

## APPENDIX A: Description of health systems in sample and case study data collection

Appendix Table 1. Overview of health systems included in sample

Health system	Description
East Coast Health System	Regional health system with a total of 30 primary care practice sites across four counties.
West Coast Community Health Center	Regional community health center with 24 primary care clinics across two urban counties.
Western City Clinic	Large, integrated multi-specialty group practice with 29 practice sites located in a primarily rural area.
Southern Teaching Health System	Network of community-based health care professionals across 26 practice sites affiliated with a large academic medical center.

Appendix Table 2. Number and types of respondents interviewed by site.

		Number of people interviewed	
Site	Type of respondent	Baseline	Follow Up
East Coast Health System			
	Care Team	1	0
	Educator	1	1
	Finance	1	0
	Key Stakeholder	4	6
	Medical Assistant	2	3
	Program Manager	2	2
	Provider	2	2
West Coast Community Health Center			
	Care Team	0	0
	Educator	2	1
	Finance	1	1
	Key Stakeholder	8	8
	Medical Assistant	3	2
	Program Manager	3	3
	Provider	0	1
Western City Clinic			
	Care Team	1	0
	Educator	1	1
	Finance	3	1
	Key Stakeholder	6	4
	Medical Assistant	4	5
	Program Manager	4	2
	Provider	0	1
Southern Teaching Health System			
	Care Team	0	0
	Educator	1	2
	Finance	1	1

Key Stakeholder	8	3
Medical Assistant	2	7
Program Manager	3	1
Provider	2	4
<b>Total</b>	<b>66</b>	<b>62</b>

*Notes:* Examples of types of interviewees are as follows: Care Team (e.g. nurse, office manager); Educator (e.g., nurse or advanced MA in centralized training role); Finance (e.g., CFO); Key Stakeholder (e.g. Nurse Manager/Supervisor, HR personnel, Director, VP); Medical Assistant (e.g., program participant); Program Manager; Provider (mostly physicians, but could also include physician assistants or nurse practitioners). Most interviewees were the same from baseline to follow up, but interviewees were replaced if the person left the position at the organization.

Appendix Table 3. Total number of interviews by site.

Site	Number of interviews	
	Baseline	Follow Up
East Coast Health System	14	14
West Coast Community Health Center	15	14
Western City Clinic	18	13
Southern Teaching Health System	15	12
<b>Total</b>	<b>62</b>	<b>53</b>

*Notes:* The number of interviews (n=115) is lower than the number of people interviewed (n=128) because interviews occasionally included two or three interviewees.

## APPENDIX B: Sample interview guides

### Program Manager Interview Schedule - Final

Estimated Duration – 1 hour

*[Interviewer notes: This is appropriate for the key informant who is most familiar with the day-to-day operation of the Care Team Redesign program.]*

*[Interviewer Notes: Before the interview, explain the purpose of the interview. Refer to the consent form for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

1. I'd like to begin by having you tell me about your job. What are your responsibilities? What is your role in relation to the Care Team Redesign project?
2. Tell me about the program(s) your clinic / organization has designed that aim(s) to redesign MA roles.
  - Does the program represent a change from what was originally proposed?
3. Would you consider this program a new initiative for your organization or an extension of changes you have already been trying to make?
  - Tell me about how this fits into the larger vision and relates to programs you may have already implemented successfully in the past.
4. Do you have any external partners that you are working with in developing and implementing your training program (e.g., educational institutions or workforce intermediaries)?
  - *[If yes]* Please briefly describe the responsibilities of each partner.
  - Have you worked with these partners in the past?
  - What challenges (if any) did you / have you experienced in collaborating with these partners?
5. Can you tell us a little bit about your organization's initial motivation for developing this training program? What are your major goals in implementing this project? What outcomes do you hope to achieve through your care redesign or MA training program?
  - *[Motivating factor examples: increase patient satisfaction, improve quality of patient care, reduce patient wait times, improve cultural competency, reduce turnover of MAs, reduce staff burnout, improve skills and performance of MAs, enable providers and staff to perform at top of licensure, increase revenues, improve productivity, address certification requirements, increase job satisfaction, provide MAs with opportunities to advance career/increase wages, improve team functioning and communication]*
  - *[If not addressed]* What do you see as the business case for this program? How did your organization justify your investment in this program?

I realize you have only recently started implementing the program. Now that you have begun moving forward...

