CENTER FOR THE HEALTH PROFESSIONS
RESEARCH BRIEF

Workforce Collaborative Trains Medical Assistants to Enhance Care at Community Health Centers

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ABSTRACT

The Central Massachusetts Community Health Center Partnership (CMCHCP) is a collaborative effort of employers and training centers intended to address the workforce needs of Worcester area community health centers. The Partnership's first project focuses on training incumbent and new medical assistants to enhance their skills and allow them to serve in expanded roles such as medical interpreter, patient navigator, and community health worker while providing career ladder opportunities.

Background & Inspiration

Massachusetts has a large number of community health centers (52) and one in nine of the state's residents relies upon a community health center (CHC) for their healthcare needs.[i] Hence, enhancing the sustainability of these centers is vital to healthcare in the state. This includes recruiting and retaining quality staff, from physicians to frontline workers.

With the passage of Massachusetts' landmark 2006 health reform legislation, which expanded health insurance coverage, CHCs in the state faced increasing demand. Uninsured patients required assistance negotiating the new requirements for insurance, and newly insured individuals sought access to care, often for the first time.[ii] This strained staffing at CHCs, which were already facing a shortage of primary care physicians and other health professionals. Many CHCs increased salaries, particularly for physicians, in an attempt to stay competitive and recruit and retain staff.[iii]

Concern about the recruitment and retention of primary care physicians in the CHCs prompted the Massachusetts Area Health Education Center (MassAHEC) Network to collaborate with the Massachusetts League of Community Health Centers (League) to survey CHC primary care physicians about their reasons for choosing to work

Practice Profile

Name: Family Health Center of Worcester, Inc.; Part of the Central Massachusetts Community Health Center Partnership

Type: Federally Qualified Health Center

Location: Worcester, Massachusetts

Staffing: Approximately 311 employees, including

- 21 physicians
- 5 nurse practitioners
- 15 RNs / LPNs (nurses)
- 25 medical assistants
- 12 MD and 1 NP residents

Number of Patients: 160,000

Annual Patient Visits: 33,000

Patient Demographics:

- ½ receive Medicaid; 24% are uninsured
- Many patients are immigrants and refugees.
- 41% of patients were best served in a language other than English, including Spanish, Portuguese, Vietnamese, Polish, and Albanian.

in CHCs and the factors that impact their job satisfaction (2008-2009). The CHC's commitment to a mission of service to vulnerable populations was a major reason physicians listed for choosing to work for CHCs in the first place.

Physicians were also asked to rank 16 factors that were important in their *continuing* to practice in a Massachusetts CHC. The study team expected compensation issues to rank first, but instead they found that compensation ranked fourth after factors such as:

- work/life balance (94%);
- skilled support staff or other operational support (85%);
- support for professional development (82%)[iv]

MassAHEC and the League determined that the second issue was something that they were well-equipped to address. Because medical assistants (MAs) are one of the largest groups of support staff at CHCs, MassAHEC decided to write a proposal for a federal Department of Labor grant to develop career ladders and roles for MAs in community health centers and pulled together a group of partner organizations from across the state. The group did not receive the federal grant, so they scaled down their proposal and applied for a state-level grant targeting the Worcester area. Worcester is the home base for the University of Massachusetts Medical School (UMass), which houses the statewide MassAHEC Network office.

The Worcester MA proposal was funded for 18 months from March 2010 to June 2011. The proposal was modeled on the successful Massachusetts Extended Care Career Ladder Initiative (ECCLI). This initiative, which was administered by the Commonwealth Corporation (see below), assists long-term care and homecare businesses to develop career pathways for certified nurse assistants (CNAs), licensed practical nurses (LPNs), and home health aides.[v] The goals of the proposed MA program were to increase staff competencies required for excellence and create advancement opportunities for MAs in community health centers.

