

Innovative Workforce Models: Expanding the Role of Medical Assistants

April 23, 2014

We strongly encourage you join the call by receiving a call-back.

If you choose to dial-in, please be sure to use your **attendee #** found under the “Event Info” tab.



CALIFORNIA
HEALTHCARE
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California
Improvement
Network Better Ideas
for Care Delivery

Housekeeping

- This session will be recorded – Slides and recording posted on www.chcf.org/cin within a week
- To ask a question:
 - Logistical questions: Use CHAT to Host
 - Questions for Speakers: Use CHAT to All
- CHCF Health Care Leadership Program now recruiting for next cohort of leaders. Applications due May 15. For more info, go to: <http://futurehealth.ucsf.edu/Public/Leadership-Programs/Home.aspx?pid=145>

Today's Speakers



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Innovative Workforce Models in Health Care

**Utilizing medical assistants
in expanded roles in
primary care**

Catherine Dower, JD

April 23, 2014

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UCSF Center for the Health Professions

The mission of the Center for the Health Professions is to transform health care through workforce research and leadership development.



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Hitachi Foundation Pioneer Employers Initiative

- **Identify companies** that provide career advancement for frontline workers
- **Discover factors** that make companies successful while empowering employees
- **Disseminate** promising practices
- **Inspire replication** of successful models



Expanded Roles for Medical Assistants in Innovative Models



Study Inclusion Criteria



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14 Site Visits and Case Studies

- **Cabin Creek Health Systems, WV**
- **Central Massachusetts Community Health Center**
- **DFD Russell Medical Centers, Maine**
- **Franklin Square Hospital Center, Baltimore**
- **High Plains Community Health Center, CO**
- **Kaiser Permanente Baldwin Park Medical Center, CA**
- **Northwestern Memorial Physicians Group, Chicago**
- **PeaceHealth's Team Fillingame, Oregon**
- **Southcentral Foundation, Anchorage**
- **The Special Care Center, Atlantic City**
- **University of Utah Community Clinics**
- **University of California, Davis Family Practice Center**
- **UNITE HERE Health Center, NY**
- **WellMed, Texas**



14 Site Visits and Case Studies

- 4 FQHCs
- 3 Academic Health Systems
- 5 Integrated Health Systems
(not academic)
- 1 Stand-Alone Multi-Specialty Care
Clinic
- 1 Multi-Specialty Medical Group