6. Can you tell me about any major milestones you've already hit with regard to care team redesign and or MA training?
  - What are some lessons you have learned as you have implemented your training program?
  - Can you describe each of these in turn?
7. What do you consider the top three critical success factors for your training program?
  - Can you tell us a little bit about why you think each of these factors is important to the success of the program?
8. What would you identify as the major challenges you will face over the next 18 months as you implement your proposed project? On a scale of 1 to 10, how confident are you that the program, as planned, will achieve its goals?
9. [Insert Access to Care Question(s)]
10. What organizational and other resource supports do you think are necessary for the success of the program?
  - What supports are needed for supervisors of MAs?
  - What supports are needed for MAs participating in the program?
  - What about for other providers and staff working with the MAs?
11. Are there any organizational policies and practices that you find particularly helpful in supporting program implementation? What about policies and practices that you find challenging?
12. Finally, is there any written material that describes your training program?
  - Could you email or mail it to me?
13. Is there anything I haven't asked that you think is important for me to know?

## APPENDIX B: Sample interview guides

### Senior Leader/Key Stakeholder Baseline Interview Schedule – Final

Estimated Duration – 30 minutes

*[Interviewer notes: This is appropriate for the key informant from senior management who is a potential or realized advocate for the MA Care Team Redesign costs.]*

*[Interviewer notes: Before the interview, explain the purpose of the interview. Refer to the consent form process for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

The purpose of this interview is to gather data on the Hitachi Foundation Care Team Redesign project being implemented and to understand the breadth of key issues related to effectiveness and sustainability of the initiative. Feel free to speak in detail and at length in response to the questions. Also, if I ask you questions that you believe others are more qualified to answer, please let me know who that person is, their position in the organization, and their role in the project.

1. Before we get into specific questions about your organization and this project, can you tell me a little bit about your role in this organization? How long have you been in this role?
2. Can you provide a brief description of the organization's strategic priorities? *[Interviewer notes: Substitute the appropriate name of the organization. This might be the clinic they direct or the primary care system or the health system as a whole depending on the interviewee]*
  - What are your greatest challenges currently faced and how is the organization approaching these challenges?
  - What is unique about your current organizational structure? Does it look like other similar organizations? Why or why not? What does physician or provider governance look like? How much autonomy do they have to organize work at the clinic or patient care team level?
3. What does primary care look like at your organization? For example, how are primary care teams currently structured, and what do roles and responsibilities within these teams look like?
  - What does the average panel size for a full-time physician look like? (If no panels, how are patients assigned to primary care providers?)
  - Are there differences across clinics in how care is organized?
  - How are other providers, such as nurse practitioners or physician assistants, used in these teams?
  - Are there any specific care management practices that you employ at in your clinics? (Probe for patient alerts or reminders, panel management, patient-provider portals health coaching, motivational interviewing, group visits, schedule scrubbing etc.)
  - In what ways has your organization been innovative with the organization of primary care teams?
  - What improvements would you like to see happen related to primary care?

Now I'd like to ask a few questions specific to this program.

4. From your perspective, what motivated you (and your organization) to become involved in the care team redesign project?
  - Is this tied to some sort of strategic plan? How so?
  - Is the board of directors involved in this?
5. What are your main goals in implementing this project? What outcomes do you hope to achieve for your organization? *[check all that apply]* Of these, which will be most important in deciding whether the program will be sustained?
  - *Motivating factor examples: increase patient satisfaction, improve quality of patient care, reduce patient wait times, improve cultural competency, reduce turnover of MAs, reduce staff burnout, improve skills and performance of MAs, enable providers and staff to perform at top of licensure, increase revenues, improve productivity, address certification requirements, increase job satisfaction, provide MAs with opportunities to advance career/increase wages, improve team functioning and communication]*
6. Is there a formal “champion” for this project? If yes, what is his/her role within the organization? What about informal champions?
7. Are you planning to make any permanent changes at your organization to support the implementation of this program? Please describe these changes.
  - HR policy changes, work practices changes, organization of work changes?
8. What do you see as the business case for this program?
  - From your perspective, what makes this program worthwhile?
  - Do you think this program would have value for other organizations? What would that value be?
9. Is there anything I haven't asked that you think is important for me to know?

