

# WellMed Medical Preparatory School of Allied Health: Update 2014

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## ABSTRACT

In the course of rapid expansion, WellMed Medical Group found itself hiring increasing numbers of medical assistants (MAs). However, quality and turnover issues with the existing pool of externally trained MAs inspired the organization to develop its own medical assistant training school. The school's high placement rate and low cost, in conjunction with the medical group's generous tuition reimbursement program, provided graduates greater opportunities to pursue advanced healthcare training and a potential career ladder. This is a 2014 summary of the original 2011 case study; the Medical Preparatory School of Allied Health has since closed.

*As of July 2014, WellMed's Medical Preparatory School of Allied Health had closed. This document provides a retrospective summary of this initiative.*

WellMed Medical Group's brand-new Medical Preparatory School of Allied Health (MedPrep) was just a wall away from the Elvira Cisneros Senior Community Center. While active seniors sang with mariachis, worked out, and socialized, two cohorts of future medical assistants (MAs) trained to work with patients just like them. The quiet air of determined concentration in the classroom contrasted with yet also complemented the pleasant bustle of the neighboring senior center.

MedPrep was a new endeavor for WellMed. In-house MA schools are not common in health care organizations. Other health care organizations have partnered with training institutions to upgrade existing employees or trained new recruits to become MAs. MedPrep was a bit of a hybrid, training for in-house needs yet open to outside trainees willing to pay the reasonable tuition.

## Background and History

In 2011 when the initial case study was written, WellMed, a large physician-owned management company and medical group in South Texas, was

## Practice Profile 2011

**Name:** WellMed Medical Group and Medical Preparatory School of Allied Health

**Type:** Physician-owned medical group with affiliated medical assistant training school

**Location:** 27+ clinics in San Antonio, Texas, and additional clinics in Florida

**Staffing:** Approximately 1,500 staff and providers in the San Antonio area, including

≈ 69 physicians

≈ 21 NPs/PAs

700 support staff, including

≈ 27 case managers

≈ 27+ health coaches

≈ 200 medical assistants

**Number of Patients:** 100,000

**Annual Patient Visits:** 350,000

**Patients Demographics:** The majority of patients are age 65 or older (>80%). Most are enrolled in the Secure Horizons Medicare Advantage plan. About 68% of patients are Hispanic, 20% are Non-Hispanic white, and 12% are African American.

expanding rapidly. It is an innovator in many respects, having created its own model of patient-centered care in the late 1990s. WellMed has developed and promoted disease management, chronic care, and preventive programs for seniors that have curbed costs and improved patient outcomes.

WellMed underwrites prescription drug costs for patients and provides free transportation to and from medical appointments. Although these services required a large up-front investment, they eliminated two barriers to care—transportation and prescription drug costs—and resulted in cost-savings in prevention and a decreased number of hospitalizations. WellMed utilizes nurse health coaches to educate and mentor chronically ill patients, teaching them how to manage their diseases. Social workers and referral specialists help coordinate care and assist patients in accessing community services.

WellMed operates under full-risk capitation and primarily enrolls patients on Medicare Advantage plans.<sup>1</sup> This structure has allowed WellMed to pay for comprehensive patient-centered care, including patient education and coaching services provided by nonphysician staff. WellMed developed its own electronic health record (EHR) system, and it has leveraged its information technology (IT) infrastructure to analyze detailed costs and outcomes data and adjust its services accordingly.

### **MA Roles at WellMed**

WellMed has become one of the largest employers of MAs in the region. MA roles at WellMed are relatively traditional but have been evolving over time along with the organization's patient-centered model of care. MAs usually focus on front or back office duties. Back office MAs are generally paired with a provider while front office MAs serve as unit clerks for the entire clinic.

Front desk MAs greet and register patients in the waiting room, verify insurance, collect copayments, answer most phone calls to the clinic, schedule appointments, take phone messages, and process

incoming faxes. They may also arrange transportation for patients.

Back office MAs room patients, take vital signs, document chief complaints, enter information into the EHR, and prepare the patients for their visits. They also administer most of the injections and medications, conduct medication reconciliation, and perform EKGs as needed. The back office MAs research any gaps in patient care, making sure each patient's labs, tests, and screens are up-to-date. MAs also initiate referrals for patients.

The WellMed model of care includes a primary care physician who coordinates all care for a panel of patients. The services of WellMed's primary care providers are supplemented by a growing number of in-house specialists who rotate through their clinics. Each clinic has an RN care manager and one or two RN or licensed vocational nurse (LVN) health coaches to work with patients on self-care management. MAs assist in screening patients to determine whether they need health coaching and do some limited work with patients around self-management goals according to the level of patient activation and acuity.

