Defining the Role of the Medical Assistant in the Health Center Care Team

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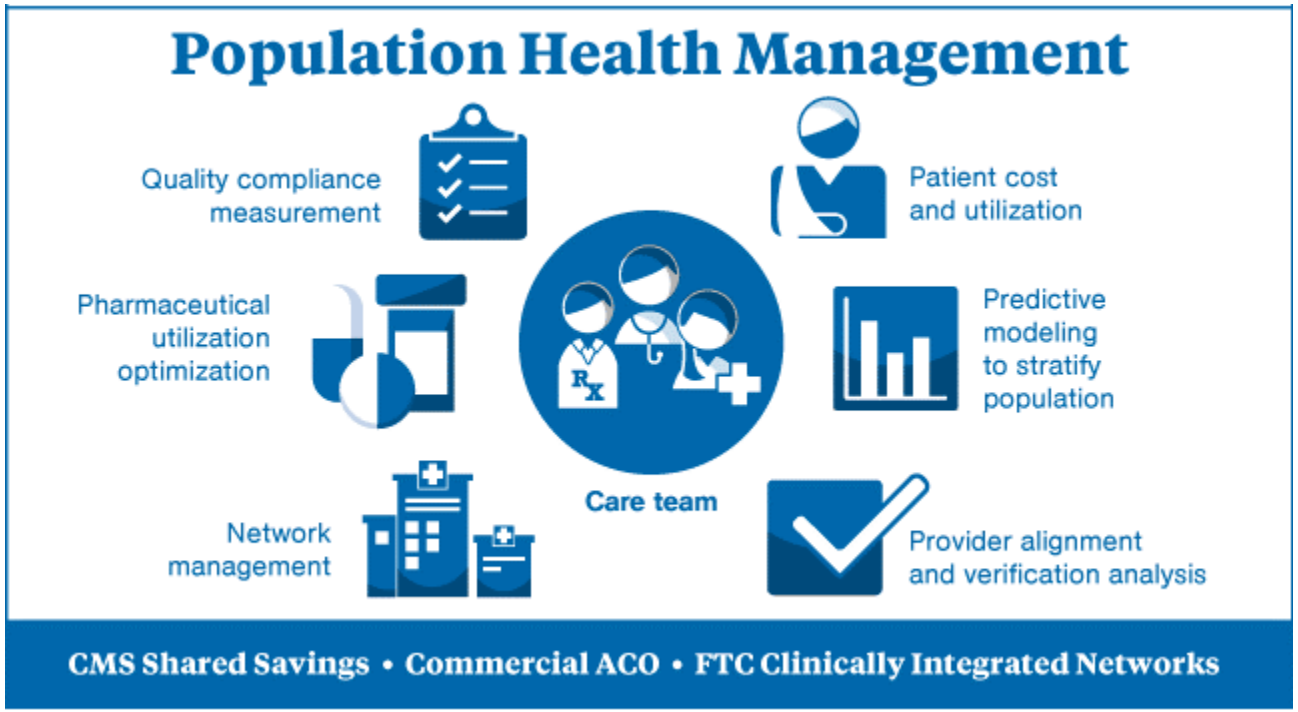
Team Based Care Defined

- *"Team-based care is a **strategic redistribution of work among members of a practice team**."* (https://www.stepsforward.org/modules/team-based-care)

- Inefficiencies in *strategic redistribution of work can cause:*
  - *Poor patient experience*
  - *Plateaued clinical performance*
  - *High call center call volume; inappropriate call volume*
  - *Poor provider/care team experience*
  - *High cost of care*
  - *Limited access to care*
  - *Poor billing performance*
  - *High turnover*

Care Team Member Goals



Care Management vs. Care Coordination – Which is it

Care Management

- Care Management is defined as a set of activities intended to improve patient care and reduce the need for medical services by helping patients and caregivers more effectively manage health conditions. [3]

Care Coordination

- Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. [2]

Understanding the ROI of your Clinical Support Staff

- Care Management is a set of activities designed to:
  - Assist patients and their support system in managing medical conditions and related psychosocial issues more effectively
  - Improving patients' functional health status
  - Eliminating the duplication of services
  - Reducing the need for expensive medical services

- Care Coordination is a set of activities designed to promote:
  - The efficient use of:
  - Time
  - Staff
  - Resources
  - Technology
- To provide the highest level of:
  - Service
  - Quality
- To the ultimate customer:
  - the PATIENT

Clinical Support Staff

Medical Receptionist:

Collects and confirms patient identifying information

Registers patients

Ensures billing opportunity

Manages daily access to providers

Medical Assistant:

