PHYSICIANS PRACTICE

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Medical Assistants:
Helping Practices Evolve within the Changing Healthcare Delivery System

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SUMMARY

- The medical assistant has an important role across the continuum of care and within value-based healthcare.

- Team-based care improves outcomes and is where healthcare is headed.

- In a team-based model, medical assistants can be a health coach or navigator, conduct patient outreach, and use the EHR to monitor quality measures.

- Ongoing challenges with implementing medical assistants in team-based model of care include lack of employee buy-in and technological woes.

- There are opportunities to enhance medical assistants' place in the modern medical practice, through various types of training and education.

Who kicks off the patient's clinical experience? Your medical assistant.

Medical assistants are often the first face that patients see when visiting a physician office. They typically greet the patient, obtain the patient's vital signs (weight, height, blood pressure, temperature, pulse oximetry), and review the patient's reason for an appointment. In some practices, the medical assistant has the power to review the patient's medication list and update any changes reported by the patient and document the patient's medical, family, and social history as preview for the provider. The best medical assistants put the patient at ease, identify all the issues they want to address on their visit, and create a foundation of trust for future follow up and patient contact encounters.

Having this foundation of trust is especially powerful as physician practices shift from volume-based to value-based healthcare models — think of programs like the Physician Quality Reporting System (PQRS). Medical assistants can become key supporting players. In the paradigm for population health management,

the physician and the care team looks simultaneously at all patients with a particular diagnosis or in need of preventative services. Multiple unique populations and sub-populations are identified, and care teams work to comply with standards of care, improve outcomes, enhance the patient experience, and lower the cost of care. A host of new patient care models are emerging with the aim of making healthcare more team-based and helping patients assume more responsibility for their care. The team-based model shifts healthcare from physician control of all aspects of the patient's care to one where everyone works collaboratively with the patient at the center.

Medical assistants, as members of the care team, can provide a critically important piece of these models — patient engagement — the first component of patient management, both in the office and via communications before and after the in-office encounter. Care teams can provide more efficient and powerful ways to care for chronic-disease patients. Providers in value-based models are increasingly using team-based care to deliver pre-visit education and direct out-going calls to increase patient responsibility and compliance.

THE SIGNIFICANT OUTCOMES IMPACT OF TEAM-BASED CARE

Patient outreach in team-based care and value-based reimbursement is important due to the need to identify and proactively work with patients to ensure they are receiving care according to the evidenced-based standards agreed upon by the practice. Many practices participate in an insurer's incentive program to manage all health plan members with a specific disease. For example, a California health plan is paying providers a bonus for achieving these targets among patients with diabetes:

• 64.8 percent have a HbA1c below 9;

• 42.9 percent have LDL less than 100; and

• 61.1 percent have BP below 140/80.

A practice may choose to identify and concentrate resources on those patients who do not meet the above targets. This has a triple benefit of improving the outcomes for these at-risk patients, decreasing the likelihood of debilitation and high-cost complications and ensuring revenue from participating in pay-for-performance programs.

The team delivers a more efficient and effective way to care for these types of patients through coordinating care, scheduling follow-up visits, monitoring adherence to care plans, and managing healthy behavioral activities. This can have a significant impact on outcomes. For example, in a study of Empire Blue Cross and Blue Shield PCMH patients in New York City, practices reported an 11 percent reduction in emergency department services among patients and a 12 percent reduction in hospital visits. The study also found that diabetes patients were screened for LDL

and A1C more regularly than patients in a control group and that only 27.5 percent of children were prescribed antibiotics compared to 35.4 percent in a control group. A medical assistant has the medical training to provide many of these team services.

Medical assistants who are certified deliver value to medical practices, healthcare providers, and patients. Certification became the critical word on Aug. 23, 2012 when CMS ruled that only "credentialed medical assistants" would be allowed to enter medication, laboratory, and diagnostic imaging orders into the computerized provider order entry (CPOE) system for "meaningful use" purposes for the Medicare and Medicaid Electronic Health Record Program. Most medical practices have begun to recruit and hire medical assistants that are already certified.

REGULATORY LIMITATIONS

Because Meaningful Use is a relatively new requirement, many practices have a mix of certified and non-certified medical assistants. This can create a barrier to team care, as groups work to the lowest common denominator rather than differentiating functions for certified and non-certified medical assistants. Because it is difficult to differentiate which medical assistant is certified and which is not and to assign tasks accordingly, a provider often assumes all the assistants are non-certified, which limits the clinical authority of the medical assistant. As Howard Williams, a physician at Associated Medical Professionals, based in Syracuse, N.Y., said, "Some of our medical assistants are so talented, but based on legal and regulatory issues, we have to hold them back."