### **The Medical Preparatory School of Allied Health**

As WellMed grew, administrators began to realize that the specialized nature of their business required MAs with a higher level of knowledge, skills, and professionalism than was being taught by local medical assisting training programs. Clinic managers found that many MA candidates lacked clinical experience and had insufficient customer-service skills. Although the organization provides new employees with a week-long orientation and monthly topical trainings, these were not enough to overcome what clinic managers observed as a fundamental lack of adequate preparation. This lack of preparation was partially responsible for a high turnover rate during MAs' first three months of employment.

### **Developing a Medical Assisting School**

WellMed's corporate leadership decided to develop an industry-driven medical assisting school.

WellMed would hire the best of the students according to its organizational needs, and any remaining graduates could seek jobs with other health care organizations. Ideally, this business model would allow the organization to train, test, and select the best and the brightest and to cover its costs by charging a reasonable tuition to the rest.

In 2008, WellMed hired an education director who met with clinic staff and providers to discuss their needs for MA skills and competencies. He found that physicians and administrators were generally dissatisfied with local for-profit MA training programs, but he agreed that San Antonio Community College (SACC) had the best training program in town. Rather than compete with SACC, MedPrep leaders decided to partner with it, and the two institutions now share board members.

MedPrep's board, composed of WellMed administrators, physicians, and representatives from SACC, drafted a curriculum for the new program. The curriculum includes an ambitious agenda of guest speakers, including at least 10 clinicians or providers, one in every module of the 10-month program. The clinician guest speakers help students understand how the skills they are acquiring will be applied on the job.

Because many new MAs had indicated that they had never had any hands-on training, the board decided to incorporate two externships—one covering clerical skills and one covering clinical skills—into the curriculum. An externship is a supervised placement intended to give medical assisting students hands-on experience in a clinical setting. The board also developed a comprehensive competency checklist for the administrative and clinical externships.



MedPrep began offering classes in December 2009 to a cohort of nine students. The school added two additional cohorts of students in 2010. Ideally, it needed to graduate three cohorts of 15 students each per year in order to reach financial sustainability.

### **School in Session**

The teaching facility included a sizeable teaching lab, an auditorium-style observation room for guest lectures and demonstrations, two or three classrooms, a break room, and a mock storage room stocked with medical supplies.

The hands-on simulation lab was set up like an exam room in a regular practice except that it was much larger in order to accommodate several students. Here students could practice giving injections and other clinical skills.

During the first four months of the academic program, there was an administrative curriculum followed by an administrative externship. During the latter part of the program, courses focused on clinical skills and were followed by a clinical externship. Many students chose to do their externships at WellMed as they hoped to obtain jobs with the organization.

Colocating the school with the senior center and a WellMed clinic allowed students to practice working with the senior population by providing basic medical screening and medication reconciliation services to seniors on-site.

WellMed required that MA new hires be certified or obtain certification within 90 days of hire. MAs received a salary increase of about \$0.50 per hour for certification. Students could take the test for the National Center for Competency Testing (NCCT) certification on-site with a proctor. The school

offered study sessions to help students prepare for the test.

## Challenges

Initially, the education director was assured that the school would receive loans through the Student Loan Marketing Association (Sallie Mae), the key organization originating, servicing, and collecting on student loans, both federal and private. However, by the time the school opened, Sallie Mae had been closed to new schools, and MedPrep could find no lenders for programs that were not accredited.

MedPrep was faced with the task of raising bridge funding to train its initial cohorts until it could go through the accreditation process and become eligible to offer federal student loans. MedPrep would have to either a) raise capital, b) depend on student fees, or c) partner with nonprofit agencies that had grants for job training.

Raising more capital was probably out of the question. Depending on student fees also proved to be virtually impossible. At fees of between \$7,000 and \$8,000 per year, MedPrep's tuition was about half of that of many private medical assisting schools in the area. Nonetheless, most of MedPrep's potential students could not afford the up-front cost, and MedPrep leaders were opposed to raising the tuition, noting that the high tuition charged by most private medical assisting programs left graduates too encumbered with debt to continue their education for further career advancement.

The education director initiated a partnership with a local workforce development group, Project QUEST, Inc., which had a pre-existing grant to subsidize tuition costs and a group of students eager for training in a health career. The next two cohorts were likewise primarily subsidized by nonprofit training grants, one from the local Workforce Investment Board (WIB) and one from the American Association of Retired Persons (AARP).