Intake

Screenings

Pre-visit planning

Normal test notification

Visit Nurse:

Triage

Education

Care Planning

Medication Reconciliation

Care Coordinators

Prior Authorizations

Scheduling for tests, orders, specialists

Patient navigation

Following up on completion of orders, tests, appointments

Elimination of barriers

Care Managers

Care Planning

Self Management Support

Education

Addressing of barriers

Care Coordination

FOR HIGH RISK PATIENTS

Considerations when defining the MA role

- MA Education and Certification
- Shared understanding of roles and responsibilities
- Confidence and Trust among team members
  - Do MAs have confidence they can complete the tasks?
  - Do MAs have the resources to complete the task?
  - Do providers trust their MA to complete the task?
  - Do MAs have confidence in the work the MA is doing?
- Willingness to Delegate
- Medical Assistant desire to develop

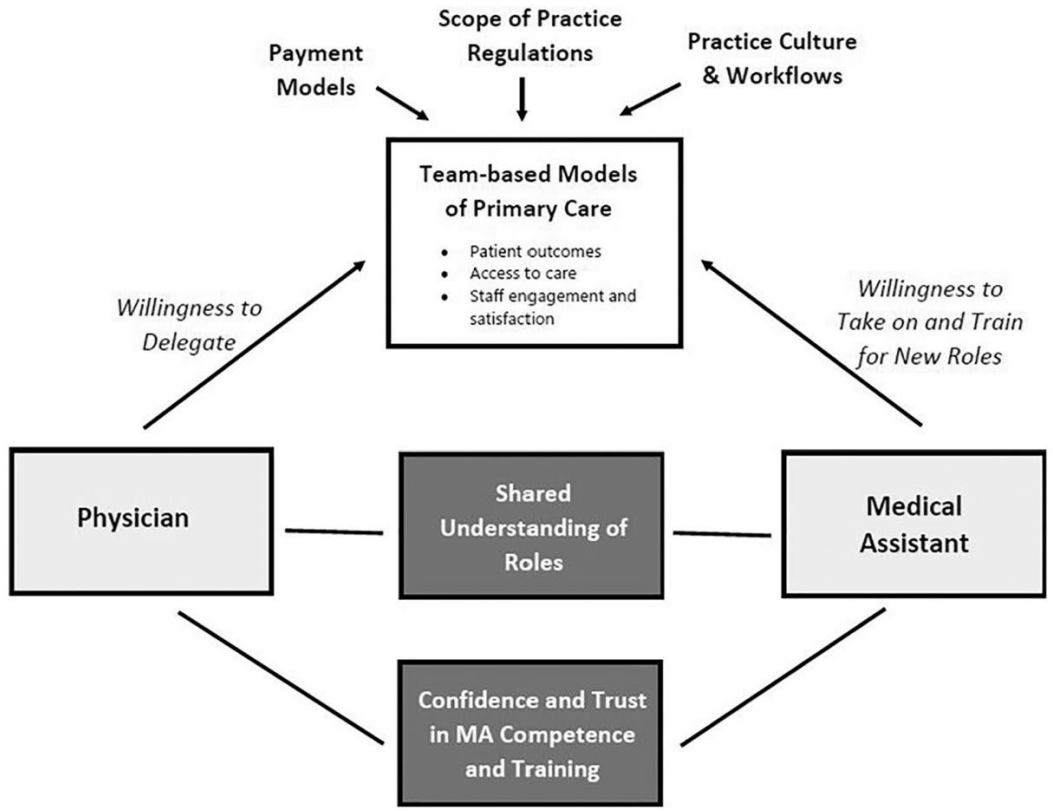


Figure 1. Factors influencing medical assistant and physician teamwork.

https://journals.sagepub.com/cms/10.1177/1077558720966148/asset/images/large/10.1177_1077558720966148-fig1.jpeg

MA Role: Visit Planning and Direct Patient Care

- Collecting information vs. reviewing information?
- Standing orders
- How is this communicated to the MA by the provider?
- What procedures do you conduct in the office. RN/LPN vs. MA? Staffing ratio?

