Medical Assistants in Community Clinics: Perspectives on Innovation in Role Development

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ABSTRACT

There has been growing interest in expansion of the role of medical assistants (MAs) in community clinics, where their utilization has increased in recent years. Ten clinics identified as using MAs in an expanded capacity were studied for this brief. Innovative roles typically involved the development of new clinical or administrative duties within the medical assistant scope of practice, and were cited as improving clinic operations and worker satisfaction. However, financial, training, and cultural barriers were stated as challenges to implementing these new roles.

Background

Medical Assistants (MAs) play a key role as clinical support staff in California's licensed community clinics. A recent analysis of statewide data found widespread use of MAs in community clinics. Data from 2007 indicate that MA utilization in clinics ranges from 50 percent in smaller clinics to nearly 90 percent in clinics with over 40,000 patient visits per year.[1] In a study of MAs in small and solo primary care practices, both physicians and MAs expressed interest in expanding the MA role to include functions such as chronic disease management and patient education.[2] Key informants in this study reported that community clinics were already seen as being innovative in MA practice. Because there was little detailed information about those innovative roles, we undertook a qualitative assessment of MA roles in a sample of California's community clinics.

Purpose

Our goal was to assess innovations in the roles of medical assistants in community clinics from the perspective of clinic managers, medical directors, and representative MAs. We describe the roles and functions of medical assistants that clinic staff identified as innovative within their setting, and explore successes and barriers to implementation of those roles.

Data Collection and Analysis

We asked experts in the field, health care foundation representatives, and a statewide community clinic association to identify community clinics in California that were using MAs in what they perceived to be innovative roles. We also reached out to clinics so that they could self-nominate.

Ten clinics were selected from an initial list of 25. The selected clinics represent different geographic regions of California, and both rural and urban settings. Thirty key informants were contacted; 27 agreed to participate. Semi-structured, 45 minute telephone interviews were conducted by 2-3 project staff. Interview notes were compiled, summarized, and categorized by project staff to identify key themes.

Key Findings

We refer to both "innovative roles" and "expanded roles" throughout this brief. These terms were often used interchangeably by the interviewees. However, there is an important distinction that may apply. MA

roles may be innovative or new in a particular setting but they may not involve an expansion of MA skills or training. In the brief, we note when innovations in practice involve expansion of the traditional MA role.

Basic Role of the MA

Managers and medical directors agreed that MAs are essential to clinic operations, "MAs make or break the provider's day." Most interviewees agreed that the principal roles of the MA in clinics are to facilitate the patient visit and assist providers. Innovative roles that we identified usually took place within the context of these functions.

Preparation for Innovative Roles

Most clinic managers and medical directors noted that basic MA education programs do not adequately prepare individuals for the roles that MAs are increasingly asked to perform in community clinics. While most respondents agreed that MAs are adequately trained in basic clinical skills such as taking and recording vital signs, they stated that most MA programs offer little preparation in areas such as patient care coordination or the use of health information technology in patient management. Many of the clinics in this study used clinic resources to provide up to a month of additional training and orientation for each new MA hired.

Types of Innovative Roles

Interviewees offered examples of innovations in MA roles that were varied, but encompassed two broad types. One type of role involved developing MAs as experts in chronic disease and patient management protocols. This expertise was leveraged to improve the patient experience at all points in the process of care delivery: in preparation for a primary care provider visit, assistance during the visit, and the ability to provide patient education as follow-up after the provider visit. Some examples of these roles include:

- Immunization Specialist/Vaccine Coordinator
- Referral Coordinator
- Panel Coordinator - chronic disease follow-up
- Health Educator - onsite and offsite
- Diabetes Follow-Up Coordinator
- Family Planning Specialist

The second type of innovative role for MAs involved promoting them into positions requiring greater (non-clinical) responsibility. Examples include supervising other MAs, overseeing certain facets of clinic operations, or becoming an expert in a specific area such as the clinic electronic health record system. Some examples of these positions include:

- Lead MA
- Team Coordinator
- MA Trainer
- Electronic Health Record "Super User"
- Emergency Preparedness Coordinator

Both of these broad types of innovations could be described as expanded roles: some involved an expansion of clinical skills and others an expansion of administrative skills.