The school was eventually able to find an alternative loan service for students through Jena Mae Financial Services.

Because MedPrep's first three cohorts were composed of individuals who had endured some form of socioeconomic hardship, attending college-level classes was a challenge for some. One of the sponsoring organizations, Project QUEST, provided case managers to assist students in the first cohort with the details of attending classes—helping them deal with stress, self-care, time management, child care, food, and rent. The small class size at MedPrep allowed these students to get individualized attention and helped them form lasting bonds with other students in their cohort. Graduates report that they still receive support from MedPrep staff and other students, even after graduation.

It appeared that some challenging market and policy conditions could work to MedPrep's advantage. San Antonio has numerous private medical assisting schools, all competing for the same pool of students. The market for MAs in the area is reportedly saturated with more job-seekers than open positions.<sup>2</sup> Gainful-employment legislation was projected to cut off federal funding to schools that produce too many graduates who were subsequently unable to find adequate employment to repay their federal student loans.

MedPrep, however, had relatively low tuition and found partners willing to subsidize its initial cohorts of students. The individualized attention students received resulted in high passing, job placement, and retention rates. Its early graduates did not experience debt repayment difficulties. In working with its community partners, the school established a track record for training and placing students who have traditionally been considered among the most challenging to train and employ.<sup>3</sup>

## Outcomes

Clinic managers noted that MedPrep graduates were better trained and better prepared to work in WellMed clinics than outside hires were.

WellMed's Human Resources representatives observed that recruiting MAs was easier because the school conducted background checks, verification of previous education, and drug

screening prior to accepting students into the school. The school served as a pool for MA applicants, a situation that saved Human Resources the cost of posting ads or conducting job fairs.

Historically, WellMed had experienced a 30% drop-off of new MA hires within the first 90 days of employment. In contrast, it had 100% retention with the first cohort of graduates from MedPrep.

Overall, WellMed has maintained a very successful track record in clinical outcomes. A 2011 study on WellMed found that the organization had dramatically improved its preventive testing rates since 2000 and maintained “unusually high quality measures”<sup>4</sup> overall. WellMed’s adjusted mortality rate is half the state average for people over 65.<sup>5</sup>

### MA Career Impacts

Tuition for all but two students in all three cohorts was subsidized by community partners. All nine students from the first cohort were placed at WellMed, and all students in the third cohort were placed with a sponsoring organization. The top 10% of MAs in each class at MedPrep from there on in were to be guaranteed full tuition reimbursement and a job at WellMed.

MAs are eligible for extensive benefits, including a quality bonus based on clinic performance. WellMed also provides annual tuition reimbursement of \$3,000 to \$5,000 for employment-related training. Because of the investment the organization has made in them, upgraded employees are guaranteed a new position at WellMed once there is an opening.

### Conclusions

MedPrep’s ability to adapt to changing circumstances and partner with community organizations sustained it and garnered good public relations both for the school and for WellMed. However, the school was closed as of 2014 and there was no further information available on its closure.

### Notes

<sup>1</sup> Phillips, RL; Bronnikov, S; Petterson, S; Cifuentes, M; Teevan, B; Doodoo, M; Pace, WD; and West, DR. (2011). “Case Study of a Primary Care-Based Accountable Care System Approach to Medical Home Transformation.” *Journal of Ambulatory Care Management*. 34:1. p 67-77.

<sup>2</sup> Ludwig, M. (2011) “Career schools face tough time: Federal funds would be cut off if student debt load is too high.” *San Antonio Express-News*. Published Wednesday, January 26, 2011. Accessed 03/02/2011: <http://www.mysanantonio.com/default/article/Career-schoolsface-tough-time-972634.php#ixzz1FYvt6UZF>

<sup>3</sup> Miami Herald Editorial, March 11, 2011. “Better Bang for Student Aid Bucks. OUR OPINION: Sensible Regulation of For-Profit Schools Needed.”

<sup>4</sup> Phillips et al 2011, pp 67.

<sup>5</sup> Ibid.

### Acknowledgments

*Innovative Workforce Models in Health Care* is a series of case studies showcasing primary care practices that are expanding the roles of medical assistants in innovative ways. Profiled organizations are implementing practice models that improve organizational viability and quality of care for patients while providing career development opportunities to frontline employees. This research is funded by the Hitachi Foundation as part of its Pioneer Employers Initiative.



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To read the full 2011 case study, please see WellMed’s Medical Assistant Training Program Prepares Students for Health Care Career Ladder

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