Partnership

The grant that funded this initiative was one of 16 grants awarded statewide and administered through the Commonwealth Corporation.[vi] The Commonwealth Corporation is a quasi-public workforce development organization within the state's Executive Office of Labor and Workforce Development. The mission of the Commonwealth Corporation is to build upward mobility pathways for Massachusetts youth and adults to prepare for high-demand careers, in concert with state and regional partners. The Commonwealth Corporation, tasked with investing American Recovery and Reinvestment Act (ARRA) funds, chose to award a portion of the funds through grants to programs that would prepare unemployed and underemployed workers for jobs in the health care industry. These grants were awarded to local Workforce Investment Boards, or WIBS, who were required to identify a health care industry focus and partner with a community college and at least two local employers.

The Central Massachusetts Workforce Investment Board was the lead on this grant and provided overall coordination. CMWIB worked with MassAHEC and other partners to draft the proposal and was responsible for submitting the proposal and administering the funded grant.

Partner organizations include:

- Central Massachusetts Workforce Investment Board (CMWIB)
- MassAHEC Network, UMass Medical School
- Family Health Center of Worcester, Inc. (FHCW)
- Edward M. Kennedy Community Health Center
- Quinsigamond Community College (QCC)
- Workforce Central Career Center
- Central Massachusetts Area Health Education Center
- The Grafton Job Corps Center

Goals and Objectives

The primary objective of the overall ARRA grant was to prepare unemployed workers for jobs in demand in the local healthcare sector. However, programs that proposed helping incumbent workers develop skills and retain employment were also eligible.

In addition to the goal of providing education and training programs that lead to a health care job or advancement, the grant program was intended to inspire regional workforce planning

and collaboration focused on the health care sector.

Family Health Center of Worcester, Inc.

The Family Health Center of Worcester, Inc. (FHCW), is a community health center in the second largest city in New England and the employer with the largest investment in this initiative. Built on the site of the closed Worcester City Hospital, FHCW has, since 1974, been home to a residency program that trains primary care providers for the University of Massachusetts Medical School. The center trains twelve family medicine residents and one nurse practitioner resident per year.

The health center includes three clinical teams, one walk-in-center, and two satellite primary care sites. FHCW employs about 30 MAs.

Clinical staff is supported by pharmacy, radiology, laboratory, social services, dental services, special clinical programs, and an administrative team. FHCW also has six satellite school-based health centers, and four Women, Infants, and Children (WIC) sites.

FHCW serves a multicultural, multilingual urban patient population that is largely very low-income.

Community Health Center Needs

Worcester area community health centers, like their statewide counterparts, identified a need for trained, qualified, and diverse healthcare workers that reflect the patient population, many of whom come from underserved and minority communities. The following narrative will focus on needs identified by the FHCW.

Retention: Recruitment and retention of MAs had traditionally been somewhat challenging at FHCW. While retention had somewhat improved during the recession, administrators wanted to keep turnover low and decrease the rate of absenteeism. Administrators hoped that by providing training and advancement opportunities, staff might become more engaged with their work and satisfied with their jobs.

Soft Skills: Administrators noted that this was a first job for many MAs. Training in soft skills such as leadership, communication, and professional expectations would be key to supplement their MA training.

Clinical and Technical Skills: FHCW administrators were also interested in enhancing the technical skills of their MAs. Administrators noted that the educational programs MAs attended did not effectively prepare them to assist in many clinical procedures. Expansion of skills in technology was also needed—the Center had just moved to adopt an electronic health records system (EHR) and was applying to become a patient-centered medical home.[vii] The EHR required greater computer skills on the part of MAs, and the introduction of the EHR along with the changes inherent in the patient-centered medical home meant that MAs would be required to take on more, and higher level tasks, in an attempt to shift some of the pressure off of the primary care providers.

Interpretation: Finally, MAs' role as informal interpreters for patients was both vital and problematic. MAs were required to be bilingual in order to obtain employment at FHCW because providers needed interpretation for a large number of patient encounters. Many MAs were called upon to provide verbal translation, but were not trained in proper interpretation techniques. Administrators realized that their staff needed more training in this area because they could not afford to have full time interpreters in every language needed by their patients on staff. They also needed better means of assessing MAs' bilingual competency prior to hiring.

