Appendix I. Staff Interview Guide

1. **First, we would like you to describe your understanding of the CRS role?**
    a. What service(s) is the CRS suppose to provide?
    b. What is your understanding of the scope of the role?
    c. How is the CRS supposed to support the primary care team?
2. **How is the CRS role working in the clinic?**
    a. What's working well?
    b. What isn't working?
    c. What part of the CRS role was the most difficult to put into place at the clinic?
3. **How is the patient referral process working?**
    a. *(If needed to clarify)* What method are you using now to ensure that the CRS has new patients every week? (i.e. fishing, discussing at huddle, chronic disease registries, etc.)
    b. From your perspective, is that process getting enough patients to the CRS?
    c. Is it getting the right patients to the CRS?
    d. Is it easy for staff to use? Why/why not?
    e. Does it foster good communication between the CRS and the staff?
    f. Are there any other pros and cons of referral process you have tried that you would like to share?
    g. What other suggestions do you have for changing workflow around referrals to the CRS?
4. **To what extent do you feel the CRS has become an integrated member of the primary care team?**
    a. Was there anything the CRS or the team did in particular that helped integrate the CRS into the team?
    b. How much interaction have you had with the CRS about specific patients?
    c. How have you used the CRS's EPIC documentation?

d. How confident were you that the CRS role was articulated and understood by the CRS and other members of the team?

e. Do you think the scope of the CRS role was defined clearly enough that you were confident that the CRS would communicate with team members if the patients were outside their scope of practice?

f. What other types of communication would be helpful from the CRS regarding patients/the services they provided patients?

g. How does the way you communicate with the person in the CRS role about patients compare to how you interact with the other staff in your clinic (MA, LPN, RN).

5. **What does the CRS do that you feel supports your work or makes your job easier?**

    a. What does the new CRS role do that you feel increases the quality of care your team is able to provide?

    b. Has there ever been at time that you felt being able to refer a patient to the CRS saved you time or effort? Or allowed you to focus on the work that is most appropriate to your role?
    c. Can you share one or more examples of when this has happened??

6. **Does having the CRS position in your clinic increase your workload in any way?**
    a. Can you share an example of when/how that happened?

7. **Part of the CRS role was to learn about community resources that patients need to be healthy and share them with the clinic staff. Did having the CRS change your knowledge of community resources?**

    a. Was the CRS able to find the resources that patients need?

    b. How did the CRS share information about resources with clinic providers and staff?

8. **Do you feel that having the CRS role changed the clinic's connection to the local community?**

    a. If changed - Any examples you can share?

    b. Do you think that having the CRS has changed how you understand your patient population in any way?

9. **Which patients did you see get the most benefit from this role?**

a. Are there any patients that don't benefit from CRS services?

b. Do you think it's useful to have the CRS available for a wide range of patients or would you suggest narrowing the focus?

10. **Are there any things about your clinic that you think made the role work well or not work well?** (i.e. layout at PLP, size, type of patients, philosophy of care, etc.)

    a. Are there any things about your clinic that you think made it difficult to implement the CRS role?

11. ***[For clinical leadership only]*** **How do you think the CRS role can help GH provide quality primary care?**

    a. Do you think the CRS role is valuable / important for how GH is providing quality primary care?

    b. What was the most valuable about the role?

    c. What part of the role wasn't important?

    d. How does the CRS role fit into your vision of primary care at Group Health?

12. **What were the benefits of having someone without a license and no formal clinical training in this role?** ***[NOTE: This question is not about the individuals in the positions, but rather the fact that the position is designed as a lay position, not requiring a license or formal training.]***

    a. What skills or characteristics do you feel someone filling this role needs to have?

    b. What were the challenges?

    c. Is there any specialized training that you feel the CRS really needs to do the job effectively?

    d. What other characteristics do you think would be desirable or not desirable for someone doing this job to have?

13. **There is an open question about whether GH will choose to fund this position after the grant funding finishes in late 2015. What would you recommend GH to do with the position in 2016?**

    Probes for Clinical leadership only ….

a. What are the key reasons for your position? Can you talk me through how you think about the position you might take on this?

b. What evidence would you need to see to make a decision about whether the CRS role was sustainable? Or spreadable?

c. Are there any aspects of the CRS role that you would suggest are changed if the position does move forward that we haven't talked about yet?

14. Anything else you would like to share with us about the CRS role or how it was implemented at your clinic?