Supplemental materials for:

Rogers EA, Manser S, Cleary J, Joseph A, Harwood E, Call K. Integrating community health workers into medical homes. *Ann Fam Med*. 2018;161:14-20.

Supplemental Appendix. Interview Guide

Below is the complete interview guide used to collect data through individual interviews. A subset of these questions provided the data that was analyzed for this manuscript. These questions are in black, with the remaining, non-applicable questions in grey.

Bolded lines are transitions. Paraphrase these to signal that you are moving to a new section of the interview. Each numbered question should be asked.

Lettered questions are follow-ups and should be asked if the respondent has not already talked about this topic. These probes are to be used to get more information as needed. Bolded probes are priority questions, but not all probes must be asked. If the interviewee has already covered the probe material, please skip the probe question.

You may go "off script" for additional probes, but be cognizant of time. Interviews should be kept within 60 minutes if possible.

Respondent Demographics:

Age _____ Gender _____ Race and/or Ethnicity _____ Number of years in current position at clinic _____

To start out our interview, let's start with your role in the clinic:

- 1. How long have you worked at this clinic?
- 2. What is your title here?
- 3. Tell me about your major areas of responsibility here.

---- Care Coordination ----

I am interested in knowing about how your staff responds to specific situations that arise.

- 4. Describe a situation in which your health care home team *really helped a complex patient* (e.g. someone with a chaotic life, culturally different, someone who misses a lot of appointments) to improve his or her management of a chronic illness (e.g. diabetes, high blood pressure, COPD, addiction).
 - a. Who got involved in his/her care?
 - b. What was the process for you getting involved in his/her care?
 - c. How did you all manage his/her care?
 - d. Who played what role?
 - e. How did you all communicate with one another? With other providers? With other services in the community?
 - f. How do team members stay in touch about challenging patients?
 - g. How did the team support the patient over time? How do you know this?
 - h. Have you seen gaps in your clinic's team member's roles that might be helpful?
 - i. What felt good or motivating about this example?
 - j. What felt challenging about this example?

5. What seems to be working in how your health care home team supports patients with chronic

illness(es)?

- a. What influences success?
- b. Coordinate with family and caregivers?
- c. Coordinate with other health institutions (hospitals, specialists, etc)?
- d. Coordinate with community services?
- e. Who are the patients' champions or advocates? How are they champions?
- f. What clinic changes have led to success in supporting patients?
- g. How do different team members communicate with patients? Work together?
- h. If CHWs, what roles do they serve (clinic, community, patients)?
- i. How do you know when patients are receiving outside services?
- j. How do patients know from where their services come?
- k. Important aspects of sustainability?
- I. Important aspects of staff retention?
- 6. What's not working in how your team supports patients with chronic illnesses?
 - a. What gets in the way of success?
- 7. As a member of your clinic team, are your ideas heard? Do you feel listened to, either when doing what you think is best in a clinical situation or in suggesting improvements to the team?
 - a. How important is it to you that your clinic's team members feel *empowered* to do what they think is best in any clinical situation? Why?
 - b. What do you do personally to promote that kind of feeling?
 - c. What has the clinic done to promote it?
 - d. How do you think individuals should be trained to create and/or work in that kind of work environment?
 - e. How were you trained?
- 8. Did the certification or recertification process (becoming a healthcare home (HCH)) have an effect on your team? How?
 - a. Why? Why not?
- 9. What does it mean for your health care home to be patient-centered?
 - a. Can you give an example of how patient-centeredness played out with a patient?
 - b. Who on your team most influences patient-centeredness?
 - c. (cultural competency probe)
 - d. How do you keep the patient at the center of your team's efforts?
- 10. If you could work in an ideal clinic to best support patients in managing chronic illnesses, how would it look?

There is a lot of talk these days about team-based care and improving quality and patient centeredness. MN has been a leader in this, and has a few initiatives happening, for example, through its SIM grant. One of these is the development of emerging workforce in healthcare. Some of these innovations are things like community health workers, community paramedics, and dental therapists.

- 11. Are you familiar with any of these professions? Which ones?
 - a. Why/how?

---- CHWs ----

With this research study, we're trying to understand the role that community health workers in particular are playing on healthcare home teams, so I'm going to focus here for a bit. Community health workers, or CHWs, are trained frontline members of the healthcare team who are members of the same community as the patients they serve.

12. WITH CHWs:

- What role do CHWs play on your clinical team?
 - a. For how long?
 - b. Certification requirements?
 - c. Process to incorporate into team? (barriers, facilitators, stages, etc)
 - d. How has this addition changed how your team cares for patients?
 - e. Has it caused any complications to how your team works or with patient care?
 - f. Have you seen any patient response or changes in satisfaction/outcomes?

13. WITHOUT CHWs:

Let's say, for example, your clinic hired a CHW to work on the team that supports patients in managing chronic illnesses. Can you talk about specific ways this addition might help your team care for these patients?

- a. Can you talk about specific ways this addition might complicate matters?
- b. How do you think your team would look if you included a CHW?
- c. How do you think patient experience might look?
- 14. How are the following tasks accomplished by your clinic team? (tasks/roles previously identified to be in realm of CHWs in other clinics):
 - a. Connect a patient with social service agencies
 - b. Identifying barriers to medication management or healthy lifestyle behaviors
 - c. Support a patient in navigating the health care system

[For medical director or clinic administrator, skip to #17 if staff or clinician interview] Now I'd like to ask you some questions about the process of creating your care team while preparing for health care home certification.

- 15. Why did your clinic pursue HCH certification?
- 16. Tell me about how you thought through and made decisions about your clinic's team.
 - a. Team **structure**
 - b. Team members/titles
 - c. Team roles/job duties/tasks

- d. How to work with the community from which your patients come?
- e. Did you consider restructuring things prior to certification or recertification?
- f. What restructuring occurred? Why?
- g. If restructured, what were biggest barriers or challenges?
- h. If restructured, what facilitated that change?
- i. If restructured, what have been biggest successes?
- j. Did you hire any new roles or job descriptions to create your care team?
- k. If so, what personal qualities do you look for?
- I. Other hiring requirements? (ethnicity, education, language, experience, etc)
- m. If you hired CHWs, barriers?
- n. If you hired CHWs, facilitators?
- o. If you did not hire CHWs, did you consider them? Why/Why not?
- 17. What are your greatest challenges to managing your clinic team/your chronic illness management program?
 - a. Greatest rewards?

---- Wrap-Up ----

All study participants:

- 18. Is there anything else you would like to share with the research team?
- 19. Do you have any questions for me?

Thank you for your time and for sharing your insights.