	Percentage of performing most days	Percentage of performing never or infrequently
Visit planning		
Collect information prior to patient visit	78	22
Order or queue up tests	85	15
Direct patient care		
Take patient's vital signs	92	8
Administer medications	65	35
Draw blood	34	66
Follow standing orders for vaccine administration	73	27
Provide assistance with procedures	54	46
Perform intradermal, subcutaneous or intramuscular injections	76	24
Perform diabetic foot exams	11	89
Register patient (administrative check-in)	25	75

Reference 1

MA Role: Visit Documentation and Education

- Medication review vs. Medication Reconciliation
- Pre-visit vs. visit? Optimize technology vs. interview
- Screening vs. entering
- MI at all patient interactions
- Patient engagement vs. treatment planning
- Preventative and "at risk"

Documentation		
Record chief complaint and/or basic history	90	10
Review/update patients' medications in the chart	90	10
Input information into electronic health record	95	5
Scribe during examination/visit	27	73
Patient education, coaching, or counseling		
Screen for depression	62	38
Use motivational interviewing to assist patients in setting health goals	44	56
Assist patients with chronic diseases in setting health goals	41	59
Educate patients with chronic disease on preventive care	44	56

Reference 1

MA Role: Quality Improvement, PHM and Communication

- Proactive vs. reactive
- Pre-visit planning, standing orders, team planning
- Staffing ratio?
- Do you give the after visit summary? Discharge of the patient

Quality improvement		
Participate in quality improvement teams	48	52
Supervise other medical assistants in coordinating practice workflow	36	64
Population health		
Review patient lists to identify patients in need of preventive screening	67	33
Find patients with diabetes overdue for A1c and pend A1c order	44	56
Extract information from electronic health record to manage patient lists	58	42
Communication		
Manage patients' phone and email messages efficiently	75	25
Review the after-visit summary with patients	57	43

Reference 1

Provider/MA Reflection on MA Role

- What are you doing to build confidence in *themselves?*
- What can reduce the amount of provider non-value add time during the provider visit?
- What is the provider *willing* to delegate to a Medical Assistant vs. a Nurse?
- How will you assess this in your practice?

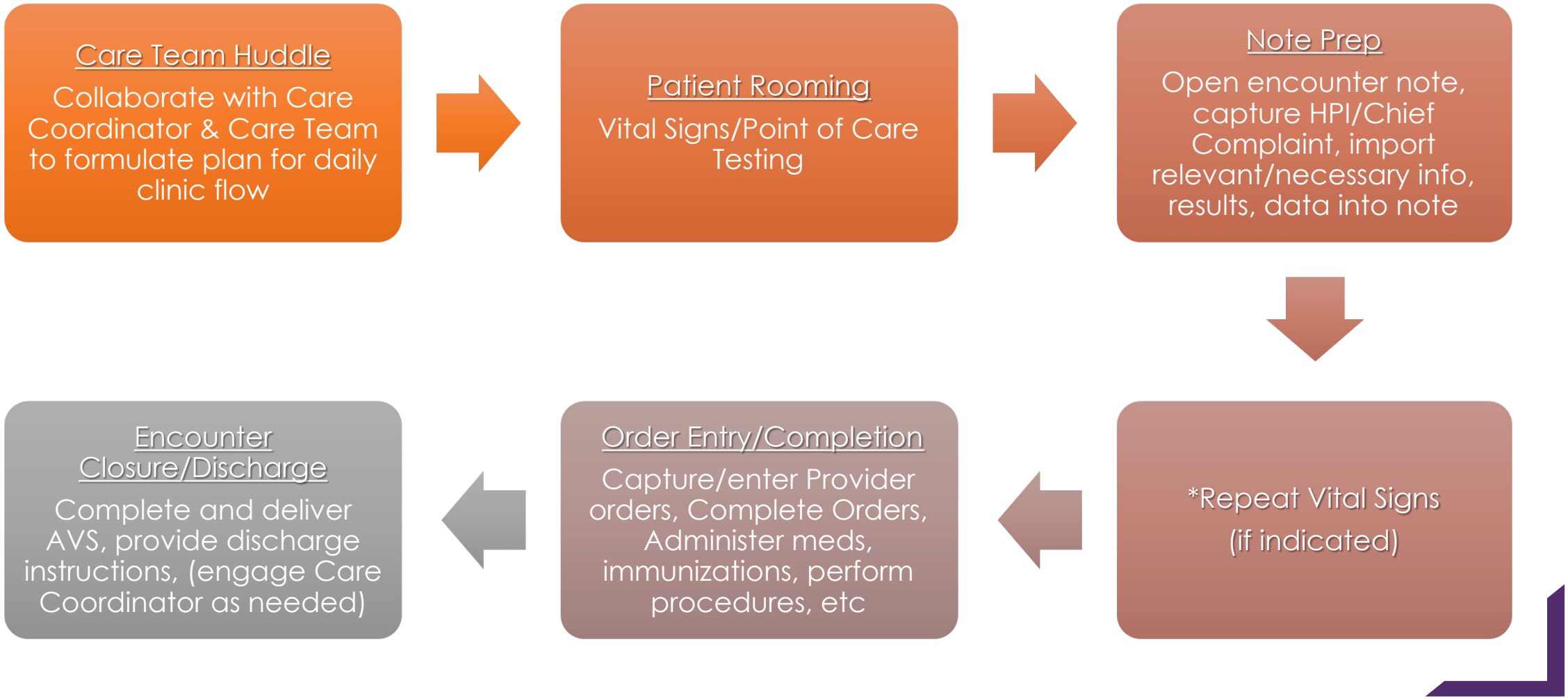
	Performing task?*		Confident in MA performing task?		MA reported having training?	MA interest** in more training?	Physician willing to transition task?
	MAs	Physicians	MAs	Physicians			
Screen for depression	62%	72%	58%	61%	62%	57%	84%
Use motivational interviewing to assist patients in setting health goals	44%	13%	36%	17%	45%	65%	63%
Assist patients with chronic diseases in setting health goals	41%	18%	34%	19%	43%	68%	75%
Educate patients with chronic disease on preventive care	44%	25%	36%	18%	46%	67%	71%
Review the after-visit summary with patients	57%	32%	66%	43%	52%	55%	85%