Training Components

The Worcester initiative was planned to assess current skill sets among CHC MAs and develop curricula and other tools for enhancing those skill sets. The final piece of this initiative is the development of a formal career ladder for MAs.

1. **Medical Interpreter Training.** Two 60-hour MassAHEC Fundamentals of Medical Interpreter Training courses were offered improve MAs' language skills so that they could provide interpretation services. Staff with six months of service and no disciplinary action were invited to take this class.

   The training was coordinated by the Central Massachusetts AHEC, which already had a successful medical interpreter program in conjunction with the UMass Medical School's MassAHEC, Center for Health Policy and Research (CHPR) and Commonwealth

Medicine. The training was held at the AHEC's Worcester office on weekday evenings.

The AHEC offered two sessions of this 20-week course: one in Spring 2010 and another in Spring 2011. Graduates are eligible to receive 4 college credits for completing the course.

Potential participants were initially screened for language capacity and only those that were already proficient in a language other than English were allowed to enroll. While the majority of participants were Spanish-speaking, there were other languages represented, including Portuguese, Polish, and Vietnamese. Enrollees included CHC employees and participants from the nearby Grafton Job Corps Center and QCC.

2. **Patient Navigator/Community Health Worker Training.** This program was developed by the Central Massachusetts AHEC's Outreach Worker Training Institute (OWTI). OWTI is an educational pipeline for community health workers (CHWs) and their supervisors in health and social service agencies. The goal of the 39-hour certificate course was to train MAs in teamwork, community outreach, and helping patients navigate the health care system. Partnership members noted that traditional training for MAs puts little emphasis on these skills. Changes to the health care workforce necessitated by the recession and the move to patient-centered medical home models would require a more flexible workforce with the ability to work across roles. This training was anticipated to pay off as these new models of care became more established.

   Sessions were held at the Central Massachusetts AHEC office in Worcester on weekday evenings and taught by the OWTI instructing teams including college professors, clinicians, experienced CHWs, and patient navigators. Enrollees were primarily CHC MAs and students from the Grafton Job Corps Center. MAs received personal coaching to encourage their attendance at the class, although their enrollment was purely voluntary.

3. **Supervisor/Mentor Training.** This program was also developed by the MassAHEC and conducted onsite at FHCW in fall 2010. The program was intended to train up to six RNs and eight experienced MAs to mentor and train MAs at the clinic sites. MAs were selected by supervisors based on perceived leadership potential.

   The objectives of the course were to develop and distinguish the roles of supervisors from those of mentors. Topics included assessing personalities and work styles; providing appropriate feedback and soliciting input; and fostering constructive team communication.

   The course was attended by LPNs, RNs, clinical supervisors, dental assistants, and MAs from FHCW. It was a 12 hour course, offered during 4 weekday evening sessions. Continuing education units were awarded to the nurses who participated.

   MA trainees were groomed to become mentors who could assist in interviewing MA candidates, training new MAs, and assisting in administering annual competency exams.

4. **Enhanced Clinical Skills Training:** The FHCW and QCC developed a series of stand-alone courses for MAs tailored to the needs of the local CHCs. MassAHEC first developed a survey to assess MA strengths and weaknesses. The findings were summarized and passed on to QCC instructors to develop a curriculum. These courses were open to all staff, held onsite in the evenings at the Family Health Center in Spring of 2011, and taught by a Quinsigamond Community College instructor. Participants were not required to attend because these trainings took place during non-work hours.

> "Things cost money—that day we actually figured out how much things cost. We started thinking, "if you can't make $20,000, you can't afford the mammo machine you need; and then you see why you can't always get the raise you wanted."
>
> *-Rebeca Otero-Lopez, MA II/Mentor, FHCW-*

The first class was in Business Concepts, and addressed how MAs and other staff can have an

impact on the success of the clinic. Participants noted that this class was eye-opening and helped them better understand the importance of proper coding and reserving resources.