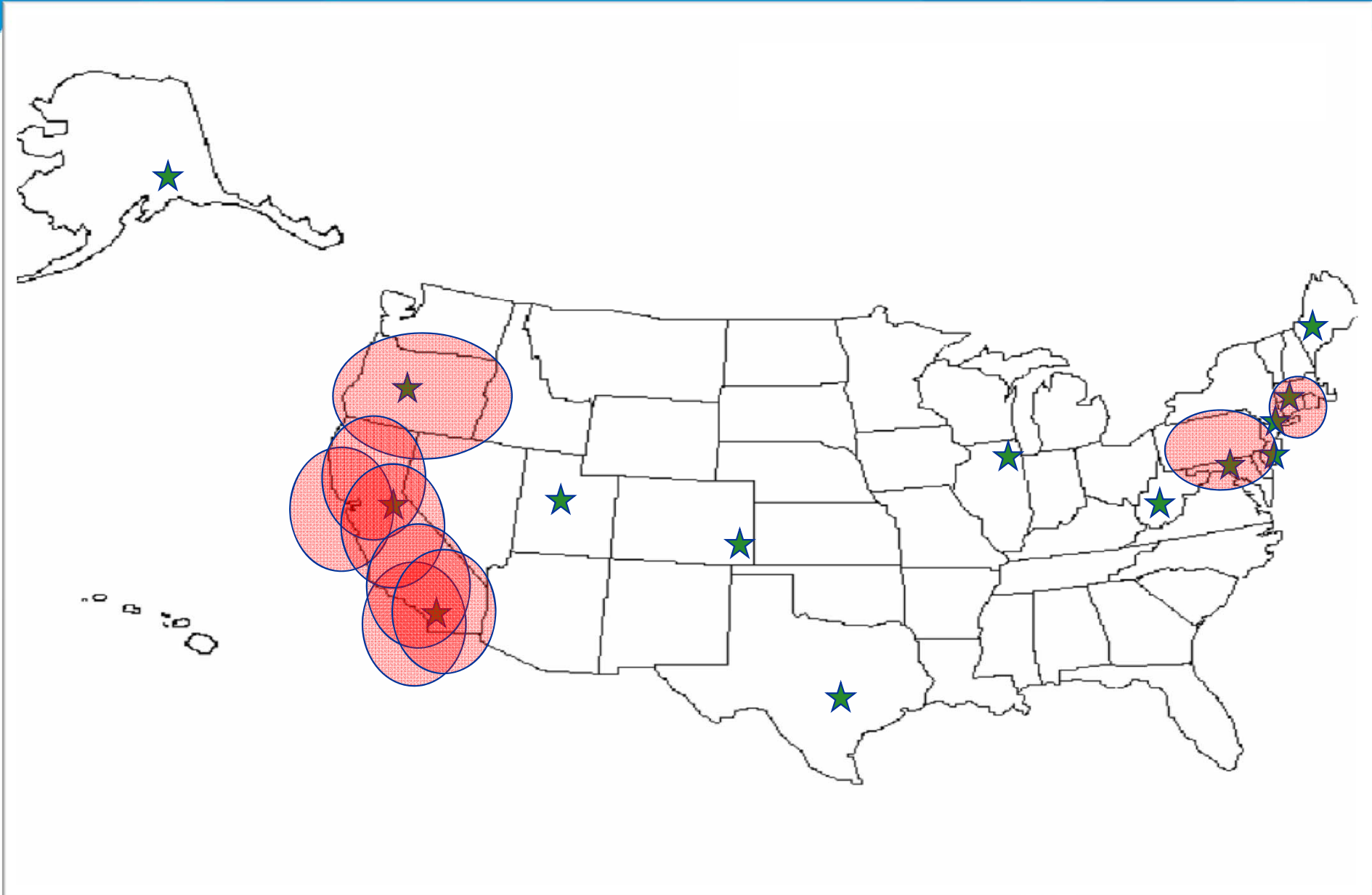
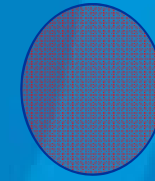


Dissemination

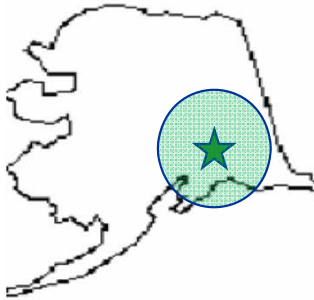
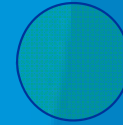
- Presentations
- Webinars
- Workshops
- Videos



9 Workshops



7 Tours to 4 sites



3 Models Leading to Expanded Roles

- **Ambulatory Intensive Caring-Unit (A-ICU)**
 - MA health coaches for patients with chronic conditions, **(SCC, Union Health)**
- **Cross-trained MA Team Model**
 - Cross-trained teams of MAs handle both nursing and clerical roles. High MA to provider ratio. **(High Plains, Univ. Utah, UCD)**
- **Integrated Multi-disciplinary Care Team**
(care coordination model)
 - Team-based model; MAs conduct daily hands-on clinical tasks, nurses serve as care coordinators. **(Southcentral, DFD Russell, Cabin Creek)**



Steps

1. MA Training, Curriculum and Roles
2. Reimbursement and Business Case
3. Provider and Staff Engagement
4. Developing Career Advancement Opportunities



MA Training, Curriculum & Roles

- MA role to support provider visits and exams
- Meet patients individually (panels of 80-150)
- Help with individualized patient care plan
- Continual follow by phone and email
- Conduct health education classes
- Don't move the patient, move the care; scribe
- Call for lab results, schedule follow up visits, glucometer readings, help with referrals, help document patient history, follow up on medication adherence, etc.