Reference 1

The role of the MA in your Population Health Strategy

- Physicians are most willing to delegate population health management activities
- Physicians and MAs are aligned in
  - MAs can support this *before*, during, *and after visit!*
  - MAs can be utilized on other teams throughout the practice to support providers:
    - Care coordination team, call center, outreach, care management

MEDICAL ASSISTANT – Workflow Sample



Medical Assistants: Creating Impact

Population Health:

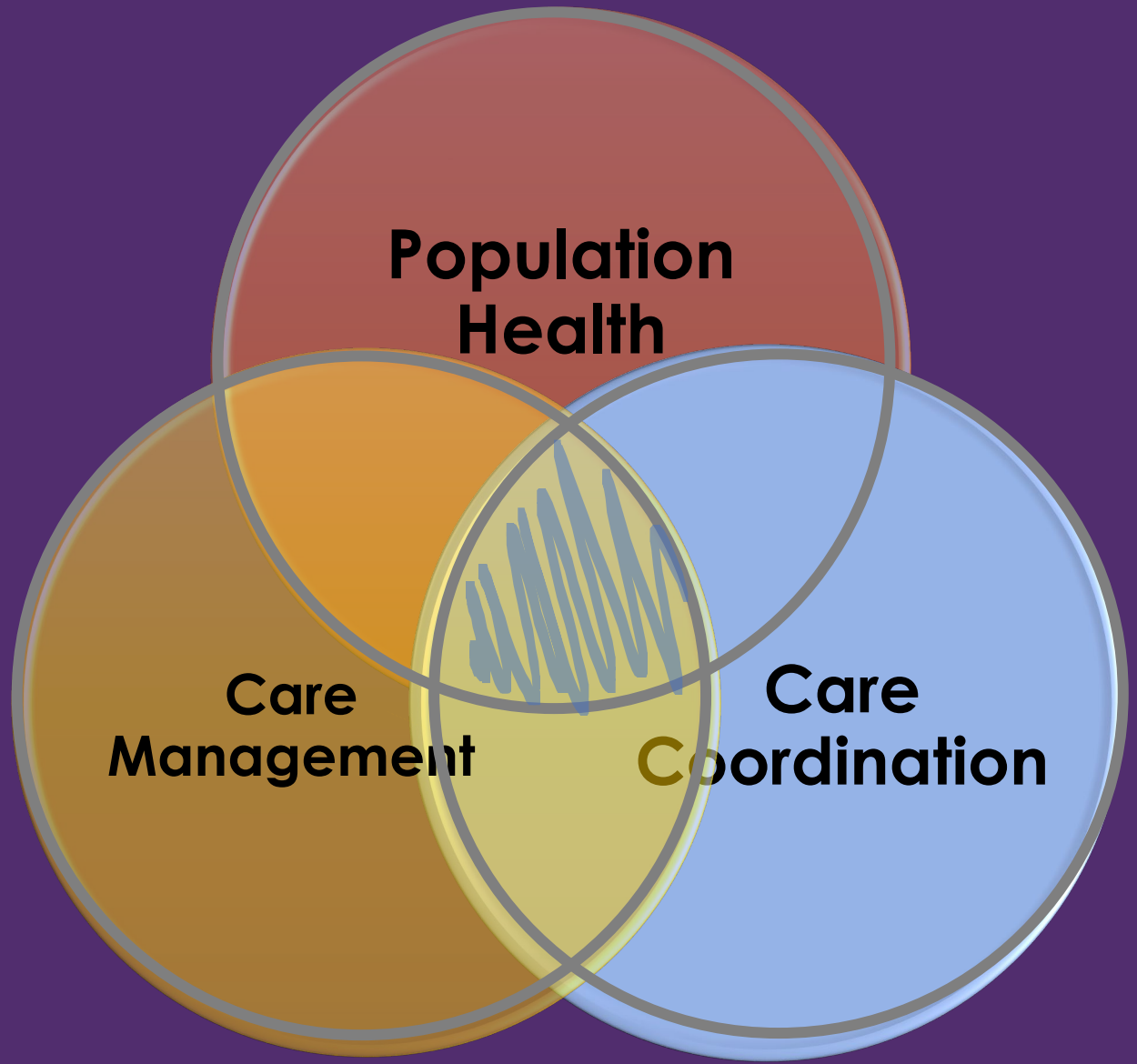
- Visit: Pre-visit planning, standing orders, patient engagement and motivational interviewing
- Pre-Visit: Preparation for care team intervention, communicate care gap needs to pt. prior to visit