There were also several clinical courses, including infection control, incision and drainage (I&Ds), and colposcopy. These last sessions included classroom and clinical training.

Participants received a certificate of completion for each course.

5. **Pre-health Program.** A number of designated slots at Quinsigamond Community College were set aside for program participants to complete pre-requisite courses that will allow them to pursue advanced health care training. The program is intended to allow MAs to explore and prepare for careers in other health professions including nursing and dental hygiene. This opportunity was offered to MAs who were interested in pursuing a career in the medical/ nursing field.

   The grant covers all of the educational expenses of participating MAs, including books and tuition.

   Nine FHCW MAs are participating in this program and two will be moving into a nursing program in the fall of 2011. Six JobCorps participants are also enrolled.

4. **Develop an MA Career Ladder:** One of the expectations of the grant funding was that the CHCs develop career steps for MAs. Three MAs at the Family Health Center who participated in the supervisor and mentor training and have been stepped up to MA II level, and the organization is in the process of developing a third step

In addition to these specific programmatic goals, the overall intent of the collaboration was to provide a foundation for a medical assistant program curriculum that would be more applicable to careers in CHCs and to continue the partnership in regional workforce planning for the health care sector. These goals will be discussed further in "Future Plans."

MA Roles

Most of the MAs at FHCW received their MA training at private MA training programs, although a few received their training through a local employment development agency that works as a partner in this initiative.

MAs typically work in one of four teams at the health center. There are three core teams as well as a supplemental team that handles OB/ GYN and perinatal care. Teams consist of six physicians, six MAs, two nurses, and a patient advocate. Two of the teams involve residents.

MAs are responsible for a wide range of tasks at FHCW, including assisting with a large number of procedures. MAs tend to rotate through three main types of roles: 1) unit clerk, 2) floor MA, and 3) medical interpreter.

Unit Clerk: Until fairly recently, all teams had a dedicated unit clerk, now MAs rotate through this role. One day of each week, one MA will help manage patient flow for the day and perform other administrative tasks. The FHCW has moved to a stand-alone call center with dedicated non-clinical staff to work on scheduling appointments and directing calls to the different teams at FHCW.

Floor MA: When they work on the floor, MAs begin the day by taking part in a huddle with their physician. They discuss the day's patients and what needs to be done to set up for each patient encounter. MAs have tablet computers with swiveling screens that they carry with them so that they can access patient records anywhere in the clinic.

At the end of the visit, the MA returns to discharge the patient and make sure the patient has the medication list. The call center does most of the scheduling for appointments, although the MA is trained to assist if necessary.

Intepreters: MAs are hired more for their ability to interface effectively with the patient population than for their clinical education. FHCW requires that MA applicants be bilingual.

MAs have served as informal interpreters for providers and other staff who are not fluent in the patient's primary language. This has proved to be problematic in the past and has spurred FHCW to adopt more formal interpreter training through the Partnership program.

Physicians now either use formal interpreters, a language line, or an MA trained as an interpreter if they need interpretation services. When the MA serves as an interpreter, he or she must take on a different role with different expectations throughout the course of the visit. This requires a switch from serving as an advocate for the patient to serving a more objective function that involves interpreting verbatim patient comments to the physician, and physician comments to the patient. MA-interpreters must be careful to follow protocols for proper interpretation procedures.

Other skills: FHCW has participated in a HRSA Depression Collaborative and will soon be utilizing the Chronic Care Model for asthma. Some MAs will receive training in spirometry as a result. Hence, the MA may also assist in patient education around chronic diseases, smoking cessation, diet, back pain, and other issues.

In addition to these primary roles, there is one MA that is specially trained to work with patients with HIV, and another that works specifically with OB/GYN patients.

New Roles

As a result of the CMCHCP initiative, a new career step, Medical Assistant, Level II, was created. These MAs have received mentor and other specialized training. They will have the following additional responsibilities in their new role:

- Participate in the screening of new MA hires
- Act as mentors to new MAs
- Assess clinical competency of new MAs
- Assist with medical supply inventory

There is one MA mentor for each of the three main clinical teams.