Respondents also described other MA roles as innovative that did not involve an expansion of the current skill level of MAs. These typically involved a reorganization of MA duties to improve the efficiency of the primary care provider. An example offered by several respondents was the assignment of an MA to only one provider. This allowed the MA to be present throughout the provider visit, and facilitated processes such as completion of referral forms and other treatment-related paperwork.

MA Wages and Career Growth Opportunities

MA wages at the clinics included in this study ranged from $9 - $12 per hour for basic MA positions. MAs in innovative or expanded roles could earn up to $16 - $20 per hour. However, not all clinics offered an increase in wages for MAs who moved into innovative or expanded roles. Most interviewees noted that wage increases were primarily due to length of service in the job or promotions that involved moving to a new job classification.

Interviewees had mixed perspectives on the career growth opportunities for medical assistants. Several medical directors and clinic managers stated that career growth opportunities for MAs are limited unless they are able to pursue further education in nursing, allied health, or medicine. These respondents emphasized the need for more diversity in career ladders for MAs, noting that it may improve job satisfaction and decrease the high turnover rates.

In contrast, most of the MAs interviewed felt that career growth opportunities were available at their clinics. From the perspective of these MAs, career growth included the opportunity to learn new clinical skills and promotion to positions such as lead MA. Several MAs indicated that they were allowed a flexible work schedule to attend classes, and that their clinic organizations provided tuition assistance for health professions programs. They viewed the ability to enhance their clinical expertise, combined with additional education in a new field, as a career opportunity.

Challenges in MA Role Innovation

Respondents were asked about the challenges clinics face in creating innovative or expanded roles for MAs. Clinic managers and medical directors cited the lack of resources available to provide the extra training needed for MAs to step into new roles as the most significant challenge. At a minimum, such efforts required clinics to find additional staff coverage while the MAs were in training.

Another challenge cited by several respondents was acceptance of the innovative or expanded role by the rest of the primary care team, as well as the willingness of the MAs to step into the new role. These new MA roles often are part of a team model of care that has been rapidly expanding among community clinics.[3] Respondents indicated that MAs may lack the self-confidence to speak up in team settings. Other respondents noted that providers may have difficulty in respecting the MA as full team members.

At the same time, there was consensus that these types of challenges were generally overcome as the new roles evolved. Staff typically became enthusiastic when they saw how the new MA functions made a real difference in patient flow and the overall quality of patient care. However, it is important to note that the clinics interviewed were selected primarily because of their successful implementation of innovative roles. Therefore, they may not be representative of other community clinics, or other types of outpatient clinics in California.

Summary and Policy Implications

MAs are a critical component of the team model of care in clinics. Basic MA educational programs do not adequately prepare MAs for an expanded role in areas such as clinical database management, disease management, and patient education. While opportunities for role development are prevalent, there are limited opportunities for career development for MAs in clinics.

Overall, interviewees were pleased with the outcomes of the innovative MA roles, and cited improvements in clinic operations, worker retention, and job satisfaction. Clinic managers, medical directors, and medical assistants were generally enthusiastic about the possibilities for greater expanded roles yet much work remains to understand the limitations, opportunities, preparation, and oversight needed for those roles.

Notes

1. Bates, T. and Chapman, S. The Utilization of Medical Assistants in California's Licensed Community Clinics. Center for the Health Professions, University of California, San Francisco. July 2009.

2. Chapman, S., Marks, A., and Chan, M. The Increasing Role of Medical Assistants in Small Primary Care Physician Practice: Key Issues and Policy Implications. Center for the Health Professions, University of California, San Francisco. February 2010.

3. Bodenheimer, T and Liang, B. The Teamlet Model of Primary Care. *Ann Fam Med.* 2007; 5(5): 457-461.

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