MA Training, Curriculum & Roles

- “Hire for attitude; train for skill”
- Relational skills
- Basic MA skills
- No: invasive task, assess, treat, diagnose
- “Technical Supportive Services” (CA law)
 - STAR: Supervision
 Training
 Authorization
 Records



Reimbursement and Business Case

- Increase revenues or
- Decrease costs
- Reduce wait times
- Increases provider productivity
- Financing: FFS, capitated
- Example: SCC Patients cost **12.5% less PMPM** than similar union patients elsewhere
- Example: High Plains Community Clinic
Lamar, CO



Cost Savings Estimate

Pts per hr (improved)	2.5
Pts per hr (pre-redesign)	1.82
Increase in productivity per hour	0.68
*Ave Net Revenue per Visit	\$75
Add'l Net Revenue per add'l productivity / hour / team	\$51.00
Ave # of hrs in clinic per team	6.5
Added revenue per team per day	\$331.50
Clinic days / week / team	5
Added net revenue / team / week	\$1,657.50
**Ave weeks / year / provider	44
Added net revenue / team / year	\$72,930.00
Costs (equipment, 1 MA salary)	\$28,281.36
Savings per team per year	\$44,648.64
TOTAL Projected Savings (7 teams)	\$312,540.48

Provider and Staff Engagement

- Patient outcomes

- Improved chronic disease outcomes

- High Plains patients with 3 markers controlled (A1c, B/P, & cholesterol) ↑ from 13% to 36%*

- Southcentral HBA1C screening up from 78% to 92%*

- Better wellness

- SCC smoking rate decreased from 15% to 11%*

- Southcentral childhood immunization up 80% to 93%*

- Unnecessary hospitalization reduced

- SCC down 40-50%*



Provider and Staff Engagement

- Team training
- Roles, responsibilities, scopes of practice
- Develop training modules
- Signing off on competencies
- Huddles
- Daily precepting
- Pilots



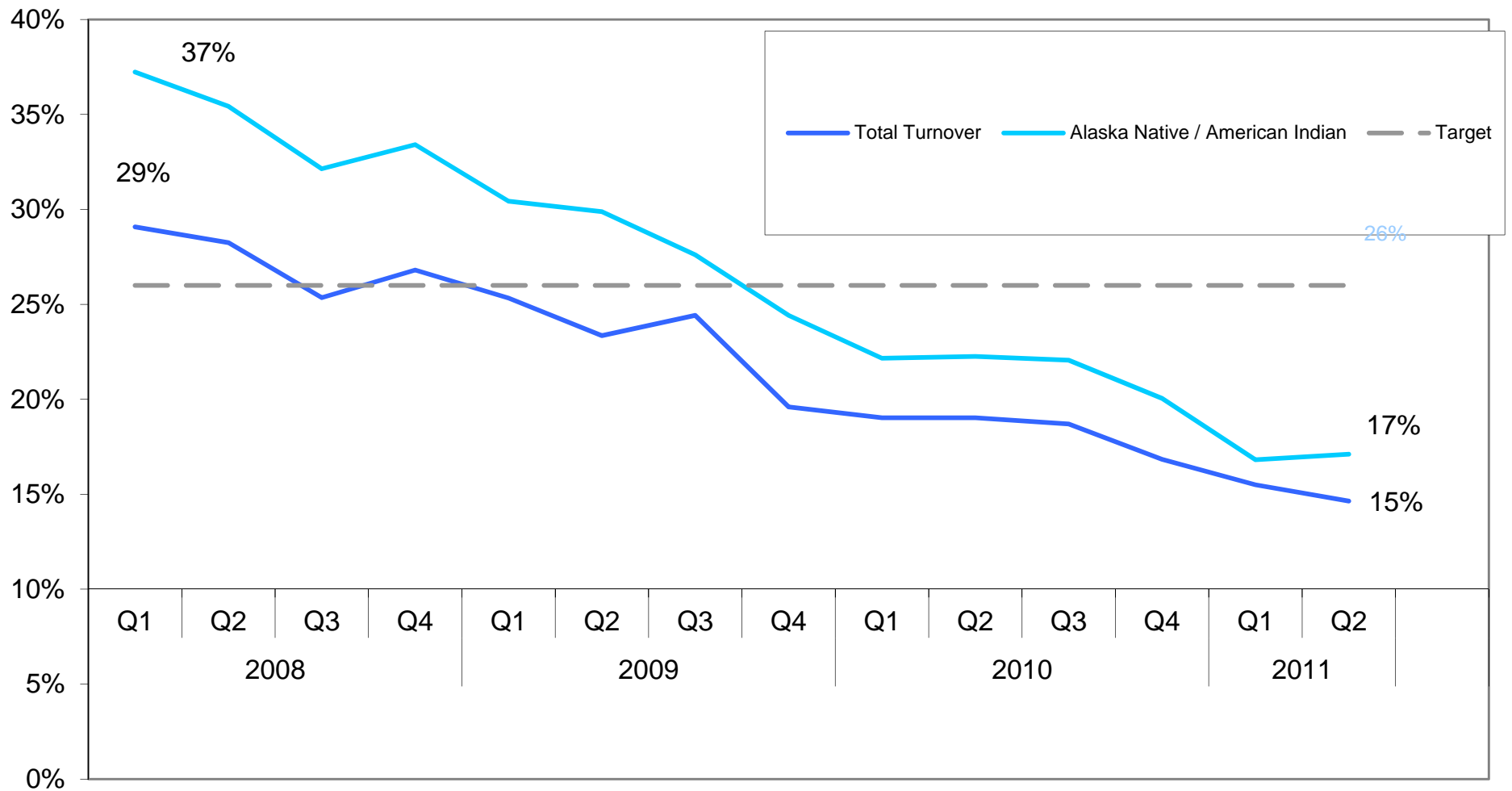
Developing Career Advancement Opportunities