Resources

Grant Funding: The grant awarded to the CMWIB was $210,000. The grant covered the cost for a range of activities. The majority of the funding was used to cover the costs of instruction for the medical interpreter certificate program, the patient navigator/ community health worker certificate training, and the enhanced clinical skills courses. In addition, the grant provided some support for the cost of onsite mentors for each CHC.

Funding was also used for tuition and educational costs for MAs and JobCorps trainees to attend pre-health courses at Quinsigamond Community College.

In-kind Contributions: Participation in the Partnership steering committee took a good deal of time on the part of representatives of the various organizations that made up the Partnership.

Other in-kind contributions included the staff time of clinical directors, the RN quality coordinator, and HR staff, in planning, curriculum development, and in creating and administering a survey intended to assess the training needs of MA staff.

The MAs' schedules were flexed so they could participate in various components. One of the clinical directors had to do some “creative scheduling” and find coverage for participants while they were attending training sessions.

Challenges

The short 18 month timeline for the grant made it challenging for the Partnership to spend much time in the development phase and to achieve some of the long-term educational objectives. Partnership members had to be flexible and resourceful to adapt to lessons learned and changing conditions within this short timeframe.

Selecting the Training Priorities: Due to the short timeline of the grant, the Partnership had to make use of existing and fairly well-developed programs and curricula that could be implemented without too much development time. While medical interpreter and CHW/patient navigator training curricula were available, there was some debate among the collaborative partners about whether these were the most important skills to be learning for changing MA roles.

The idea of training MAs to serve as interpreters originated from a desire to better utilize existing staff because many CHCs could not afford full-time interpreter staff. However, having MAs stay through the visit for interpretation has required extensive revision of workflow and recruitment of additional MA staff to cover for MA-interpreters.

The provider survey indicated an interest in improving MA clinical skills in their existing roles as MAs rather providing them with new skills for dual

roles. The enhanced clinical skills classes addressed this goal.

MA Workload and Schedule: The Partnership based this program on the very successful Massachusetts Extended Care Career Ladder Initiative (ECCLI) for certified nurse assistants (CNAs) and home health aides. However, the Partnership found that the working situation of MAs was very different from that of CNAs in long term care settings.

Early on the Partnership had to rethink the approach to recruitment for the precollege program. They found that MAs would most benefit from having an individual onsite coach to help them decide about college courses and strategize about how to juggle school and work. The Partnership was able to successfully enroll participants once they adopted this more tailored, individualized approach.

> "It was important for us to get to know the local resources available. Working with these community partners opened a lot of doors for us. It is good to feel like you are not alone on this, because this work can be very overwhelming. It felt like the community was working with us."
>
> *-Helen Kantor, Vice President of Human Resources, FHCW-*

The early evening schedule of the interpreter classes made it difficult for some MAs to attend. The basic skills classes and the supervisor / mentor training sessions were held onsite, which made it much easier for clinic staff to attend.

Career Development: Partnership members noted that there is no real educational career ladder for MAs. Partners were more familiar with the career ladder for Certified Nursing Assistants (CNAs) from previous projects. One Partnership member noted that the training MAs receive is actually more relevant to nursing skills than the training CNAs receive, and yet it is easier for CNAs to transition to full nursing training and careers. The pre-college training program as well as the supervisor / mentor training addressed the career development goal.

However, the introduction of a career step for MAs caused some dissatisfaction. Several MAs were chosen by management for the supervisor / mentor training and were subsequently promoted to team leads (MA II). Those promoted to team lead faced some resentment and had to use the training they had received in communication skills to educate and calm co-workers about the significance of their role.

Attendance and Engagement: Initially, it was difficult to get staff to voluntarily attend some offsite trainings. However, as the program gained momentum, staff became increasingly eager to participate. The institution of onsite offerings and individual coaching greatly enhanced the accessibility of and interested in the training.