## APPENDIX B: Sample interview guides

### Provider Baseline Interview Schedule - Final

Estimated Duration — 30 minutes

*[Interviewer notes: This is appropriate for primary care providers. If the interview has to be done quickly due to limited time, focus on bolded questions]*

*[Interviewer notes: Before the interview, explain the purpose of the interview. Refer to the consent form process for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

1. **Briefly describe your role in the organization.**
  - **How long have you been in this role? Are you full time or part time? How many hours do you work in a typical week?**
  - **How long have you worked in a primary care setting?**
2. Can you tell us a little bit about what your patient panel looks like?
  - On average, how many patients do you see per day or week?
  - How large is your patient panel?
  - How are patients assigned to panels? (Or if not to panels, to specific providers?) To what extent are patients encouraged (or required) to see their “paneled” provider or team?
3. Do you have a group of patients that are more challenging to care for? Can you tell me what a typical challenging patient might look like in your clinic?
  - What do you find challenging about this group of patients? (e.g., challenging due to limited services available to meet their needs, team performance constraints, other financial constraints or patient characteristics?) Are there specific resources you would find helpful in providing care to these patients?

Now I’d like to ask a few questions about your primary care team or clinic.

4. **How is your primary care clinic currently structured and staffed?** *[To protect confidentiality, ask respondents to identify these individuals by role rather than by name, e.g., physician, nurse practitioner, RN, LVN, LPN, health tech, etc.]*
  - **Are providers and staff assigned to specific teams?**
  - **What roles are represented on your team? What about extended primary care team members (e.g., pharmacy, social work, behavioral health, or other supportive services)? Are these services readily available and/or co-located in your clinic?**
  - **How long has your team been structured this way?**
  - **How are new members of the team [or clinic] oriented to their roles?**
5. Can you tell me a little bit about your current role? For example, can you tell me a little bit about what a typical day or week looks like for you?

Probe for:

- Time spent and mode of communication with patients. For example, how much time spent in direct patient care? Face-to-face? By telephone? By email or other medium outside of traditional office visit?
  - Extent to which engaged in population management or panel management, e.g., panel review or other activities that allow for a more proactive approach to preventive care and disease management for patients on your panel.
  - In general, do you feel your daily tasks and responsibilities allow you to work at the top of your license? Why or why not?
  - EHR use? [If you have EHR, how useful is it?
6. We would like to understand more about which EHR components are currently consistently used in your organization (check all that apply)
- ☐ Ambulatory care progress notes
  - ☐ Automatic alerts of potential drug interactions
  - ☐ Decision support in the form of prompts and reminders at the time the physician is seeing the patient, e.g., pop-up reminder within the EMR for preventive services the patient should receive at the time of the visit
  - ☐ Alerts about important abnormal test results at the time they are received
  - ☐ Collecting data for clinical quality measures
  - ☐ Providing patients with clinical summaries of office visits
  - ☐ Other (please specify) \_\_\_\_\_
7. **Can you tell me a little bit about how roles and responsibilities for patient care are currently distributed across your team [or across different roles in the clinic]? [Question should be tailored based on responses to #4]**
- **What do you see as the strengths and weaknesses of this current arrangement of roles and responsibilities? For productivity? For patient care? For staff satisfaction? For your workload?**
  - How are decisions made regarding how tasks are divided and who should do what tasks? For example, do providers give support staff a list of tasks to do for the day? Do RNs or other clinic managers help divide up the work?
  - When you need to communicate with other primary care team members about daily tasks or patients that are on the schedule for the day, how does that happen? (e.g., team huddles? Informal one-on-one communication? Other?)
8. **How closely do you work with MAs in your clinic?**
- **(If not previously addressed) How many MAs do you work with?**
  - **How would you describe their skills/knowledge/job performance?**
  - **What is your perception of the biggest issues your MAs face?**
  - **What is the single most important thing your organization could do to improve the job of MAs?**
  - **What could MAs do that they currently aren't doing that would help you most in your job?**
    - **Given current level of training**
    - **Given increased training**



We are also interested in your overall perceptions of the *[name of program]* as it specifically pertains to your clinic or care team.

9. How did you first hear about this program?

- What did you think when you first heard about the initiative? *[Probe for feasibility, fit with organizational priorities, strengths, weaknesses, etc.]*
- Was your clinic already in the process of making changes to the role of MAs or to primary care in general?