Care Coordination:

- Follow up on orders
- Medication adherence, follow through
- Preventing and understanding transitions in care
- Addressing/navigating barriers

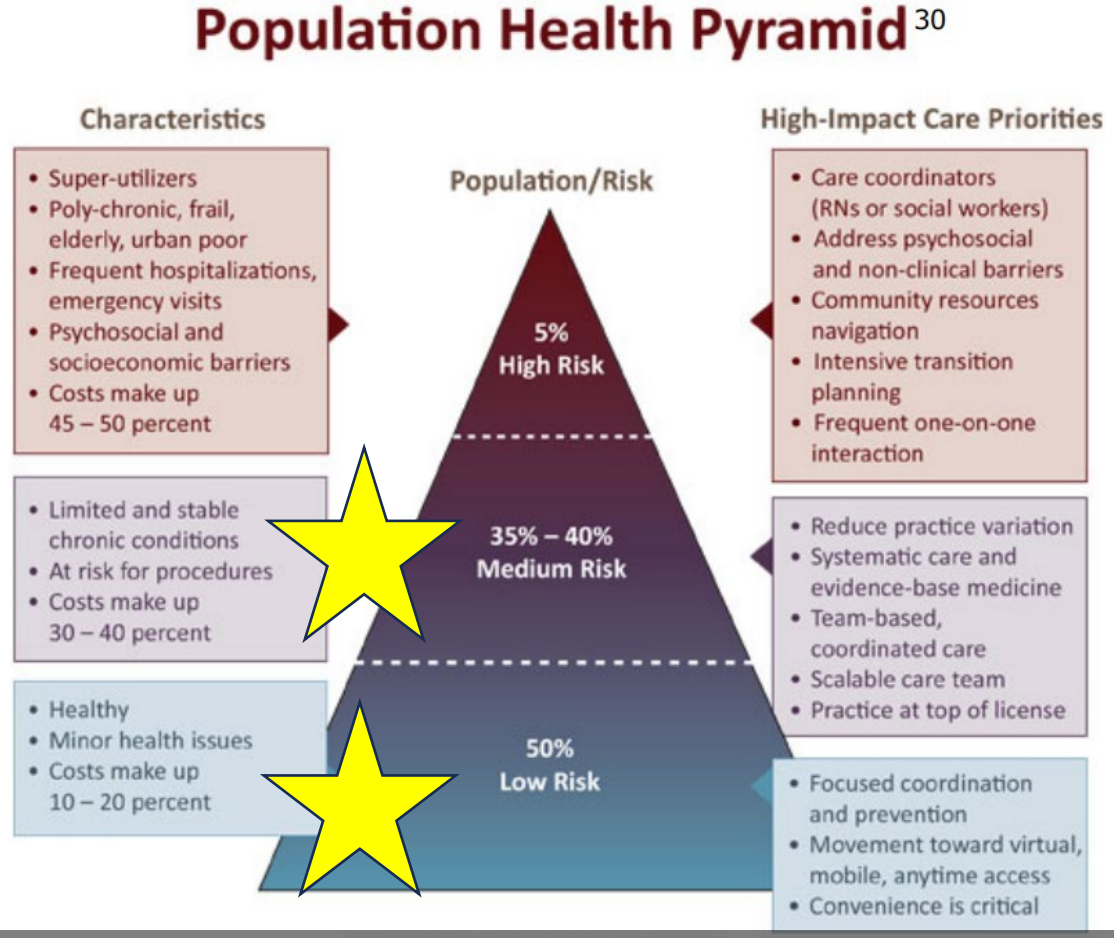
Care Management:

- Low- mid risk coaching and education



Population Health Strategy

Where can your Medical Assistant support your care team?