- **Grow-your-own: Train MAs into**
 - *Limited License Radiology Technician*
 - *Pharmacy Technician*
 - *Health Coaches / CHWs*
 - *Supervisors*
- **Onsite, online training, CCMA certification**
- **Pay bumps for promotions, outcomes**



Staff Turnover — Southcentral Foundation

Total Turnover: 2008-2011



Primary Care Redesigned



Making It Happen



- Physical space
- EHR
- Leadership

Photo copyright Southcentral Foundation



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Changing Roles: Medical Assistants

[At first] it was
panic city
around here...I
was *not* happy
with this.



[Now] I feel
more a part of
the team. I feel
like I give 110%.
I feel much
more important.

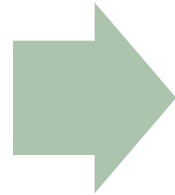


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Changing Roles: RNs

Nurses do not like people taking roles they would traditionally have.



We cannot afford to hire 40 RNs to do vital signs; RNs have enough experience and judgment to really do the higher level stuff.



Changing Roles: Providers

I felt like I was on a treadmill going as fast as I could without producing many results.



One of the biggest barriers ...is giving up work to the team. You feel you need to be responsible for everything, but you need to realize that other people are capable of handling some of this work.



Project Team

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www.HitachiFoundation.com

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West County
Health Centers

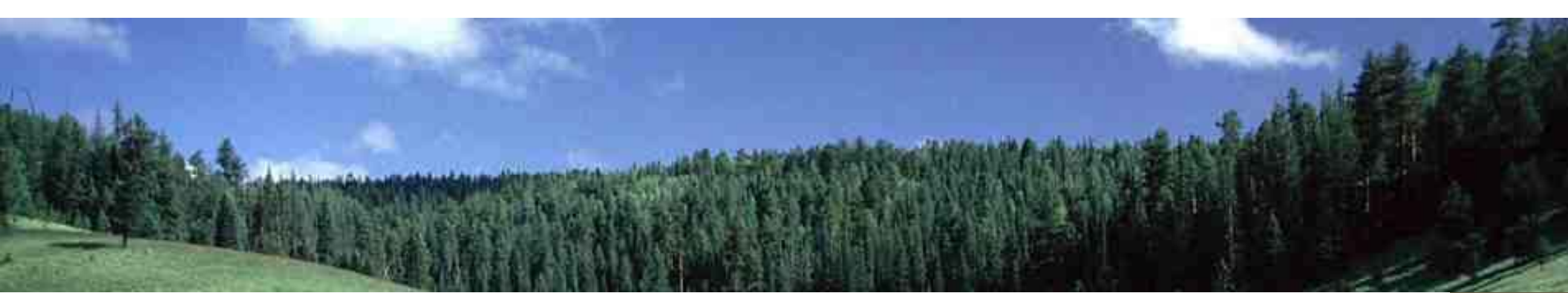
Caring for our Communities

a california *health*.center

The Care Team

Medical Assistant

The role expansion of the MA

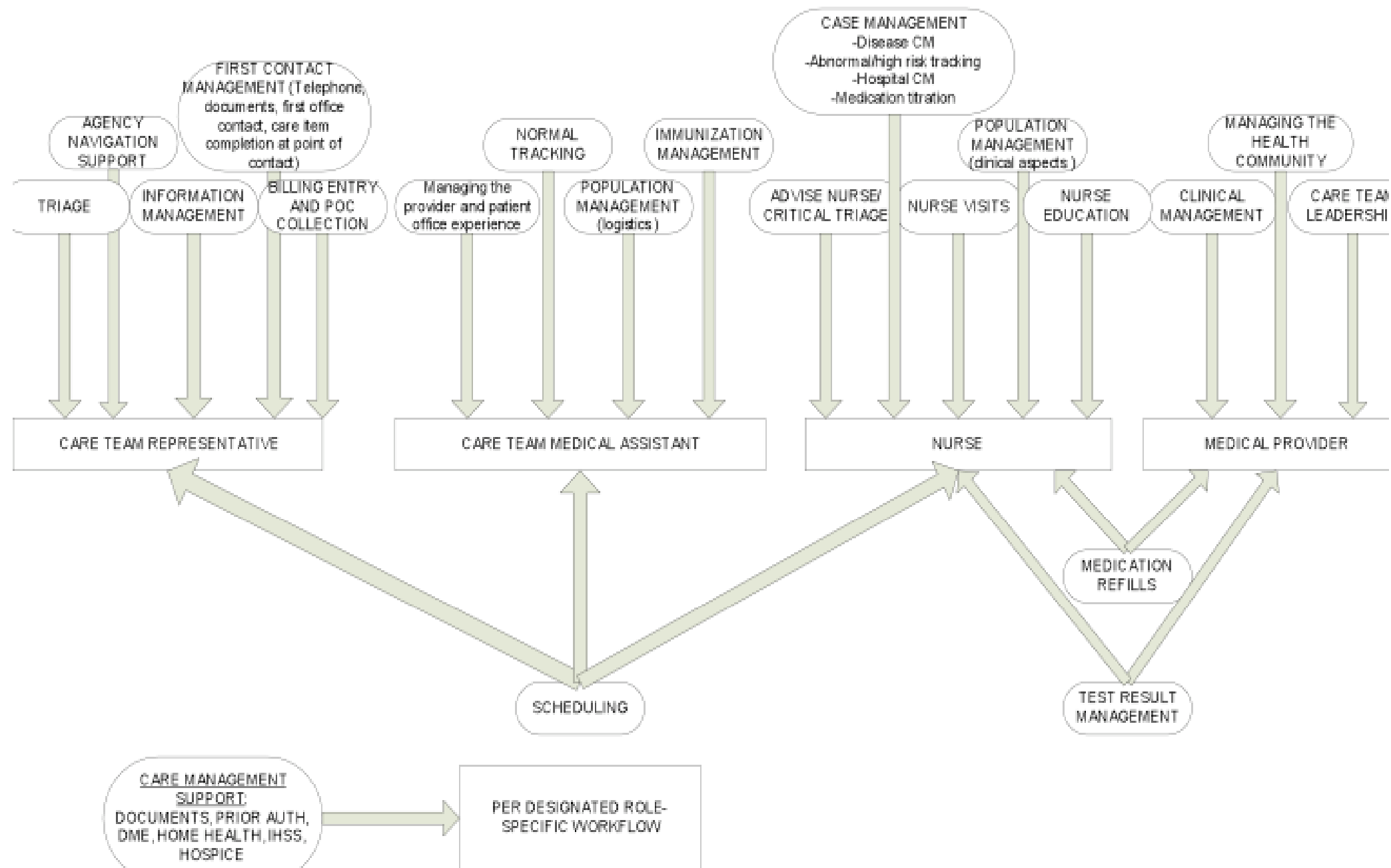


- **Clinical Sites:**
 - Primary Care and Mental Health Services – Occidental, Guerneville, Sebastopol
 - Dental Clinic– Guerneville
 - Teen Clinic – Forestville
 - Wellness Center - Forestville
 - Day Labor Outreach Center - Graton
- **Patients**
14,000 individuals, 86% under 200% of poverty level
- **2014 Budget**
\$12.2 million
68% patient fees, 32% grants, contracts, fundraising
- **Staff and Providers**
 - 155 employees in 7 locations; 127 FTEs
 - 22 medical providers, 2 dentists, 12 mental health counselors including .70 FTE psychiatrist