Provider/Administrator Buy-In: Even before this initiative formally started, FHCW had decided to allocate more time for MAs to interpret during patient visits. The executive team solicited and received the support of their Board in order to hire more MAs to cover for MAs who stayed through the visit to interpret.

Because of the recession, there is now a good supply of potential MAs, and administrators have also had to weigh the investment in training with expected retention and voluntary and involuntary turnover.

Timeframe: Participant completion of pre-requisites for nursing or dental programs was a very challenging goal for an 18 month grant. Some Partnership members noted that for low wage employees with families, it can take years to get through pre-requisite courses and into nursing programs. The Partnership was able to enroll a number of participants in college courses during the grant period, and two were far enough along to move into nursing programs at the end of the grant period.

Sustainability: Community health centers are facing tremendous financial constraints due to the recession and the increased demand for patient access brought on by state health care reform. Developing training programs and a career ladder for MAs has been challenging in this economic environment. Administrators were concerned about raising the expectation of MAs, who were very

upfront about demanding more pay as their skill levels increased.

The FHCW was able to stage the supervisor / mentor training program with in-kind training by MassAHEC and hopes to continue it annually. Because the FHCW does not have a formal education director, the group hopes to implement a "train the trainer" style approach with team lead MAs, empowering some staff members to train others.

Outcomes

While the Partnership plans to track the effects on staff turnover and provider satisfaction, the program has not been in place long enough to assess the impact. A Partnership member noted, "What we have right now are programmatic outputs—25 will go through; 25 will graduate, etc." (See Table 1).

Setting a Foundation for Future Development: Administrators noted that implementing this program will help establish a baseline cost for staff training so that FHCW can use this information to write grant applications and / or budget funds to maintain or expand training efforts. The program has also established linkages between the CHCs and workforce development and training partners.

Recruitment and Retention: Administrators have found that the interpreter training program helped in the hiring process. Incumbent MAs trained in medical interpretation can be called upon to screen new applicants for language aptitude in order to determine whether the applicants speak both English and their native language well enough to work for the center. MAs who were trained as mentors may assist with interviewing new candidates, and may be able to work with MA externs in the future, to observe the skills of potential new employees.

Provider Satisfaction: Provider and administrator input was solicited in developing the basic skills classes that were open to all MAs.

Some providers reported that their MAs were much better prepared in general as a result of their participation in the trainings offered through this initiative. They reported that participation enhanced communication, made the MAs more responsible and more aware of the role they played in the organization, and made them more proactive. Anecdotally, the clinical directors were fielding many fewer complaints about MA behavior. Finally, providers felt more confident in the interpretation being provided by the MAs.

> "I am benefitting from having an MA that went through the training. I can see the different type of support in terms of being more proactive, anticipating my needs in taking care of the patient."
>
> *--Helena Santos-Martins, MD, Vice President of Medical Services, FHCW--*

MA Career Impacts

One of the biggest gains to date seems to be greater self-confidence on the part of the MAs. MAs and providers noted that MAs had become better at speaking up and setting boundaries with providers, administrators, and patients as a result of the interpreter training in particular.

Skills: One staff member noted that the MAs had learned clinical reasoning and critical thinking skills as a result of their participation in program courses. Administrators noted that the course on business skills was particularly eye-opening for participants, who previously had no idea of the impact of their daily activities on clinic budget and vice versa. MAs concurred—they felt that they better understood their role in the Center's finances.

MAs have reportedly used the skills they learned in communication trainings to successfully address issues with providers and colleagues.

Administrators and MAs both reported that the interpreter training was very valuable in understanding when formal interpretation was needed, how to interpret well, what to avoid, liability issues, and how to set good boundaries. As one MA noted, "a lot of things I used to do were NOT appropriate."