Calculating Staffing Ratios

Figure 3. Proposed PCMH Staffing Ratio Estimates (FTEs) and Incremental Costs per FTE Primary Care Physician (Patel, 2013)

Staffing Variable	Interview Range[a1]	MGMA[b2]	Proposed[3]	Difference from MGMA	Estimated Incremental Cost
Clerical	0.18-1.85	1.12	1.42	0.30	$ 11,661
MA, Technician, LPN	0-1.66	1.33	1.33	0.00	-
RN	0.21-1.78	0.00	0.00	0.00	-
RN Care Manager	0-1.0	0.00	0.40	0.40	$ 38,116
NP/PA	0-1.36	0.23	0.25	0.02	$ 2,384
Health Coaches ($ for MA)	0-0.25	0	0.25	0.25	$ 9,848
Pharmacist	0-0.53	0	0.2	0.20	$ 29,770
Mental Health ($ for SW)	0-0.83	0	0.25	0.25	$ 18,330
Nutritionist	0-0.20	0	0.1	0.10	$ 6,890
Clinical Data Analyst	NA	0	0.05	0.05	$ 3,653
Total		**2.68**	**4.25**	**1.57**	**$ 120,652**

FTE indicates full-time equivalent; LPN, licensed practical nurse; MA, medical assistant; MGMA, Medical Group Management Association; NA, not applicable; NP, nurse practitioner; PA, physician assistant; PCMH, patient-centered medical home; RN, registered nurse; SW, social worker.
[a]Based on telephone interviews.
[b]Median integrated delivery system owned, all internal medicine.
[1]Most were unadjusted; several used risk stratification techniques
[2]MGMA 2010 Cost Survey Report
[3]Based on proprietary risk adjustment software from Economic Research Institute. Geographic AssessorR-Professional (North America). Data as of April 1, 2011. http://www.erieri.com/GeographicAssessor. Accessed August 31, 2011.
Adapted with revisions from Patel, 2013.

Figure 4. Mean Number of FTE Staff per FTE Physician—Among CPC Initiative Practices With Staff Type—by Practice Size

Staff Type	≤2 FTE Physicians (n=216)	>2-4 FTE Physicians (n = 148)	>4-7 FTE Physicians (n = 92)	>7 FTE Physicians (n = 40)	All Practices (n = 496)
Administrative staff[a]	2.42	1.76	1.70	1.98	2.05
Medical assistants	1.76	1.31	1.23	1.11	1.45
NPs, PAs	0.97	0.49	0.38	0.20	0.65
LPNs, LVNs	1.38	0.78	0.66	0.53	0.95
RNs	1.04	0.54	0.38	0.31	0.64
Care managers/coordinators	0.77	0.46	0.24	0.23	0.47
Pharmacists	0.75	0.42	0.15	0.29	0.32
Social workers	0.75	0.22	0.13	0.12	0.20
Community service coordinators	0.86	0.26	0.17	0.20	0.48
Health educators	1.00	0.37	0.19	0.10	0.42
Nutritionists	0.58	0.38	0.08	0.07	0.27

CPC = Comprehensive Primary Care; FTE = full-time equivalent; LPN = licensed practical nurse; LVN = licensed vocational nurse; NP = nurse practitioner; PA = physician assistant; RN = registered nurse.
Source: The CPC practice survey, fielded October through December 2012.
Note: Practice size is defined by the number of FTE physicians.
[a] Administrative staff include those managing reception, medical records, appointments, finance, etc.

Figure 5. Core Team Composition in LEAP Practices: Number and Percentage of Practices

	1 Primary Care Provider*	2-3 Primary Care Providers*	4+ Primary Care Providers*	All Practices
	n=6	n=15	n=9	n=30
Medical Assistants**	6 (100%)	15 (100%)	9 (100%)	30 (100%)
Registered Nurses	1 (17%)	6 (40%)	7 (78%)	14 (47%)
Licensed Practical Nurses (LPNs)	0	4 (27%)	0	4 (13%)
Front Desk Staff	1 (17%)	8 (53%)	1 (11%)	10 (33%)
Behavioral Health	0	3 (20%)	2 (22%)	5 (17%)
Health Coach	1 (17%)	1 (7%)	2 (22%)	4 (13%)
Lay Care Coordinator	0	1 (7%)	1 (11%)	2 (7%)
Social Worker	0	0	1 (11%)	1 (3%)

