)? How will this be different for individuals getting treatment within your agency and for those getting treatment outside of your facility?
- 13 How will you follow up to confirm that treatment was completed? Who will do this and where will this information be documented?
- 14 What is the timeline within which you expect the linkage and treatment to be completed? If you are not able to confirm that an individual completed the linkage within that timeline, what will you do? Who will be involved and what will their responsibilities be?
- 15 How will you confirm treatment completion? Once the linkage is confirmed, will you ask the treatment agency to let you know whether the individual initiated treatment, what the regimen is, and how it will be administered (DOT or self-administered)? Who is responsible for collecting this information and where will they record it? Consider how these processes may be different for an internal linkage vs. linkage to an external clinic.
- 16 Will your agency provide adherence support for individuals who have initiated treatment for latent TB infection? If so, which staff are responsible for communicating with the treatment agency to coordinate care? How will communication happen between the treating provider and the adherence support team (consider the frequency, modes of communication, contact persons if concerns arise)? How will this be different for individuals getting treatment within your agency and for those getting treatment outside of your facility?

Adherence Support

ALL INDIVIDUALS ON LATENT TB INFECTION TREATMENT

- 1 What services/departments will be involved in providing adherence support to individuals on treatment?
- 2 Who within each service/department will help provide adherence support? Be specific about the staff or roles/positions. Multiple staff or roles may be involved. Be sure to identify all as relevant to your agency.
- 3 Which staff need to be trained/educated about providing adherence support for individuals being treated for latent TB infection?
- 4 What is the process for coordinating with the TB treatment provider to get information on individuals starting treatment, their regimen, and how it will be administered (DOT or self-administered)? Who is responsible for leading this coordination? Where will information be documented and who will it be shared with? How will this process differ if the treatment provider is external to your agency?
- 5 What is the process for assessing and communicating with the individual on treatment about their adherence support needs? Who is responsible for leading this process? Where will the information be documented and who will it be shared with? How will this process differ for individuals taking treatment via DOT and for those taking treatment via self-administered therapy?
- 6 How will adherence support be provided? What model/strategies will you use? Who will be involved (e.g., CHWs, nurses, etc.) and how will they be integrated in to the care team? How will these staff track and review medication adherence information and appointment completion information to make sure the individual is taking treatment and attending appointments as prescribed? Will this tracking and review be different depending on the adherence support strategies the individual is using?
- 7 If an individual is not taking treatment or attending appointments as prescribed, what actions will your staff take to follow up with the individual? Who is responsible for taking these actions and what support do they need? How will these actions be documented and who will the information be shared with? How will these actions differ for those on DOT vs. those on self-administered therapy?
- 8 If an individual becomes sick from the medication, who should they contact? Who will share information about the individual's concerns, especially side effects, with the treating provider?
- 9 If an individual has other questions about their treatment course (e.g., missed dose, upcoming travel, etc.), who should they contact?
- 10 When an individual completes treatment, who is responsible for documenting completion? Who will the information be shared with? How will the information be shared?

INDIVIDUALS TAKING TREATMENT VIA DIRECTLY OBSERVED THERAPY (DOT)

- 11 How will you organize DOT services?

- 12 How will you determine who needs to take their treatment via DOT?
- 13 How will DOT appointments be scheduled?
Who will schedule DOT appointments?
When will DOT appointments be scheduled? Will it be scheduled the day the treatment is prescribed?
When will DOT appointments be offered? Will they be offered in the evening? Early in the morning? On weekends?
What is the procedure for when an individual is a “no-call, no-show” for a DOT appointment?
What is the procedure if an individual is “lost to follow up?”
- 14 Which pharmacy will the patient’s medications come from?
Who is responsible for getting the medications from the pharmacy?
- 15 Will DOT be available on an individual basis or for groups of people on latent TB infection treatment?
- 16 Will individuals on treatment come to your agency for DOT or will staff visit them in the community? For each scenario, plan for special accommodations:
 - Where will individuals meet the adherence staff? Locations (whether in the agency or in the community) should be selected to ensure safety and privacy and to minimize waiting time and other inconvenience.
 - How will transport be organized for staff going to the community? For individuals coming to the agency?
 - How will individuals and staff communicate to each other in case of delays/cancellation?
 - If staff are going to communities to provide DOT, how will their safety be prioritized (e.g., hours for community visits, numbers of staff making visits, acceptable transport options, check-out/check-in with agency, procedures in case of emergency)?
- 17 What is the frequency of contact with individuals on treatment (e.g. daily, weekly)?
- 18 Which staff members will interact directly with individuals to provide DOT? What training and support do they need? Consider how needs will differ for those staff members providing DOT onsite at the agency vs. for those providing DOT in the community.
- 19 What messages need to be communicated to individuals on DOT? How will they be communicated (in-person, phone, text, other)?
- 20 How will DOT encounters be documented? Which staff members are responsible for documentation and who will the information be shared with?