There also is a wide scope of practice depending upon state laws. For example, a medical assistant may or may not be allowed to administer injections of scheduled drugs (when allowed, it is only if the dosage is verified and the injection is intramuscular, intradermal or subcutaneous and if the supervising physician is on the premises) or independently perform telephone triage (as they are not legally authorized to interpret data or diagnose symptoms).

MEDICAL ASSISTANT TRAINING

A practice can be assured that a medical assistant who is certified by a professional association has been tested across a wide scope of general, clinical, and administrative responsibilities. Training includes human anatomy; physiology and pathology; medical terminology; laboratory techniques; clinical and diagnostic procedures; pharmacology; medication administration; first aid; office practices; patient relations; medical law and ethics; keyboarding and computer applications; record keeping and accounting; coding and insurance processing as well as a practicum (supervised on-site work experience in an ambulatory health setting).

A PLACE AT THE TABLE

Even within these boundaries, there is "absolutely a place" for medical assistants Dr. Williams stated. In a team-based model, medical assistants can perform more outreach services, following up on patients via telephone and portal tools. Spectrum Health, a not-for-profit, integrated, managed care healthcare organization in Grand Rapids, Mich., has redesigned care models to increase value and has launched a virtual health service. Adult patients can access the telemedicine service 24/7 with a smartphone app. The patient is initially connected to a medical assistant and then to a clinician; both providers are part of the care team in the telemedicine model designed to retain patients within their delivery system.

The evolution of team-based care has increased the number of allied health providers in practice, especially in larger health groups or hospital systems. In private medical practices as well, new positions have been created for "patient navigators" and "health coaches." Marie Costanzo, manager of Fayetteville Gastroenterology Associates of Fayetteville, N.C., filled these new roles with medical assistants who are certified. She found that their training and medical knowledge provides the practice with more assurance that patient issues are appropriately captured and transferred to other members of the care team.

The medical assistant as a patient navigator enhances the practice's quality improvement processes by identifying patients requiring services and reaching out to those patients. The medical assistant has the understanding of the clinical process necessary to interpret practice performance reports. They can use that understanding to successfully intervene and aim to achieve quality objectives and improve patient care and outcomes. Summit Medical Associates, a primary-care practice in Hermitage, Tenn., successfully reaches quality targets because clinical support staff members review EHR quality measure performance reports and tag reminders for physicians in the specific patient's EHR.

The medical assistant/health coach can use those same quality measures, found in the EHR, to identify patients for outreach and follow up. For example, a physician recommends a patient lose weight by maintaining a healthier diet to limit current symptoms or writes an order for physical therapy in addition to pain medication for joint pain. The health coach, using the EHR for follow up on patient orders, follows up with the patient regarding their diet and to ensure the patient is attending the physical therapy sessions and taking their medication. The medical assistant contributes to the team care for each of these patients and also monitors the bigger picture quality measures for the practice.

Moreover, in some practices, the medical assistant has access to the patient's EHR via the patient portal as well as talking with patients directly on the telephone for follow up. The triggers in the EHR are helpful tools that indicate a need to reach out to patients who have missed appointments or were seen outside the practice, such as a referral to a specialist or at a hospital emergency room or urgent care practice. The medical assistant has the patient's record as well as the medical knowledge to provide the outreach and communicate with the rest of the care team regarding that patient.

The EHR is not the only technological area where medical assistants can be of assistance. Nearly two-thirds of Americans own a smartphone today, according to the Pew Research Center. Healthcare systems are capitalizing on the widespread use of such devices to effect behavior change. A study in the September 2015 *Journal of Substance Abuse Treatment* concluded that "smoking quit rates for the text messaging intervention group were 36 [percent] higher compared to the control group quit rates. Results suggest that SMS text messaging may be a promising way to improve smoking cessation outcomes." Medical assistants on the care team can flag patients for order-specific messaging.

There is another benefit to bringing the medical assistant closer to the patient in team-based care. Patient outreach from a clinical perspective from the medical assistant in this model educates patients prior to visits (for example, explaining the need to fast prior to a clinical laboratory blood draw), whereas typical administrative pre-visit outreach offer only a reminder of the appointment. The patient feels a higher level of trust and connection to the care team when talking with the medical assistant because that relationship started with their first encounter at the practice.

CHALLENGES AND OPPORTUNITIES

Despite all the benefits of a team-based model, there is still a lack of buy-in. Jennifer Pichoske, director of nursing at Hematology Oncology Associates of CNY (a multi-location Certified Oncology Medical Home in Central New York; the first in New York State), described some other members of the care team as wary of adding patient care tasks for medical assistants. Physicians may be hesitant because they are concerned about liability and/or because they have been trained to be independent decision makers.