*Number of Paneled Providers (MD, DO, ND, NP, PA) on each core team
**Includes LPNs if used as Medical Assistants
Adapted from Wagner, et. al, 2017.

https://chcworkforce.org/sites/default/files/STAR2%20Center%20-%20Report%20-%20Staffing%20Mix%20and%20Ratios%20-%202017.pdf

Determining the future state of your MA role

- What tasks do Medical Assistants currently do
- What tasks does an RN/LPN currently do?
- What tasks does a provider do?
- How confident is each team member in each party performing the tasks?
- Which tasks should be delegated and to whom?
- How confident are you delegated party can complete the task?
- Do you need more training/resources

YOUR ROLE:____PCMH Manager_____

R- Who is Responsible for performing the task? Remember it's *NOT* about who should be, but who *is* . ***If you do not know who is responsible for a task, please leave it blank.***	**Provider** (MD, Resident, APP)	**RN**	**LPN/MA**	**Care Mgr**	**Counselor**	**SW**	**Front Desk/Checkout**	**Lab/X-ray**	**Pharm D**
Clinic Tasks:									
Structured communication process	R	R	R						
Addresses/documents quality improvement activities	R	R	R						
Collects health assessment data		R	R						
Collects patient diversity data							R		
Addresses missing health care needs proactively							R		
Reviews and reconciles all medications	R	R	R						R
Addresses/documents clinical decision support methods	R	R	R			R			
Addresses/documents community resources		R	R			R			
Addresses/documents lab/imaging results	R	R	R						
Addresses/documents clinical phone messages	R	R	R						
Addresses/documents clinical MyChart messages	R	R	R						
Addresses non-clinical phone calls/messages							R		
Administer medications/vaccines as ordered		R	R						
Addresses Care Management and Support		R	R						
Addresses/documents goals and barriers	R	R	R						R
Tracks care coordination and care transitions			R				R		
Addresses/documents hospital/ED admissions		R	R						

Envisioning New Roles for MAs in your HC

- Health Coaching
- Outreach
- Transitions in Care
- Medicare CCM
- Scheduling/Discharge
- Patient Engagement
- Panel Management
- Call Centers

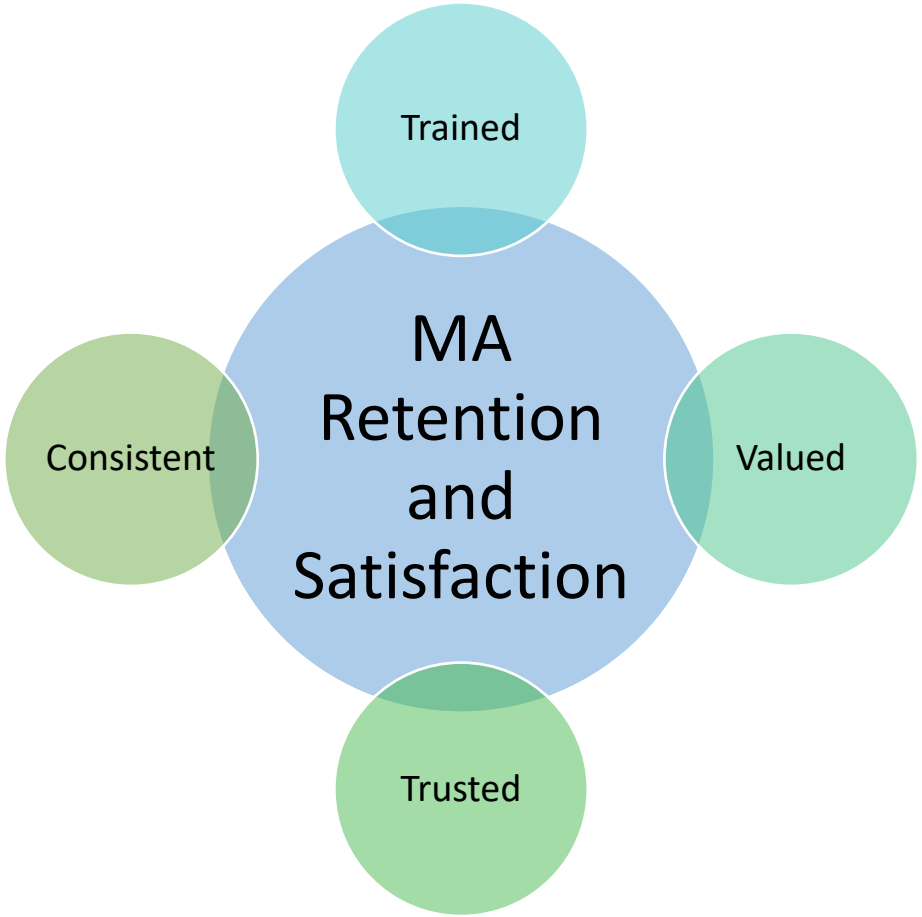
What Medical Assistants cannot do…

- Treat or diagnose patients
- Prescribe medications
- Interpret results
- Advise patients