INDIVIDUALS TAKING TREATMENT VIA SELF-ADMINISTERED THERAPY

- 21 What is the frequency of contact with individuals on self-administered therapy?
What is the procedure if the individual doesn’t respond to contact?
- 22 Which staff members will provide adherence support to individuals on self-administered therapy? What training and support do they need?
- 23 What messages need to be communicated to individuals on self-administered therapy? How will they be communicated (in-person, phone, text, other)?

- 24 How will self-administered therapy be documented? How will individuals share their information with your agency? Which staff members are responsible for tracking this information and who will the information be shared with?
- 25 Which pharmacy will the individual receive their medications from? Who will get the individual's medications from the pharmacy? The individual or the provider?

COMPONENT F:

Reporting and Analysis

ALL DATA

- 1 What services/departments will be involved in reporting and analysis of data related to latent TB infection services?
- 2 Who within each service/department will help conduct reporting and analysis of data related to latent TB infection services? Be specific about the staff or roles/positions. Multiple staff or roles may be involved. Be sure to identify all as relevant to your agency.
- 3 Which staff need to be trained/educated about conducting reporting and analysis of data related to latent TB infection services?
- 4 How will your agency ensure that data are managed safely, including protecting the confidentiality of individuals receiving services? What actions need to be taken to ensure data security (e.g., staff training, secure software, locked cabinets for paper records)?
- 5 How will your agency ensure the quality of data that is collected for latent TB infection services, including completeness, timeliness, and minimal data errors? How often will this process take place? Which staff members will be involved?
- 6 How will your agency use data related to latent TB infection to review service performance? How often will this take place? Which staff members will be involved?
- 7 What processes does your agency use to improve quality of services and how will the data collected for latent TB services be integrated into these processes? Which staff members will be involved in quality improvement efforts for latent TB infection services?
- 8 Where will your agency abstract this information for each indicator? What reports can your agency run to gather this information? Do all necessary staff have access to this information? If using an EHR, are special permissions needed to access this information?

REQUIRED DATA

- 9 Does your agency have all the MDPH forms to collect data that are required to be reported to BIDLS/MDPH? Are these forms available in all the services/departments that need them?
- 10 Which staff will be using the forms to collect data that are required to be reported to BIDLS/MDPH? Do these staff need to be trained on how to use the forms?
- 11 What is the process your agency will use to report required data? Which staff will be responsible for this? Do these staff need to be trained/oriented to the BIDLS/MDPH reporting process?

- 12 What other support will staff need to report required data (e.g., computer, software, internet connection, fax machine, phone)?
- 13 For required data that you expect BIDLS/MDPH to give you feedback on, how will this feedback be communicated? Who is the point person at BIDLS/MDPH who will provide feedback? Who is the point person at your agency to receive the feedback? How will the feedback be shared with other staff at your agency?

RECOMMENDED DATA

- 14 Which recommended data will your agency collect?
- 15 Does your agency have all the forms (MDPH or custom to your agency's needs) to collect recommended data? Are these forms available in all the services/departments that need them?
- 16 Which staff will be using the forms to collect recommended data? Do these staff need to be trained on how to use the forms?
- 17 What is the process your agency will use to share recommended data? Which staff will be responsible for this? Which staff members should receive this data?
- 18 What other support will staff need to share recommended data (e.g., time at meetings, computer, software, access to internal servers)?

Billing

- 1 Do you have systems in place for billing insurance for care provided?
- 2 If you have systems in place, do they need to be updated in response to adding latent TB infection services? Who will be responsible for updating the systems and how will they update?
- 3 Which staff need to be trained/educated about coding and billing for latent TB infection services?
- 4 How does your agency check an individual's insurance coverage and status?
- 5 What is your procedure for linking uninsured or underinsured individuals with insurance resources? How will you provide TB services to uninsured/underinsured individuals?
- 6 If your patient is uninsured/underinsured and cannot pay out of pocket for services, is your staff familiar with local Health Safety Net providers or other resources available?