10. In what ways are you or will you be involved in the program?

- What led you to participate?
- How comfortable do you feel with what you are being asked to do?
- How much of a change is it compared to your normal routine?
- How confident are you that the program will foster a positive change in your work?
- What concerns (if any) do you have about the program?

11. We understand that organizations are often pressed for enough time to meet their many competing objectives. Do you feel like this program is a high, medium, or low priority for your organization? What gives you that impression?

Finally, I'd like to ask a few more general questions about your clinic and how it works.

12. To what extent are you kept informed about how your primary care team or clinic is performing?

- How often do you see that information? In what context? How do you or your care team use that information?
- Are registry data available to you, either for individual patients or your panel as a whole?
- What about EHR data? To what extent are you and your team able to access this data to inform clinical decision-making or to support population management or QI efforts?
- For example, what types of performance metrics are you held accountable for (e.g., access, continuity, productivity)? Are these metrics tied to any financial or other incentives

13. Are you involved in any quality improvement or practice change efforts at your clinic?

- *[Probe for concrete examples]*
- To what extent do you feel QI activities are supported and/or encouraged by your organization as a whole?

14. Is there anything I haven't asked that you think is important for me to know?

## APPENDIX B: Sample interview guides

### Management Interview Schedule Final: Finance Focus

Estimated Duration – 1 hour

*[Interviewer notes: This is appropriate for the key informant most knowledgeable about clinic/system costs related to the MA Care Team Redesign costs. This could be more than one individual – a business manager at a clinic, a financial C-Suite executive and/or a person in training/HR role within the health system]*

*[Interviewer notes: Before the interview, explain the purpose of the interview. Refer to the consent form process for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

The purpose of this interview is to gather cost and business case information on the MA Care Team Redesign being implemented by your organization and to understand the breadth of key issues related to effectiveness and sustainability of this initiative. *[The interviewer will also note the other organizational members who have been interviewed and information gained through those interviews that is relevant to this interview.]* Feel free to speak in detail and at length in response to the questions. Also, If I ask you questions that you believe others are more qualified to answer, please let me know who that person is, their position in the organization, and their role in the project.

*[Interviewer Notes: Before the interview, refer to the consent form for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

1. I'd like to begin by having you tell me about your job.
  - What is your job title?
  - What are your general activities and responsibilities?
  - Whom do you report to and/or supervise?
  - What are your responsibilities in relation to the program?
2. Why do you think your organization first decided to participate in this program? From your perspective, what does your organization hope to gain from investing in MAs in this way? Is there a measurable impact you hope this project will have on your organization?
  - *[Probe for financial and non-financial benefits. Indirect benefits, i.e., those that are incidental but can't be directly traced to the program, are also of interest.]*
  - Did your organization conduct a formal business case analysis before deciding to apply for Hitachi Foundation funding to support investment in this program?
3. I'd like to go over the costs of the program. If you were asked by your executive team to estimate the cost of the program and the ultimate cost savings of the program, how might you go about estimating that cost?
4. We are interested in getting a sense of start-up costs first? Can we go through what those might be?
  - Curriculum development

- Planning/meeting time (staff costs)
  - Marketing
  - Communication plans
  - Consultants
5. Generally, are these covered by the Hitachi Grant? Are there significant costs beyond what's covered? What type of costs are covered by the organization and not Hitachi in terms of start-up?
  6. Implementation costs? Can you go through the cost domains with me?
    - Orientation costs
    - Planning cost
    - Training costs (trainers, tuition, resources)
    - Staff costs (MA, provider, other?)
    - Supervisor costs (any?)
    - Administrative costs/Executive time
    - Turnover
  7. Cost savings created? Other financial benefits?
    - Employee satisfaction
    - Retention
    - Physician productivity
    - Outcomes (increased panel size; physician)
    - Patient satisfaction
    - Population health
    - Performance premiums?
  8. Where are these costs borne? Practice level? ACO? Somewhere else?
    - Are there other significant expenses or investments related to your organization's efforts to transform its primary care practices that we haven't covered? These do not necessarily have to be a part of the project that we've been talking about. *[If YES]*, tell me about them.
    - Are there any expenses or investments that you are unable to quantify/tally, but would if you were able to? *[If YES]*, tell me about them.
  9. What types of financial resources are most critical to your organization in making a program like this work?
    - Do you feel that your program has had such support?
    - More specifically, do you feel that you have been supported in your tasks related to the program?
    - Can you give me an example of how you have been supported (or have not been supported)?
    - What are some of the key challenges you have faced related to your involvement in this program?
    - Were you able to negotiate those challenges?
    - *[If YES]*, How? *[If NO]*, What made it difficult to negotiate those challenges?
  10. At this point in time, do you feel there is a business case for participating in this program?
  11. Are you planning to sustain this program after Hitachi Foundation funding ends?