- Check your state laws!

https://www.aama-ntl.org/employers/state-scope-of-practice-laws#SDscope

Building an Infrastructure for MA Retention and Satisfaction



Training MAs: Know their Roles and Responsibilities first, then train on….

- Competency
  - Onboarding
  - Annual
  - Check-ins
  - Consistency
  - Clinical competencies for role
- Communication
  - To build trust among care team
  - Skills for patient engagement
  - Efficient modes of communication

MAs want to provide value

- What is their intended value?
- How do they know they are providing value?
- Do not treat MAs as a “dumping ground”, prioritize their scope
- A team requires bi-directional collaboration; not provider dictation

MAs Need to Be Trusted…

- To do their job
- By their care team
- By the patients
- To be proactive

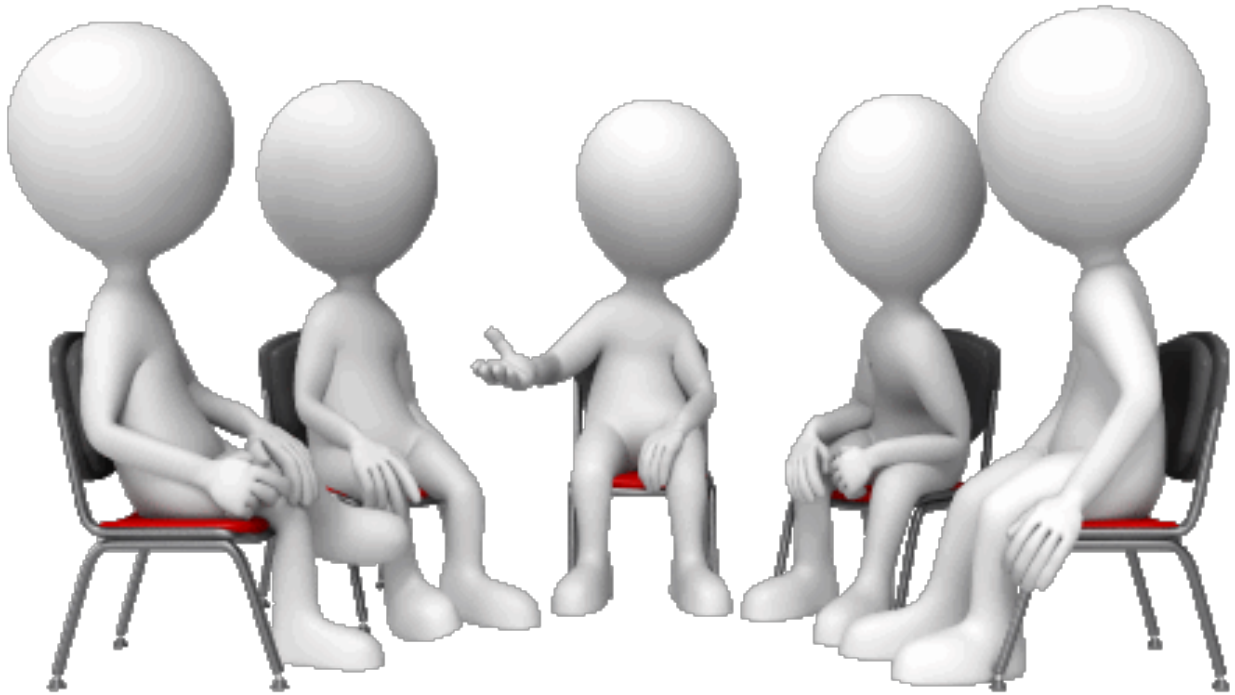
MAs need consistency…

- Within their care team
- With technology
- With their patients
- To be successful

Trends in HC utilization of MAs

- Telehealth- provider only or dyad model?
- Call center
- Centralized clinical clerical support
- On site training and advancement
- Incentives for Medical Assistants
  - Do not incentivize the job, incentivize the outcome

Open Discussion/Q&A



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