Clear definition and delineation of roles and responsibilities can assuage a physician's anxiety and may encourage more collaboration and cooperation toward achieving a team-based approach. As providers see the improved clinical flow and effectively manage their daily schedule with outreach preparation and clinical tags and reminders on their patients' EHRs, their buy-in will be readily apparent and will provide strong confirmation to their colleagues on the value of the medical assistant.

Another challenge is the full adoption of technology to help the team manage quality measures and maintain standards of care. To be most effective for the team, it is essential to build alerts and reminders for quality measures and standards of care. By automati-

cally scheduling and electronically delivering performance measures on patient populations to the medical assistant through the EHR vs. each medical assistant individually initiating those reports will streamline operations and ensure compliance with clinical processes. Messaging and tasking using the EHR between team members is a critical component, but do not overburden the team with "all team" messages; instead specify messages and monitor the recipient for response/action.

Another technology essential that is still a challenge to many medical practices, in the team-based model and transition to value-based care, is the patient portal. Practices have struggled for over fifteen years to achieve patient adoption of the patient portal.

Yet, Pew Research consumer-facing surveys report that consumers (patients) want to do these three things on mobile platforms: access their healthcare records (mostly test results); create/change/cancel their appointments with their healthcare providers; and request refills on their continuing medications. In most practices those last two items are still being facilitated over the telephone instead of introducing patients to the portal, despite patients' frustration with auto-

mated telephone tree menus and unreturned messages. Medical assistants, with their knowledge of medical terminology and their rapport with patients are the best resource in the practice for effectively introducing and managing portal communications with patients. Further, with resources like the EHR and quality performance reports, medical assistants can go well beyond managing incoming portal communications.

While medical assistants who are certified are trained professionally and tested against a standard, each workplace has a unique set of characteristics and job demands that staff must manage. To prepare their own medical assistants, some practices have extensive multi-week in-house training programs. Generally, an orientation component includes the functions required of the position as well as training on the technology in the office (lab information system, affiliated hospital system, insurer web sites, EHR, portal, etc.). Pichoske described a "four-week capstone that cross-trains all medical assistants on practice technology and their key practice functions: dedicated phlebotomy; rooming patients; review of medications; and infusion support." Competency-based training and performing on the job with oversight by a trainer rounds out the typical practice training program for a medical assistant.

Team-based models have demonstrated success improving care, promoting preventative care, and lowering costs. Take for instance, the Patient-Centered Medical Home (PCMH), an example of a team-based care model in which medical assistants play a prominent role in patient outreach, health coaching, technological optimization, and more. A June 2015 study from the Rand Corporation, a Santa Monica, Calif.-based research nonprofit, of 308 NCQA (National Committee for Quality Assurance) PCMHs found an average of an 11 percent reduction in outpatient and emergency department visits by members. Further, PCMHs generated an average of $265 in annual cost savings per Medicare patient and reduced average annual spending on acute-care hospital stays by $164. PCMH medical homes in the study also reported an 18 percent decrease in hospital admissions per Medicare patient compared to other practices and a 15 percent decrease in emergency department visits.

Healthcare systems and medical practices are innovating ways to optimize resources. Patient engagement begins with the face of your practice, the medical assistant. Enhancing the role of the medical assistant, building on the trust and relationship the medical assistant develops with the patient and establishing clear lines of responsibility and communication within the team achieves the triple aim: Improving the patient experience of care (including quality and satisfaction), improving the health of populations; and reducing the per capita cost of healthcare. ■

THE FIVE CORE PRINCIPLES OF TEAM-BASED HEALTHCARE:

1. **Shared goals.** The team — including the patient and, where appropriate, family members or other support persons — works to establish shared goals that reflect patient and family priorities and that can be clearly articulated, understood and supported by all team members.

2. **Clear roles.** There are clear expectations for each team member's functions, responsibilities and accountabilities, which optimize the team's efficiency and often enables the division of labor, thereby accomplishing more than the sum of its parts.

3. **Mutual trust.** Team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

4. **Effective communication.** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are used by all team members across all settings.

5. **Measurable processes and outcomes.** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

The medical assistant plays a valuable role in team-based healthcare. To optimize efficiency, identifying the medical assistant's role as patient navigator and/or health coach can improve patient outcomes and enhance communications among team members. Key to success is the clear definition of roles and responsibilities to reduce or eliminate overlap and to build trust among team members.