MAs also noted that setting boundaries with providers was a new and empowering experience for many. MAs commented on how they enjoyed learning more medical terminology

Table 1. Primary Activities, Timeline and Outcomes

Activity	Lead Person Responsible	Key Participants (Name/Title/Role)	Planned Start & End Dates	Desired Outcome/ Product	RESULTS
60-Hr Medical Interpreter Training Program	CMAHEC Language Link	50 MAs or MA trainees	Spring 2010 and Spring 2011	Trained Medical Interpreters	42 enrolled; 27 completed
39-Hr Patient Navigator / Community Health Worker Program	CMAHEC Outreach Worker Training Institute	25 MAs	Fall 2010 and Spring 2011	Trained Patient Navigators	21 completed
Supervisor / Mentor Training for MA Students	MassAHEC Network	6 RNs Supervisors and 8 experienced MAs	FHCW: Oct-Nov 2010 EMK: May-June 2011	RNs and MAs will have the skills to supervise clinical practicum for new MA hires	15 FHCW staff completed Revised class in May 2011 for 6 EMKstaff
Enhanced Clinical Skills Training	Quinsigamond Community College	30 MAs	Quarterly throughout project	MAs will work more efficiently and effectively	Six 2-hour sessions Spring 2011; over 20 MAs attended 1 or more session and 3 MAs at FHCW completed all
Pre Health Program	Quinsigamond Community College	6 MAs	Fall 2010	MAs will complete the pre-requisites for nursing or dental courses	9 FHCW staff enrolled 6 JobCorps participants enrolled
Develop an MA Career Ladder	FHCW EMKCHC	MA training participants	February 2010 through July 2011	Implement MA I, MA II & MA III career steps at CHCs	Job descriptions revised; 3 FHCW staff promoted to MA II level

in their native language and improving on their language skills in general.

Taking part in trainings like the interpreter program may give MAs an edge in terms of future employability. MAs who participated in the interpreter program are eligible to receive four units of college credit for completing the course and it prepares them for national certification as medical interpreters.

Participants who successfully completed the patient navigator / community health worker training will be eligible to apply to become certified community health workers once the Massachusetts Board of Certifications for community health workers is established in 2012.

Promotional Opportunities: The overall goal of the CMCHCP program was the development of a career ladder for incumbent employees. The proposal specifies three steps: MA I, MA II and MA III.

While this career ladder has not yet been fully developed, FCHW administrators wrote a new job description for MA II and promoted three MAs to this step. This included an 8-12% increase in compensation and more job responsibility.

Benefits: Most of the Medical Assistants at FHCW are full-time. As full-time staff, they receive the following benefits:

- Medical, Dental, Life, and Disability insurance
- Paid vacation, personal time, sick time, and holidays
- Employee Assistance Program
- Eligibility for the FHCW Retirement Plan, 401(k) Plan with a an FHCW contribution annually
- Annual training assistance of $200.00 is budgeted for each medical assistant.

The FHCW is a non-union facility.

Satisfaction & Aspirations: MAs expressed great eagerness to continue to learn as a result of program participation. Participation in the interpreter program gave them great sense of empowerment, pride, and satisfaction.

Partnership members also noted that the basic skills classes and the pre-health program introduced some incumbent MAs and Job Corps trainees to the community college for the first time. In the past, MAs attended expensive private MA training programs because they were quick and convenient and required no pre-requisites. However MAs also chose private schools because they were intimidated by the concept of college and the academic environment. The Partnership hoped that exposure through this training initiative might make more MAs feel that a college education was an achievable goal.

> "What they are offering us now is very good and I wish they would do it MORE…Half the time people can't even go to school because they can't get financial aid and they have debts for the rest of their life."
>
> *-Laura Roman, MA-*

Future Plans

Partner organizations are still planning next steps. There are future plans at both the health center-level and the broader regional and state level.