*[If YES – Ask “How?” (and refer to probes below)]*

*[If NO – Ask “Why not?”]*

*[If NOT SURE – Ask “What factors will influence your organization’s decision of whether to sustain the program?”]*

- What additional investments (if any) do you think will be necessary?
- Where will those investments come from?
- If you think your organization will not be able to sustain a particular part of your program, which parts of the program were not sustainable and why?
- Is your organization involved in and/or considering any other programs that would affect MA or other frontline worker training, skills, and/or career development?

12. Do you think this program would have value for other organizations? What would that value be?

13. Is there anything I haven’t asked that you think is important for me to know?

## APPENDIX B: Sample interview guides

### Medical Assistant Interview Guide - Final

Estimated Duration – 1 hour

*[Interviewer Notes: Before the interview, refer to the consent form for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

We're here because we want to find out about your experiences on the job, what led you to start working as a medical assistant, and how you view your current role on the health care team. I've brought some questions that I will use to guide our conversation, but other questions will come up. And please feel free to talk at length and in detail about your experiences, and to add things you think are important that I may not have asked you about.

I'm interested in learning about the work you do as a medical assistant.

14. Can you tell me a little bit about your current role?

- How long have you been in this role? Are you full time or part time?
- (If appropriate – will vary by site): What type of clinic are you working in? (e.g., primary care or specialty?)
- What is a typical day like for you working here?

*[Additional probes could be tailored to reflect the desired responsibilities of MAs at each participating grantee site to determine extent to which they may already be engaged in these activities, e.g., panel management, health coaching, clinical scribing, triaging patient requests, pre-visit planning, scrubbing, phlebotomy, etc. For example:]*

- How much of your time is spent communicating directly with patients? Face-to-face? By telephone? Electronic messaging or email using a patient-provider portal?
- What types of activities are involved in getting patients ready for the provider encounter? What is your role during the patient encounter? What do you do that makes things easier for the provider?
- What types of care management activities are you involved in? For example, are you involved in motivational interviewing or health coaching? What about coordinating care for patients that need specialty care or other referrals?
- Do you review information on your panel to identify patients who might need specific services or appointments, e.g., patients who might be due for certain vaccinations or preventive screenings?
- Can you tell me a little bit about the triage system at your clinic, i.e., when patients call and need to be seen, who determines how urgent the need is?
- Scope of work: In general, do you feel that your daily tasks and responsibilities are aligned with the scope of work you were originally trained to do as a medical assistant. Why or why not?

15. What do you see as the skills a person needs in order to do your job well? What makes a good medical assistant?

Now I'd like to ask a few questions about your primary care team or clinic.

16. How is your clinic currently structured and staffed?
  - Are providers and staff assigned to specific teams?
  - What roles are represented on your team or clinic? For example, an RN, LVN, provider, nurse practitioner, or other?
  - How long has your team or clinic been structured this way?
  - How are new members of the clinic or team oriented to their roles?
17. When you need to communicate with your provider, nurse, or other members of the care team about daily tasks or patients on the schedule for the day, how does that happen? How are decisions made regarding how tasks are divided and who should do what?
18. To what extent are you kept informed about how your primary care team or clinic is performing?  
*[For example, how well your clinic is doing in terms of patient satisfaction, productivity, or quality of care]*
  - How often do you see that information? In what context? How do you or your care team use that information?

Now I'd like to know about some of the challenges you face in your work.

19. Think back over the last month or so. Can you think of a problem you've had at work?
  - How did you handle that?
  - Who helped you / was supportive?
  - Is there generally someone you turn to when you experience difficulties or challenges in the workplace?
  - Is that person your direct supervisor?
  - Do you feel comfortable raising concerns with your care team?
  - Has there ever been conflict between what your provider or care team asked of you and what your supervisor asked?
  - Is there anything that management could have done to prevent the problem?
20. Please describe your ability to get coverage for your team's tasks if you are understaffed or patient demands are high. *[For example, what do you do if someone is out sick or on vacation? What about if a team member leaves his/her position?]*
21. What do you think should be changed to make your job here better? If you owned a clinic like this, how would you change things?

