



Primary Care Team Task Allocation Guide

Instructions and considerations for using the tool

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Executive summary

This primary care task allocation guide is an exercise intended to help medical group leaders optimize care team design by ensuring all team members work at top-of-license across the organization. To do this, leaders should bring together a representative, multidisciplinary group including frontline team members and leadership from across their organization.

First, your group will identify the ideal team member to perform each task, regardless of your current staffing model. Next, your group will record how tasks are currently allocated across primary care teams. This allows medical group leaders to visualize their gap-to-goal and identify their greatest opportunities to get more value from their care teams.

The tasks included in this tool come from Advisory Board best practice research and previous task audits conducted by high-performing organizations. Advisory Board has shaded in dark gray our recommendations for which team member should perform each task based on best practice research on top-of-license care.

How to use the tool



Step 1: Convene a multidisciplinary planning team

Building the right team is essential to secure buy-in and ensure tasks are optimally allocated. Below, find a checklist with the four core characteristics of an effective planning team:

- **Representative:** Include team members from across the organization at all roles and levels. At a minimum, involve representatives for front desk staff, MAs, RNs, APPs, and physicians. Beyond that, invite representatives for any other roles that will be included in the audit.
- **Small:** Keep your planning team to 10-15 people so that it is efficient and agile.
- **High-performing:** Ensure all team members excel in their respective care team roles. Review quality scores and performance evaluations to identify high performers. Some organizations also ask practice managers for recommendations.
- **Respected:** Though hard to quantify, selecting respected and trusted representatives is essential for solidifying buy-in across the organization. These may be people who already serve in leadership positions or are tenured in their roles.



Step 2: Ensure the tool contains the appropriate tasks and roles

As a group, review the tasks and care team roles included in the "Care team task allocation tool" tab of the workbook (tab 3). Ensure no crucial tasks or roles are missing and remove any tasks or roles that are irrelevant to your organization.

- **To add a task:** Enter the task in the cell that says "Add additional tasks" (Row 77). To add a task in the middle of the grid, click on the row number on the far left to highlight the row below where you want to input the task. Right click and select "insert."
 - Be sure to remove any shading that might appear automatically in the new row by selecting the new cells in the grid, clicking the dropdown next to the paint can icon in your toolbar, and selecting "no fill."
- **To remove a task:** Click on the row number on the far left to highlight the entire row of the task you want to delete.
 - This is important. If you remove only the cell with the task name, Advisory Board recommendations shaded in dark gray will be incorrect. Right click and select "delete."
- **To add a team member:** Add team members to the right of the grid by highlighting the entire column that says "Add additional team members." Right click and select "insert."
- **To remove a team member:** Highlight the entire column you want to delete by clicking on the letter. Right click and select "delete."

How to use the tool



Step 3: Allocate tasks to ideal team member

Allocate tasks to the ideal care team member, regardless of who currently performs the task. The "ideal" team member is likely the lowest-licensure team member able to effectively perform the task.

As a group, go row by row and determine the appropriate team member to perform each task in an ideal world by shading the corresponding cell in dark gray. Please note that Advisory Board recommendations have already been provided and shaded accordingly.

If your team determines that a different team member is best suited for a task than Advisory Board recommended, remove the existing shading and instead shade the cell corresponding to that role.

- **To change the shading:** Click on the cell you want to un-shade and then click the dropdown next to the paint can icon in your tool bar and select "no fill." Next, click on the cell you want to shade, click the dropdown next to the paint can and select a dark gray color to fill the cell.



Step 4: Conduct an audit to document current state

Now that you've shaded the grid according to ideal state, it's time to identify how your primary care teams are currently operating.

As a group, return to the top of the tool. Go row by row and determine which team member(s) is/are currently performing each task. Place an X in the corresponding cells.



Step 5: Identify your gap-to-goal

As a group, identify the tasks that are not currently allocated to the optimal team members and the team members most commonly taking on tasks that may be better assigned to someone else.

You will be able to see where there are redundancies and opportunities to reallocate tasks based on where the X's that represent current state fall outside the dark gray boxes that represent ideal state. This serves as the starting point for determining where to begin care team transformation.

Source: Advisory Board research and analysis.

Key considerations for using the tool

1

Current state may vary across your organization. This is why it's important to convene a multidisciplinary team from across the organization in order to most accurately reflect how team members are currently deployed.

2

Substitute the care team member with the closest licensure for any roles you do not currently employ. We've allocated most tasks to at least two team members to provide options in the event you don't employ one. Generally speaking, you may substitute front office staff for care coordinators, clinical RNs for care managers, and physician or APPs for clinical pharmacists.

3

The ideal team member to perform each task may depend on your target population's risk level. Many care management tasks can be performed by an MA/LPN care coordinator for rising-risk patients, but should be performed by an RN/LCSW care manager for high-risk patients. Advisory Board considered both patient groups when providing recommendations.

4

Advisory Board has defined separate clinical and population health roles for MA/LPNs and RNs. While the licensure may be consistent across clinical MA/LPNs and care coordinator MA/LPNs as well as clinical RNs and care manager RNs, it's best practice to differentiate between clinical and population health-focused roles based on primary responsibilities.

5

Scope of practice varies by state. Scope of practice laws for care team members vary by state and are not considered in Advisory Board recommendations. Advisory Board is unable to provide legal guidance on this topic.

Source: Advisory Board research and analysis.



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