

# ANALYZE TASKS TO REDESIGN YOUR TEAM FOR THE PATIENT CENTERED MEDICAL HOME

To make sure that each member of the Team is working at the top of their competency, your Primary Care Team may need to be redesigned. When each team member understands his or her capabilities, role and responsibilities, tasks can be allocated so that the most appropriate person can do the work. Before you can begin to assign tasks, though, you need to know what they are and how they fit into the overall operation of your clinic. A workgroup representing many Primary Care staff and disciplines has looked at a typical Primary Care practice and listed the tasks that are routinely performed. They fall into several major categories. Use this framework to think about the tasks in your clinic and who is most appropriate to perform them as a way to envision the ideal team for your PCMH practice.



## COMPREHENSIVE CARE DELIVERY

Delivery of care occurs either in face to face visits or non-face to face encounters. There are many tasks that can be performed either way; it depends on resources, time, clinical needs, and patient and provider preference.

## MAJOR FACE TO FACE TASKS

Health promotion and coaching, performing a history and physical, medication reconciliation, reviewing test results and other findings with patient and family, urgent and scheduled procedures, processing clinical reminders, patient driven life care planning, end of life care, ordering and performing tests and treatment, group visits, and participating in team huddles.

## TYPICAL NON-FACE TO FACE TASKS

Secure messaging, review of patient-completed electronic health risk assessments or other data, medication reconciliation, reviewing test results and other findings with patient and family, processing clinical reminders, following up on consults, telephone care, telehealth management, specialty telemedicine, outreach for new patient services

## ADMINISTRATIVE SUPPORT

These are tasks that do not provide direct clinical care, but serve a valuable function in each Primary Care practice. They include serving as the Veteran and family point of contact and greeter, as well as phone contact. Also included are managing telephone demand, validating workload capture, scheduling appointments, verifying enrollment, demographics & insurance, and generally overseeing and perform the day-to-day administrative operations of the clinic.

## CARE COORDINATION

Insuring that care is well coordinated helps maintain quality and improves satisfaction. These tasks involve coordinating all care transitions: inpatient-outpatient, Primary Care-specialty care, and VA care-non-VA care. It involves serving as a point of contact for all referrals and consultations including fee basis, coordinating case management including home telehealth, and end of life care.

## PROFESSIONAL DEVELOPMENT

Learning and working together as a team requires practice. Time must be set aside for this, just as sports teams set aside time for practice. Teaching and research are important parts of professional life. Protected time for research and development, trainee (resident and student) precepting and mentoring, education and training, ongoing team training for health coaching, motivational interviewing, etc. are other tasks that should be included.

## ORGANIZATIONAL AND PROGRAM MANAGEMENT

Running a Primary care practice, particularly under the Medical Home model, requires time and attention to specific tasks.

## ORGANIZATIONAL MANAGEMENT

This involves strategic planning, insuring that the clinic maintains adequate physical space and adequate staffing, and providing operational oversight for team functioning.

## PROGRAM/TEAM MANAGEMENT

Quality Management, monitoring and insuring patient safety, informatics support, PCMM and panel management and coordination, overseeing care coordination across disciplines, managing service agreements, data collection and management, registry maintenance and monitoring.

## NEXT STEPS

Once the major tasks are identified, the most appropriate team member to perform them can be determined. Flow charts of the processes involved may help in visualizing the best way to accomplish individual tasks taking into account patient flow and staffing needs.