I'd also like to learn more about what your goals are in your work life.

22. Do you have any interest in pursuing other kinds of work in health care? What kinds of work in health care are you interested in pursuing?
  - What do you think might keep you from pursuing that work?
  - Has your organization assisted you in any way to achieve these goals? Can you give me an example of that?

Finally, I'm interested in your overall perceptions of the [name of program] as it specifically pertains to your clinic or care team.

23. How did you first hear about this program?
- What did you think when you first heard about it?
  - Are you / have you been involved in any other efforts to change how care is delivered at your clinic, or efforts to change the role of medical assistants in general? If yes, how easy was it for your team to implement those changes? What made those changes easy or difficult to implement?
24. Do you have a sense of how your work will change or is changing due to the care redesign project?
- What do you think about the proposed changes? Will they work to improve productivity? What about patient outcomes? How will they affect your day-to-day job?
25. In what ways are you or will you be involved in the program?
- What led you to participate?
  - How comfortable do you feel with what you are being asked to do?
  - How much of a change is it compared to your normal routine?
26. What do you perceive as the strengths and weaknesses of this program?
27. We understand that organizations are often pressed for enough time to meet their many competing objectives. Do you feel like this program is a high, medium, or low priority for your organization? What gives you that impression?
28. Is there anything else I haven't asked that you think is important for us to know?

## APPENDIX B: Sample interview guides

### **Educator Baseline Interview Schedule – Final**

Estimated Duration – 45 minutes

*[Interviewer notes: This is appropriate for educators on the grantee team. This person is responsible for the training of MAs for the project.]*

*[Interviewer notes: Before the interview, explain the purpose of the interview. Refer to the consent form process for a discussion of confidentiality. Numbered questions are main areas of interest. Bulleted questions indented under numbered questions are probes that may or may not be asked depending on how full the answer to the original question is. Make sure the probes are adequately answered even if they are not directly asked.]*

I'd like to understand more about the training project.

1. Please describe your role on the project.
  - What organization do you work for?
  - How involved are you in curricular development or planning?
  - If applicable, what challenges or facilitators did you face in the development or planning process?
  - How long have you been in a training role? In this particular role?
2. What members of the care team (e.g., MAs, nurses, physicians) will you be training?
  - Can you briefly describe the kind of training each group will be receiving?
  - Generally, what sources do you pull from for the course/module content?
  - Who collaborated with you to decide on the content?
  - Do you anticipate any challenges in getting staff members to participate in the training programs? How do you plan to motivate participation?
3. What is the mechanism by which the training will be certified or credentialed?
  - Will the ultimate outcome of the training be a degree, certification or licensure by a professional body or educational institution?
  - How will completion of the training be marked by the clinic or health system? Does this change what types of jobs incumbents can apply to? Will there be recognition of completion formally or informally?
  - What sort of recognition will trainees have upon completion of the training?

I'd like to understand more about the training component of the project.

4. What are the essential components of your proposed program?
  - What are your main goals in implementing this program?
  - What courses/modules make up the program?
  - What are the outcomes that you hope to achieve?
  - How do you think you can assess those outcomes?
5. What do you see as the strengths of this training program?
6. What concerns do have about being able to successfully implement this program?



- How will you try to overcome those concerns? Are there any adaptations to the program you have suggested or are considering?
  - On a scale from 1 to 10, how confident are you that you will be able to implement the program?
7. [if they are already implementing the program] Are there any resources or supports that you have found particularly helpful in implementing the program?
8. Are you implementing any companion programs? Have you in the past?
- What can you tell me about the success or shortcomings of those initiatives?
9. What is the plan for sustainability of this program beyond the grant?
- How will you or your organization be involved in sustaining the training?
  - What do you see as the likelihood that the group will be able to sustain the program?
  - What do you see as the major barriers and/or facilitators to sustainability?
12. Is there anything I haven't asked that you think is important for me to know?