Primary Care Team



WCHC CARE TEAM WORK FLOW



The Care Team Huddle



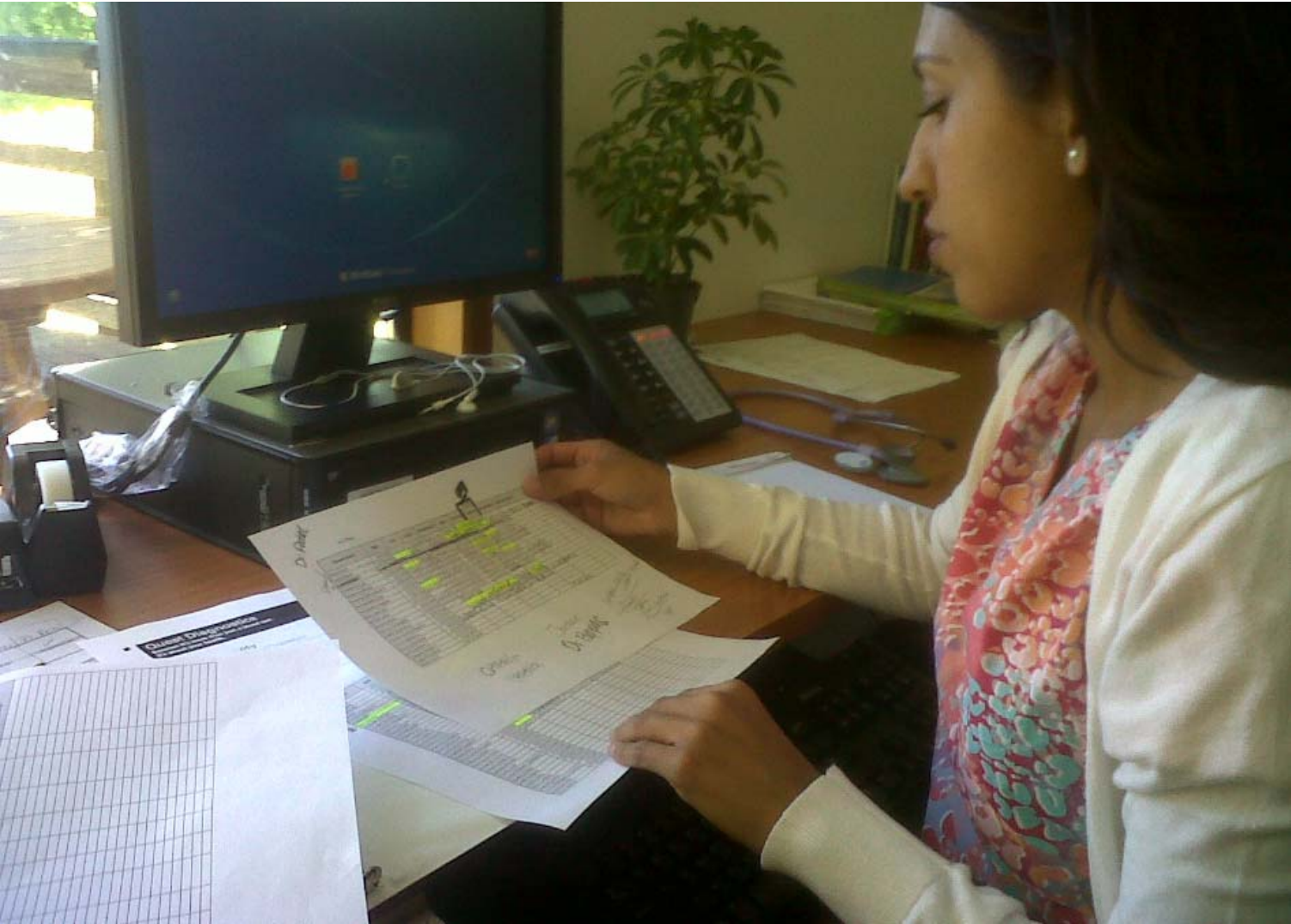


Discharging the Patient

Patient Home Visits



Population Management



Video Visits



Contact information

Thank you!

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Thank you for joining our call today!

For more information about the California Improvement Network, go to

www.chcf.org/cin

Today's webinar slides and recording will be available at that site within a week.