What do patients need and who provides it?

Role clarity is vital to ensuring that tasks are completed but are not covered redundantly. The following exercise is designed to support a team in establishing role clarity.

**Instructions:**

1. Participants review the list of elements of care that patients need (individual copies of the chart below are provided). Add, remove, and clarify items and terms.
2. Post the elements of care on wall post-its with columns to right for: CHW, RN, LCSW, MA, PCP, clinic BH staff, and other clinic staff.
3. Participants place the stickers in the cell where they think the work is *currently* occurring. They can pick up to 2 staff for each need.
4. Facilitator guides a discussion using the following questions:
	* What are some patterns?
	* Are there any gaps: any patient needs that no one is addressing?
	* Is there a lot of overlap: any patient needs that multiple staff are addressing?
	* Were there any needs where it was hard to pick only 2 staff?
	* Where do people think the work *should be* occurring?
		+ Facilitator emphasizes the importance of working to the top of training.
		+ Any big changes? (If so, the facilitator can add a column: “in a perfect world who would do it?”)
	* With this information, what do we want next steps to be?

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| Elements of care | CHW | RN | LCSW | MA | PCP | Clinic BH staff | Other clinic staff |
| housing action plan |   |   |   |   |   |   |   |
| housing applications |   |   |   |   |   |   |   |
| food stamp applications |   |   |   |   |   |   |   |
| ID/documentation/proof of income |   |   |   |   |   |   |   |
| establish payee |   |   |   |   |   |   |   |
| schedule transportation |   |   |   |   |   |   |   |
| coach patient to use transportation |   |   |   |   |   |   |   |
| coach patient on agenda setting for clinic visits |   |   |   |   |   |   |   |
| accompany patient to clinic visits |   |   |   |   |   |   |   |
| coordinate/assist with DME |   |   |   |   |   |   |   |
| coordinate specialist referrals |   |   |   |   |   |   |   |
| communicate with primary care provider |   |   |   |   |   |   |   |
| coordinate level specialty BH referrals |   |   |   |   |   |   |   |
| counseling/psychoeducation |   |   |   |   |   |   |   |
| complete ASAM assessment |   |   |   |   |   |   |   |
| perform substance use brief intervention |   |   |   |   |   |   |   |
| coordinate referral to SUD treatment |   |   |   |   |   |   |   |
| coach patient on chronic disease self-management |   |   |   |   |   |   |   |
| post discharge medication reconciliation |   |   |   |   |   |   |   |
| coordinate with pharmacy around bubble packs |   |   |   |   |   |   |   |
| assist patient in packing pillbox |   |   |   |   |   |   |   |
| schedule PCP appointments |   |   |   |   |   |   |   |
| coordinate appropriate post-discharge appts |   |   |   |   |   |   |   |
| between visit coaching on self-management goals |   |   |   |   |   |   |   |
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