## Appendix C: Coding scheme used for analyzing interview data.

### Qualitative Codes: Care Team Redesign

#### A Outer Context

- A1 Environmental stability  
*Economic stability in local geographic area*
- A2 Inter-organizational networks  
*Partnerships with outside institutions, such as workforce intermediaries or educational institutions*
- A3 External funding  
*Resources available for program use from external sources*
- A4 Technical assistance/support  
*Expert help in program design and implementation*

#### B Program Characteristics

- B1 Compatibility  
*Extent to which program activities are consistent with organizational and/or professional mission and values and with local task demands*
- B2 Risk  
*Perceived risks of implementing the program (e.g., strength of evidence base, how difficult to implement, etc.)*
- B3 Nature of knowledge required  
*Program, education and care redesign plan*

#### C Health System Characteristics

- C1 Structure and Payer-mix  
*Organizational structure and physician-organization relationships.  
Distribution of payer sources (e.g., Medicare, private insurance, Medicaid, self-pay) and % capitated*
- C2 Strategic priorities  
*Practice goals and priorities as articulated by practice management*
- C3 Leadership support and reporting structure  
*Program and organizational leaders' ability to communicate a rationale for innovation and make resources available*
- C4 Supportive infrastructure  
*Organizational culture and resources (e.g., IT capabilities)*
- C5 Workforce policies and practices  
*Existing workforce practices, policies, and strategies*
- C6 Other programs ongoing  
*Other programs being conducted simultaneously with the MA care redesign initiative*

#### D Implementation Policies and Practices

- Formal actions taken by grantee to promote implementation, e.g., changes to organizational policies and practices*
- D1 Provider and staff training  
*Skill and/or team-based training for MAs and other care team members*
- D2 Performance incentives  
*Monetary or other rewards for performance for MAs and other care team members*
- D3 Program adaptations  
*Changes made to the program to facilitate uptake by health care team*

#### E Implementation Climate

- Extent to which individuals feel that program activities are expected, supported, and rewarded by the grantee organization*
- E1 Care team buy-in (negative and positive)  
*Engagement in and support for (or lack of support for) the program*
- E2 Barriers
- E3 Facilitators

#### F Other Practice Context

- F1 Presence of a program champion  
*Individual(s) that promote the program with leadership and/or targeted care teams*
- F2 Care team functioning  
*Team size, composition, member roles and responsibilities, communication and other interaction patterns, etc.*
- F3 Workplace climate  
*Perceived organizational support and worker burnout*

#### G Outcome: Patient Care

- G1 Patient satisfaction  
*Patient evaluation of the care experience, e.g., interaction with care team, physical environment of care, etc.*
- G2 Access to care  
*Ability of patients to receive care in a timely manner, e.g., waiting times, appointment system data*
- G3 Continuity of care  
*Relationship between care team and patient that extends beyond specific episodes of illness or disease*

## **H Outcome: Organizational**

### **H1 Workforce stability**

*Tenure and turnover among staff*

### **H2 Team productivity**

*Care team output, e.g., number and types of patient encounters, practice profit, panel size*

### **H3 Budget Impact**

*Budget impact of implementing the MA care redesign initiative*

## **I Outcome: Worker Level**

### **I1 Job satisfaction and job quality**

*Overall job satisfaction and other measures of job quality, including meaning of job tasks, workload and relationships with co-workers*

### **I2 Organizational commitment**

*Worker identification with and involvement in the organization*

### **I3 Compensation and benefits**

*Actual compensation and benefits received, as well as satisfaction with compensation and benefits.*

### **I4 Opportunities for advancement (Career Ladder)**

*Promotion and other advancement opportunities with employer*

## **J Outcome: Sustainment and Spread**

### **J1 Worker-level benefits**

*Overall job satisfaction and other measures of job quality, including meaning of job tasks, workload and relationships with co-workers*

### **J2 Program practices**

*Continuation of specific program practices after grant funding ends, scale of program, proportion of program coverage throughout applicable units*

### **J3 New partnerships**

*Whether partnerships developed during the funded program will be maintained*

### **J4 New policies and practices**

*Whether changes to organizational practices, procedures, and policies will be maintained, uptake of program benefits by workers*

Appendix D: Compensation for MAs by job level

Appendix Table 4. Wage progression of MAs through career ladders

	East Coast Health System	West Coast Community Health Center	Western City Clinic	Southern Teaching Health System
<b>MA 1</b>	\$36,462	\$32,502	\$30,097	N/A
<b>MA 2</b>	\$40,976	\$35,113	\$33,696	\$33,173
<b>MA 3</b>	N/A	\$38,608	\$37,690	\$34,997
<b>MA 4</b>	\$51,002	\$45,698	\$39,998	\$36,922