- The supervisor and mentor training program laid the groundwork for an MA externship program at FHCW. The organization has not previously had the infrastructure to provide MA externships.
- FHCW is working on one more level for MAs which is in the development stages. This step would expand the role to include additional leadership tasks such as staff scheduling, patient flow, and assistance with performance standards.
- FHCW now has information on what resources are required to fund these types of training programs. They will retain the supervisor and mentor training, and may seek additional funding for ongoing training.
- This collaborative effort provides the foundation for an MA training program specific to careers in community health

centers. The curriculum that was developed by the Partnership can be expanded upon and shared with other community colleges and clinics. If the Partnership can continue past the end of this grant and build a career ladder, this would be a significant contribution to regional workforce planning strategies.

- The CMWIB may continue to convene members of the current Partnership to continue regional workforce planning efforts around the training needs of the community health centers and other health care employers.

Replication and Lessons Learned

This was an ambitious, multi-faceted undertaking requiring considerable cooperation between partners and leadership from MassAHEC. In addressing the challenges, the Partnership has laid the groundwork for more extensive collaboration between workforce developers, community colleges, and community health centers. There is a greater shared recognition of the importance of the role of frontline workers in these health centers, especially in light of the rapidly changing health care environment.

This program is available to be replicated elsewhere and the final curriculum that results from these efforts will eventually be made available via the Commonwealth Corporation's website.

In implementing this program, Partnership members learned a great deal that could assist in expanding this program or replicating it elsewhere, particularly to prepare for health care reform and helping MAs learn new skills to work in emerging models of care.

- Training programs for incumbent MAs require sensitivity to their working conditions and family responsibilities. Onsite classes after-hours combined with on-the-job mentoring and coaching are more effective and accessible training options. Training during work hours may be preferable, but is costly for organizations in terms of lost productivity.
- Creating linkages between CHCs, community colleges, AHEC, and workforce development agencies can provide benefits to all stakeholders. CHCs may be able to obtain low-cost training tailored more specifically to their needs. Community colleges can develop MA training programs that truly meet the needs of local employers, and recruit both incumbent and potential MAs. MAs can obtain training that better prepares them to work in their communities without going deeply into debt or leaving full-time employment.
- Many MAs are intimidated by formal education programs. Programs that expose MAs and other frontline workers to community college opportunities may help them make the transition to programs that would allow them to move up the health care career ladder.
- Community health centers are "economic engines" for the underserved communities in which they are situated, not only because they provide accessible patient care, but because they provide employment to people from the community. Hence, enhancing workforce programs for frontline workers improves the health of the community by improving health care and enhancing the skills and economic opportunities of the people from the community who work there.

> "The role of the MA has changed rapidly. The push for EMRs has paralleled the patient-centered medical home initiatives, and this moves the MA to a more central role–making the MA more integral to the delivery process than just greeting patients and taking blood pressure…This requires a different type of skill set than is supplied in [existing training programs.] As an employer we will have to take the initiative in order to meet the demands that the outside world is putting on us."
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> *--Lisa Levine, Vice President of Operations, FHCW--*

Notes

i. Massachusetts League of Community Health Centers website, Accessed July 15, 2011. http://www.massleague.org/CHC/History/HistoryToday.php

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Acknowledgements

This research is funded by the Hitachi Foundation as part of its Pioneer Employers Initiative. The Hitachi Foundation is an independent philanthropic organization established by Hitachi, Ltd. in 1985. The Foundation's mission is to forge an authentic integration of business actions and societal well-being in North America. (www.HitachiFoundation.org)

This case study is part of the *Innovative Workforce Models in Health Care* series of case studies prepared by the UCSF Center for the Health Professions. These case studies highlight organizations that are expanding the roles of medical assistants and other front-line health care workers in new directions that benefit both the organization and its patients while providing career development opportunities to the employees.

We would like to thank the Hitachi Foundation for sponsoring this study, and study participants from the Central Massachusetts Community Health Center Partnership (CMCHCP) for contributing their time, expertise, and insights.

Views expressed in this case study are those of the authors and do not necessarily reflect those of the Center for the Health Professions; the University of California, San Francisco; the Hitachi Foundation, or the Central Massachusetts Community Health Center Partnership (CMCHCP).

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